Rethinking the health consequences of social class and social mobility

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ABSTRACT: The task of studying the impact of social class on physical and mental health involves, among other things, the use of a conceptual toolbox that defines what social class is, establishes how to measure it, and sets criteria that help distinguish it from closely related concepts. One field that has recently witnessed a wealth of theoretical and conceptual research on social class is psychology, but geographers' and sociologists' attitude of diffidence toward this "positivistic" discipline has prevented them from taking advantage of this body of scholarship. This paper aims to highlight some of the most important developments in the psychological study of social class and social mobility that speak to the long-standing concerns of health geographers and sociologists with how social position, perceptions, social comparisons, and class-based identities impact health and well-being.

KEY WORDS: social class; social mobility; health geography; health sociology; health psychology; physical health; mental health;

Highlights:

- The psychology of social class has been neglected by geographers and sociologists
- The subjective experience of social class has distinct implications for health
- Both upward and downward social mobility can have negative health impacts
- The concept of status-based identity is useful for health geography and sociology
- Local geographies and situationally salient factors shape the status-health nexus

Health geographers and sociologists have a long standing record of documenting and explaining the relationships between one's social class and physical and mental health (Andrews, 2017; Dorling, 2015; Elliott, 2017; Moon et al, 2015; Rosenberg, 2014, 2016a-b; Santana et al, 2015). This work has ethical and political implications in that it speaks to the pernicious effects of human inequality and to the differential impact on social classes of economic and social policies (Israel and Frenkel, 2017; Simandan, 2005a-b, 2010a, 2011a). The task of studying the impact of social class on physical and mental health involves, among other things, the use of a conceptual toolbox that defines what social class is, establishes how to measure it, and sets criteria that help distinguish it from closely related concepts. There has been little attention paid, however, to refining and enriching this conceptual toolbox with ideas and theoretical developments outside the confines of geography and sociology. This neglect has exacted a price in missed research opportunities and missed insights of potentially broad social relevance. One field that has recently witnessed a wealth of theoretical and conceptual research on social class is psychology, but geographers' and sociologists' attitude of diffidence toward this so-called positivistic discipline (cf. Christodoulou, 2010; Gough, 2017; Richardson and Slife, 2011; Smith and Reid,

2017; Ussher, 1999) has prevented them from taking advantage of this body of scholarship. This short communication aims to highlight some of the most important developments in the psychological study of social class and social mobility that speak to the long-standing concerns of health geographers and sociologists with how social position, perceptions, social comparisons, and class-based identities impact health and well-being (Chan and Goldthorpe, 2007; Friedman, 2014a-b; Goldthorpe, 2009; Irwin, 2015; Mallman, 2017; Marmot, 2005; Marmot et al, 1991; Pickett and Wilkinson, 2015; Singh-Manoux et al, 2003; Stringhini et al, 2013; Uphoff et al, 2013).

Any given society is stratified into several social classes. In Anglo-American social science, belongingness to a given social class is customarily established by measuring three key variables: level of education, occupational prestige, and income (Loignon and Woehr, 2017; Simandan, 2002, 2011b, 2012). One criterion for judging the fairness of a society is its level of social mobility, that is, the ease and frequency of moving into a different class than that into which one was born. Social class, also known as socioeconomic status (SES), translates into observable attributes and behaviors, such as dialects and accents, tastes and manners, and styles of dressing (Kraus et al, 2013). The observable features shape social interaction and generate a distinct phenomenology of subjectively experiencing one's social class both at a large-scale societal level and in a context-specific manner (Gervais and Fessler, 2017). The subjective experience of social class mediates widely differentiated outcomes for the mental and physical health of upper versus lower class individuals (Chen and Miller, 2013). The lower one's social class, the higher one's level of chronic psychological stress: lower social class individuals have fewer resources to control their environment and therefore experience uncertainty, helplessness,

and lack of freedom (Ezeh et al., 2017; Pepper and Nettle, 2017; Whitehead et al., 2016). On the contrary, upper class individuals have more financial, social, and intellectual resources at their disposal, which enable them to feel socially valued and in control of their lives. Measures of self-perceived socioeconomic status co-vary with both self-rated global health (Hyde and Jones, 2007) and objective markers of health, such as high blood pressure (Wright and Steptoe, 2005), susceptibility to viral infections (Cohen et al, 2008), and mortality (Kopp et al, 2004). The general causal mechanism explaining these statistical associations seems to be: chronic lack of resources foments subjective uncertainty about one's ability to make ends meet, which triggers one's threat response and its associated chronic activation of the sympathetic nervous system and overproduction of pro-inflammatory cytokines, which over time increase one's allostatic load, which eventually results in higher morbidity and mortality (see also McEwen, 2017; Ohrnberger et al., 2017).

More recent psychological research has focused on the concept of *status-based identity*, that is, the study of "the subjective meaning and value that people attach to understanding their own SES as an identity" (Destin et al, 2017: 270). The concept is especially useful for capturing the variation in subjective well-being and mental health associated with one's understanding of one's own social class. Status-based identity brings together aspects of *narrative identity* (the dynamic, re-edited, story of one's life), *social identity* (one's perceived belongingness to various social groups and status within them), and *future identity* (one's anticipated transformation into a different self through education, career, aging, and general life experience). As such, it helps researchers understand the implications of social mobility on the mental health and subjective well-being of individuals. Specifically, the transition from one social class to another is bound to

generate *status-based identity uncertainty* (Destin et al, 2017; Destin and Debrosse, 2017). This happens because social class is an entrenched, difficult to overcome, aspect of identity fashioned over many years of immersion in an "environment where individuals are socialized to take on particular conceptions of the self and models for how to relate to others" (Kraus et al, 2013: 81). Ironically, even though high levels of upward social mobility are desirable from a political philosophical standpoint, the status-based identity uncertainty triggered by social mobility increases one's allostatic load and decreases one's subjective well-being. To demonstrate this effect, Destin et al, 2017, have developed an eleven item status-based identity uncertainty scale with good reliability and validity, and have used it in empirical research to show that status-based identity uncertainty uniquely predicts lower self-esteem and lower satisfaction with life. These results have practical implications for mental health management to the extent that they call attention to those critical periods in one's lifespan (going to college, graduating from college, entry into the labor force, marriage, divorce, retirement, etc.) when social class transitions are especially likely. Whereas Destin et al's (2017) new construct sheds light on the mental health implications of the uncertainty inherent in social class transitions, related research has shown that downward social mobility predicts a range of negative physical health outcomes (Alcántara et al, 2014; Collins et al, 2015) and that upward social mobility does not predict improved physical health outcomes (Lee & Huang, 2015). Particularly poignant in this context is the documenting of the long shadow cast over the lives of people from disadvantaged backgrounds who benefit from upward social mobility. This demographic is especially likely to suffer the negative health consequences of social isolation (Simandan, 2010b, 2011c-d, 2016): as they move to a higher social class, they tend to have fewer interactions with their social class of origin and some of these remaining interactions are underwritten by the negative emotion of

envy (Atherton, 2016; Fiske, 2013; Friedman, 2014a-b; Mallman, 2017; Miceli and Castelfranchi, 2007; Van de Ven, 2017; Van Laar et al, 2014). This demographic also has to struggle to fit in and being accepted by their new social class, a difficult process marked by the perpetual threat of social exclusion, discrimination, and feeling like an impostor (Hudson, 2015; Miller et al, 2015; Shahrokni, 2015; Southgate et al, 2017). In other words, their narrative identity and their social identity must be radically rewritten, and this rewriting fosters uncertainty and chronic stress. The concept of status-based identity uncertainty also helps explain the experience of unemployment and the host of negative health outcomes associated with it (Griep et al, 2016). Of all forms of social class change, long-term unemployment is likely to be the most damaging because it combines the undesirable direction of social mobility (downward) with the fact that the change is outside one's control and often unexpected (psychological shock).

Recent psychological research on social class and social mobility should be taken in by health geographers and sociologists for one more important reason: the discovery that people's well-being is shaped by how they compare with others in their *local* environment. Global or national wealth statistics are often unknown to lay people: "the broad shape of an overall distribution of outcomes matters much less than the local shape of an individual's most salient distributions" (Norton, 2013: 124). Empirical research has shown that indeed people have a very poor sense of both the distribution of wealth in their respective nation and their own place in it (Cruces et al, 2013; Norton and Ariely, 2011). Moreover, as suggested by research on the relative income and relative deprivation hypotheses (Fu et al, 2015; Mishra and Carlton, 2015; Walker and Smith, 2002), their life satisfaction and subjective well-being are predicted by their *local* social rank, and not by their position in global or national statistics. Thus, a study by Boyce et al (2010) using

a large representative US sample uncovered that income rank within one's community (operationalized as one's county zip code) significantly predicted life satisfaction, whereas one's absolute income did not. These data supporting the importance of local geographies are corroborated by earlier research showing that workers experience lower workplace satisfaction when learning that they earn less than their coworkers (Brown et al, 2008) and that people experience lower life satisfaction when learning that they earn less than their neighbors (Luttmer, 2005). These empirical patterns of evidence suggest the conclusion that "rank is constantly constructed in the situation – by who and what is salient for comparison at any point in time" (Norton, 2013: 124; see also Anderson et al, 2015; Buttrick et al., 2017). This conclusion opens up new ways to explore the health geographies and sociologies of social class that emphasize performativity, positionality, embodiment, and the situatedness of social practice (Andrews, 2014; Andrews et al., 2014; Simandan, 2013a-b, 2017a-b; Bondi, 2005, 2014; Dyck, 2003).

Indeed, as shown in the foregoing, the psychological literature on the health consequences of social class and social mobility discussed in this paper emphasizes the subjective, embodied, affect-laden experiencing of social class and social mobility, it gives due attention to place-based, micro-scale social interactions, and it attends to how social class is iteratively performed through social encounters throughout the life-course. Scientific progress thrives on openness, dialogue, and the hybridization of previously disconnected concepts, ideas, and methods (Bunge, 2003). In this spirit, the purpose of this short communication has been to signal the potential fruitfulness of a sustained engagement between psychological research on the health consequences of social class and social mobility and its geographical and sociological counterparts.

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