

Social Class and Mental Health: Methodological Issues

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The question

Despite the fact that the relation between social class and health and its correlation to mental health is implicitly evidenced in various studies, there is a difficulty in explicitly correlating social class to mental health. However, this difficulty is rather methodological in its nature. More precisely, it has to do with the question of how a concept which is mostly defined post-theoretically can turn into a methodological category. This would consequently elucidate the relation between social positionality, the socio-cultural environment and mental health, thus enabling its investigation.

Keywords: social class, social stratification, mental health, habitus, Taylorism, post-fordism, humanization of the work, socio-linguistic codes, resistance resources, life skills, collective action

Social class and social stratification

The social structure reflects the changes in the production and the society, such as the shrinkage of the industrial working class and the growth of the middle classes. These changes pose the question of the extent to which the concept of social class has lost its analytical rigor and its methodological value. Could it be the case that other factors, appertaining to culture and mostly marking the middle classes, according to Pierre Bourdieu, such as the lifestyle and the cultural capital, have assumed cardinal importance due to these changes? Should social stratification be determined in accordance to such factors? These questions can only be answered after social class, class relations and social stratification are clearly and analytically distinguished, so that mental health can be correlated to social class.

The reduction of social structure to social stratification or its reverse reduction to social relations gives way to two different paradigms of describing the problem, which in turn entail certain potential solutions. In other words, by exclusively correlating unemployment, social destitution, mental health and other social problems to social stratification, it follows that these problems can be addressed within the existing system of social relations. Contrary to the subjects emerging from class relations, that is from social classes, social stratification engenders social subjects who display a finite number of potentials and can act where they appear: in the sphere of reproduction (distribution, consumption and so on). These subjects can affect the redeeming and redistributive politics of the Welfare State, but they cannot interfere in the sphere of production, where social wealth is produced. That is the sphere where the social surplus is generated and social inequalities are created. Besides, welfare state politics have never questioned the ownership of the means of production. On the contrary, they have always aimed to overcome the economic crisis, thus purporting to safeguard property (countercyclical economic politics). Conversely, if social problems are correlated to social classes and class conflict, that is the opposition between capital-labor and class relations, the very organization of society and

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The article was commissioned in the framework of Aristeia research program "Socio-economic Inequalities in Mental Health: Social Conditions, Agents and the Ideologies of Professionals in Contemporary Greece" (Principal Researcher: Associated Professor Anastasia Zissi).

labor should change. Moreover, and up to the extent to which labor constitutes the human activity par excellence, its conversion into a commodity by means of wage, labor destitution (unemployment), as well as the individuals' alienation from their labor's creation also constitute a form of anthropological destitution. According to Sigmund Freud, this is experienced in a traumatic way, as a "discontent with civilization" (Freud 1974). On one hand, in conditions where part of the cost of labor force reproduction is socialized, that is to say that basic social goods are made public (Welfare State), it rightly seems that the recovery of the individual's functionality is prioritized and hence coercion is internalized, desires are repressed and so on. However, the psychic price that needs to be paid both on an individual and on a social level is incommensurate and involves alienation, conformism and so on. Moreover, in the framework of the exploitative nature of social relations, the labor of the working class produces the two values needed for these relations to be reproduced, that is the "needed labor" and the "surplus labor" as Karl Marx has put it. Thus, the conceptualization of social structures in terms of social class directly points to when and why social inequalities emerge. According to Marx (Marx 1978), labor produces a value that is reflected on the wage and is consumed on the replenishment of labor force (housing, alimentation and sustenance of the working class). This is how the means of production of social wealth, such as factories and services can work. At the same time, though, labor also produces surplus value (surplus labor), which is the unpaid labor appropriated by the owner of the means of production, so that capital accumulation can carry on smoothly. It follows that social relations are built upon the exploitation of the working class. The pervasive social injustice that follows from exploitative relations governs the whole socio-institutional complex, hence fueling feelings of weakness, disappointment and futility. What complicates things even more is the fact that despite satisfying social needs, the means of production are not public, but individual property. The inability of societies to fairly deal with this issue which is directly related to human dignity and the access to material and symbolical resources and means (social infrastructure, health and counseling services) pushes social action to the limits of social pessimism. People believe that the whole situation has acquired such autonomy that is now simply beyond the reach of their action. Consequently, any attempt of change is deemed impossible and futile, which renders individuals inactive and disinterested. And yet, it is the unruly character of production, that is the production of goods without any consideration of the needs of the society that heavily accounts for the economic crises (overproduction/underconsumption of goods) and hence for unemployment

and the social marginalization of large parts of the population. As it is already known and analyzed in socio-epidemic studies, the sense of injustice, along with unemployment and social destitution constitute disorganizing forces on an individual and a social level (see also Townsend & Davidson 1998).

Consequently, as a relation of exploitation, social class is embedded in the very structure of the society. Moreover, upon its emergence on the level of social stratification, it assumes the form of unequal access to resources and means, such as income, education, profession, social status and so on. In effect, unequal access to resources and means also determines the unequal exposure to dangers for mental health and its recovery (see also Kahn 1981). It is no coincidence that symptoms of depression are induced by financial difficulties and most importantly the loss of employment, which is mostly experienced by individuals from working classes. What is more, since these affect their emotional functionality and physical condition, they render the assumption of action even more difficult (see also Price, Cosmides & Tooby 2002). It must be argued that social stratification should be primarily included in class relations and the social division of labor (social relations of production) and secondarily to the technical division of labor (professions, employment status, cultural capital and so on). It is only in this way that quantitative evaluation of social relations can methodologically lead to the exploration of their qualitative dimension (class relations). Certain nominalist approaches identify social strata (professional groups, "closed groups", "cultural environments" and so on) with social classes, aiming to render class absolutely accessible to empirical analysis-categorization. On the contrary, the suggested methodology defines social class qualitatively, that is in relation to other classes within the production system. As a result, social class turns into a sociological signified and does not constitute an empirical-statistical signifier anymore. Consequently, the professional positions of individuals, income categories, levels of education, housing status, health status and so on follow from the general position of a social class within a certain society, in relation to the system of production, as well as to other social classes. Thus, social inequalities are not due to the fact that certain people have been excluded from resources, or that some other people have appropriated resources because of incommensurate relations of power. Nor are they nobody's fault, as is the case with the paradigm of social exclusion. In fact, they are rather caused by the fact that social classes exploit each other, and as a result each class's surplus of material and symbolic resources is missing, as it has been usurped by another class (see also Wright 1985: 239). In the same vein, one could also explain social polarization

and the expansion of social inequalities during the past years, as well as the violent transference of wealth from working-class and lay strata to the class that governs the system of production, that is the bourgeoisie, or parts of it (see Credit Suisse 2014). This, in effect, aggravates the living and acting conditions of the strata that are being exploited. Actually, it is more than often the case that the resulting impotence and incapacity are deemed individual characteristics, mostly by methodological individualism that reduces social facts to non-social (individual) ones and governs the current perceptions around mental health. Consequently, the present study could not but take this fact into consideration, which will hence facilitate the historicization of existing social relations and a reflection upon established analytical categories. In terms of methodology, it is essential that the study of social inequalities should be linked to the analytical category of social class. As social class refers to qualitative relations (class relations) this is to facilitate a profound approach to the objectives of the study. It is also to set the tone for the exploration of the given question, without resorting to the empiricism of that method which follows from embracing and fetishizing given facts, that is positivism. This is the only way in which one can read behind the lines and de-objectivize social relations. As it is already known in Max Weber's Neo-Kantian approach, only what can be empirically determined can constitute a scientific object. In other words, only quantitative factors of social stratification (income, social capital, status and so on) can serve as objects of scientific analysis.

The reduction of social inequalities to class relations is necessary, as the concept of social class is often mistaken for quantitative differences (income and employment status, practices of distinction, status and so on) among various social groups. This misunderstanding causes serious methodological problems to analysis. Such a problem is posed because in the studies based on the quantification of this data—that is in the studies of social stratification—the moment of social surplus distribution overlaps with the moment of its extrication (see also Abercrombie & Urry 1983: 109). Consequently, as a social relation, social class constitutes the key difference from analyses of social stratification. Embracing the reality of forms, the latter describe different living conditions and the distribution of material and symbolic resources in terms of a number of social variables, such as income, profession, employment status, social capital and social status. However, these social variables do not lead to any conclusion, as they do not refer to the class positions of individuals. Here, social class refers to social stratification. In the present paper, it is conversely suggested that social stratification refers to class relations. These analyses which are mainly established

on empiric-statistical techniques do describe but fail in convincingly explicating the reasons why social inequalities exist and the way in which they are linked to social classes (see also Gubbay 1997). A characteristic trait of Weberian methodology concerning social stratification is the fact that epidemiological studies published between 1982 and 1985 in the *American Journal of Epidemiology* employ the level of education (45%), professional position (26%) and income status (15%) of individuals as important indicators of social stratification. The remaining 18% rather concerns a combination of these indicators (Steinkamp & Borgers 1994). Still, juxtaposing these indicators without any reference to the class positions of individuals does not account for their unequal distribution. Nevertheless, individuals are positioned in the sphere of the distribution of goods, as well as the professional structures according to their relation to and their position within the social division of labor. The way in which collective subjects (social classes) are structured and social wealth is produced and extricated is hardly conceptualized. Besides, by means of differentiating the way in which social wealth is organized from the way in which it is distributed, Weber has dissociated the sphere of circulation, consumption, distribution and goods from the sphere of their production (the production and extrication of social surplus product).

These positions have served as the epistemological matrix of methodologies and methods which have favored casuistry and empiricism in social analysis, positing given facts as points of departure. Social action has been thus abandoned to the vortex of individual target-setting (methodological individualism) or inter-subjective relations (methodological subjectivism). In the same vein, unequal social relations are reduced to the individual abilities of an (inter)classless subject, without addressing the genealogy of these relations or historicizing these abilities. It is thus assumed that the bourgeoisie, or the middle classes face social problems of mental health, among else, in the same terms as workers and farmers do and have the same potentials of handling these problems. In other words, class position is presented as playing no integral role. It would be anything but paradoxical to suggest that in this case, society appears as a shapeless thing lacking structure and structural limitations, as an aggregate of individuals. Moreover, individuals appear competing against each other in order to maximize individual benefits (the market). As it is already known, Weber perceives the market as a field of structuring social classes on the basis of living opportunities.

The widespread acceptance gained by the Weberian position has been viewed as an epistemological breakthrough, mainly because the construction of social subjects has shifted from the sphere of production to the

sphere of exchange and distribution of goods and the sphere of consumption. It is in these spheres that special lifestyles and their counterpart consumption practices emerge (Status Groups). As a result, the shift from the sphere of production to the sphere of the market, along with the reluctance to determine social classes in effect relativizes the analytical significance of social class (Gurvitch 1986: 209). The reason for this is that the communities of living opportunities in the market (in the form of social classes) can be infinite. And this is all the more so when the gradation appearing in class conditions depends upon equivalent criteria, such as property, profession, education and income. Hence, the professional position, the educational capital, the income status, among other things, do not follow from the position within and the relation to the system of production (class position) as is the case in Marx; they rather follow from the position within the market. In the same vein, Neo-Weberian approaches (Goldthorpe 1987: 40-43; Crompton 1993: 58) emphasize on the technical division of labor (professional groups, control over labor procedures, social status and so on) hence giving prominence to the technical division of labor as a preferential site of social analysis. Up to a certain extent, this can be explained by the restructuring of production and the increase in the differentiation both within the working class (the "new working class") and within the bourgeoisie (the differentiation between property and control over the means of production, between capitalists and managers), as Ralf Dahrendorf puts it (Dahrendorf 1959). However, designating the new labor groups as social classes without pointing to the qualitative traits that define them (their position within and their relation to the social division of labor) undermines the relation between the class constituted in the sphere of production and the class that emerges as a historical subject through collective action and takes up action (be it unionist or political). This ascertainment is highly relevant in the construction of social identity of the working class, as its unionist and political agents assume the position of collective capital in the form of a strategical resource of resistance. Besides, as David Blane's research (Blane 1990: 51) has shown, collective action limits the degree to which health is exposed to dangers posed by de-skilling and the loss of control over labor, as well as alienation and estrangement experienced by workers, which in turn causes behavior and personality disorders (Viney 1997; Möhler-Leimküler 2005: 242-244).

The statistical authorities of various countries have often presented professional groups and income categories, that is indicators of stratification as quasi-social classes [nominalism (Reid 1977)], without effectively differentiating between the way in which income is acquired

and the relation of the profession to the social division of labor. In this way, the analysis of economic relations is dissociated from the analysis of class relations. As a result, class appears as an economic category (economic class), instead of a social relation (social class). This, in turn, prevents the designation of social class and class identity in historical terms. On the other hand, however, since the relational character attributed to social class does not refer to a signified which is objectively defined outside the signifiers (relational moments), it can lead us to relativism and to a decentralized subject that is lost in a game of differences and meanings, being hence unable to determine their identity, as is the case with Ernesto Laclau [see deconstructionism (Laclau & Mouffe 1985)].

It nevertheless seems that the reconstruction of production in terms of shifts in the class structure of societies (the shrinkage of the industrial working class, the expansion of the "new working class" and the middle class strata) has given prominence to new forms of subjectification. According to Neo-Weberian approaches (as it the case with Bourdieu), these forms of subjectification focus on lifestyles and forms of consumption, as well as on the cultural capital that give form to a stratification of status and social recognition. Since these factors have to do with middle bourgeois strata, their inclusion in relevant studies on mental health is of great importance. And its importance does not lie in determining the needs of middle strata regarding mental health. It rather lies in avoiding the distortion that would define mental health in terms of their own needs, construing them as representative of the whole society, as is the case with depression. However, the changes observed in the social structure has relativized, not to say veiled social inequalities that followed from the (vertical) class structure of society, creating the false impression that an independent base of social structure is being shaped, in accordance to the different lifestyles, the levels of consumption and the cultural practices. In fact, according to Weber, the emphasis on lifestyle and cultural practices constitutes the second type of social class shaping, also known as "communalization" (Weber 1994:142). On the contrary, certain traits such as the professional position, its status and negotiation abilities constitute the "objective criteria" of social inclusion (see also Goldthorpe 1987). In Weberian methodologies, the distinct lifestyles and forms of consumption of individuals, such as alimentary practices, clothing, aesthetic judgment and housing constitute the "subjective" criteria of class inclusion. It is through these traits that individuals are included in "Status Groups" and are distinguished from other groups. According to the Weberian rationale, these are the only groups that are capable of turning into groups of action, as they fulfill two important

prerequisites for the structuring of social classes, that is the demarcation through practices of distinction and self-definition. On the other hand, the processes of distinction included in this form of social class constitution mainly concern middle strata. According to Bourdieu, as privileged owners of symbolic capital, the latter seek to demarcate their limits against the owners of economic capital (the bourgeoisie) as well as the working class. However, in this case, social analysis views distinction (demarcation) practices as equivalent to social (class) positions. This conceptualization, as well as habitus, limits the definition of structure and the autonomy of the cultural factor (see also Bourdieu 1994: 57; Weininger 2005: 93). Still, the question remains: up to which extent can lifestyle and cultural behaviors be conceptualized and define new social subjects without taking into consideration the “objective” Weberian factors which refer to the technical (professional) division of labor (such as profession, professional position and status) and point to the hierarchical character of social stratification? Besides, how can a relative link between structure and action be secured, so that a frame of reference for subjects can be stabilized? The answer to this question is highly important, as mental health is often defined with regard to “subjective” factors, which nevertheless veil the “objective” factors of Weberian methodology.

Having methodologically analyzed the relation between social class and social stratification, we can proceed to correlate social class with health, hence exploring the ways in which social class forms unequal social positions that determine the potential of action of individuals and groups (such as socialization practices and cultural capital), as well as the access to means and resources (be them symbolic, material, linguistic or organizational) regarding mental health.

Social class and mental health

What is designated by the relation between social class and mental health is in effect the material conditions positively or negatively affecting health condition and determining certain factors, such as lifestyle, consumption and behavior. Moreover, it points to the fact that depending on their class position (ownership relation and control over production resources), individuals are unequally exposed to the dangers posed to mental health (see Borrell, Muntaner, Benach & Artazcoz 2004). In this sense, there is no personal experience or individual biography that is not mediated by the social experience of social class. Taking, for instance, the model of empowerment in mental health, as elaborated by Geoffrey Nelson and his collaborators (Nelson, Lord & Ochocka 2001), one can easily perceive that all the three

levels of intervention (individual, community, infrastructure) presuppose access to the needed resources (employment, housing, education and so on). However, having this access depends upon certain structural factors (social class, employment, state policies and so on), so that social integration can become possible, which in turn presupposes an assertive individual displaying self-esteem, independence and the potential of control over their daily life. This model would lose its functionality were we to depart from the individual, as resources, means and skills constitute prerequisites for personal empowerment, the contribution to the community and a complete social integration (form of employment, social status, roles and so on). As it is, nevertheless, the case, the resources and the means of individuals and communities—the latter often being seen as ethical entities, as in Neo-Durkheimian conceptualizations (see also Navvaro 2002)—become an object of contest and appropriation by groups and classes that exceed the potentials of individuals and communities.

Exploring the relation between social class and mental health within the framework suggested above would be of great fecundity for social analysis. More specifically, it would be essential to study mental health through stratification indicators such as income, profession, cultural capital, level of education and status, as well as through the cultural mediations that “unconsciously” associate social class with individual behaviors and cultural practices, such as lifestyles, ways of constructing identity and behaviors that put health at risk. According to the named rationale, both social class (as a social relation) and the socio-cultural milieu, along with the corresponding habitats critically determine individual mental health. Moreover, under certain conditions, they can activate social, psychological or physical dispositions, hence contributing to the manifestation of mental disorders (see also Kahn 1981). If working and living conditions (the form and content of labor, housing conditions, discrimination and so on) shape a stressful working and social milieu, health recovery (communication and interaction with mental health professionals, psychological support and health-care, recovery and integration and so on) almost completely depends upon the individual’s class position, as it is illustrated by stratification indicators [income, profession, level of education, social capital and so on (see Lewis, Bebbington & Brugha 2003)]. According to the neo-materialist approach, working and living conditions largely account for the frequency of behavior and psychological disorders. On the other hand, and up to the extent to which structures (the position within the division of labor, the content of labor and so on) are mediated by socialization [linguistic practices, cultural habits and so on (Bernstein 1975; Bourdieu 1988; Williams 1995)], individuals are

equipped with different social skills due to their access to limited resources and potentials. As these skills take up the position of coping resources (self-confidence, autonomy, flexibility, management skills and so on), they affect mental health conditions directly (see also Möhler-Leimküler 2005: 249). However, analysis cannot stop here, as there is a risk of viewing mental health as an ability to manage the self and suggesting that the relevant exclusion could be dealt with by means of empowering and enhancing community and social networks. There is the risk of dissociating mental health conditions from structural factors. As it is already known, according to Neo-Durkheimian approaches that define community as an ethical entity, exclusion is due to the lack of psycho-social resources and the weakening of social cohesion (see Wilkinson 2005) rather than due to material living conditions. A similar rationale informs Duty of Care system (see Howarth 2006). On one hand, it reminds to employers the limits of the exploitation of employees and endurance regarding physical health and security, as well as their mental health. At the same time, though, it also renders employees responsible of the safety and “psychology” of marketable commodities, that is labor force (Employee Duty of Care). Yet what harms the employees’ bodies and damages their mental health is the employers’ practices, rather than the behavior or “carelessness” of employees themselves (Giddens 2002: 289). Of course, the employers’ concern about the employees’ good mental state presents another dimension that has to do with the creation of a culture of identification with business (Corporate Identity). This is a factor that critically affects the variation of labor productivity, especially in complex working milieus, where formal and informal working skills are activated (see post-fordism). However, the employees’ physical and mental health, let alone their well-being, also depends upon the forms of reproduction of the labor power outside the workplace (living conditions). Labor power, that is the ability to work, which is waged and offered at the workplace (at the factory, at the business and so on) also depends upon the living conditions, the housing conditions, and the social capital (personal relationships, family status, life quality and so on) of the employees. These conditions do not have to do with specific individuals or groups, but manifest a tendency to become a typical condition for large parts of the population that sell their labor power. Therefore, an approach for the management of organizational risks and the psycho-social dangers in the labor milieu (Employee Duty of Care) follows from a psychological approach to human relations. This “industrial sociology” was inaugurated by research conducted in the factory “Western Electric Hawthorne” under the supervision of Elton Mayo during the 1930s (*The Management and the Worker*). Individual compe-

tency was then associated with non-organizational factors, such as relations of hierarchy, collective life and satisfaction. However, the socio-biopsychological isolation of working data from the personnel—which can only be defined as a uniform social unit—and their instrumentalization increases the exhaustion of psychological and intellectual resources and intensifies the individuals’ internal tension and discontent. Hence, the recovery of the individuals’ functionality leads to direct consequences to their human and mental being. And this is so because labor ergonomics, which is under the employer’s control, addresses the moves and actions that contribute to the increase of productivity, ignoring whether they damage or oppress other sides of human personality. Besides, it was the “scientific” organization of labor and the Taylorist division of labor (management VS executive) that led to the mass discontent and aggravation of workers during the 1960s and the 1970s (sabotages, white strike, labor according to rules, mass strikes and so on) and to the “new forms of labor organization”. The attenuation of this division was attempted by both the movement for the “humanization of work”, and post-fordism, which aimed at attenuating the division between management and execution, intellectual and manual labor, in overcoming the Taylorist-Fordist way of labor organization. Most importantly, though, the introduction of these labor innovations aimed at the re-subjectification of labor, so that employees could perceive again themselves as subjects of labor, rather than objects (see also Alexiou 2006). In this way, the alienating and obsessive aspects of labor processes critically affecting mental health could be relativized.

It hence becomes clear that a sociology of mental health cannot limit itself in methodologies that view social relations as personal relations. That is methodologies that cannot methodologically distinguish (inter)personal relations and conflicts (within and outside groups) on one hand and social conflicts on the other, which are nevertheless incited by the social organization of labor and life. In terms of methodology, the focus on factors that appertain to the individual, or a group, or even a community, will seek solutions within these habitats, thus turning the individual or the subject and their conceptualizations (methodological individualism, phenomenology) into the “ultimate unit of analysis” (Weber 2005: 368). More specifically, these methodologies lack the methodological categories which would enable an analysis of structures and subjects that are beyond the individual and the subjective experience, as, for example, the social classes. They also fail to dialectically associate the subject (agent) with the structure (waged labor, state, and so on), as it is partly achieved by the concepts of practice and habitus (Bourdieu), which mediate structures and subjects. Therefore, a sociology of

mental health has to address the class and cultural factors that limit or broaden the possibilities for social action and determine the trajectories of socialization, individual behaviors and lifestyles. In other words, as Vincente Navarro (Navarro 2002) suggests, it should serve as a political economy of health and mental health.

However, in order to avoid a mechanistic reduction of mental health to social class, we should give prominence to the socializing practices that affect health. These associate social classes with the practices followed by individuals. Moreover, they shape patterns of thought and behaviors which then become typical in specific cultural environments and among whole strata of the population. Since they actually constitute a form of mediation between the sphere of production and reproduction, these practices culturally crystallize into lifestyles and patterns of perception, hence holding up class habits. By means of socialization and habits, the body acquires techniques and attitudes that are unconsciously internalized by individuals (Bourdieu 2006: 95-96). Thanks to the social nature of habits, individuals adopt specific ways of managing their body and psyche, which are culturally defined. In other words, people learn how to use their body and psyche in different ways, depending on their social context. These techniques are first and foremost products of socialization, education and performance. For instance, women learn how to manage their body in a different way from men. People belonging to strata for which the body constitutes a means of subsistence (executive/manual labor), such as workers manage their bodies in a different way from people belonging to strata for which it constitutes an end in itself (creative/intellectual labor), such as middle and bourgeois strata (Alexiou 2008). Within this social-cultural framework, the notion of mental health assumes a different content. It might be that the notion of embodied subjectivity (Cromby & Harper 2009) could efficiently describe the intersection of socio-cultural and subjective-biological factors embedded into the subject of paranoia. Class habits, in turn, shape different patterns of perception and self-definition and hence different ways of behaving and acting. As a result, bourgeois and middle-class strata experience health as a state of balance and lived well-being. On the contrary, working-class and lay strata experience health as the absence of illness and a functional ability (Herzlich 1995). These realities, along with perceptions and “collective representations” in effect shape different social psychosomatic types that bear the “history that became body” (Bourdieu 1994: 29). Depending on the social (class) matrix and the habits, these types are more or less vulnerable to the disorganizing effects of the external environment.

The class and cultural aspect of mental health

Indeed, the way in which identity is constructed and projected according to class positions and is externalized on socializing and linguistic practices also demonstrates the way in which structural compulsions are assembled along with individual biographies so as to contribute to the reproduction of social relations. Antonovsky suggests that health condition constitutes a dynamic relation of balance and imbalance where natural, cognitive, emotional and cultural resistance resources that are activated and co-ordinated by the individual themselves constitute a crucial factor (Antonovsky 1997). Accepting this view could enable us perceive the significance of individual action which emerges from the existence of an “elaborated code” (Basil Bernstein), or the problems that could be posed by its absence. According to Paul Becker’s integrative personality theory, the main factors determining an individual’s personality and can grant them a high level of mental well-being, that is “mental health” and “control over behavior” are comprised of responsibilities and features such as autonomy, self-esteem, self-confidence, sociability, optimism, the potential of handling a problem, calculability, the sense of duty and so on (Becker 1995). In order for the subjective experience to be articulated and organized, it is required that these factors are accompanied by linguistic capital, as it is conceptualized by Bernstein and social capital, as it is theorized by Bourdieu (see also Zissi 2013). Empowerment is also defined in relation to the social and cultural resources, along with the factors that govern it, such as self-esteem, self-efficiency and the control over the individual’s life and destiny (Rogers, Chamberlin, Langer Ellison & Crean 1997). These traits, however, once again point to the individual’s class position.

If empirical findings regarding health implicitly refer to social class, as it was methodologically defined above, it follows that the access to resources and means is almost exclusively determined by indicators of stratification (professional-employment status, income, level of education, cultural capital practices and so on). Of course, this implicit relation becomes explicit, since these indicators constitute signifiers that point to a signified, that is to unequal class relations. Yet it still remains a fact that the social status granted to a profession and the recognition of an individual’s labor in terms of its singularity and its irreplaceable character stems from its position within the social distribution of labor. However, the status of a social position, as well as the recognition of a profession and its labor are indeed linked with independent skills (in audit-design), as well as with executive skills that upgrade or degrade their carrier, depending on the content of their labor. If

waged labor is de-skilled, as Harry Braverman has shown, and labor is evacuated of crucial social skills (autonomy, design, co-operativeness, creativity and so on), unemployment and social destitution corrode the basis of structuring individual and social identity. As a result, individuals are estranged from labor collectivity and de-classed, whatever that might imply regarding their social life, such as feelings of depreciation and uselessness, ruptures in personal relations and loss of the sense of time. In effect, this is a process of de-skilling.

The assemblage of the technical division of labor and professional structure along with the social division of labor and class relations differentiates and gradates professional categories depending on the content of labor (autonomy, independence, cooperativeness) (see Marmot 2005). In a sense, these traits constitute significant resources that are unequally distributed, according to class positions. Of course, all kinds of labor are necessary in order for the society to sustain itself and reproduce as a whole. Consequently, the inferiority or superiority attributed to the status of a certain kind of labor or a group of professions is out of question. On the other hand, the social upgrading of certain professional groups, such as doctors, is related to the upgrading of the value assumed by the body within the system of waged labor. In this case, medicine takes up an auditing role, certifying the boundaries of the exploitation of the human body [insurance funds, sickness funds, and so on (see Milles 1998:374, 378)]. This is how the status of medical professions is achieved, while other professionals, such as lawyers and educators achieve distinction thanks to the ideological function of their labor regarding the reproduction of social relations. The special lifestyles which are shaped assume an objective and a subjective function as practices of self-realization and distinction, granting additional status and social recognition to their agents. As a matter of fact, this affects the level of mental health by means of boosting individuals' self-esteem and self-confidence. And this is exactly when the content of labor (creative VS executive), the control over labor (independence VS submission), along with status and social recognition give way to feelings of self-realization or discontent as well as determining the terms of taking up social action. Besides, this is why Bernstein, like Alexander Luria (Luria 1995: 63), correlates linguistic codes with labor and views them as ways of linguistic organization and articulation of experience, which determine the social action of individuals. The principle through which they come to life is the social organization of the speaker's labor, rather than their social origins. Linguistic practices are formed by the content and the degree of complexity of labor, as it is determined by its position within the social division of labor. As Bernstein puts it: "The more complex the

social division of labour, the less specific and local the relation between an agent and its material base, the more indirect the relation between meanings and a specific material base, and the greater the probability of an elaborated coding orientation." (Bernstein 2003: 16). This means that the more complex the relation between an individual and labor (enhanced/upgraded labor), the more indirect the relation between meanings and their material basis. As a result, the development of an elaborated code is facilitated, which contributes to the organization of social experience. On the contrary, the simpler this relation (executive/instrumental labor), the more direct the relation between meanings and their material basis. Language is thus relativized as a means of mediating and articulating meanings, whatever that might entail regarding the management of social experience by an individual. In relation to the form and content of labor, "restricted code" orientates the speaker to a (local) material basis, which entails a less complex conceptual hierarchy corresponding to an inferior level of causality (ibid). In the "restricted code" of the working class, the expressive possibility of subjective experience is quite limited and orientates the speaker to "descriptive, rather than analytical concepts" (Bernstein 1975: 400). Conversely, the use of an "elaborated code", which is identified as the speech of middle-class bourgeois strata, includes multiple expressive and analytical possibilities, resulting to a more understandable subjective experience (ibid: 399). At this point, we should underscore the criticality of the linguistic organization of subjective experience, as confirmed by various studies around mental health. Especially when it comes to psychotherapy, linguistic capital constitutes a prerequisite for self-reflection and the verbalization of experiences and emotions, as well as for the meta-communication with the therapist.

Within such linguistic and cultural contexts, linguistic difficulties regarding the articulation of thoughts, as well as the lack of information, render psychotherapy an affair of middle-class and bourgeois strata. Another factor contributing to this is the "cultural gap" between experts of mental health and their "clients", as well as the difficulties in communication and interaction with them. This factor causes relevant differentiations in therapeutic patterns, as shown in the example of Germany. In this case, although constituting 10% of the privately insured population, bourgeois and middle-class strata represent 30% of individuals that follow some form of psychotherapy. Conversely, only 30% of individuals insured by state insurance organizations, which mainly cover the large mass of employees—that is around 59.7%—follow psychotherapy in the same country. On the contrary, individuals belonging to the lowest social strata consume disproportionately large quantities of psychoactive medi-

cine, in relation to higher strata (Weber 1994: 214). Regarding the therapeutic strategies, which are differentiated depending on the social origins of "suffering" subjects, patients of a lay or working-class origin are more likely to be diagnosed as schizophrenics, while individuals coming from wealthier social classes are more likely to be diagnosed as neurotics, or as suffering from some emotional disorder. Despite objections regarding the methodology followed by these studies, individuals diagnosed with neurosis or some emotional disorder are less stigmatized than individuals diagnosed with schizophrenia. As Theodor Adorno has shown, the reason for this is that in such studies, the origin of the disease is dissociated from its treatment and the therapeutic practices (Adorno 1974: 50). It is, nevertheless, the case that patients coming from working-class and lay strata are more often rejected by professionals of mental health. What is more, they are less frequently referred to psychotherapy, while they usually abandon therapy at an earlier stage (Pilgrim & Rogers 2004: 82).

Up to the extent to which labor is recognized as the human condition par excellence, which produces society (social relations and wealth) as a qualitative and a quantitative component, its conversion into a commodity and a means of survival, as is the case with waged labor, alienates people from their own selves, as well as from the products of their labor. It is quite obvious that this destitution does not come without consequences for people and their mental health. In effect, this is about draining people out of their living and creative forces. As a result, they become vulnerable to stressing conditions. This loss of resistance resources (Antonovsky 1997) entails the depletion of courage, power, the ability of handling situations and taking up action or other life skills (Botvin & Dusenbury 1987). Moreover, individuals belonging to working-class and lay strata are greatly dependent on the social capital of their class, such as networks of support, sociability and communication, as well as the symbolic capital, such as collective struggles and collective memory. As a result, during a financial crisis, which brings about redundancies and unemployment, these individuals become even more vulnerable to disease and to personal and social disorganization. In fact, when labor fails to satisfy the most important expectations of people, feelings of alienation and frustration seem to bring about conditions of a breakdown to mental health as well (see also Marmot, Siegrist & Theorell 2006).

Conclusion

Since the relation between social class and health emerges as one of the most critical factors, if not the most critical one, which positively or negatively affect mental health, what remains to be determined is the way in which general class relations shape different working, living and acting conditions, hence creating unequal conditions of mental health exposure and recovery. As suggested above, a study of the different positions within the social division of labor can serve as a basis for the analysis of the relations emerging from the distribution of the produced social wealth among social classes, and the unequal distribution of resources and means (social inequalities). Hence, a cross-examination of stratification factors (social capital, employment status, professional status, income and so on) and socialization (behaviors, cultural practices, lifestyles and so on) would further enable us to determine more precisely the relation between class position, social inequalities and mental health.

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