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Socioeconomic Status and Psychopathology Among Men:
A Test of the Causation-Selection Issue

The association of low socioeconomic status with the increased prevalence of psychopathology remains obdurate despite refinements over the past century in measures of SES and psychiatric disorder, as well as advances in methodology. Though challenging, it is critical to explore the causal nature of this association, particularly in the male population. Programs and policies that seek to obviate the adverse circumstance of men and their families - ranging from health and mental health services to active labour market strategies, child support enforcement and even more recent welfare and marriage dicta – primarily target men in their role as breadwinners. Therefore, it is important to understand the nuances of the relation between SES and psychopathology in order to situate programs and policies in a framework that effectively addresses male-specific conditions and barriers to care and that accounts for the complexities and heterogeneity of the male population. This paper uses new data from the Fragile Families and Child Wellbeing Study (FFCWS), a policy relevant, racially diverse population sample of both unmarried and married urban American fathers, to: (1) evaluate the relative importance of social selection and social causation predictions concerning the inverse relation between SES and depression, anxiety and substance dependence, and (2) provide new evidence of the nature, extent and significance of the bi-directional effects of SES and depression, the most prevalent disorder among these men.

The methodological and theoretical challenges to understanding the relation between SES and psychopathology in the male population are significant. Recent studies point to gender differences in the prevalence, etiology and effects of mental health conditions. While the requirement for gender-sensitive research focused on women's mental health has, fortunately, been recognized, by contrast, recognition of the imperative for studies specifically tailored to mental disorders among men is

evolving more slowly. Moreover, a lack of available data, especially with respect to populations whose mental conditions are often disparate, such as poor men and men of colour, presents a major challenge.

In addition, theoretical formulations concerning the relation between SES and psychopathology are complex. Over the years, two very different explanations have arisen. Social causation theory posits that increased rates of disorder are evidenced in people of lower SES because the greater level of environmental adversity, stress and disadvantage they experience catalyses the onset of psychiatric disorders. By contrast, social selection theory hypothesizes that while environmental and constitutional factors contribute to the emergence of psychiatric disorders, the association of these disorders with SES is constructed through different processes than social causation theory presumes. In selection theory it is the presence of these disorders that causes people to drift down the socioeconomic ladder or fail to rise out of low SES. The fundamental challenge concerning social selection and social causation hypotheses is they both predict an inverse relation between SES and psychopathology. How then to differentiate between the two processes?

This paper uses two methods to address the social causation-social selection issue. First, a quasi-experimental strategy - a heuristic device designed for making causal inferences concerning SES and psychopathology - is used to test the relative importance of social causation and social selection hypotheses with respect to depression, anxiety and substance dependence. Then, to better understand the processes involved, standard structural statistical models are applied to longitudinal data to investigate whether low SES among the parents of men in the sample predicts the course of men's depression and whether depression among these men predicts their subsequently lower SES.

The use of the quasi-experimental strategy produces compelling results in favour of the dominance of social selection predictions over social causation predictions. This analysis also suggests that greater pressure from discrimination and prejudice in employment markets towards disadvantaged race-ethnic groups, Blacks and Hispanics, hold back the healthier members of these groups. While

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quasi-experimental tests show that social selection is relatively stronger than social causation, structural statistical models indicate that both mechanisms are operational. The results, including mediational analyses, suggest the two processes are complementary and result in a downward spiral in the intergenerational transmission of low SES and psychopathology. Race-ethnic sub group analyses are provided.