



Investigating the effects of temporal and interpersonal relative deprivation on health in China



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ABSTRACT

We argue that in addition to interpersonal relative deprivation, it is important to examine how temporal relative deprivation influences health, especially in rapidly changing societies such as China. We develop four competing hypotheses regarding the possible effects of temporal relative deprivation on health. Moreover, we propose that temporal relative deprivation may confound the health effects of interpersonal relative deprivation, and for the sake of conceptual clarity, temporal relative deprivation needs to be accounted for in the examination of interpersonal relative deprivation.

We use data from a nationally representative survey in China; our analytical sample consists of 10,828 respondents. The dependent variables are self-rated health and the frequency of experiencing depressive symptoms. Interpersonal relative deprivation is measured by individuals' evaluation of their current positions on a 10-rung 'ladder'. We also assess individuals' subjective positions at 14 years of age and from 10 years ago. To measure temporal relative deprivation, current subjective status is compared with subjective status at the two time points in the past to construct indicators of perceived upward and downward mobility. Both diagonal mobility models and conventional logistic regression are used and the results from the two types of model are comparable.

The majority of Chinese people felt that they moved up the social ladder compared with their parents or themselves 10 years ago. Perceived upward mobility is not associated with health outcomes, whereas perceived downward mobility, especially intra-generational, is a strong predictor of worse mental and physical health. These patterns are consistent with the argument that the effects of bad experiences are stronger and longer lasting than those of good ones. They also focus our attention on those who perceived downward mobility. Furthermore, evidence suggests that the health effects of current subjective status also include the cumulative influence of prior changes in one's social status.

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1. Introduction

It has been observed that in many societies, people with more advantaged socioeconomic positions also enjoy better health. The precise mechanisms underlying the social gradient in health have not been clearly delineated. An influential but controversial hypothesis posits that relative deprivation, in addition to absolute levels of access to health-promoting services and goods, affects health through psychosocial pathways (Marmot et al., 1997). Empirical research in this tradition has so far only focused on one dimension of the concept of relative deprivation, which pertains to interpersonal comparisons, i.e., the perceived gaps between an

individual's own circumstances and those of others. Relative deprivation is typically operationalized as the subjective or objective ranking of an individual in a social context (Smith et al., 2012). However, past studies of relative deprivation also emphasized the other dimension of the concept, which relates to perceived temporal changes in an individual's status (Pettigrew, 2002). Temporal comparison may be as important as interpersonal comparison in affecting feelings of relative deprivation, especially at times of rapid social change (de la Sablonnière et al., 2009). Moreover, temporal relative deprivation may confound the effects of interpersonal relative deprivation on individuals' behavior and psychosocial characteristics. Despite their relevance, these insights regarding the temporal dimension of relative deprivation have generally not been considered in the study of health inequality.

In this paper, we use data from a large and nationally representative social survey in China to investigate: 1) how interpersonal

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and temporal relative deprivation influences health outcomes in a society experiencing rapid and large-scale social changes, and 2) whether temporal relative deprivation confounds the health effects of interpersonal relative deprivation. More specifically, we examine how perceived gains and losses in social status are related to indicators of physical and mental health, and to what extent the health effects of current subjective social status change after the effects of perceived changes in social status are accounted for.

We examined these issues in the context of China because social and economic inequality has greatly expanded in the country since the early 1980s, as economic reforms introduced marketization to China; for example, it has been estimated that China's Gini coefficient rose from 0.28 in 1985 to 0.53 in 2010 (Xie and Zhou, 2014). The expansion of the social hierarchy has been accompanied by growing social mobility. Continuous economic growth, large-scale changes in the occupational structure, increased educational opportunities and relaxed barriers to geographical mobility all led to increased inter- and intra-generational social mobility (Bian, 2002). China represents a social context that combines rapidly rising social inequality and widespread social mobility and offers a unique opportunity to advance the theoretical and empirical literature on the relationship between relative deprivation and health outcomes.

In the following sections, we first briefly review existing studies on interpersonal relative deprivation and health. We then develop four competing hypotheses regarding the health effects of temporal relative deprivation; we also discuss how temporal relative deprivation may confound the effects of interpersonal relative deprivation. We introduce the data and analytical strategy, and empirically test the hypotheses. Finally, we discuss the findings.

1.1. Interpersonal relative deprivation and health

Relative deprivation is an important concept in social psychology (Pettigrew, 2002). It emphasizes the perception of disparity resulting from comparison, which can be either interpersonal or temporal in nature. Interpersonal comparison refers to individuals comparing their circumstances with those of others in their social environment. Whereas temporal comparison pertains to people comparing their current status with their status at a different point in time (de la Sablonnière et al., 2009).

To date, the research on relative deprivation and health has focused exclusively on disparities stemming from interpersonal comparisons. It has been well documented that socioeconomic status is associated with health status. Conventional approaches emphasize that differential access to health-promoting goods among social groups leads to unequal health outcomes, but these approaches cannot fully explain the link between socioeconomic status and health (Wilkinson and Pickett, 2009). During the recent decades, research in this area has started to focus on the psychosocial costs associated with being relatively low in the social hierarchy. The relative deprivation hypothesis argues that regardless of the absolute level of access to material goods, lower positions in the social hierarchy lead to psychosocial deficits such as lack of social connectedness, chronic stress, lack of sense of control and mastery over the environment, low self-esteem, fatalism and hostility (Marmot et al., 1997). These deficits are in turn closely linked to a myriad of physical and mental conditions.

Researchers have started to explicitly test the relative deprivation hypothesis since the early 2000s, and have generally found that after controlling for the 'absolute' measures of socioeconomic status, such as income and occupation, relatively low social positions are negatively associated with a variety of health outcomes such as mortality, self-rated health, depression and anxiety, and health behaviors such as smoking (Adjaye-Gbewonyo and Kawachi, 2012; Euteneuer, 2014; Reitzel et al., 2010). The link between

relative social status and health has also been examined in different social contexts, including China (H. Li and Zhu, 2006; Ling, 2009; Mangyo and Park, 2011).

1.2. Temporal relative deprivation and health

The research on relative deprivation and health has so far treated relative deprivation as a static phenomenon and failed to consider the effects of dynamic changes in one's status. However, disparities resulting from temporal comparisons constitute an important dimension of the theory of relative deprivation. It has been demonstrated that individuals make both social and temporal comparisons throughout their lives (Brown and Middendorf, 1996). Relative deprivation resulting from temporal comparison has been linked to various attitudes and behavior, such as social identity and political participation (Pettigrew, 2002). Moreover, analysts have argued that temporal comparisons are especially important at times of dramatic social changes. During such times, individuals may have to navigate unfamiliar social landscapes and it may be unclear with whom they should compare themselves. By contrast, it may be easier for people to compare their current circumstances with their own situations in the past. Temporal comparisons, therefore, provide a reasonable anchor for individuals to engage the comparison process in order to evaluate their circumstances (de la Sablonnière et al., 2009). China has been experiencing large-scale social changes for the past three decades, and temporal comparisons may be particularly salient in China's social context.

Despite the importance of temporal relative deprivation, research into its health effects has been limited. To guide our investigation, we derived four competing hypotheses regarding the health effects of temporal relative deprivation from the literature in adjacent fields of research. This study aims to use empirical data from China to adjudicate among the hypotheses. First, in the literature on relative deprivation, the process of temporal comparisons is assumed to be compatible with that of interpersonal comparisons (Albert, 1977), which implies that the consequences of the two types of comparisons are similar. That is, losing status brings psychosocial deficits such as lack of self-esteem or sense of control, whereas gaining status results in psychosocial benefits. We therefore hypothesize that *people who feel that their social positions improved will enjoy better health, and those who perceive downward mobility will suffer from worse health. That is, the effects of negative and positive temporal comparisons are symmetric.*

In contrast, empirical and theoretical expositions of the effects of life changes on subjective well-being points in a different direction. A number of empirical studies, mostly in psychology, have shown that shortly after experiencing positive or negative events such as winning a lottery or losing a limb, people's subjective well-being changes but, in the long run, it returns to the pre-event level (Brickman et al., 1978; Feinman, 1978). Based on these empirical findings, the hedonic treadmill theory posits that people adapt to good and bad events in their lives and, therefore, the effects of life changes on subjective well-being are short-lived (Myers, 1992). Although this theory specifically addresses subjective well-being, it may also be applicable to the study of temporal relative deprivation and health, since it has been argued that relative deprivation works through psychosocial pathways to influence health. Following the hedonic treadmill theory, we hypothesize that *gaining or losing status has little effect on individuals' health.*

Furthermore, recent studies have started to introduce more nuances into the hedonic treadmill theory and offer yet another prediction with regard to the health effects of temporal comparisons. Careful examination of the effects of good and bad events led to the observation that it is more difficult for individuals to adapt to negative changes than to positive ones (Diener et al., 2006). Bad

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