

John Mirowsky and Catherine E. Ross.
Education, Social Status, and Health.

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Public health researchers and epidemiologists have long known that social status — wealth, educational attainment, occupational prestige and occupational status — is related to health and well-being. Health researchers have seldom treated the relationship between social status and health as the primary object of theoretical and empirical inquiry, however, often simply controlling for social status in multivariate statistical models when exploring other determinants of health. With the widespread participation of social scientists (e.g., sociologists, psychologists and geographers) in a burgeoning population health discourse, a large body of research dedicated to explicating the multifaceted relationship between social status and health has arisen. This book, produced by two American sociologists, makes an important contribution to this literature.

Utilizing two survey data sets of randomly selected American adults to support their arguments, Mirowsky and Ross contend that educational attainment and the skills and abilities learned and fostered during the educational experience in particular drives most of the relationship between social status and health. They identify a variety of causal routes by which education indirectly influences health. For example, they argue that education affects health because it develops the productive abilities that contribute to 'learned effectiveness,' i.e., habits and skills of self-direction, a form of personal control over life events. Learned effectiveness purportedly influences economic prosperity, enables the adoption of a healthy lifestyle (regular exercise, restricting caloric intake, etc.) and mitigates the ill effects of personal economic hardship and neighbourhood disorder. Second, the authors contend that education facilitates the development of supportive and egalitarian interpersonal relationships. Well-educated Americans are more likely than others to be married, for example, and when married are more likely to be happily married and happy marriages are known to have positive effects on health. Third, better-educated people are thought to be more likely to find work that allows them to exercise productive creativity, another established determinant of health. Fourth, the authors argue that the health effects of education are often cumulative over the life course: small effects can be amplified over time, eventually making large contributions to well-being in later life.

Along the way, Mirowsky and Ross dismiss arguments that proffer access to quality medical care and dangerous occupational settings as mediators in the relationship between social status and health. They also describe and then dismiss what they call 'specious views of education,' theoretical perspectives on the role of the educational system in society and its relationship with the health of populations that do not support their own theoretical approach to education as productive human capital. They have no time for theoretical projects that present educational credentials as symbolic tokens that simply serve to open social gates for credential holders. They dismiss arguments that describe the educational system as an institutionalized reproducer of inequality that enables either explicit tracking (as in Marxist thought) or implicit tracking (as in Pierre Bourdieu's work), thereby reproducing social class inequalities. They discard arguments that portray educational attainment as a false satisfier, i.e., as a means of convincing the majority of the masses that they are not oppressed

and disadvantaged. Finally, they reject arguments that proffer potential correlates of both education and health deemed to be causally prior to the education-health relationship (such as intelligence, social origins or neighbourhood resources). In short, the health effects of education operate primarily via the accumulation of productive skills and abilities and represent the bulk of the relationship between social status and the health of Americans. The health effects of education are not a zero-sum game, according to Mirowsky and Ross, implying that the best way to ameliorate health inequalities and improve the overall health of Americans is to make the educational system readily accessible to everyone, especially low-status people.

This is an important book possessing many attractive qualities. First, its expansive coverage of relevant literature is noteworthy. I plan to use its summaries of certain relevant discourses to guide some of my future work in Canada. Second, the authors utilize the data at their disposal in creative ways. I draw special attention to the insights they draw pertaining to structural amplification, for example (pp. 154-8). Third, the authors make a number of (inflammatory) statements that will undoubtedly stoke the fires of future debates. For example, they contend that Bourdieu's theory of cultural capital has spread like a virus, generating much talk and interpretive gloss but little science (p. 178). The authors are surprised that social theorists would use (waste?) their intellects to present specious views of education that malign the educational system (p. 193). They also claim that few individuals suffer from prolonged and severe hunger or exposure in societies such as the United States, and that charities, government programs and excess production combine to assure that almost everyone gets the food, clothing and shelter needed for survival (p. 97). Critical theorists and poverty researchers will find in this book good grounds for impassioned debate. To their credit, the authors anticipate many of the criticisms that could be levied against their primary arguments and, as noted above, go to some lengths to rebut critiques.

My critical comments pertain primarily to the authors' interpretations of statistical relationships drawn from their survey data set and their reliance upon Enlightenment-inspired ideals. First, the book makes use of multivariate techniques infrequently, presenting only a few path models. When presenting associations between two variables while controlling for a third, for example, it is not clear whether the findings are consonant with the path models displayed elsewhere. The inclusion of multivariate analyses throughout the text would strengthen the arguments; as it is, the flow of the analysis throughout the text is overly dependent upon straightforward zero-order associations and visual plots, in my opinion. (Then again, the authors might argue that in depth descriptions of multivariate analyses are suitable for journal articles directed toward peers but inappropriate in a readable book directed toward a wider public.)

In addition, I disagree with some of their interpretations pertaining to the highest educational categories. A theoretical framework based primarily upon the health effects of learned effectiveness would imply that the master's and PhD degrees are especially beneficial for health. Not so, according to some of their own findings, conveniently dismissed with a small-sample argument (p. 39). It seems that the college degree in particular is most pertinent for health and well-being in their American data set, with surprisingly little benefit to be drawn from higher degrees, perhaps indirectly supporting some of the specious' theoretical projects such as the symbolic token and tracking arguments dismissed by the authors.

Finally, Enlightenment ideals pertaining to reason, logic and science appear to be fundamental components of the theories presented by the authors. Their framework is based in part upon the abilities of people to communicate, solve problems, analyze data, develop ideas and implement plans, on flexible, rational, complex strategies of thinking, and on confidence to attempt to solve problems (p. 51). For instance, they note that the probability of quitting smoking after a heart attack is higher among better-educated people, and argue that refraining from smoking is a 'sensible and effective' action undertaken by (reasonable, rational and analytical?) people. But is smoking primarily about personal choice, or might it be an action deeply embedded in a cultural context with social class overtones? Although the authors acknowledge the interplay between agency and structure inherent to this discourse, the emphasis upon reason and problem-solving on the part of educated individuals seems to overemphasize agency at the expense of structure.

In sum, Mirowsky and Ross have done the population health community a splendid service by presenting a compelling and complex story for the relationship between social status and health and identifying many important and contentious issues for future theoretical debate and empirical exploration. I highly recommend this book to all health researchers interested in the social and economic determinants of health and well-being.

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