The Impact of Urbanization on Personality and Mental Health

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Abstract

Personal disorganization, mental breakdown, suicide, delinquency ,crime, corruption, and disorder, might be expected to increase in response to the greatersize,density, and heterogeneity of the urban population and the more rapid tempo of urban life. Such reasoning for a long time has been the conventional wisdom of urban sociology, although usually the early proponents had not backed their conclusions with empirical analysis.

New empirical research has cast doubt on the validity of the theory that urban dwellers are any more prone to mental illness than rural dwellers, and the findings point to other sociocultural variables as potentially more significant than rural or urban residence as causative factors. This dimension of urban social systems contribute as heavily to an understanding of the quality of urban ecosystems-population, environment, technology and social organization.

KEYWORDS: Mental Illness, Personality, Urbanization, Hospitalization, Ideal Type, Cosmopolitan.

One of the questions that has long intrigued social scientists and other observers of the urban scene is whether or not the impact of urbanization is powerful enough to produce distinct difference between the personality characteristics of urban and non-urban dwellers. To the extent that human personality is shaped by sociocultural influences of all sorts and is not exclusively a product of physiological or biological factors, it seems reasonable to conclude that the urban environment constitutes one such major sociocultural influence. Wirth(1938) and Simmel (1950) are the best-known examples of sociologists who used this kind of deductive reasoning to postulate ideas about the personality characteristics that were believed to derive from the conditions of urban living as they saw them. For the most part, they saw the city as highly disorganizing and distruptive for the individuals, creating a wide variety of psychological pathologies..

They hypothesized that friction, irritation, nervous tensions and personal frustrations would increase in response to the greater size, density, and heterogeneity of the urban population and the more rapid tempos of urban life. Wirth, for example, argued that “personal disorganization, mental breakdown, suicide, delinquency, crime, corruption, and disorder might be expected under these circumstances to be more prevalent in the urban than the rural community. Such reasoning for a long time has been the conventional wisdom of urban sociology, although usually the early proponents had not backed their conclusions with empirical analysis. More late empirical research, as reviewed in the following sections, has cast doubt on the validity of the theory that urban dwellers are any more prone to mental illness than rural dwellers, and the findings point to other sociocultural variables as potentially more significant than rural or urban residence as causative factors.

Classifying and Measuring Mental Illness

Instruments for measuring rates of mental illness in a population have been equally varied; and different indicators produce different results. One of the most frequently used measures of the incidence of

mental illness has been hospitalization or confinement to a facility for the mentally ill. Using this approach, Goldhammer and Marshall(2002) composed the rate of admission in hospitals for psychoses in the state of Massachusetts between 1840 and 1948. They reasoned that since that particular time period was a century of greatly increasing urbanization, mental health rates should also have risen accordingly. Their findings at first glance seemed to support this conclusion, as rates of admission for psychosis more than doubled over this period. From 41 per 100,000 in 1840 to about 85 per 100,000 in 1941. However, controlling for age, Goldhammer and Marshall found that for those between twenty and fifty years of age, there was no significant change in admission rates during the entire century studied, and that only persons over fifty experienced higher admission rates. This difference probably is accounted for by the fact that it was easier for rural and farm people to care for the older mentally ill members of their families at home than it is for city people living in less spacious or in isolated accommodations. Thus, the findings of this study did not support the theory that mental illness has increased with greater urbanization.

In another classic study using rates of hospitalization as an index, Faris and Dunham(1999) plotted the residential distribution of all patients admitted to public and private mental hospitals from the city of Chicago and completed rates of hospital admissions for various diagnostic categories of mental illness. While no urban-rural comparisons were made, the study did demonstrate the significant fact that hospitalized mental illness was not randomly distributed through the city. Highest rates were found near the center of the city in areas of high population mobility and low socioeconomic status. Conversely, the lowest rates were from the stable residential areas of higher socioeconomic status.

But these are major shortcomings of hospitalization as an indicator of mental Illness, which apply to the kind of studies cited above. Hospitalization rates are Inadequate unless all mentally ill members of the population have roughly an equal chance of being hospitalized or confined. To the extent that rates of hospitalization can be influenced by such factors as closeness or accessibility to a mental hospital, the availability of bed space in such facilities, differences in tolerance for symptoms of mental illness among subgroups of the population, or by the existence of alternatives to hospitalization, hospitalization rates will be poor indicators of the true rate of mental illness in a population. Gibbs(2002) compared rates of mental hospitalization to some non-institutional indicators of the amount of psychopathology in the population using data from the fifty continental states. Using such measures as deaths from mental disorder, deaths from suicide, deaths from duodenal ulcer, deaths from alcoholism, and the number of homicide victims under four years of age as indicators of psychopathology in the population, he found that rates of mental hospitalization were not closely related to non-institutional indicators.

Other studies of community mental health have been based on sample surveys, in which the respondents are asked to assess their own personality adjustment. In some cases the results are then coded and rated by professionals skilled enough to classify the findings in psychiatric or psychological terms. One of the most thorough surveys of personal adjustment using this approach was reported by Gurin, Verroff, and Feld(2000). Researchers from the University of Michigan Survey Research Center interviewed a large national sample of adults who were representative of the total population in terms of sex, income, education, occupation, and place of residence. Nearly 25 percent of those interviewed had at one time in their lives felt sufficiently troubled to need help, mainly in the area of marriage, parenthood, work, and personal psychological problems. Feelings of general dissatisfaction were widespread among the respondents and showed no consistent relationship to place of residence. Differences by place of residence were fewer than those based on education, income, and sex. In effect, the survey

found no greater symptoms of poor mental health among the residents of metropolitan areas than among those residing in the less urbanized areas of the United States. The Leightons (1997) surveyed a rural country and found that over half of the population had at some time or other exhibited psychoneurotic symptoms and that 77 percent reported having had psychosomatic disorders to a significant degree. A study of the Hutterites, a closely knit religious sect residing primarily in the nonindustrial, nonurban parts of the Midwest, indicated a sufficient rate of psychoses and other untreated types of mental illness to challenge further the conventional view that people living in stable, self-contained rural communities are less likely to experience symptoms of mental illness than those living in larger urban communities(Eaton and Weil,2005). Likewise, Lewis's(2001) study of a small Mexican agricultural village found considerable evidence of violence, cruelty, suffering and strife both within the village and in its relations with other villages. Far from being harmonious and free of stress, the residents of such anxiety and personal adjustment problems as those residing in urban areas. Studies of the incidence of schizophrenia among primitive people living in preliterate and tribal societies indicate that the various psychoses are widely prevalent in such societies contrary to common belief.

Clearly, there is no simple yes-or-no answer to the very complex questions as to whether modern urban civilization has led to an increase in the amount of mental illness in the population. The research results to date do not support such a conclusion, but the possibility cannot yet be completely discounted. In general, the amount of mental illness in any society or population, the prevalence of certain types of trauma or pathogenic processes in early family life, the kind of stress to which adults are exposed late in life, cultural definitions of mental illness, and the exercise of potential controls, which may limit the developmentmof symptoms. The relative weight and particular forms of factors and the degree to which the various urban and non-urban environments are contributing factors have not yet been conclusively established.

Variations in Mental Health Within Metropolitan Areas

Although the data comparing mental illness in urban areas with that in rural areas are inconclusive, it is far more certain that within metropolitan areas mental disorders are not evenly distributed and varywidely from subarea to subarea or group to group. Also, the distribution of particular types of mental disorders, such as the psychoses, neuroses, and psychosomatic disorders, is widely varied. Social class appears to be one of the most important factors related to variations in rates of mental illness. The Midtown Manhattan Study (Strole,1975) was one of the more notable attempt to assess the relationship between mental health and social class. In this study, approximately 1,700 white adult residents of mid- Manhattan between the ages of twenty and fifty-nine were randomly selected for a several-hours-long interview in their homes. The interviewer asked questions about depressions, immaturity, psychosomatic illness, and so on. Two psychiatrists, from whom information that might identify the socioeconomic class of the respondents was withheld to prevent possible class biases from influencing the results, independently rated the number and severity of the reported psychological symptoms and placed each person into one of four mental health categories: 1)well; 2)mild symptom formation; 3)moderate symptom formation; 4)psychologically impaired. The well group had no significant symptoms, while the impaired group had symptoms of mental illness severe enough to handicap them greatly in coping with everyday life. The mild and moderate groups were between these two extremes: they indicated some degree of psychological difficulty, but they were able nevertheless to carry on their adult activities successfully. The results did not demonstrate a relationship between mental healthand such variable as immigrant generation status, national origins, religious identity, or urban-rural origins. The age of the respondents and their marital status was only moderately correlated with the mental health ratings. But of all variables considered, social class was by far the best predictor

of mental health and mental illness. In the lowest socioeconomic stratum of the sample, only 4.6 percent of the respondents were rated as well or free of symptoms, in contrast to the 30 percent of the highest socioeconomic stratum who were symptom free. While only 12.5 percent of the highest socioeconomic was rated psychologically impaired. Thus, the members of the lowest status group were four times more likely to be severely impaired psychologically than the highest status group, and were six times less likely to significantly escape the symptoms of mental illness and enter the "well"category.
Another major study demonstrating a strong relationship between social class and mental illness was conducted in New Haven, Connecticut, by Hollingshead and Redlich (2008). The study was based on data for at least 98 percent of the residents who were receiving psychiatric care at the time of the survey. This included not only those who were hospitalized but also those who were receiving outpatient care from private practitioners and clinics. Dividing the community into five social classes, the study found that the prevalence of treated psychosis was more than three times greater in the lowest class than in the highest class. Also,once a lowest class patient is diagnosed as psychotic and committed to a mental hospital, he or she tends to remain hospitalized nearly twice as long as patients in the highest social class. For neurosis, the relationship to social class was just the reverse, with higher rates positively associated with higher social class.

Life Style And Adjustment To Urban Life

The question of what it is about lower class status in an urban environment that produces a negative impact on mental health, in contrast to higher-status groups that seem more successfully to escape the most debilitating impact, cries for a reasonable explanation. While no simple answer is possible, the most fruitful approach lies with the concept of life style. Life styles abound among various urban groupings, some of which bear at least some relationship to social class. If any particular urban style of life can be seen as a means of accommodating to the conditions of urban life, or as an adjustment to ease the stress and strains of urban living, then it can also be arguedthat some ways of life provide a better fit than others to the demands of urban living. From this perspective, the problem lies not so much with the particular conditions of the urban environment as it does with the way in which groups of people adjust or accommodate to this environment.
Gans(1968) has presented a discussion of five urban ways of life, based mainly on social class and on stages of the family and life cycle, which suggests how analysis of life styles may provide clues to the quality of adjustment to urban life. The first life style is that of cosmopolites. Cosmopolites include those who consciously choose to reside in an urban environment to participate in the cultural activities the city has to offer, which are highly important to them. They occupy varying socioeconomic levels, but tend to be intellectuals and professionals or artistically inclined. The unmarried and childless constitute a second life-style grouping. Such groups tend to cluster in apartment house areas that also provide an active night life, such as singles bars and other places of entertainment. These groups participate actively in the varied activities of the city. Their residence in the city may be transitory, however, as many of them move to single-family housing in thesurburbs when and if they enter the child-rearing stages of their life-cycle. The third major life style is that of ethnic villagers. Ethnic villagers are immigrant or migrant groups who attempt to carry on in urban enclaves the peasant life of their native regions. They create their own close-knit social structures, which help cushion or isolate them from what they consider to be the harmful effects of the city, including other competing ethnic or racial groups whom they may attempt to prevent from encroaching on their "own" neighborhoods. The fourth group, the deprived, are those who are in the city largely because of the handicaps of extreme poverty, emotional problems, or racialdiscrimination, which leave them with no alternatives but to remain in

deteriorating housing or blighted neighborhoods in the worst areas of the central cities. The final group, the trapped and the downwardly mobile, consists of those who cannot afford to move when a neighborhood changes for the worse and those who can no longer compete economically for good housing, such as retirees on fixed pensions or widows who have lost the income of a breadwinner. Such groups may suffer a visible loss of status and well-being as their situations grow worse with the changing circumstances of their environment.

Of the five life styles suggested by Gans, only the last two represent the types of social and personality disorganization that traditionally have been associated with urban living. The deprived and the trapped or downwardly mobile are subjected to stresses and strains for which they may not have the psychic or material resources to cope successfully. Under such circumstances, it is no wonder that such groups represent a large segment of the lowest socioeconomic levels that usually have the highest mental illness rates in the cities.

The ethnic villagers are often protected from the disorganizing effects of urban life. But under rapidly changing circumstances, such as are caused by the encroachments of urban renewal or invading external groups that may rapidly change the character of their neighborhood, even the ethnic villagers may be dramatically subjected to new stresses or strains beyond their control. Thus, whether or not the ethnic villagers do, in fact. Produce a style of life ideally suited to the conditions of urban living remains circumstantially problematic.

The urban singles have received a good deal of attention from the mass media in recent years. Singles bars with their nightly crowds of unattached young people looking for “one night stands” or short term affairs without long term commitments, and large singles-only apartment complexes that function in ways similar to a resort hotel are part of the popular image of a supposedly fun and carefree “swinging” life style. While sociological documentation is somewhat scanty for this group, there is no satisfactory adjustment to city life or to superior personality integration in the urban context. On the other hand, neither is there clear evidence that young singles are more prone to serious personality disorders than other life style segments of the urban population.. Palen (2005) describes the life styles of singles as more humdrum in reality than popular images suggest.

For example, most of the young singles are faced with the everyday problems of making a living, finding a descent place to live, making friends, eventually finding a suitable mate, and so on. Hardly social or economic radicals, they are in Palen’s view “trying to achieve essentially middle class material goals without being able to rely on many of the usual institutional supports for their activities.

A study by Starr and Carns (2003) of singles in their early and mid-twenties who were working in Chicago indicated that most singles do not live in singles apartment complexes and that such groups had no community roots in the housing areas or neighborhoods in which they resided. In addition, the singles bars that were often frequented did not necessarily serve as satisfactory substitutes for an active community involvement, and interest in frequenting such places would drop off rapidly after six months or so, or by the time the respondents began to reach their late twenties. As Palen(2005) remarks, few singles can take for long the forced conviviality and the strained and artificial social patterns of the singles bars. Even among many singles, singles bars are sometimes referred to as “meat markets” that can produce only shallow and one-dimensional relationships.

For most working singles, the work place is a more effective site for meeting people and forming relationships than places of residence or places of entertainment . At any rate, the question of the degree to which Gans’s unmarried and childless category cushions its members from disorganizing aspects of urban life remains largely unanswered, except that the detachment of the singles from undesirable commitments or obligations probably does protect them from some of the kinds of problems experienced by the “deprived” or the “trapped”.

The cosmopolitans have received the least attention in the sociological literature on urban life styles. This is unfortunate, for it is among this group thatone must look in order satisfactorily to answer the question, Is a truly urban life style emerging? One can argue that problems of community or personality disorganization are most commonly associated with those urban groups with the least urbanized life styles. On the other hand, those groups that have made a satisfactory adjustment to urban life, are attuned to its opportunities and demands, and actively partake in the unique activities the city has to offer, tend to be ignored as objects of inquiry because they are not at the core of commonly perceived social problems.

Cosmopolitan Life Style As An Urban "Ideal Type"

Just as Wirth and Simmel had earlier postulated a set of traits or characteristics that would provide a composite view of the urban personality as an "ideal type," so it is intended here to postulate a set of characteristics or traits representing one's view of an ideal type model of a cosmopolitan life style. In contrast to the view of Wirth, however,this model does not assume that personality pathology or disorder is the inevitable product of urban living. It asserts instead that under certain circumstances an urban life style can be perceived that provides a "best fit" with the conditions and demands of urban living, and that is positive in the sense that it maximizes the pleasures and satisfactions of urban living. At the same time, this model of a cosmopolitan life style protects the individual from undesirable distortions of his or her personality in the process. What are those life style characteristics or traits most likely to be associated with good mental health in the metropolitan setting? While such a model is still largely speculative, there are some arguments that seem to reinforce it. The cosmopolitan life style presented here is not representative of the majority of people currently residing in urban areas. In fact, most current urban dwellers probably are not fully attuned to or satisfied with the conditions of urban living that they now experience and would prefer to live in another kind of environment. Most urban dweller have not yet accommodated themselves to urban living by the adaptation of life styles which provide the best fit or accommodation to living in metropolitan communities. Instead, it is useful to think of the cosmopolitan life style as a potential about which one can find a number of examples from among limited segments of the urban population.

Knowledgeability, skill, tolerance, self-awareness, meaningful work roles,and positive,appreciative attitudes, are model of the cosmopolitan life style.

Conclusion

While one is not asserting that a cosmopolitan life style, as it's been described so far, is representative of the populations now residing in urban settings, nevertheless manyof the components of such a life style are relatively commonplace. One can find many examples of the attitudes and behavior associated with a cosmopolitan life style being considered desirable goals. Cosmopolitan attitudes and behavior are implicit in the programs of many public school systems and institutions of higher learning, they are integrated into the the child-rearing practice of many urbanites, and countless examples can be found among mass media heroes and celebrities. No claim of moral superiority for a cosmopolitan life style in comparison to other alternatives is being asserted here but it is believed, however, that a concern for the mental health and well-being of persons residing in an urban setting should lead to investigation of the relationship between life style and personality adjustment in the context of specific social and physical urban environment.

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