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Hysteresis, Social Congestion and Debt: Towards a Sociology of Mental Health Disorders in Undergraduates.

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Abstract

Sociologists have done much to show that the education system, whatever its meritocratic rationale, is associated with the generation and reproduction of fundamental inequalities. This paper explores how the recent epidemic of mental illness amongst undergraduate students can be seen as part of this dynamic. Reflecting on the dearth of sociological work in this area, the paper draws together the sociologies of inequality, education, and health and illness and explores the value of Bourdieusian framework for understanding the rise of mental health disorders in the undergraduate population. The suggestion is that whilst widening participation has extended educational opportunities, it has simultaneously created a context in which a state of *hysteresis* (Bourdieu, 1977) can emerge which, when combined with social congestion in the workplace (Brown, 2013) and high levels of debt, serves to elevate rates of depression and anxiety.

Keywords: debt, Bourdieu, hysteresis, mental health disorder, social congestion, undergraduates.

The investment in university education is generally regarded as a positive choice, one that fosters personal and intellectual development, is correlated with improved earning potential and upward social mobility and is, more broadly, linked to societal success and economic competitiveness in a skills-based, knowledge economy (DBIS, 2016; NCIHE 1997). The possession of higher education qualifications has also been shown to have an accumulative protective effect against life-long rates of anxiety and depression (Montez and Friedman, 2015). These various benefits have all served to support the expansion of mass higher education during the last twenty years in the UK.

However, there is also a strong line of sociological argument that suggests the expansion of higher education has produced a series of social tensions. This can be traced back at least to Michael Young's (1958) dystopic critique of *The Rise of Meritocracy* and was also emphasised by Bourdieu (1984) in *Distinction* who saw the rise of higher education as providing false hope for upward mobility as only those with access to particular, elite forms of higher education could expect to reap its full rewards. In the British case, there is evidence

of both differential access to universities (DBIS, 2016) and differential outcomes in terms of the earning potential of graduates by gender, institution attended, subject and socio-economic background (Britton et al., 2016). Moreover, the expansion of higher education has been mirrored by a concomitant rise in the number of undergraduate students exhibiting psycho-pathological symptoms, a trend that has attracted the attention of the medical profession, government and the media. In 2011, the Royal College of Psychiatrists documented evidence of rising levels of depression and anxiety, corroborated by a recent *YouGov* survey (2016) which suggested more than a quarter of students suffer from a mental health problem. Figures from the National Union of Students (2017) suggest that the majority (78%) have experienced mental health worries and the number of students disclosing a mental health condition to their university has increased five-fold in the last ten years (IPPR, 2017), The Government has responded with plans for mental health first-aiders in secondary schools and courses designed to raise awareness of mental health difficulties (Prime Minister's Office, 2017) and the media has run numerous pieces on the 'crisis' facing universities (see, for example, Wakeford, 2017).

Sociological analyses of the rise of mental illness in the undergraduate population and the possible connections with widening participation are, however, notably absent from this discussion. Whilst Bourdieu's work has been insightful for understanding academic adaptation his work has only recently been applied in sociology of health (Collyer et al., 2015; Robinson and Robertson, 2014) and rarely extended to discussions about mental disorder (Pinxten and Leivens, 2014) As a novel departure, this paper suggests a Bourdieusian framework for theorising and studying the rise of mental illness in the undergraduate population and draws connections between capital, educational change and individual psychological malaise. I posit that widening participation has extended educational opportunities but has also provided the context for a state of *hysteresis* (Bourdieu, 1977) to emerge. This is especially since the increase in student numbers has necessarily increased social competition for university places and produced social congestion in the workplace (Brown, 2013): those with access to cultural capital better placed to navigate career opportunities. As such, the promises of higher education to deliver social mobility are exaggerated and, when coupled with the burden of financial debt resultant from changes to the funding regime (and which also impact on those with limited economic capital more keenly), the sociological context for the elevation of levels of anxiety and depression is established.

I will show how these potential threats to emotional wellbeing serve to question the normative view that higher education is straightforwardly beneficial instead suggesting that university study can now have a psychological as well as an economic price. The implication of my argument is that efforts to widen participation may unintentionally render specific groups of students more vulnerable than others to mental distress, and hence higher education expansion can be seen to be generating social and health inequalities. I first review empirical data on incidence rates to establish the increase in mental health problems amongst students. I then contemplate the disappearance of sociological insights on this topic, pointing to the ascendance of the biological model concurrent with a demise in investigations into social aetiology, in part produced by sociology's own internal epistemological dilemmas. Finally, I outline a new research agenda inspired by Bourdieusian analysis.

Mental health problems in the undergraduate population

Concern with psychiatric morbidity in the United Kingdom student population is not, in itself, new (Kidd, 1965). The first counselling service for undergraduates was established informally in 1946 and formally in 1955. Student mental health became an issue of national concern from the 1990s, linked to a desire to properly include students with mental health problems (NCIHE, 1997) and to chart the impressionistic view that these problems had dramatically increased. Similar levels of concern were paralleled in America, particularly following a number of high profile university shootings, with the conclusion that depression and anxiety on campus had reached epidemic proportions (Iarovici, 2014). Targeted research studies by psychologists and psychiatrists have produced some valuable insights and a number of systematic reviews have summarised the evidence (Clement et al., 2015; Hunt and Eisenberg, 2010; Storrie et al., 2010). Yet, considering that the changing context of university education has been surmised by the Royal College of Psychiatrists (2011) to be an important factor in explaining the increase in mental health problems in students, it is surprising that there is a dearth of sociological work in this area.

Diagnosing and measuring rates of mental illness is notoriously problematic, complicated by the plethora of terms used to define its parameters. The huge variance between rates of clinically diagnosable disorders and those revealed by using self-definitions of mental health difficulty is illustrative and can account for up to a 100-fold variation across studies (RCP,

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2011). Corroborating rates of change in mental illness in students is further confounded by the general rise in mental disorder and the difficulty in establishing whether student cohorts are significantly different to their age-matched population.

Rates of mental disorder in the general population are seen to be on the increase. The Adult Psychiatric Morbidity Survey (McManus et al., 2009) used the Clinical Interview Schedule and reported that the prevalence of common mental health disorders (CMD) increased from 15.5% in 1993 to 17.6% in 2007; the biggest increase being found in women aged between 45-64 (25.2%). In 2007, 22% of women aged between 16 and 24 had a CMD (an increase of 2.6% from 1993), compared to 13% of men (an increase of 2.3% since 1993). However, the overall rates in 2000 (17.5%) and 2007 (17.6%) were similar, suggesting a more recent levelling. Current rates of mental disorder in the UK can also be calculated using the General Health Questionnaire, which shows similar incremental increases. In 2010-11, 19% of all people in the UK aged 16 or over had some anxiety or depression with rates again higher amongst women (21%) than men (16%) (ONS, 2013). In younger people, aged 16-24, the rates were lower (17%) - 21% in women and 14% in men, a figure in line with the APMS. The available data on undergraduate students, as discussed below, suggest higher rates than this general, matched-for-age population.

Mental health disorders are increasingly prevalent in children and adolescents and this might account for the increases in the student population as these young people come through the university system. Figures suggest a doubling of rates of mental illness (anxiety and depression) in 10-15 year olds between 1986 and 2006 (Collinshaw et al., 2010). Moreover, the number of young people choosing to study in higher education has increased in the last twenty years and this may produce an artefactual effect if the increase in undergraduates has resulted in recruitment from this more vulnerable pool.

Estimating prevalence rates of mental health disorder amongst university students and making comparisons to the matched non-student population is rendered problematic because the official records from HESA and University counselling services only give a partial picture. In the first place, many students are reluctant to disclose their difficulties, fearing this may impact on judgements about their capability (Clement et al., 2015). At the same time, whilst the majority of university based surveys suggest an increase in rates of depression, anxiety and stress, theories of medicalisation provide a cautionary perspective. Horwitz and Wakefield (2006) point to the errors of calculation reproduced by many surveys of psychiatric morbidity

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suggesting they are incapable of distinguishing 'normal' reactions to stressful events from clinical disorders. This potential calculative error could be applied to the many on-line studies of undergraduates. Andrews, Hejdenberg and Wilding (2006), however, found that the critique related more to anxiety scales than those for depression, where reasonably accurate rates were discerned when corroborated by interview measures.

The fact that the age that students usually choose to attend university correlates with the age of onset for many mental health disorders also impacts upon incidence rates (Hunt and Eisenberg, 2010; Wynaden et al., 2013). Over and above these issues, the general stress of university living and academic study has potential negative effects. Moving away from home, the need for greater social and academic independence and simultaneous lessening of support from family and established friends, the brokering of new relationships and relationship break-ups, new questions of sexuality, etc., all coincide with psychological and biological change and the stressful period of transition from adolescence to adulthood (Kadison and Digeronimo, 2004).

With these caveats in mind, I turn to the data. The general evidence for greater prevalence in students has been drawn, in the main, from impressionistic reports by counselling services and academics (Mackenzie et al., 2011). Recently, studies have been designed to more accurately document change. Hunt and Eisenberg (2010), in reviewing data sets for America, found 1 in 3 students felt 'so depressed it is difficult to function' and 1 in 10 had seriously contemplated suicide: 17% of students screened positively for depression and 10% for anxiety. Garlow and colleagues (2008) found that only 16.5% of students did *not* have depressive symptoms, a third reported moderate depression and 23% moderately severe or severe depression.

In the UK, official university figures document an overall increase in rates of mental health disorder: 5.9% of all disabled students declared a mental health condition in 2007-8 compared to 9.6% (10.2% for undergraduates) in 2012, but this data set does not allow inter-university comparisons. General surveys suggest much higher rates of disorder than the official HESA figures. The NUS (2013) estimated that 49% of students felt depressed during their studies, 55% reported feeling anxious and 20% believed that they had a diagnosable mental health problem. An internet based survey employing the CORE 10 assessment measure (Bewick et al., 2010), found that 29% of students were describing clinical levels of psychological distress. Other studies (Storrie et al., 2010) suggest 38% of students have emotional problems and Topham and Moller (2011) found a quarter of the first year students in one post 1992 university

had moderate to severe anxiety. A more comprehensive survey by the Royal College of Psychiatrists (2011) found 29% of students reporting clinical levels of distress.

Overall, the evidence suggests rates of mental disorder amongst undergraduates are rising and at higher rates than in children, adolescents and the general population, despite the stigmatising pressures to conceal health difficulties. Of course, admission of mental health difficulties brings benefits of access to support services and extended deadlines and so there may be a counter tendency to disclose. To date, we do not know whether rates vary by institution, subject or by socio-demographic characteristics. Instead, the study of mental health, both in general and amongst undergraduates specifically, is dominated by biological, psychiatric and psychological models. A consequence has been the relative inattention given to socio-theoretical explanations for changing prevalence patterns and to the structural and interactional factors that might account for variations in mental health problems over time and upon which psychological vulnerability amongst certain cohorts might be predicated.

The Curious Disappearance of Sociological Insights

Whilst the sociological study of mental disorder has a long and valuable history its insights have been rarely applied to mental illness in students. Yet sociological analysis of both the aetiology and epidemiology of mental illness has established that incidence is linked to socio-demographic factors and can be explained by changing social structures and the constraints of societal roles. Sociological work has also revealed the historical and cultural relativity of diagnosis and has shown how the meanings, responses and manifestations of distress are socially shaped. These insights gave empirical and theoretical weight to the anti-psychiatric movement and served to position much sociological insight as critique. It is this positioning, alongside the dominance of the biomedical model, that has, I argue, served to limit the influence and impact of sociology for understanding the rise in mental health disorders.

The dominant medical paradigm conceptualises the aetiology of mental disorder largely in terms of physiology, biochemistry and genetics. At the same time, there has been a long standing acceptance of the influence of personal and social background, socialisation and social competency, social problems, past and present stressors, life events and the psychology of individuals upon mental health. This saw the simultaneous development of biopsychosocial models alongside (and with) biological/clinical psychiatry. This psycho-dynamic approach has tended to focus on habit, behaviour and relationships, seeking causes broadly in the constitution

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of the individual personality with some important insights for understanding mental illness in undergraduates.

Research suggests that mental health difficulties in students are related to: lower levels of resilience (Ahern et al., 2011); access to coping resources and personality type (Monk, 2004); types of parental involvement (Barton and Kirtley, 2012); identity and moral maturity and its impact on commitment (Hardy et al., 2013); poor sleeping patterns (Orzech et al., 2011) and homesickness (Thurber and Walton, 2012). At an institutional level it has been proposed that the lack of mental health services, or the lack of knowledge of available support offered by the university, has contributed to the rise in prevalence rates. Similarly, it has been noted that a lack of service co-ordination, poor understanding of mental health issues and inadequate relationships between academic and professional service staff can lead to poor support provision. Such structural inadequacies further work to increase the stigmatisation of mental disorder at university (Hunt and Eisenberg, 2010; Storrie et al., 2010). Whilst important, this work has missed the opportunity to assess some of the broader sociological influences on mental health. Indeed, as Hunt and Eisenberg (2010:4) suggest:

> 'relatively little is known about how it [mental illness] varies with respect to factors more specific to the college setting such as academic workload and competition…we were unable to identify any studies on how mental health relates to enrolment size, selectivity, competiveness, supportiveness of academic personnel and field of study.'

In recent years, sociological research into generic mental disorder has diminished, in strong part due to the unabated dominance of the medical model. Busfield (2000:543) laments the ascendancy of the natural sciences which has served to: 'push aside the importance of social processes and any contribution from sociology to the understanding of mental health and disorder'. Similarly, Kokanovic, Bendelow and Philip (2013: 377) note that: 'the social origins of psychiatric illness… has all but disappeared as a paradigm for investigating the origins of depression, instead replaced by biological explanations".

In this process, the use of categorical diagnosis has served to side-line the social, as argued by Blazer (2005):

> 'medical scientists search for the locus of the problem solely within the individual….if we are depressed, the problem must reside within us, uncoupled from wider social and

economic causes…….we dare not explore the causal linkage between depression and discrimination, poverty or fear' (iX).

As such, Rogers and Pilgrim (2014: 18) note, medical researchers lack 'an adequate theory of the self' and hence insight into the ways selfhood is shaped by personal and social circumstances, how life is lived and felt. These 'gaping lacunae' (Greenfield, 2013: 15) come at a cost, for without sociology we cannot hope to fully understand the causes of mental illness, their nature or how to cure them.

Existing sociological work on mental illness provides a number of possible pointers for understanding the complexities and vulnerabilities associated with university study. Research since the 1940s has conclusively established that there are persistent social inequities in the distribution of the majority of mental health disorders, establishing correlations with: marital status and familial relations and roles; social capital; gender; ethnicity; locality; income, poverty and debt; employment and unemployment; education; religion; migration; etc. (cf. Brown and Harris 1978, Faris and Dunham, 1939; Gove, 1984; Nazroo, 1997; etc.) and have shown how these factors interact and intersect (Rosenfield, 2011). The nascent study of university students establishes there is greater prevalence amongst women (Dion et al., 1990) although it is possible that male students fail to disclose so readily. In America, students from lower social classes have been shown to be at higher risk of depression and anxiety (Hunt and Eisenberg, 2010).

There are also some exceptional pieces of work that reveal the importance of a sociological analysis of change and context. Greenfield's (2013) recent application of Durkheim's concept of anomie is particularly instructive. She argues that a causal relationship exists between nationalism (characterised by open systems of stratification, an impersonal state and an economy organised on the principle of sustained growth) and schizophrenia, manic depression and unipolar depression. Mental disease, she argues, emerges when a highly individualised society is organised around ambition and aspiration. These principles together:

> 'place the individual in control of his or her destiny, eliminating the expectation of putting things right in the afterlife, making one the ultimate authority in deciding one's priorities, encouraging one to strive for a higher social status, and giving one the right to choose one's social position and therefore identity.' (4-5)

She makes the case that increased opportunities for self-realisation are simultaneously damaging to mental stability; an insight that might be readily applied to understanding the

elevated rates of mental illness in undergraduates that have occurred concurrently with widening participation, in a context where neo-liberal discourses dominate the collective representations of higher education.

Mental well-being is also shaped by the economy. Recently, the inherent competition and inequality characteristic of capitalist societies has been used to account for the increased prevalence of mental disorder. For Wilkinson and Pickett (2010), it is not high rates of poverty but rather extreme levels of disparity within richer countries that account for elevated quotients of depression and anxiety (see also, Prins et al., 2015). Thus, concerns about status and relative deprivation underpin our very modern emotional malaise.

It is intriguing that such insights have not been applied to understanding students' mental health. I posit that the valuable social constructionist work (cf. Szasz 1971) within the sociology of mental illness has unintentionally marginalised empirical work on social aetiology and has served to obscure the study of mental health problems as experienced by those concerned. It is, of course, important to recognise the historical, social and cultural relativity of constructions of what stands as mental illnesses, of what is defined as normal or pathological and to be cognisant of how the science of diagnosis is inexact. I have shown above that determining rates of mental illness in undergraduates is absolutely confounded by definitional issues and shaped by cultural mores and medical values. However, it is disabling if this leads to a dualism between social causation/positivist accounts and social constructionist perspectives.

Rather, we can accept that diagnoses are socially shaped but also acknowledge that they become real through the consequences of their application. It is possible to acknowledge that official data and psychological measures are problematically construed and time-bound but still use them as a way of identifying and locating real distress. As Greenfield, argues, the problems of epidemic levels of depression are real and need our attention: 'one does not need statistics to know this…any college professor who actually takes the time to get acquainted with one's students, is aware of and overwhelmed by it' (2013: 16). To problematize the study of epidemiology and aetiology should not be to lose sight of the importance of the 'social' in understanding the very real *experience* of mental illness or to side-line empirical sociological work.

Developing a Sociology of Mental Health in Higher Education

My argument is that we need to place the mental health issues which I have shown to be significant, and growing, in the context of broader changes occurring within higher education. The most significant headline change is the increase in the number of students who now take advantage of higher education. Inevitably this has had an impact on the student demographic and the experiences of studying as staff-student ratios have also increased (Yorke and Longden, 2008). In 2011, the Royal College of Psychiatrists hypothesised that widening participation could have an impact on mental health:

> 'There have been increasing numbers of students drawn from backgrounds with historically low rates of participation in higher education and growing numbers of international students. Social changes such as the withdrawal of financial support, higher rates of family breakdown and, more recently, economic recession are all having an impact on the well-being of students and other young people'.

Furthermore, increasing student numbers had also had an appreciable impact on the cost for the government with consequent changes to the funding arrangements. As such, many students now have to undertake paid work during their studies yet still accumulate substantial debt. More than this, securing graduate employment upon completion of a degree is no longer guaranteed (HESA, 2016).

Significant work has investigated the impact of these changes upon completion and success at university (IFS, 2016). Debt and financial anxieties impact on retention and completion, a correlation that is exaggerated for male, non-white students and those from lower socio-economic backgrounds, older age groups and post 1992 universities (Yorke and Longden, 2008). In other words, there is a link between widening participation, finance, attrition and educational failure. The NAO (2007) also suggested that students may struggle to balance working while studying and those that worked over 15 hours a week were particularly vulnerable to attrition. The insights from these various studies point to important lines for future research in mental illness.

In my view, a valuable way of synthesising these issues is through a Bourdieusian analysis, drawing on the concepts of habitus, capital and field. This approach has been widely applied for understanding adaptation and educational success at university but can be extended, I argue, for the study of undergraduate mental health disorder. One's *habitus* – described as a set of dispositions, values, expectations, ways of acting and thinking and feeling that are developed

through familial and school socialisation and shaped by gender, race and class - has been shown to impact upon taste, actions, choices and practices (Bourdieu, 1996). University constitutes, in Bourdieusian terms, a 'field' (Bourdieu, 1991); a social and historical space with rules and boundaries that shape interaction and social possibilities. Manoeuvring successfully through the academic field is built on one's habitus; a student's social, economic and cultural capital will shape the extent to which they feel integrated and accepted. Reay (2004) identified a gap between the institutional habitus of the university and those of working class students which impacted on these students' attitudes to learning, their confidence, their choice of university and their educational outcomes (Reay 2001, 2005).

Bourdieu argued that when there is disparity or a *décalage* between dispositions in the habitus and the conditions of the field, a state of *hysteresis* results. Moreover, he suggested that the discrepancy between achievement in higher education and coming from lower social origins can produce a 'habitus clivé', a sense of self 'torn by contradiction and internal division' (2006:16). This indicates the potential costs of transition and social mobility, particularly to the ontological coherence of the self. Is it then those students that fail to adapt to university life or feel they do not fit that are the ones more at risk of developing mental disorder? Add to this the tensions posed by possible disjunctures between cultural and economic capital: students laden with debt may become more anxious about whether they are able to acquire the cultural capital to justify their investment. I suggest we can usefully extend the understanding of the psychic consequences of such hysteresis (Bourdieu and Passeron, 1977) – where the experiences of dislocation can produce isolation, despair and a sense of personal failure. This provides a way of theorising the link between class and mental health and Bourdieu himself called for a co-joining of sociology and psychology (2000:166).

There are a number of ways in which we might respond to this challenge: it suggests a value in looking at the link between the psyche and the social but also the implications of when there is a mis-match. Reay (2005, 2015) has powerfully argued that the habitus provides a window into the psycho-social. Living and experiencing inequality, she argues, impacts on the psyche: it has an emotional/affective imprint which is manifested at the level of the conscious and unconscious: 'habitus…is helpful in understanding how a psychic economy of social class – feelings of ambivalence, inferiority, and superiority, visceral aversions, recognition and abjection – is internalised and played out in practices' (21)

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One can then experience and feel class. A number of Reay's respondents articulated the 'difficulty' of managing the shift to university, of having to alter themselves: there was a need for a constant reinvention of the 'self' in order to 'fit in and stand out', to produce a 'chameleon habitus' (Abrahams and Ingram 2013; Reay, 2015;). And this came at some cost for a working class male student:

> 'He is positioned in an untenable space on the boundaries of two irreconcilable ways of being and has to produce an exhausting body of psychic, intellectual and interactive work in order to maintain his contradictory ways of being, his dual perception of self' (Reay, 2015:13)

Friedman (2015) too has examined the emotional experience of upward mobility by drawing on 39 life-course interviews undertaken post-graduation. He found that that habitus clivé was a reality for many with the consequence that they had to battle with feelings of insecurity and inferiority and feelings of guilt and abandonment – so called 'emotional injuries'. To date, this literature has not gone as far as to make the connections to mental disorder: studies of social class and higher education have largely neglected the pathological impact on self. Equally, the extensive literature on mental health has not interrogated the socio-economic imprints to think through the pathological impact of hysteresis during the period of university study.

These insights point to the importance of studying the pathological consequences when a mismatch between societal/university expectations and the habitus of certain student cohorts occurs. However, there are further correlates with access to economic capital. The literature on the relationship between economic factors and mental disorder corroborates the suggestion that debt has a role to play in the mental vulnerability of university students and there is nascent specialist research in this area. There have been numerous studies that have established a strong relationship between poverty and mental illness and that have shown graduations of relative financial difficulty link to graduations in psychological functioning. More recently, especially in light of global financial crises, the correlation between debt and mental health problems has been identified as an important area of enquiry (Richardson et al., 2013), although it is still relatively under-researched (Sweet et al., 2013). Research is rendered complex by measurement and definitional problems, however: unsecured debt (which would include student loans) has been shown to have a stronger relationship with mental health difficulty (Brown et al., 2005) than secured debt such as mortgage repayments.

The specific interest in student debt is in its infancy in the UK, explained by the more recent move to a loan rather than grant system. In 2000, Roberts et al undertook the first study: although, at this point, levels of debt were relatively low. Nevertheless, they found a strong relationship between debt, working outside university and having difficulty paying bills with mental health disorders. Considering the increase in debt burden and that studies in America have shown higher levels of debt to be positively correlated with elevated levels of mental health problem (see, Kadison and Digeronimo, 2004;), further research in this area is apposite.

A further question relates to the changing social and cultural expectations of educational outcomes and how these impact on general mental well-being. Higher education has long been characterised by neoliberal discourses that celebrate a meritocratic, knowledge economy where graduates are expected to be academically excellent, entrepreneurial and competitive. Sociologists have become interested in the effects of the increased competitiveness within the graduate market as the number of people holding such credentials has increased. Brown (2013) describes the emergence of social congestion, 'the lack of capacity within the economy to deliver on the opportunity bargain' (683). This has meant that simply holding a degree is no longer sufficient currency for the current generation of students and graduates have to display other competencies such as resilience, drive, self-confidence, communication, the winning of prizes, the securing of internships, a range of extra-curricula skills, etc. Middle class students and their families understand this competitive environment and have the social and cultural capital required to enhance their employability (cf. Leonard et al., 2016). Their playing of the game involves working 'on the self' (Bathmaker et al., 2013:725) by enhancing one's curriculum vitae with activities beyond study. This acknowledgement of the importance of 'creating' individual advantage is also strongly linked to structural position: to one's networks, confidence and income.

Whilst these research studies have examined the impact of these changes on social mobility and employability, again, there has not been any analysis of the impact of these new pressures on mental health and stress while studying at University. The increased rates of anxiety and depression in university students do not accidently correlate with increasing demands for aspiration, ambition, success, choice, individualism, I suggest, but are deeply tied to them. The structural inconsistencies wrought by the mis-match between high expectations and actual opportunities and experience can feed into an acute state of psychological discomfort and are the proper subject matter of sociology.

Conclusions

Mental health problems in undergraduate students have reached unprecedented proportions which cannot be adequately explained by theories of medicalisation or accounted for simply by recourse to psychological/biomedical explanations. Instead, I suggest, it is imperative that we explore the social, cultural and economic context of higher education and co-join the insights of sociology with psychology. Drawing on the rich tradition of social aetiology provides us with empirical tools for assessing patterns of stratification: applying the insights of the impact of class on educational performance to mental illness in students provides a way of both theorising and understanding these patterns.

The widening participation agenda, supported by the rhetoric of meritocracy and credentialism, has opened up the opportunities of university study to a larger pool. Whilst studies have interrogated the impact of widening participation on retention and success this has not extended to an analysis of rates of mental illness by social demographic characteristics, by university, by subject. It is widely accepted that the graduate market is highly competitive and that successful candidates need to be exceptional rather than good but there has been no analysis of the consequences of the stresses associated with studying in the context of such high expectations or of the consequences of finding out that you are good but not exceptional. Universities are producing aspirational, demanding, reflexive and able graduates who find that equal opportunities are not available and cannot be secured by qualification alone. There are obvious implications for employability, opportunities, status and rewards but also, I contend, for mental stability. Combine this insecurity with unsecured debt and the stage for the emergence of psycho-pathological consequences is set.

This paper indicates a number of rich sociological lines for future enquiry. Specifically, the restructuring of the academic field has created new economic burdens and greater competition in the graduate market so that the opportunities traditionally afforded by higher education are not automatic givens. One can imagine how this produces a mismatch between expectations and outcomes. In Bourdieu's concept of *hysteresis* we have a heuristic tool with which to investigate the consequences of this mis-match and to map this onto empirical evidence about mental health: to investigate the ways in which *hysteresis* is experienced at a personal and psychological level. The analysis of the impact of stratification, debt, employability prospects, and adaptation to university study needs to be undertaken in the context of access to capital. Sociologists should be investigating the mental health of undergraduates and in the light of

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indisputable increases in mental vulnerability amongst our students, we must interrogate the social and cultural conditions which underlie this new epidemic.

References

Abrahams, J. and Ingram, N. (2013) 'The chameleon habitus: exploring local students' negotiations of multiple fields', *Sociological Research Online*, 18(4)

Ahern, N. R. and Norris, A. E. (2011) 'Examining Factors That Increase and Decrease Stress in Adolescent Community College Students', *Journal of Pediatric Nursing,* 26(6): 530-540.

Andrews, B., Hejdenberg, J. and Wilding, J. (2006) 'Student anxiety and depression: comparison of questionnaire and interview assessments, *Journal of affective disorders*, 95(1): 29-34.

Barton, A. L. and Kirtley, M. S. (2012) 'Gender differences in the relationships among parenting styles and college student mental health', *Journal of American College Health*, 60(1): 21-26.

Bathmaker, A., Ingram, N. and Waller, R. (2013) 'Higher education, social class and the mobilisation of capitals: recognising and playing the game', *British Journal of Sociology of Education,* 34 (5-6): 723-743.

Bewick, B., Koutsopoulou, G., Miles, J., Slaa, E. and Barkham, M. (2010) 'Changes in undergraduate students' psychological well-being as they progress through university', *Studies in Higher Education*, 35(6): 633-645.

Blazer, D. G. (2005). *The age of melancholy: Major depression and its social origins*. London: Taylor & Francis.

Bourdieu, P. (1977) *Outline of a theory of practice.* Cambridge: Cambridge University Press.

Bourdieu, P. (1984 [1979]). *Distinction: A social critique of the judgement of taste*. Harvard: Harvard University Press.

Bourdieu, P. (1991) *Language and symbolic power.* Cambridge: Polity Press.

Bourdieu, P. (1996) *The State Nobility. Elite schools in the field of power.* Cambridge: Polity Press.

Bourdieu, P. (2000) *Pascalian Meditations.* Cambridge: Polity Press.

Bourdieu. P. and Passeron, J. C. (1977) *Reproduction in Education, Society and Culture.* London: Sage.

Britton, J., Dearden, L., Shephard, N. and Vignoles, A. (2016) *How English domiciled graduate earnings vary with gender, institution attended, subject and socioeconomic background'* Institute for Fiscal Studies Working Paper (13 April 2016). Available at: http://www.ifs.org.uk/publications/8233

Brown, G. W. and Harris, T. O. (1978) *The Social Origins of Depression.* London: Tavistock.

Brown, P. (2013) 'Education, opportunity and the prospects for social mobility'. *British Journal of Sociology of Education*, 34(5-6): 678-700.

Brown, S., Taylor, K. and Price, S. W. (2005) 'Debt and distress: Evaluating the psychological cost of credit', *Journal of Economic Psychology,* 26(5): 642-663.

Busfield, J. (2000) 'Introduction: Rethinking the sociology of mental health', *Sociology of health & illness*, 22(5): 543-558.

Busfield, J. (2012) 'Challenging claims that mental illness has been increasing and mental well-being declining', *Social Science & Medicine*, 75(3): 581-588.

15

Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., Thornicroft, G. (2015) 'What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies', *Psychological Medicine,* 45(1): 11-27.

Collishaw, S., Maughan, B., Natarajan, L. and Pickles, A. (2010) 'Trends in adolescent emotional problems in England: a comparison of two national cohorts twenty years apart', *Journal of Child Psychology and Psychiatry*, 51(8): 885-894.

Collyer, F., Willis, K., Franklin, M., Harley, K., and Short, S. (2015) 'Healthcare choice. Bourdieu's capital, habitus and field' ,*Current Sociology,* 1-15

Department of Business Innovation and Skills. (2016) *Success as a Knowledge Economy: Teaching Excellence, Social Mobility and Student Choice*. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/523546/bis-16-265-success-as-a-knowledge-economy-web.pdf

Dion, K. L. and Giordano, C. (1990) 'Ethnicity and sex as correlates of depression symptoms in a Canadian university sample', *International Journal of Social Psychiatry*, 36(1): 30-41.

Faris, R. E. L. and Dunham, H. W. (1939) *Mental Disorder in Urban Areas.* Chicago: Chicago University Press.

Fink, J. E. (2014) 'Flourishing: Exploring Predictors of Mental Health Within the College Environment', *Journal of American College Health,* 62(6): 380-388.

Friedman, S. (2015) 'Habitus clivé and the emotional imprint of social mobility', *The Sociological Review*, 64(1): 129-147.

Garlow, S.J., Rosenberg, J., Moore, J.D., Haas, A.P., Koestner, B., Hendin, H. and Nemeroff, C. B. (2008) 'Depression, desperation, and suicidal ideation in college students: results from the   American Foundation for Suicide Prevention College Screening Project at Emory University'   *Depression and Anxiety*, 25(6): 482-488.

Greenfield, L. (2013) *Mind, Modernity and Madness: the impact of culture on human experience.* Harvard University Press: London.

Gove, W. R. (1984) 'Gender difference in mental and physical illness: the effects of fixed and nurturant roles', *Social Science and Medicine*, 19(2): 77-91.

Hardy, S. A., Francis, S. W., Zamboanga, B. L., Kim, S. Y., Anderson, S. G. and Forthun, L. F. (2013) 'The Roles of Identity Formation and Moral Identity in College Student Mental Health,   Health Risk Behaviours, and Psychological Well-Being', *Journal of clinical psychology*, 69(4): 364-382.

Higher Education Statistics Agency (HESA) (2016) *Graduate Destinations,* Available at: https://www.hesa.ac.uk/data-and-analysis/students/destinations

Horwitz, A. V. and Wakefield, J. C. (2006) 'The epidemic in mental illness: clinical fact or survey artefact?', *Contexts,* 5(1): 19-23.

Hunt, J. and Eisenburg, D. (2010) 'Mental Health Problems and Help-Seeking Behaviour Among College Students', *Journal of Adolescent Health,* 46(1): 3-10.

Institute for Public Policy Research (2017). *Not by degrees. Improving student mental health in the UK's Universitie.* Available at: https://www.ippr.org/files/2017-09/not-by-degrees-summary-sept-2017-1-.pdf

.

Iarovici, D. (2014) *Mental Health Issues and the University Student.* John Hopkins University Press: Maryland

Kadison, R. and Digeronimo, T. F. (2004) *College of the Overwhelmed.* San Francisco: Jossey-Bass.

Kidd, C. B. (1965) 'Psychiatric Morbidity among Students', *British Journal of Preventive and Social Medicine,* 19(4): 143-150.

Kokanovic, R., Bendelow, G. and Philip, B. (2013) 'Depression: the ambivalence of diagnosis', S*ociology of health & illness*, 35(3): 377-390.

Leonard, P., Halford, S. and Bruce, K. (2015) '"The New Degree?"': Constructing internships in the third sector', *Sociology*, 50 (2): 383-400.

Mackenzie, S., Wiegel, J.R., Mundt, M., Brown, D., Saewyc, E., Heiligenstein, E., Harahan, B. and Fleming, M. (2011) 'Depression and suicide ideation among students accessing campus health   care', *American journal of orthopsychiatry*, 81(1): 101-107.

McManus, S., Meltzer, H., Brugha, T.S., Bebbington, P.E. and Jenkins, R. (2009) *Adult psychiatric morbidity in England, 2007: results of a household survey'.* NHS Information Centre for Health and Social Care. Available at: http://www.hscic.gov.uk/catalogue/PUB02931/adul-psyc-morb-res-hou-sur-eng-2007-rep.pdf

Monk, E. M. (2004) 'Student mental health: The case studies', *Counselling Psychology Quarterly*, 17(4): 395-412.

Montez, J. K. and Friedman, E. M. (2015) 'Educational attainment and adult health: Under what conditions is the association causal?', *Social Science & Medicine*, 127: 1-7.

National Committee of Inquiry into Higher Education and Dearing, S.R. (1997). *Higher Education in the Learning Society: Reports of the National Committee*. London: HMSO

National Union of Students (2013) *Mental Distress Survey.* Available at: http://www.nus.org.uk/Global/Campaigns/20130517%20Mental%20Distress%20Survey%20%20Overview.pdf

National Union of Students (2017) NUS-USI Student Wellbeing Research Report, 2017. Available at*:* https://nusdigital.s3-eu-west-1.amazonaws.com/document/documents/33436/59301ace47d6320274509b83e1bea53e/NUSUSI_Student_Wellbeing_Research_Report.pdf

Nazroo, J. (1997) *Ethnicity and Mental Health.* London: Policy Studies Institute.

Office of National Statistics (2013) Measuring National Well-being – Health. Available at: http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/dcp171766_310300.pdf

Orzech, K. M., Salafsky, D. B. and Hamilton, L. A. (2011) 'The state of sleep among college students at a large public university', *Journal of American College Health*, 59(7): 612-619.

Pinxten, q and Lievens, J. (2014) 'The importance of economic, social and cultural capital in understanding health inequalities: using a Bourdieu based approach in research on physical and mental health perceptions', *Sociology of Health and Illness,* 36(7):1095-1110

Prins, S. J., Bates, L. M., Keyes, K. M. and Muntaner, C. (2015) 'Anxious? Depressed? You might be suffering from capitalism: contradictory class locations and the prevalence of depression and   anxiety in the USA', *Sociology of Health & Illness*: 37 (8): 1352-1372.

Prime Minister's Office (2017) 'Young people to benefit from new mental health awareness course' 18.08.17. Accessed 11/10/17 https://www.gov.uk/government/news/young-people-to-benefit-from-new-mental-health-awareness-course

Reay, D. (2001) 'Finding or losing yourself: working-class relationships to education', *Journal of Education Policy*, 16(4): 333-346.

Reay, D. (2004) '"It's all becoming a habitus": Beyond the habitual use of habitus in educational research', *British journal of sociology of education*, 25(4): 431-444.

Reay, D. (2005) 'Beyond consciousness? The psychic landscape of social class', *Sociology*, 39(5): 911-928.

Reay, D. (2015) 'Habitus and the psychosocial: Bourdieu with feelings', *Cambridge Journal of Education*, 45(1): 9-23.

Richardson, T., Elliott, P. and Roberts, R. (2013) 'The relationship between personal unsecured debt and mental and physical health: a systematic review and meta-analysis', *Clinical psychology review*, 33(8): 1148-1162.

Robinson, M. and Robertson, S. (2014) ' Challenging the Field: Bourdieu and men's health' *Social Theory and Health,* 12(2):339-360

Rogers, A. and Pilgrim, D. (2014) *A sociology of mental health and illness*. London: McGraw-Hill Education

Rosenfield, S. (2012) 'Triple jeopardy? Mental health at the intersection of gender, race, and class', *Social Science & Medicine*, 74(11):1791-1801.

Royal College of Psychiatrists (2011) *Mental health of students in higher education,* (College Report CR166) Available at: http://www.rcpsych.ac.uk/publications/collegereports/cr/cr166.aspx

Storrie, K., Ahern, K., & Tuckett, A. (2010) 'A systematic review: students with mental health problems - a growing problem', *International Journal of Nursing Practice*, 16(1): 1-6.

Sweet, E., Nandi, A., Adam, E. K. and McDade, T. W. (2013) 'The high price of debt: Household financial debt and its impact on mental and physical health' *Social Science & Medicine*, 91: 94-100.

Szasz, T.S. (1971) *The Manufacture of Madness.* London: Routledge and Kegan Paul

Thurber, C. A., & Walton, E. A. (2012) 'Homesickness and adjustment in university students', *Journal of American college health*, 60(5): 415-419.

Topham, P. and Moller, N. (2011) 'New students' psychological well-being and its relation to first year academic performance in a UK university', *Counselling and Psychotherapy Research*, 11(3): 196-203.

Wakeford, J (2017) 'It's time for Universities to put student health first' . *The Guardian*, 7/12/17. Accessed 11/10/17 https://www.theguardian.com/education/series/mental-health-a-university-crisis

Waller, R., Mahmood, T., Gandi, R., Delves, S., Humphrys, N. and Smith, D. (2005) 'Student mental health: how can psychiatrists better support the work of university medical centres and university counselling services?', *British Journal of Guidance & Counselling*, 33(1): 117-128.

Wilkinson, R. and Pickett, K. (2011). *The Spirit Level: Why greater equality makes societies stronger*. London: Penguin.

Wynaden, D., Wichmann, H. and Murray, S. (2013) 'A synopsis of the mental health concerns of university students: results of a text-based online survey from one Australian university', *Higher Education Research & Development,* 32(5): 846-860.

Yorke, M. and Longden, B. (2008) *The first-year experience of higher education in the UK*. York: Higher Education Academy.

YouGov (2016) 'One in four students suffer from mental health problems' 9th August accessed 11/10/17. Available at: https://yougov.co.uk/news/2016/08/09/quarter-britains-students-are-afflicted-mental-hea/

Young, M. D. (1958) *The rise of the meritocracy1870-2033: An essay on education and society.* London: Thames and Hudson