

A Path to Depression: The Stigmatization of Poor Single Mothers

by
Angel Daniels

During the summer I spent in Washington, D.C. at N Street Village, I remember receiving an email from a friend that caught me off guard. N Street Village is a comprehensive facility that provides a variety of services to homeless and impoverished women. I was interning in the Addictions Recovery program, and I worked closely with eight incredibly determined women who were fighting to overcome substance-related disorders, which were often comorbid with other mental illnesses as well. The email, with a subject heading of “Hey,” was short, casual, and ultimately forgettable—except for one thing. My friend asked me how I liked helping “crack whores,” with a disclaimer that he was using the term only as a joke. However, it really bothered me that my friend had even thought to use such a derogatory label. From my perspective, I was interacting with highly motivated women who were striving to overcome substance dependency in the face of adversity, namely financial hardship, poor physical health, and weak social support outside of N Street. While most people cringe at the thought of mild changes in daily routines or habits, these women had chosen to change their entire lifestyle. Calling such women “crack whores” seemed to completely undermine all their determination and strength. I wondered: how do these women cope with such prejudicial depictions of their behavior? Only after taking a psychology class for my major that investigated the research pertaining to stereotypes, prejudice, and discrimination did I begin to understand how potentially devastating the consequences of such stigmatization could be.

The psychological literature addressing mental illnesses firmly documents higher rates of clinical disorders among people who live in poverty when compared to people who are not impoverished. In the 1970s, community studies using symptom checklists found that individuals with low socio-economic statuses were more likely to have higher levels of mental health problems than individuals from more privileged backgrounds (Belle, 1990). In the 1980s, the American Psychiatric Association developed more specific diagnostic criteria for psychological disorders, and thus researchers began gathering data relating to the prevalence rates of various disorders by using diagnostic interview schedules, standardized sets of questions that explore problematic psychological symptomatology (Belle, 1990). As in the 1970s, researchers found that the highest rates of disorders occurred within the lowest social classes (Belle, 1990).

Additionally, research throughout the 1990s has established a firm link between poverty and an increased risk for mental disorders (Miranda & Green, 1999).

The prevalence rates of clinical disorders among poor single mothers have been examined closely. In recent years, poor single mothers have garnered increasing attention from both researchers and the media, as the number of single mothers in the United States continues to rise. In 2002, 23% of children lived with only their mother, and in single-mother households the poverty rate was 38% (Fields, 2003). Additionally, 65% of children in single-mother households live with less than \$30,000 per year (Fields, 2003). Poverty is generally a consistent correlate of depression, and in particular, poor single mothers are approximately twice as likely to develop major depression as women in the general population (Belle & Doucet, 2003). Seifert, Bowman, Heflin, Danziger,

and Williams (2000) found in their study that more than one-quarter of mothers receiving welfare met diagnostic criteria for major depression (qtd. in Belle & Doucet, 2003).

Psychologists understand that the heightened stresses caused by a struggle to survive in destitute conditions increase one's risk for developing depression (Belle, 1990). While the rates of depression in poor single mothers are well-known, few researchers have investigated the etiology of the disorder as it specifically applies to poor women. Higher depression rates among poor single mothers when compared to women in the general population indicate that certain qualities about the environments of poor women must contribute to the disorder. Exactly what properties of poor single mothers' environments increase the likelihood for these women to develop an episode of major depression or depressive symptoms?

Psychologists have identified several characteristics of poor women's environments that differentiate them from the environments of women in the general population. Poor women experience more unpredictable and uncontrollable life events than the general population, they have inadequate housing, they face burdensome responsibilities, and their chronic deplorable conditions are more wearing than acute crises (Belle & Doucet, 2003). When poor women attempt to seek assistance, they are met with repeated failures, preventing them from removing the stressors (Belle, 1990). Thus, poor women are led to believe that they are powerless, and they stop attempting to change their situation (Belle, 1990).

Researchers have found that the high rates of depression in poor single mothers lead to negative consequences for their children. Mothers who are depressed are more likely to smoke; they are less likely to restrain their child in a car seat, and they are less

likely to give their child vitamins. All of these behaviors negatively affect child outcome (Leiferman, 2002). Additionally, the feelings of lethargy and hopelessness about the future that depressed women often exhibit decrease the likelihood that they will engage in health-promoting behaviors for themselves and their children (Leiferman, 2002).

Furthermore, researchers have noted that unjust discrimination based on false inferences from economic and social inequalities add to the stresses that poor single mothers face (Belle & Doucet, 2003). In the United States, society perpetuates the belief that the harder one tries, the better he or she will do. When individuals repeatedly face the unwarranted disdain of others and negative events that they have no control over, “discrimination can lead to lowered economic and social status and losses (of jobs, promotions, housing, etc.)” (Belle & Doucet, 2003, p. 106). *But how and to what extent does the stigmatization of poor single mothers contribute to the onset of their depression, and why does it have such negative effects on those at the bottom of the social and economic ladder?*

Before continuing, it is helpful to understand what is meant by stigmatization. Crocker and Quinn (2000) explain that “stigmatized individuals are often the targets of negative stereotypes, and elicit emotional reactions such as pity, anger, anxiety or disgust, but the central feature of social stigma is devaluation and dehumanization by others” (p. 153). A stigma contains a network of beliefs, affects, and behaviors, corresponding to stereotypes (the cognitive component), prejudice (the affective component), and discrimination (the behavioral component) (Jussim, Palumbo, Chatman, Madon, & Smith, 2000). For example, people may assume that all poor people are lazy, promiscuous, and have loose morals (stereotype), they may feel repulsed by the poor

(prejudice), and they may distance themselves from the poor (discrimination). In his email, my friend clearly stereotyped the women with whom I worked by labeling them “crack whores.” It is important to remember that stigmatization can be based on incorrect inferences made about the poor who are stigmatized.

Ultimately, the questions presented above are inextricably linked, and the answers to them will follow this basic argumentation: *Single mothers in poverty are more likely to develop depressive symptoms that compromise their self-efficacy because classist ideology attributes poverty to individualistic as opposed to structural circumstances. Negative classist stereotypes reinforcing the idea that poor women alone are responsible for their impoverished condition when in actuality the situation has often resulted from uncontrollable economic and social conditions weaken self-efficacy. A weakened sense of self-efficacy is associated with depression.*

Washington and Lee University

Although there are certainly other contributing factors that predispose poor women to depression, the way in which false classist assumptions contribute to depression in poor single mothers has been largely neglected in the psychological literature. No research has quantifiably linked the problem of stigmatizing with depression. When stigmatization and depression are connected in the literature, stigmatization is simply listed as a contributing factor. Thus, there is a great need for future research to focus on the specific effects of stigmatization as it contributes to depression in poor single mothers. From a theoretical standpoint, this paper will integrate available research on classism, depression, and self-efficacy to propose that stigmatization creates one pathway that can lead to depression in poor single mothers. Because methods have been developed to alleviate depression and to combat

stigmatization, the paper will conclude by suggesting practical solutions to prevent and diminish depressive symptoms in poor single mothers.

Classism

And I've went in the grocery store, and when you get ready to buy your groceries, people have made nasty little remarks about the groceries you're buying. They'll go, "We're paying for that." Once there was some university students and I guess they felt like that. They had a small amount in their buggy, and I had large amounts. He started talking, so his girlfriend kept trying to get him to be quiet. And he kept talking and talking. And then he said, "That's why the president is trying to cut off welfare because of people like that!" I turned to him and I say, I say, "Well, you know something? I have worked in my time too. And I will work again. It's not like I'm asking you for anything. And I hope you don't come and ask me for anything 'cause with me and my five kids I couldn't give you none anyway!" And he stomped out of there when I told him that. But I was being honest with him. I have worked. I felt real bad that day, I really did.

~Lonnie, a woman who has been on and off welfare several times (Seccombe, 1999, p. 57).

The closest most folks can come to talking about class in this nation is to talk about money. For so long everyone has wanted to hold on to the belief that the United States is a class-free society—that anyone who works hard enough can make it to the top. Few people stop to think that in a class-free society there would be no top. While it has always been obvious that some folks have more money than other folks, class difference and classism are rarely overtly apparent, or they are not acknowledged when present.

The evils of racism and, much later, sexism, were easier to identify and challenge than the evils of classism. We live in a society where the poor have no public voice. No wonder it has taken so long for many citizens to recognize class—to become class conscious.

~Bell Hooks (2000, p. 5), excerpted from her book Where We Stand: Class Matters.

The stigmatization of the poor stems largely from classist attitudes that dominate American opinions. In the United States, the working class, the working poor, and poor people have lower status, less power, and restricted access to resources when compared to people who have higher incomes. Because those with lower incomes have less power and lower status, social psychologist Heather E. Bullock (1995, p. 119) explains that they are likely to be the targets of classist discrimination, which “includes face-to-face overt behaviors that distance, avoid, and/or exclude the poor.” Lonnie’s experience in the grocery store is one example of classist discrimination. The university student intentionally made Lonnie feel detached from the rest of the shoppers by emphasizing her low socioeconomic status and implying that she did not deserve any assistance from the government.

The explanations that people attribute to poverty often predict their attitudes toward those who are poor. Individualistic explanations focus on the role of the individual in generating his or her poverty. Those who believe that laziness, improper money management, promiscuity, drunkenness, and loose morals are causes of poverty assign individualistic explanations to account for poverty (Bullock, 1995). The author of the email that I received accounted for poverty with an individualistic explanation.

Negatively stereotyping poor women as “crack whores” insinuates that some moral blight, an individualistic attribution, has caused their impoverishment. People who make individualistic attributions often believe that the government spends too much money on welfare (Bullock, 1995). For example, the university student was prompted to make a derogatory comment to Lonnie because he probably thought that it was her responsibility to find a job to pay for her groceries, and therefore, he viewed Lonnie as undeserving. His interpretation differs from structural explanations of poverty, which emphasize the importance of the contributing economic and social conditions, such as low-paying jobs, substandard schools, prejudice, and discrimination (Bullock, 1995). Finally, fatalistic explanations highlight the role of fate and bad luck when explaining the origins of poverty (Bullock, 1995).

When individualistic explanations of poverty are stressed, people are likely making the Fundamental Attribution Error, “the tendency for observers to underestimate situational influences and overestimate dispositional influences upon others’ behaviors” (Myers, 2002). An attribution error is made when the nonpoor explain poverty in terms of personal characteristics such as laziness when societal factors better explain the cause of impoverishment (Bullock, 1995). For example, in one study researched by Luft (1951), college students completed a personality inventory as if they were a poor or rich man. The college students indicated that the rich man was evaluated as having more personal worth, being less nervous, better adjusted socially, and happier overall. However, when Luft had a sample of poor men complete the same task as the college students, the poor men rated themselves just as positively as the college students rated the hypothetical rich man. These results indicate that the poor do not believe that they

possess the negative characteristics that the nonpoor commonly attribute to them (qtd. in Bullock, 1995).

The results of this study may initially seem confusing. If classist attitudes ultimately decrease self-efficacy, then why do poor men see themselves as no different from rich men? First of all, having more personal worth, being less nervous, being better adjusted socially, and being happier overall do not define self-efficacy. Self-efficacy is the belief that one has the capacities to achieve certain goals and overcome difficult situations. Furthermore, Paul Spicker (1984) explains that poor people may not be telling the truth by indicating a high self-concept for themselves. Also, the poor men in the study might not have had a realistic comparison group, that is, they might have so little interaction with rich men that they do not know how to compare themselves (Spicker, 1984). The poor men might also be refusing to admit to a lower self-concept (Spicker, 1984). Finally, Erving Goffman (1963), ground-breaking theorist on stigma, notes that a stigmatized individual sees himself as two different people. On the one hand, the individual sees himself as normal, but on the other hand, he sees himself as different. Thus, the problem is a paradox. Nevertheless, Luft's study demonstrates that discrepancies exist in the way that the poor and nonpoor view those who are impoverished.

People are very willing to attribute poverty to individual characteristics because it allows them to believe in what is termed the just world phenomenon, which is the inclination for people to think that the world is fair and just so that people get what they deserve and deserve what they get (Myers, 2002). The just world phenomenon allows people to link good fortune with virtue and bad fortune with moral failure, which thereby

protects the fortunate for feeling responsibility for those who are less fortunate. Furthermore, people are indifferent to social justice because they don't see any injustice—not because they lack concern for justice (Myers, 2002). Bell Hooks accurately notes in the excerpt at the beginning of this section that people desperately want to hold on to the notion that there is no class in America because it's nice to think that you can make your way to the top if you work hard enough. She points out, however, that no top would exist if America was truly classless. While a top would probably still exist if America was classless, due to individual differences in skills and intelligence that would allow some to accomplish more than others, the inequalities that currently exist would be far less severe.

Some researchers argue that poverty is caused by behavioral problems and not by structures. However, Lott (2002) provides convincing evidence that poverty is maintained by the structure of society. Lott cites examples in which the poor are discriminated against in institutional settings. In terms of education, the schools in low-income areas are run-down, and they have fewer funds. Students in low-income communities learn that their voices do not count, they will not be heard, and they will not be recognized, all of which reinforce exclusion (Lott, 2002). The poor live in more dangerous communities, and the segregation of the poor and middle class housing creates distancing, which leads to discrimination, from the poor (Lott, 2002). Furthermore, landlords do not want subsidized tenants and are less likely to rent to the poor. As far as health care goes, doctors are reluctant to provide services to the poor, and they distance themselves by “dumping” low-income patients, which occurs when doctors deny or limit services for economic reasons (Lott, 2002). Attorneys are also reluctant to represent

clients who are poor, and low-income individuals are more likely to be convicted (Lott, 2002). Finally, the poor are often neglected in politics. In the last presidential election, the poor were not mentioned, and tax benefits went to the middle class (Lott, 2002). All of these examples provide specific evidence for the ways in which poverty is largely perpetuated by structural discrimination rather than behavioral problems.

Depression

“I’d had job but I had to quit because I just couldn’t do it. I didn’t want to get out of bed and I felt like there was no reason to do anything. I’m already small and I was losing more and more weight. I wouldn’t get up to eat or anything. I just didn’t care. Sometimes I would sit and just cry, cry, cry. Over nothing. Just cry. I just wanted to be by myself. My mom helped with the kids, even after she got her leg amputated, which her best friend accidentally shot off around then. I had nothing to say to my own children. After they left the house, I would get in bed with the door locked. I feared when they came home, three o’clock, and it just came so fast. My husband was telling me I was stupid, I was dumb, I was ugly. My sister has a problem with crack cocaine, and she has six kids, and I had to deal with the two little ones, one of them born sick from the drugs. I was tired. I was just so tired.”

~Lolly, a woman who recovered from her depression with treatment (Solomon, 2001, p. 341).

In our present day society, the Protestant work ethic is a commonly held belief, insinuating that the harder we try, the better we’ll do. However, poor single mothers face discriminatory negative events that they have no control over all the time (Belle & Doucet, 2003). Inaccurate classist beliefs such as “the poor are lazy” create the basis for

unjust discrimination. Lott (2002) explains that “categorizing members of certain groups as having unacceptable values or norms serves to permit or justify excluding them, dehumanizing them, and treating them as outcasts” (p. 5). Discrimination can lead to lowered economic and social status and to loss of jobs. Belle & Doucet (2003) assert that “such experiences of loss and lack of control can lead to diminished self-esteem and feelings of helplessness, inducing depression” (p. 106). Astbury (2002) adds to this evidence by claiming that feeling like one has been defeated in important battles and feeling trapped correlate with depressive symptoms.

Classist stereotypes indicate that the poor are perceived to be incapable of seizing opportunities because they lack diligence and initiative (Bullock, 1995). The poor may in turn confirm these beliefs as a result of what Steele and Aaronson (2000) have termed stereotype threat. Stereotype threat occurs when an individual fears conforming to a negative stereotype. The fear of confirming the negative stereotype significantly disrupts performance and often leads to exactly the feared consequences (Steele & Aaronson, 2000). In their study examining the negative stereotype that African-Americans do worse on standardized tests, Steele and Aaronson (2000) found that Blacks only actually did worse than Whites when they were asked to indicate their race before taking a section of a GRE test. These results show that when people are reminded of a negative stereotype, the self-threatening nature of the allegation is significant enough to have disruptive effects (Steele & Aaronson, 2000).

Although no studies have specifically addressed stereotype threat as it applies to classist stereotypes, it is quite plausible to suggest that the poor struggle with the unsettling effects of stereotype threat. The agitation that the poor experience when

reminded of negative stereotypes such as “the poor are incompetent” cause impoverished individuals to confirm the claim. To clarify, take the example of the “crack whores” stereotype. If, hypothetically, the women at N Street believed that a staff member thought of them as “crack whores,” the added distress and tension that they would experience in an attempt to disprove the stereotype may have led them to engage in behaviors, such as flirting (which was highly discouraged, as it might interfere with treatment), that would have further confirmed the stereotype. Because stereotyping and discrimination are actually continual and habitual, the poor face many situations in which they are negatively affected by stereotype threat. Constantly behaving in ways that are opposite to the way in which a poor person may desire to behave, resulting from stereotype threat, could lead to a loss of self-efficacy.

Albert Bandura (1997), foremost scholar on self-efficacy, explains that “perceived self-efficacy refers to beliefs in one’s capabilities to organize and execute the courses of action required to produce given attainments” (p. 3). When an individual faces repeated failures as a result of discrimination, he or she is likely to have a weakened sense of self-efficacy. In regards to stereotype threat, acting in a way opposite to one’s desired behavior causes the individual to feel like he or she is unable to “execute the courses of action” that generate the desired achievements. Bandura (1997) goes on to explicitly state that inefficacy leads to depression, and a hopeless mood creates lower efficacy beliefs, leading to less motivation and worse performance. The connection between depression and inefficacy is cyclical in that inefficacy causes depression and depression causes further inefficacy.

Lolly's description of her depression highlights the major symptoms of the disorder as it presents in low-income populations: social withdrawal, inability to get out of bed, appetite disturbances, unwarranted fear and anxiety, extreme irritability, and the failure to care for oneself and others (Solomon, 2001). As Solomon (2001) notes, perhaps the most troubling aspect of depression in the poor is the passivity that characterizes it. This passivity partly results from the repeated failures of the poor to obtain assistance (Belle, 1990). These repeated failures lead to the idea that one is powerless, and thus, poor women stop attempting to change the situation, suffering instead from a dull pain (Belle, 1990). Because classist beliefs make it seem that the poor are individually responsible for their own well-being, repeated failures cause the poor to believe that they are not efficacious. For example, if a poor single mother applies to several jobs and is rejected by the employer, she may think some fault of her own caused her failure. However, in actuality, the woman may not have been hired due to discrimination on the part of the employer. The employer may have believed that poor women are lazy, and thus, he discriminated by not hiring the woman. Because individual explanations for poverty are so prevalent, poor women are trapped into believing that they can overcome the oppressive social and economic conditions with strong and focused effort. In actuality, these social and economic barriers cannot usually be overcome.

Solutions

“And then the changes began. They tell me I have a big heart. I didn't think I had a big heart. I didn't even think I had a heart at all, but I know now that it's there somewhere and eventually I'm gonna find it completely.” Ruth Anne started working

again, as a part-time temp for At Work Personnel Service. She soon became office manager and at that point phased out her antidepressants. In January 1998, she and a friend bought out the business, which is a franchise under license from a national company. Ruth Ann began taking night courses in accounting so that she could keep the books well, and she soon recorded an ad for cable TV. “We work with the unemployment office,” she told me, “getting jobs for people who are out of work, placing them in private industry. We train them in our own office, where they help us, and then we send them out with good skills. We’re now covering seventeen countries.” At her heaviest, she weighed 210 pounds. Now she goes to a gym regularly and with intensive dieting is down to 135.

~Ruth Anne, a woman who regained her sense of self-efficacy in her recovery from depression (Soloman, 2001, 344-45).

Washington and Lee University
 Increasing a woman’s autonomy and control has been correlated with a reduced risk for depression (Astbury, 2002). As Ruth Anne’s example demonstrates, treating depression will usually lead to an increase in self-efficacy. With recovery, Ruth Anne proved to herself that she was in fact capable of attaining her goals. Because the relationship between self-efficacy and depression is cyclical, increasing self-efficacy should also lead to the reduction of depressive symptoms. Intervention at either phase of the cycle will lead to improvement.

Because so many poor mothers have limited access to healthcare and mental health services, access to these services through outreach must be increased so that depression and other psychological disorders can be treated (Miranda & Green, 1999). Lack of insurance is a major barrier to access for poor mothers, so ensuring that the poor

are provided with insurance will help mothers find the necessary services (Miranda & Green, 1999). Additionally, close interaction with medical personnel and psychologists will give single mothers more opportunity to get psychological help when they seek a doctor for physical complaints (Miranda & Green). Furthermore, outreach programs that target poor depressed women should teach coping skills through group therapy for several reasons (Belle & Doucet, 2003). First, group therapy allows more people to be receiving help at a given time. Second, a group therapy setting would help women in a common community establish a social network. Social support has been correlated with a decrease in depressive symptoms (Belle & Doucet, 2003). Finally, group therapy would enable poor women to identify effective coping strategies, thus increasing their sense of self-efficacy.

To address the stereotyping of and discrimination against impoverished individuals, policies can get rid of the notion of the underclass by reducing the labeling that often occurs with social welfare (Gans, 1996). Once the poor are labeled as undeserving, public officials may feel that they are justified in providing only limited help, not realizing that this merely pushes the poor deeper into poverty (Gans, 1996). Additionally, making social services more accessible to more people will cause there to be less differentiation between classes. Programs such as food stamps, which visibly single out impoverished people, should be changed so that it is not so obvious that these people receive assistance. Lonnie's experience with the university student in the grocery store provides support for this notion. If he had not known that she was receiving food stamps, Lonnie would not have experienced the shame that he caused her to feel.

Additionally, increasing education that poverty is best accounted for by structural explanations will encourage people to stop blaming individual poor people for their social status and financial hardship. Ideological and empirical data that shows that poverty is not caused by people being on welfare or not looking for work will also be helpful for educational purposes (Gans, 1996). States could require schools to incorporate this sort of education into their curriculum.

Finally, as a preventive measure, facilitating citizenship will help poor people feel empowered, so that they can feel like they have some influence over social and economic policies (Moreira, 2003). Moreira (2003) explains that “the exercise of citizenship means realizing one’s dream of a better life in a just society, at the intersection of public life with private projects. Only in this manner can the genuine human project that is currently blocked within poverty and psychopathology be reinstated” (p. 84). Because undeveloped citizenship is related to the psychological consequences of poverty, namely power deprivation and low self-efficacy, an approach that is both political and economic is necessary to combat depression in poor single mothers (Moreira, 2003).

Research indicates that high income inequality measured at the state level is associated with more depressive symptoms and poorer health in women (qtd. in Belle & Doucet, 2003). Also, people of all social classes living in countries that are more egalitarian have longer life expectancies and have fewer health problems than do people who live in countries with a greater income gap (Belle & Doucet, 2003). This evidence demonstrates that the effects of severe income inequality have significant consequences for all individuals—not just the poor. Redistributing income through greater taxation of those with higher incomes would improve the lives of everyone.

Future research is needed to determine more specifically the effects of classist discrimination on poor single mothers. The analysis provided here draws from past research on classism, depression, and self-efficacy. Still, no study has systematically investigated the extent to which discrimination contributes to the onset of depression in poor single mothers. Understanding the role of discrimination, which has been largely neglected, in the development of depression will ultimately provide more solutions that will alleviate negative symptomatology. However, the research that we do have clearly indicates that it is to society's advantage to put an end to unjust inequality and discrimination using remedies that we already know to be effective. Clinical treatment for depression, stopping policies that stigmatize, education about the structural causes of poverty, empowering poor women in civic life and politics, and redistributing income will all improve the condition of poor single mothers, their children, and society at large.

Washington and Lee University

References

- Astbury, J. (2002). Mental health: Gender bias, social position, and depression. In G. Sen, A. George, & P. Ostlin (Eds.), *Engendering international health: The challenge of equity* (143-166). Cambridge: MIT Press.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: W. H. Freeman and Company.
- Belle, D. (1990). Poverty and women's mental health. *American Psychologist*, *45*, 385-389.
- Belle, D., & Doucet, J. (2003). Poverty, inequality, and discrimination as sources of depression among U.S. women. *Psychology of Women Quarterly*, *27*, 101-113.
- Bullock, H. (1995). Class acts: Middle-class responses to the poor. In B. Lott, & D. Maluso (Eds.), *The social psychology of interpersonal discrimination* (pp. 118-159). New York: Guilford Press.
- Crocker, J., & Quinn, D. M. (2000). Social stigma and the self: Meanings, situations, and self-esteem. In T. F. Heatherton, R. E. Kleck, M. R. Hebl, & J. G. Hull (Eds.), *The social psychology of stigma* (pp. 153-183). New York: Guilford Press.
- Fields, J. (2003). Children's living arrangements and characteristics: March 2002.

- [Electronic version]. *Current Population Reports, P20-547*. U.S. Census Bureau, Washington, D.C. Retrieved April 6, 2004, from <http://www.census.gov/prod/2003pubs/p20-547.pdf>.
- Gans, H. J. (1996). The so-called underclass and the future of anti-poverty policy. In M. B. Lykes, A. Banuazizi, R. Liem, & M. Morris (Eds.), *Myths about the powerless: Contesting social inequalities* (pp. 87-104). Philadelphia: Temple University Press.
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Englewood Cliffs, NJ: Prentice-Hall.
- Hooks, B. (2000). *Where we stand: Class matters*. New York: Routledge.
- Jussim, L., Palumbo, P., Chatman, C., Madon, S., & Smith, A. (2000). Stigma and self fulfilling prophecies. In T. F. Heatherton, R. E. Kleck, M. R. Hebl, & J. G. Hull (Eds.), *The Social Psychology of Stigma* (pp. 374-418). New York: Guilford Press.
- Leiferman, J. (2002). The effect of maternal depressive symptomatology on maternal behaviors associated with child health. *Health Education & Behavior, 29*, 596-607.
- Lott, B. (2002). Cognitive and behavioral distancing from the poor. *American Psychologist, 57*, 100-110.
- Miranda, J., & Green, B. L. (1999). The need for mental health services research

- focusing on poor young women. *The Journal of Mental Health Policy & Economics*, 2, 73-80.
- Moreira, V. (2003). Poverty and psychopathology. In S. C. Carr, & T. S. Sloan (Eds.), *Poverty and psychology: From global perspective to local practice* (pp. 69-86). New York: Kluwer Academic/Plenum Publishers.
- Myers, D. G. (2002). *Social psychology*. New York: McGraw-Hill.
- Seccombe, K. (1999). "So you think I drive a Cadillac?" *Welfare recipients' perspectives on the system and its reform*. Boston: Allyn and Bacon.
- Solomon, A. (2001). *The noonday demon: An atlas of depression*. New York: Scribner.
- Spicker, P. (1984). *Stigma and social welfare*. London: Croom Helm.
- Steele, C. M., & Aaronson, J. (2000). Stereotype threat and the intellectual test performance of African American. In C. Stangor (Ed.), *Stereotypes and Prejudice* (pp. 369-389). Philadelphia: Psychology Press.