

**Stress, Informal Social Support, and Mental Health Among
Low-Income African American Mothers**

Karen D. Lincoln-Smith, M.S.W.
Doctoral Program in Social Work
and Sociology
University of Michigan

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Introduction

A long history of theory and research has documented the relationship between poverty and mental health (Dohrenwend & Dohrenwend, 1965; Dressler, 1985; Liem & Liem, 1978; Pearlin & Johnson, 1977; Srole, Langner, Michael, Opler, & Rennie, 1962). Research findings indicate that adults who are poor have more mental health problems than their economically advantaged counterparts. Given strong empirical evidence for the poverty-mental health association, researchers have gone on to investigate the nature of this association. Several deficits and threats to health inherent in poverty have been identified, including stressful, unrewarding, and demoralizing work for the working poor, lack of the necessities and amenities of life, and isolation from information and support (Buck, 1986). It has also been suggested that economically disadvantaged families often live in neighborhoods marked by high crime rates, inadequate housing, and a high proportion of births to teenage mothers (Jargowsky, 1997; McLoyd, 1990; Wilson, 1996). Ultimately, poor people, by virtue of their circumstances, are exposed and more vulnerable to stressors while also lacking the necessary resources to manage them.

The association between poverty and mental health is not surprising when one considers the excessive levels of stress imposed on poor people. However, research indicates that the effects of poverty-related stress on mental health outcomes are not equally distributed among all individuals. African American women often experience higher levels of economic and psychological distress than their white counterparts. Given their social position in this country and the rise in female-headed households, single Black mothers are more likely to be poor and are at greater risk of anxiety, depression, and health problems than other marital status groups (Jackson & Wolford, 1992; McLoyd, 1990). Research indicates that African American single-mother families are the worst off economically of all major demographic groups (U.S. Bureau of the Census, 1996a). Despite the well-documented relationship between poverty and mental health, few studies have examined those factors that may buffer or exacerbate the impact of poverty on the mental health of low-income African American women (Belle, 1982). Much has been written about the importance of kin networks for the survival of African American families (Stack, 1974; Taylor, Chatters, Tucker, & Lewis, 1990), but less is known about how positive and negative informal social support affects the mental health of poor single mothers or about the mechanisms by which these effects might occur. Research in this area is needed given findings suggesting

that the social networks of low-income mothers are often more stressful than supportive overall, and the assumption by many, in particular policy makers, that extended family networks are viable options for helping to meet the needs of poor family members.

The central aim of this review is to demonstrate that a broad array of studies, taken together, illustrate the important role of informal social support in the poverty-mental health relationship among low-income African American mothers. The principal assumptions of this relationship are that: a) poverty-related stress has a *direct* negative effect on the mental health of poor African American mothers; b) informal social support has either *positive and/or negative* effects on mental health outcomes; and c) a major mediator of the relationship between poverty and mental health is informal social support, which either buffers or exacerbates the effect of poverty-related stress on mental health outcomes. Thus, poverty has an *indirect* effect on mental health through social support.

There are several reasons to assume that informal social support has an important role in the poverty-mental health relationship among African American mothers. First, research findings indicate that African Americans rely heavily on informal support networks in dealing with personal problems regardless of their nature or seriousness (Neighbors et al., 1983). Specifically, Blacks are twice as likely to rely on informal networks than formal networks in dealing with their economic difficulties. Second, Black women are more likely than white women to be the head of their household and to be below the poverty line (McLanahan & Casper, 1995; U.S. Bureau of the Census, 1996b). The documented relationship between poverty and mental health, then, suggests that Black women are at greater risk for psychological distress and depression and are less likely to have the resources to obtain adequate care. Finally, parents living in poverty are at high risk of psychological distress, with single mothers constituting a group of particular concern (McLoyd & Wilson, 1990). Emotionally distressed mothers have been found to be less supportive, nurturant, and involved with their children (McLoyd, 1990). Social support provided in the form of financial assistance, emotional support, and child care may ease parents' distress and may promote more adequate parenting practices, which, in turn, may foster positive development in impoverished children. Research findings indicate a positive association between support from family members and relatives on maternal well-being and parenting practices (Taylor & Roberts, 1995).

To demonstrate the mediating role of informal social support in the relationship between poverty and mental health, this review is divided into four major sections. The discussion will begin with a review of the literature that examines the relationship between poverty and mental health. This section summarizes literature that is based on samples from the general population as well as African Americans. The second section will summarize the literature examining the association between informal social support and mental health. The processes by which social support networks can affect mental health will also be discussed. The third section will review some of the limitations in the social support literature. Inconsistencies and methodological issues will be discussed. The final section identifies gaps in our knowledge about the role of informal social support in the lives of low-income African American mothers and discusses areas for future research.

Poverty and Mental Health

Decades of empirical research has documented the positive correlation between poverty and mental health. Some of the earliest direct evidence of the relationship between social class and mental health was reported by Faris and Dunham (1939), who found that central city, metropolitan residents had the highest rates of first admissions to psychiatric hospitals for schizophrenia. These findings are supported by subsequent studies that have reported evidence of an inverse relationship between socioeconomic status and various forms of mental disorder using a wide array of measures (Clark, 1949; Hollingshead & Redlich, 1958; Srole et al., 1962). Findings from the Midtown Manhattan study (Srole et al, 1962) indicate that greater stress in the lower classes contributes to the highest level of impairment (e.g., psychotic symptoms) among respondents from this class. The overwhelming majority of community epidemiologic surveys find the highest rate of distress within the lowest socioeconomic groups (Dohrenwend & Dohrenwend, 1974). While these findings are consistent among both African Americans and whites, more recent evidence suggests that the inverse relationship between class and distress may be even stronger for Blacks (Kessler & Neighbors, 1986; Ulbrich, Warheit, & Zimmerman, 1989).

Research examining the poverty-mental health relationship using exclusively African American samples is consistent with findings for the general population. Dressler (1985) reported that chronic economic stress (e.g., difficulty paying bills, worrying about money, not having enough money for health

care) was the strongest predictor of depression in Blacks living in randomly selected households. Neighbors (1986) found an inverse relationship between socioeconomic status and psychological distress, but only among respondents whose distress was due to an economic crises, that is, not having enough money to take care of financial obligations. Other stressful conditions that were not economic-related were not found to be as upsetting to poor African Americans.

Research investigating the poverty-mental health relationship among women provide additional support for the relationship. Findings from a study of Chicago residents indicate that low-income women are at higher risk for experiencing stressors from undesirable chronic life conditions, such as financial strain, inadequate housing, and dangerous neighborhoods (Pearlin & Johnson, 1977). Findings from another study indicates that African American mothers who reported more difficulty meeting their financial responsibilities had higher levels of psychological distress than those who had fewer economic difficulties (McLoyd & Wilson, 1990). Money was identified as a particularly important factor in a study examining the stressors that lead to negative mental health outcomes among Black and white low-income mothers (Belle, 1982). While income was correlated with two measures of depression, money problems were identified as most stressful and was correlated with all five mental health indicators employed in this study. Results also suggest that money problems are correlated with other areas of life including family, interpersonal relationships, education, parenting, and physical health. Therefore, in addition to its link with depression and other indicators of mental health, financial strain is related to many other aspects of women's lives, thus increasing the amount of stress experienced by poor women and placing them at greater risk for mental disorder.

Research comparing the rates of female-headed households among African American and white women further illustrate the importance of investigations that examine the role of social support in the poverty-mental health relationship. Studies show that high rates of female-headed households are associated with high rates of poverty and economic instability. Currently 57% of African American families are headed by women, compared to 19.5% of white and 29.8% of Hispanic families (Taylor, Tucker, Chatters, & Jayakody, 1997). Women who have never been married tend to be more economically vulnerable as a consequence of being younger, less educated, and less likely to be employed. African American women are more likely to be never-married, thus, they are more likely to be poor. In both 1994 and 1995, over half of

Black single-mother households with children under 18 years of age had incomes below the poverty level, compared to 39.6% of white households (U.S. Bureau of the Census, 1996b). In sum, a review of the literature indicates that African American women are at greater risk for psychological distress and depression due to their higher rates of poverty. Investigations that identify viable resources that mitigate the impact of poverty-related stress on mental health and the processes involved are clearly needed.

Social Support and Mental Health

While the relationship between poverty and mental health has been well documented, not everyone who lives in poverty suffers from depression or other types of mental disorder. There is also considerable variation in the extent to which poverty-related stress affects those who do experience negative mental health outcomes. Social support has been identified as one of the social factors that may contribute to the variation. Most definitions of social support focus on social interactions that enable individuals to meet their goals and deal with the demands of their environment (Antonucci, 1985). Social support can be provided in many forms, including emotional support (e.g., esteem, affect, trust, concern, or listening), appraisal support (e.g., affirmation, feedback, or social comparison), informational support (e.g., advice, suggestion, directives, or information), or instrumental support (e.g., aid in-kind, money, labor, or time) (House, 1981). Research has repeatedly shown that people with spouses, family members, and friends who provide psychological and material support have better mental health than those who have fewer resources (Antonucci, Fuhrer, & Dartigues, 1997; George, Blazer, Hughes, & Fowler, 1989; Oxman, Berkman, Kasl, Freeman, & Barrett, 1992).

Much has been written about the importance of social support for the survival of economically disadvantaged families. For example, social and financial support has been found to buffer feelings of psychological distress among both Black and white unemployed adults (Kasl & Cobb, 1979; Kessler, Turner, & House, 1988) and feelings of depression in both Black and white mothers on welfare (Colletta & Lee, 1983; Zur-Szpiro & Longfellow, 1982). A major hypothesis in stress research is that the availability of social support facilitates coping by modifying the effect of stressors on mental health. The way in which social support functions to modify or counteract the deleterious effect of poverty-related stress on mental health is by: a) directly enhancing mental health outcomes by meeting important human needs for social contact,

approval, belonging, and affection; b) directly reducing levels of poverty-related stress in a variety of ways and, thus, indirectly improving mental health (e.g., providing financial assistance, child care, goods or services); or c) mitigating or buffering the impact of poverty-related stress on mental health. According to this final pathway, social support has no direct effect on either poverty-related stress or mental health, but rather modifies the relation between them. The implication is that the impact of poverty-related stress on mental health is mitigated as social support increases such that social support will have its strongest impact at the highest levels of stress but have little or no impact for people with low levels or no stress. It is important to understand the processes by which social support affects mental health in order to accurately test for its role in the poverty-mental health relationship.

Findings from several studies support the role of informal social support in reducing the impact of poverty-related stress on mental health outcomes, however, research in this area is equivocal. Brown and Gary (1987) report significant direct and indirect effects of perceived social support from extended family on depression for African American women regardless of their level of socioeconomic status. However, Belle (1982) found no beneficial effect of social support on depression for Black and white low-income women. Hall et al. (1985) found that unemployed, low-income mothers with small networks were more likely to have high depressive symptom levels than were unemployed mothers with larger networks. Results from a more recent study by Brown et al. (1992) indicate that family ties do not minimize the impact of persistent economic difficulties on one's well-being.

Inconsistencies and Methodological Concerns

Researchers have offered several explanations regarding results that suggest ineffective or negative effects of social support on mental health outcomes. Some researchers argue that membership in a less socially advantaged group increases the probability that network members will be too overburdened to provide support when asked (Eckenrode & Wethington, 1990). Therefore, at the same time that poverty is a source of stress, it can undermine sources of social support that can potentially play a role in buffering its deleterious impact. It has also been suggested that networks of the poor are often emotionally costly because they expose their members to more frequent stresses and interpersonal conflicts, thus resulting in higher levels of stress. Some individuals might choose to isolate themselves from their families and communities in order to avoid

experiencing the stresses in them. Research findings indicate that self-imposed isolation is a risk factor for depression, particularly among the poor (Brown et al., 1975). The quantity and quality of social network relationships have been found to be associated with psychological well-being and depression (Cohen & Wills, 1985; House, Landis, & Umberson, 1988). Negative mental health outcomes may result due to the lack of positive interactions. There are several potential explanations for inconsistencies in the literature. However, the importance of considering negative and positive interactions when assessing the impact of social support on mental health is clear, particularly in light of findings suggesting that negative social relationships are often more potent predictors of mental health outcomes than are positive interactions (Rook, 1984; Shinn, Lehmann, & Wong, 1984).

Methodological problems associated with social support research may also account for the inconsistent findings in the literature. It has been argued that many investigators fail to formulate a precise conceptual definition of social support (Thoits, 1982). Given the multiple dimensions of social support (e.g., amount, sources, structure, and function), it is necessary to identify the specific dimensions being measured in order to determine which aspects of the support system are most effective in the poverty-mental health relationship. It remains unclear whether the positive association between social support and mental health is attributable to a generalized beneficial effect (direct effect) or if there are other resources available to an individual that are mobilized during stressful events to buffer the impact of stress on mental health outcomes (indirect effect). The lack of a theoretical foundation regarding the role of social support in the stress process and lack of a clear understanding of the processes involved, has led to disparate patterns of results. Findings have led some researchers to conclude that the degree of association between social support and mental health outcomes depends on the context, the population, and the concepts and measures of social support and mental health employed. Evidence suggests that social support operates in complex ways, with several alternative pathways in the poverty-mental health relationship. (Schwarzer & Leppin, 1989). While several studies have documented the positive effect of social support on mental health outcomes, a theoretical foundation and more precise measures may lead to more consistent findings, as well as a better understanding of the processes by which social support effects mental health.

Conclusion

A review of evidence from a broad array of studies demonstrates the potential role of informal social support in the poverty-mental health relationship. African American single mothers are more likely to be poor and, as a result, are at greater risk for poor mental health outcomes than their white counterparts. While this review has discussed several inconsistencies in the social support literature, there remains evidence for the assumption that informal social support will either decrease or increase the impact of poverty-related stress on mental health outcomes. Currently, very little research exists on the processes linking informal social support to mental health outcomes among low-income African American mothers. This review has identified some investigations of this relationship, however, the majority of this research has focused on adolescent mothers who co-reside with their parent(s), (Caldwell, Antonucci, Jackson, Osofsky, & Wolford, 1995; Chase-Lansdale, Brooks-Gunn, & Zamsky, 1994; Colletta & Lee, 1983; Furstenberg, Brooks-Gunn, & Morgan, 1987), adolescent outcomes (Taylor & Roberts, 1995), and support from male partners or the babies fathers (Thompson & Peebles-Wilkins, 1992; Zur-Szpiro & Longfellow, 1982). Prospective studies that focus specifically on the impact of informal social support (e.g., family and extended kin) on mental health among poor African American mothers is needed.

Research efforts should also consider the role of more traditional sources of support, like church members, which, to date, is non-existent in this literature. Research on the social networks and resources of African Americans indicates that church members are an important source of social contact and support (Taylor & Chatters, 1986). Church members exchange material, emotional, and spiritual assistance with one another, as well as providing information and advice (Taylor & Chatters, 1988). Further, churches frequently sponsor programs that provide support to persons in need (Thomas, Quinn, Billingsley, & Howard Caldwell, 1994; National Council of Churches of Christ in the USA, 1992). An investigation of the role of social support in the lives of poor African American mothers that does not include measures of extended family or church support omits an important piece of African American culture and tradition. Future research can contribute to the sparse literature on poor Black mothers and mental health outcomes by assessing the role of informal social support from extended family and church members. Prospective efforts should also pay particular attention to identifying specific dimensions of social support in order to determine the mechanisms by which support affects mental health. This research is important in that it will provide insight into the

processes involved in the poverty-mental health relationship and inform social and public policy of viable alternatives to support for poor mothers and their children.

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