

AFRICAN AMERICAN MATERNAL PSYCHOLOGICAL FUNCTIONING: THE  
IMPACT OF RACISM, PERSONAL STRESSORS, AND SOCIAL SUPPORT

by

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(Under the Direction of Velma McBride Murry)

ABSTRACT

This paper examines the extent to which personal resources, personal and social contextual stressors, and social support impact the psychological functioning of African American mothers who were living alone, living with intimate partners or spouses, and living with co-residing grandmothers at the time of data collection. The subsample for the present study,  $N = 702$ , was selected from a larger study of 897 African American families participating in Wave 1 of the Family and Community Health Study (FACHS). Results revealed that these mothers were experiencing both anxious and depressive symptoms but not at clinical levels. Further, the predictive utility of correlates also differed as a function of family composition. Personal stressors explained more variance in the depressive symptomatology of solo mothers than partnered mothers. Racism was a significant predictor for solo mothers' anxious symptomatology but was not significant in predicting the psychological functioning of partnered mothers. Suggestions for research and clinical interventions are presented.

INDEX WORDS: African American mothers, Family composition, Racism,  
Psychological functioning, Social contextual and personal stressors,  
Social support

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## **DEDICATION**

This project is dedicated to all mothers whose struggles and triumphs go unrecognized daily.

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My path to this point has been purposeful and meaningful. I first and foremost recognize and acknowledge the spiritual forces at work in shaping my path. In addition, I honor and celebrate my mother and family who have worked so very hard to help cultivate the gifts I was given to look for truth, speak of truth, and present truth in everything I set out to do. The project presented in these pages is most reflective of my own hard work combined with the love and support of those near and dear to me. In no uncertain order, I would like to thank my advisor, Dr. Velma McBride Murry, for recognizing the strength of my insight, pushing me beyond that point, and helping to display the results of the combined effort in these pages. I thank my committee members, Dr. Lily McNair and Dr. Kevin Bush, for their insight and suggestions which have helped further define this project. I am most appreciative of the love, support, and strength offered from the beginning to the end of this project by my up and coming clinical psychologists: Janylah K. Dunn, Natasha N. Johnson, and Garnette J. Cotton. I am also thankful for those friends and family outside of Georgia who consistently lent their support, humor, and insight as I endured these trying times: John L. E. McGee, Suzanne M. Switzer, Arlette Johnson, Dr. Michael Cunningham, and Dr. Dewana Thompson. Finally, as life would have it, there have been new and unexpected sources of inspiration and support that have purposely intersected with my life during the last stretch of this project: Dr. Chana Kai Lee, Jennifer L. Cooke, and Randall M. Ivery. Their presence in my life helped recharge my spirit in several “11<sup>th</sup> hours”. Lastly, I honor and recognize

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## TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS .....	v
LIST OF TABLES .....	ix
CHAPTER	
1 INTRODUCTION .....	1
2 LITERATURE REVIEW .....	6
3 METHODOLOGY .....	30
Measures .....	33
4 RESULTS .....	40
Descriptive Statistics.....	41
Hypothesis 1: Comparison of Mothers' Psychological Functioning. ....	46
Hypothesis 2: Correlates of Personal and Social Contextual Stressor Variables .....	49
Hypothesis 3: Factors Influencing Mothers' Psychological Functioning .....	56
5 DISCUSSION AND CONCLUSIONS .....	67
Limitations of Present Study.....	83
Implications for Research.....	86
Implications for Practice .....	89

REFERENCES .....	91
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APPENDICES

1	Financial Strain .....	102
2	Family/Work Conflict.....	103
3	Experiences of Discrimination.....	104
4	Social Support Network .....	107
5	Social Support Network (+) .....	108
6	Social Support Network (-) .....	110
7	SES .....	111
8	Mini Mood and Anxiety Symptom Questionnaire .....	112

## LIST OF TABLES

	Page
Table 1: Descriptive Statistics of Sample Demographic Characteristics for Mothers' Report.....	42
Table 2: Means, Standard Deviations, and Ranges of All Study Variables.....	44
Table 3: Means and Standard Deviations for Three Family Types and Two Psychological Functioning Variables .....	47
Table 4: ANOVA for Study Variables and Descriptive Variables by Family Type.....	49
Table 5: Correlations of Solo Mothers' Study Variables .....	51
Table 6: Correlations of Partnered Mothers' Study Variables .....	53
Table 7: Correlations of Mothers with Co-Residing Grandmothers' Study Variables ..	55
Table 8a: Predictors of Solo Mothers' Anxious Symptomatology.....	59
Table 8b: Predictors of Solo Mothers' Anxious Symptomatology (Negative Social Support).....	60
Table 9: Predictors of Solo Mothers' Depressive Symptomatology.....	63
Table 10: Predictors of Partnered Mothers' Anxious Symptomatology.....	64
Table 11: Predictors of Partnered Mothers' Depressive Symptomatology.....	65

## CHAPTER 1

### INTRODUCTION

Despite the plethora of studies of African American families, we know little about normative family functioning and everyday life experiences (Murry, 2000). Although several explanations have been offered to explain this gap in family studies research, a common theme is the perpetual use of cultural deviance models to frame studies of African American families. These models, for example, emphasize the norms and family patterns of middle-class White families as the referent to which African American families are compared and deviation from the referent group is interpreted as pathological (Aldous, 1969). Ideas grounded in the use of pathological models to examine African American families are commonly traced back to the early work of Moynihan (1965), a Caucasian scientist who used data from the United States Census data and concluded that African American families were in perilous conditions due to the decreasing numbers of two-parent African American families. Based on these findings, Moynihan urged the development of social policies that would change Black families' inferior values and structure, in hopes of deterring continued formation of single mother-headed families. Hill (1972), an African American scientist, used the same data as Moynihan, but drew on the cultural variant or cultural relativity models, and identified the strength and resilience of African American families in their ability to survive and maintain family structure and functioning, despite living in a challenging environment. Similar to Hill, Billingsley (1968) emphasized the dimensions of Black family life that evinced strength, resilience,

and survival despite the adversities of racism, and consequences of urbanization and recessionary cycles. According to Billingsley, Black families have survived economic and social challenges because of their shared history in terms of slavery, and because of the ability to proliferate a sense of “peoplehood”, culture, agency and kinship, and build strong familial connections that foster resilience and the ability to overcome adversities. Hill and Billingsley arrived at divergent conclusions compared to Moynihan, and as such, substantiate the centrality of paradigms in shaping the epistemology and ontology of “facts.” However, while these studies have been beneficial in providing descriptive characterization of living patterns and family forms of African Americans, with specific emphasis on single-mother headed families, few studies have been conducted on African American women beyond their parental role. Much attention has been given to the significance of African American mothers’ mental health functioning in predicting parenting behavior and in turn child development (Hall, Gurley, Sachs, & Kryscio, 1991; Harnish, Dodge, & Valente, 1995; Jackson, Gyamfi, Gunn, & Blake, 1998; McLoyd, Jayaratne, Ceballo, & Borquez, 1994; Taylor & Roberts, 1995). In most instances, these studies examine maternal mental health in isolation of the social experiences of African American mothers as women. That is, the individual life experiences of African American women in families are often ignored in studies of African American family functioning. The present study attempts to address this void by examining the links among contextual and personal stressors impacting the life of African American mothers, and their psychological functioning, and to consider how these patterns vary as a function of family composition, personal resources, and social support network.

Family composition is highlighted in the present study because most studies of African American mothers reflect data obtained from single mothers, as such we know little about psychological functioning of mothers rearing children in different family compositions. Consequently, the extent to which findings based on single mothers can be generalized to African American mothers rearing children in other family forms, two-parent, mother-grandmother dyad, for example, is unclear.

The present study also fills a void in the literature because most studies of women and mental health are based on White women and when African American women are included, researchers often do not differentiate the sample by motherhood status, socioeconomic status, and household composition. Thus, lack of information about representativeness of studies of African American women and mental health makes it difficult to determine the prevalence of depression and anxiety, for example, in this population, as well as the accuracy of conclusions offered regarding White women exhibiting higher levels of depression than Black women (Gibbs & Fuery, 1994). These limitations, therefore, make it difficult to determine with confidence what is being referenced in studies of mental health in general, and African American women and mothers' mental health functioning in particular.

Finally, the documented consequences of contextual and personal stressors in the life of African American women as mothers (e.g., racism, social class, employment status, financial burden and role strain), indicates a need to consider these issues in order to more adequately understand the psychological functioning of African American mothers in particular (Gibbs & Fuery, 1994). Therefore, contextual and personal stressors will be examined in the present study.

Thus, based on the strength and resilience model, the present study highlights the links among personal and contextual stressors and mental health functioning of African American mothers. This study also considers heterogeneity of family functioning that has been historically described by African American scholars (Billingsley, 1968; Drake & Cayton, 1945; DuBois, 1967; Hill, 1972; McAdoo, 2001), and as such gives consideration to the moderating and mediating effects of personal resources and social support in explaining variations in the mental health functioning of African American mothers. Therefore, the purpose of the present study is threefold: 1) to describe the contextual and personal stressors impacting African American mothers' psychological functioning, 2) to examine the association between family composition and African American mothers' psychological functioning, and 3) to identify linkages among contextual stressors, personal stressors, social support, personal resources and maternal psychological functioning.

### *Hypotheses*

Based on the summary of studies noted above, the following hypotheses are posed:

- 1) African American mothers who reside with an intimate partner or grandmother will report less depression and anxiety than mothers rearing children without an additional adult in the household.
- 2) Regardless of family composition, personal stressors will negatively affect African American mothers' psychological functioning, such that those who are unemployed, experience high role strain, and financial strain will also report an increase in levels of depression and anxiety.

- 3) Personal resources (e.g., high educational attainment, having middle income status, and being employed) and social support network will buffer the negative effect of contextual stressors and personal stressors on maternal psychological functioning.

## CHAPTER 2

### LITERATURE REVIEW

The focus of this literature review is to highlight the links between personal and contextual stressors in the lives of African American mothers, and the extent to which these stressors impact maternal psychological functioning. A secondary focus of this literature review is to explore the extent to which social support and personal resources may mediate or moderate the effects of personal and contextual stressors on the psychological functioning of African American mothers. For the purpose of this study, social support is defined as the source of support (i.e., husband/intimate partner, co-residing grandmother, or friends), personal resources include educational attainment, income level, and employment status, and maternal psychological functioning is defined as symptomatology of both depression and anxiety. I will begin by providing a brief historical perspective of research on African American maternal psychological functioning in general, and an overview of the current status of this area of research, followed by a brief overview of theories selected to frame this literature review. Next attention will be given to discussing substantive findings regarding the significance of various contextual factors in understanding variations in maternal psychological functioning, including personal stressors, social contextual stressors, as well as the mixed reviews regarding the buffering effects of social support on maternal psychological functioning.

### *Brief Overview of Research on African American Women's Psychological Functioning*

Historically, the functioning of African American women has been dichotomized into two prominent paradigms: (1) one conceptualizing African American women as “strong, resilient, and adaptive in their ability to cope with adversity,” (Gibbs & Fuery, 1994) and (2) a problem-focused perspective that highlights the multitude of risk factors facing African American women, specifically those in low-income populations, that in turn compromise their psychological functioning, through the detrimental effects of stressor pile-up (Gibbs & Fuery, 1994). While both perspectives mirror an element of the life experiences of African American women, they also systematically homogenize African American women into one monolithic group. Moreover, this categorization into a “problematic” or “resilient” dichotomy allows little consideration for mental health variance as a function of racism, social class, household composition, or social support.

The existing body of literature examining African American maternal psychological functioning can be characterized as studies that focus on the following areas: 1) those linking maternal psychological functioning to parenting and child outcomes, 2) those utilizing primarily single African American mothers in their research sample, and 3) and those with confounding methodological issues. These methodological issues range from cultural biases in assessment of psychological functioning to the operationalization of psychological functioning to sampling biases among African American mothers.

### *Relevant Theoretical and Conceptual Frameworks*

Based on the assumptions, explanations, and particular focus on processes, a modified version of the family stress model, Mundane Extreme Environmental Stress (MEES) model (Peters & Massey, 1983), Black Feminist Thought (Collins, 1991), and Sociocultural approach (Dilworth-Anderson, Burton, & Johnson, 1993) served as the overarching frameworks for organizing this body of research, and in turn, informs each aspect of the present study. These theoretical/conceptual frameworks were selected because they have heuristic value for the study of African American family patterns and incorporates various social contextual variables that have implications for mental health functioning of African American families (Murry, Brown, Brody, Cutrona & Simons, 2001). Moreover, although African Americans' everyday life experiences cannot be understood adequately without systematically assessing the interrelationships between families and other social systems, empirical studies of these dynamics are sparse. Most do not acknowledge the daily hassles associated with simply being Black in America (Murry, 2000; Murry, Bynum, Brody, Willert & Stephens, 2001). Thus, the MEES model incorporates the unique stressors faced by African American families due to institutional racism and racially discriminatory experiences. Because the MEES model does not consider the influence of gender and social class in explaining exposure to prejudice and discrimination, the Black Feminist Thought theory was selected. This perspective contends that the interlocking oppressions of race, class, and gender are inseparable in the lives of African American women (Collins, 1991). That is, rather than examining the experiential development of African American women through the lenses of either racism, classism, or sexism, Black Feminist Thought advocates that each oppressor forms

a conglomerate of stressors which is directly linked to the status and functioning of African American women in the United States. Finally, to better explain the unique cultural composition of African American maternal caregiving and role strain, the Sociocultural approach was selected. This approach posits that minority families are unique from mainstream families due to distinct cultural characteristics that shape minority family values and dynamics (Dilworth-Anderson et al., 1993). The Sociocultural approach also incorporates the concept of ethnic reality, the life perspective held by minority families based upon their cultural membership, which will also assist in providing a context to examine the experiences of African American mothers. Thus, these frameworks, in combination, serve to create a unique paradigm that is more inclusive of African American women, in general, and the stressors associated with African American motherhood in particular.

Finally, these frameworks were selected because they allow the consideration of a broader definition of family composition, that is not limited to the nuclear family of father, mother, and children; nor to one household; nor, even, to blood relatives (Hill, 1995; McAdoo, 1997; Staples & Johnson, 1993).

#### *Personal Stressors Impacting Psychological Functioning*

A myriad of stressors appear to be thematic in the literature on motherhood: the onset and process of motherhood is dually noted as a stressful period for women; the number of children a mother has, as well as the potential behavior problems that the children may have also impact stress levels; women whose spouses or partners help out with childrearing responsibilities experience less stress than those that have partners who

assist very little; and, single mothers tend to experience higher levels of stress than partnered mothers (Walker, 1999).

The details on the presence of role strain is equally thematic in the literature on motherhood: mothers participate in a balancing act between work demands and familial obligations that leads to role strain; and, the effects of role strain can impact child behavior, parent-child relationship quality, maternal physical health, and maternal psychological functioning (Goldberg, Greenberger, Hamill, & O'Neil, 1992; Quinn & Allen, 1989; Olson & Banyard, 1993; Hemmelgarn & Laing, 1991). This combination of maternal stress, that is, stressors associated with being a mother and the additional stress of balancing the role of mother with other concurrent roles, frequently leads to increased psychological distress and lowered levels of psychological functioning (Hellelgarn et al., 1991; Marks & MacDermid, 1996; Naerde, Tambs, Mathiesen, Dalgard, & Samuelsen, 2000).

While the literature on maternal stress includes factors such as number of children, role strain, job stress, and marital quality stress, it does not account for differences in pile up effects due to race, gender and social class. More specifically, 1) cultural adaptations are not enlisted to better understand the impact of African American family size on maternal mental health, 2) the presence and frequency of financial strain is not discussed beyond examinations of low-income African American single mothers (Conger, Wallace, Sun, Simons, McLoyd, & Brody, 2002), and 3) traditional studies examining how role strain affects women is not inclusive of cultural differences and experiences of non-European American mothers. In its entirety, these studies do not consider ways in which stress is experienced by

women, as a consequence of “doing gender and being gender” (Fox & Murry, 2000). That is, considering women’s role in families as a “product of social processes and as embodying cultural meanings of masculinity and femininity” (p. 1163). Thus, gender rather than sex is being emphasized here because the former has sociocultural relevance (Fox & Murry, 2000) and is of particular importance in studies of African American women. What follows is a summary of studies that explain variation in psychological function as a consequence of role strain experienced by women, with particular emphasis on correlates unique to African American women as mothers.

#### *Proximal Stressors and African American Maternal Psychological Functioning*

*Household composition.* Several proximal factors have been linked to lowered psychological functioning among African American mothers, such as number of children in the household and the absence of an additional adult in the household to assist with home management and parenting. The U. S. Census Bureau (2001) reports that, on average, African American families are larger than European American families.

Approximately 65% of African American families have three or more children living in the home, as opposed to 54% of European American families (U.S. Census Bureau, 2001). This report also indicated that 62% of African American children are more likely to grow up in homes with only one parent, and 92% of these children are more likely to live in female-headed homes (U.S. Census Bureau, 2001). Consequently, while African American family size tends to be larger, they are also more likely to have single mothers responsible for childrearing. Therefore, a plausible relationship exists: due to the fact that more African American families are larger in size, and more likely to be female headed, African American women are at greater risk of psychological distress due to family size.

Despite documented evidence of African American families sustaining strong familial bonds, extended kin networks, and reciprocal emotional and childrearing assistance, the toll of childrearing, in addition to the economic costs, can be taxing for African American mothers, particularly those living alone (Williams, Auslander, Houston, Krebill, & Haire-Joshu, 2000). And, while the presence of a second caregiver helps to buffer the impact of family size on maternal mental health, numerous studies still indicate that parental health decreases with the increase in number of children in the home, particularly the presence of several young children (Belle, 1982; Lewis, 1988).

*Financial strain.* While African American mothers are more likely to have larger families, they are also more likely to experience financial strain during their lifetimes. A thorough review of the income restrictions of African American women is needed in efforts to assess the likelihood of financial strain in the lives of African American women as mothers.

Elder, Conger, Foster, & Ardel (1992) conceptualize financial strain as “the pressure felt when income fails to cover expenses and the family is unable to make ends meet” (p. 10). African American women experience restrictions in income in a variety of ways, which can impact their ability to make ends meet. Statistics indicate that women are more likely to live below the poverty line; women of color in particular. African American women are more likely to be underpaid, less likely to hold degrees of higher education (King, 1978), and more likely to be solo heads of households (U. S. Census Bureau, 2001), all of which impact their income potential and restrict their economic freedom. African American mothers are also less likely to receive child support, a viable source of income for single mothers, than are European American mothers (Grossman &

Hayghe, 1982; Johnson & Waldman, 1983). These statistics not only speak to the frequency of difficulty in “making ends meet” in the lives of African American women as mothers, but also how financial resources are limited prior to managing household financial responsibilities. This restricted access to income, and ensuing financial strain impacts African American maternal psychological functioning. Both the predictability of one’s source of income (Pett & Vaughn-Cole, 1986) and the sufficiency of the income for meeting a family’s needs (Baruch, Barnette, & Rivers, 1983) is directly linked to women’s mental health. More specifically, Belle (1982) states that, “women who live in financially strained circumstances and who have responsibility for young children are more likely than other women to become depressed”. And, while financial strain among single African American mothers has been hypothesized to lead to psychological distress, the same outcome exists among African American women in other living arrangements (Conger et al., 2002).

*Role strain: Traditional definition and limitations*

Both family size and financial strain intensify the role strain experienced by mothers. Role strain has traditionally been defined as the pile-up of work demands, maternal obligations, spousal responsibility, and personal needs (Goldberg, Greenberger, Hamill, & O’Neil, 1992; Hemmelgarn & Laing, 1991; Olson & Banyard, 1993; Pearlin et al., 1982; Quinn & Allen, 1989). However, an increase in diverse family forms and unique, cultural experiences of ethnic families indicates a need to revise current conceptualizations of role strain. Exemplary of this need for expansion is the role strain experienced by African American mothers. In addition to confronting traditional aspects of role strain, African American mothers must additionally face the unique stressors of

racism that the current role strain paradigm does not consider. For example, besides lending guidance to their children, African American mothers “are charged with the task of teaching their children mechanisms of mastery over racism” (p. 14; Green, 1994). Furthermore, the role strain literature, in general, isolates the potential consequence of oppression and stressors of womanhood from motherhood. That is, while the current paradigm addresses how stress emerges from balancing work and family, little explanation is given to the ontogeny of stress in relation to womanhood. This suggests the need to extend this area of research to consider the contributions of racism and sexism in understanding how African American mothers experience role strain. The notion of cultural epithets within the African American community, the marriage squeeze experienced by African American women, and the tendency for African American women to overlook their psychological needs may have relevance for understanding the significance of racism and sexism in predicting depression and anxiety among African American women.

*Cultural epithets in the African American community.* In addition to working and caring for oneself, women are also socialized to be caretakers (Rieker & Jankowski, 1995). Within African American families, there exists a vital cultural sense of caretaking responsibility for both immediate and extended family members. African American women, whom are socialized from a young age to care for families, are more likely to emerge as the emotional caregiver, than African American men (Greene, 1994). Collins (1991) concedes with this possibility and adds that not only are Black women socialized to be caregivers, but also there is an expectation within African American culture for African American women to be “the superwoman”, relentless, caring, nurturing, and

giving for the sake of the family. This cultural expectation for African American women to be a “ubiquitous strong matriarch” (p. 21), fulfilling the role of laborious, resilient supporter of the family, leaves many African American women with feelings of despair and failure when these expectations are not met (Greene, 1994). Though not empirically tested, it can be surmised that the inability or disinterest in fulfilling such a stressful position, or, consequently, the maintenance of such a position is taxing to African American women and can impact their psychological functioning.

*Marriage squeeze.* While cultural expectations offer one aspect of stress within African American womanhood, a lack of available partners for African American women is yet another. Due to the marriage squeeze in African American populations, there is a greater likelihood for African American women to be caregivers and heads of households without a married or intimate partner. This solo status, combined with lack of financial support, educational inequities, economic strain, neighborhood risk, and number of children present in the home, result in stressor pile-up, or role strain, for single African American mothers (Lewis, 1988; McLoyd, 1990), which can then lead to depression and a sense of powerlessness (Belle, 1990). When combined with the daily hassles associated with being an African American, this pile up can become overwhelming and further exacerbate the stress associated with being a single mother (Ogbu, 1981).

*Neglecting personal needs.* According to DeVault (as cited in Rieker & Jankowski, 1995) “the psychological and physical demands of caretaking often leave women with their own needs unrecognized, unmet, and even unfelt” (p. 43). This tendency to overlook personal needs for the sake of caregiver responsibility is a primary issue in the psychological functioning of African American women (Greene, 1994).

Greene (1994) purports that as African American women internalize this superwoman image, they are also internalizing a detrimental “no personal pain, can bear all burdens, and will take care of everyone” (p. 21) concept of psychological functioning. This sacrificial aspect of personal functioning leaves many African American women feeling as if their burdens can never be too heavy, and in the end, even more unwilling to ask for help (Greene, 1994). Thus, the consequence of being socialized as “superwomen”, in addition to the disproportionate amount of mothers who rear children alone, either as a function of single partnership due to marriage squeeze, or divorce, may compromise not only psychological functioning but also physical health. To fulfill these multiple roles and meet the numerous demands of their family lives, African American mothers often devote little time to self-caretaking.

#### *Social Contextual Stressors And Personal Resources Impacting Psychological Functioning*

Although few studies have considered how racism cascades through African American families to impact maternal psychological functioning (see Murry et al., 2001, for exception), the deleterious consequences associated with personal stressors further increases depression and anxiety with the additive effect of racism and financial strain. Willie, Rieker, Kramer and Brown (1995) characterize racism as “the key word for an ingrained system of subordination, oppression, and victimization” (p. xiii) and also concede that racism should be regarded as a significant and major source of stress in the lives of African Americans. Moreover, Peters and Massey (1983) contend that racism may impede the life opportunities of African Americans via disparities in economic and political power, civil rights, and accessibility to resources (Murry, Brown, Brody,

Cutrona, & Simons, 2001). Williams and Williams-Morris (2000) speak to this same form of racism, also viewed as institutional racism, as “the development of negative attitudes and beliefs towards racial outgroups (prejudice), and differential treatment of members of these groups by both individuals and societal institutions (discrimination)” (p. 244).

Racism creates stress because it is a chronic stressor (Rieker, Kramer, & Brown, 1995) and requires constant management. It is ongoing and occurs so frequently in the lives of African Americans that Pierce (1975) describes it as mundane in occurrence and extreme in nature. While these studies have substantiated that racism is, indeed, a source of stress in the African American community, few studies have considered the implications of racism on the mental health functioning of African American mothers (Murry, Brown, Brody, Cutrona, & Simons, 2001).

### *Racism and Mental Health*

Any sustained or chronic levels of stress can compromise mental health functioning (Turner & Kramer, 1995). Lawson, Rodgers-Rose and Rajaram (1999) suggest that racism affects African American women’s health by preventing equal attainment of health care services, and by causing stress-related illnesses which leads to lower mental health functioning. According to Greene (1994) racism affects African American women through their sense of psychological self and purports that African American women’s “psychological reality”, the development of an ethnic identity based upon the simultaneous acceptance and rejection of mainstream cultural influences, impacts psychological functioning via coping mechanisms. An adaptive level of confronting racialized images may result in a positive ethnic identity, while a

maladaptive approach may result in a sustained belief in devaluing messages. Regardless of the coping mechanism enlisted, both yield a unique set of stressors to African American women.

Patricia Hill Collins (1991) contends that racialized images of Black women have affected their sense of self-concept, and ultimately their mental health status as well. These racialized images include the societal stigmas of single Black mothers being welfare mothers, the assumption that Black women possess a “superwoman” quality that discourages Black men from participating in their families, and the “blaming the victim” notion. This notion holds African American mothers accountable for the outcomes of their children, regardless of the impact of racism and discrimination on Black family functioning.

Murry and associates (2001) examined the relationship between racially discriminatory experiences, maternal psychological distress, and family functioning of 383 women in partnered relationships. Results of this study revealed that African American mothers who already faced a conglomerate of maternal stressors were more likely to experience greater distress when encountering higher levels of racial discrimination. Findings from this study suggest the need to consider the potential piling up effect of racism in explaining the links between personal stressors and depression and anxiety of African American mothers.

### *Social Class and Mental Health*

Williams and Williams-Morris (2000) state that racism in its institutional form can “..restrict socioeconomic mobility...adversely affect mental health...and create a feeling of inferiority in African Americans that can lead to impaired psychological

functioning”(p. 243). Despite the well established links among racial and gender disparities in educational attainment, employment opportunities, and household income these findings have not been extended to explanations of psychological functioning of African American women as mothers. This link will be empirically tested in the present study. Because educational attainment, high income, and employment are personal resources, consideration will also be given to the buffering effect of these factors on the link between stressors and psychological functioning. Most studies consider the negative consequences of racism as evidenced by limited opportunity structure and disparities in education, employment and in turn lowered socioeconomic status among African Americans. These studies are summarized below.

#### *Disparities in Social Class Based Upon Race*

Education, employment, and income are the principle factors that define one’s socioeconomic status. Due to the pervasive nature of institutionalized racism, notable disparities exist among these principle factors within the African American community. The U.S. Census Bureau (2001) suggests that African Americans are more likely to be impoverished and have less total wealth than their European American counterparts. African American families are also more likely to be impoverished than European American families: 37 percent of African American children 18 and younger are impoverished as compared to 20 percent nationwide (U.S. Census Bureau, 2001). African American families also have more liability and fewer assets than European American families overall. These statistics, however, do not account for the gender discrepancies in income, employment, and education that affect African American mothers.

### *Disparities in Social Class Based Upon Race and Gender*

African American women are more likely to earn less income and overrepresent the number of unskilled labor positions held by women (Collins, 1991). Single African American mothers are also more likely to be unemployed, to lose their jobs, and to have less job seniority than are single European American mothers (King, 1978). Single African American mothers are likely to be more affected by job loss because their earnings comprise a larger majority of total family income (King, 1978). Hence, African American mothers are more likely to be heads of households, and bear the financial responsibility for their families (U. S. Census Bureau, 2001). While the socioeconomic status of African American women as mothers has been clearly studied and presented, the relationship between socioeconomic status and mental health among this population remain confounded.

*Directional influences between social class and mental health.* Quantitative research studies examining the directional influence between social class and mental health are inconclusive. Jayakody and Stauffer (2000) report that members of lower socioeconomic status (SES) are over twice as likely to have mental health problems than members of higher SES. A plausible explanation offered for this phenomena purports mental illness as a “social selector” that places people in lower SES strata (Jayakody & Stauffer, 2000). A second hypothesis, however, states that lower SES impairs healthy psychological functioning (Jayakody & Stauffer, 2000). This hypothesis contends that stressors associated with poverty, inadequate housing, and poor neighborhood conditions may lead to psychological distress. Neither of these hypotheses, however, speaks specifically to the impact of socioeconomic status on the psychological functioning of

African American mothers. In efforts to contextualize African American maternal functioning as it relates to race, sex, and social class, the Black Feminist Thought Perspective is utilized.

*Black Feminist Thought perspective.* A review of the impact of social class in the lives of African American women is not complete without explicating the ontogeny of such stressors through the vein of the Black Feminist Thought perspective. While the conceptualization of race, class and gender held by Black Feminists is not novel to the field of family science, quantitative research has traditionally isolated these variables in efforts to more clearly understand mental health correlates. The argument over the directional influences between social class exemplifies this isolation of variables; quantitative scientists theorize that this group of factors either impacts mental health or that mental health impacts these factors, with little to no consideration placed upon societal influences or origin.

Proponents of Black Feminist Thought state that race, social class, and gender are inseparable oppressors and further clarifies how they are imminent and overwhelming stressors in the lives of Black women (Collins, 1991). Deborah King (1978) conceptualizes these oppressors as a “multiple jeopardy” to Black women’s lives. King (1978) acknowledges that Black women are not able to isolate their individual oppressions of race, sex, and class; hence, the concept “multiple jeopardy”, rather than triple or double jeopardy, best signifies the interdependent and interactive systems that form a conglomerate of oppression for Black women. King further purports that this multiple jeopardy explains the disparities in income, employment, education, and housing opportunities made available to Black women. Though not empirically tested, these

associates would agree that these interlocking oppressors of race, sex, and social class impact mental health vis a vis the impermeable access to equal education, employment and income.

### *Employment Status and Mental Health*

While studies examining the prevalence of mental disorder by SES vary in conceptualization and causality, one factor of socioeconomic status has been clearly delineated in mental health literature: employment status. Based on Murphy and Anthanasou (1999) extensive review of this body of research, they concluded that loss of employment increases psychological distress (Murphy & Anthanasou, 1999). These associates also agree that while the body of literature supporting this relationship is well-documented, most studies do not control for personality differences that may be linked to firing or hiring practices (Murphy & Anthanasou, 1999). For example, in a study where baseline depression was held constant, the results were still the same. Participants were typically more depressed when they were unemployed, and less depressed when they were employed or re-employed.

McLoyd and associates (1994) discovered that their sample of single African American mothers were also more likely to report depressive symptoms when they were chronically unemployed rather than when work had been interrupted temporarily. A number of studies examining the impact of employment on mental health functioning of African American mothers utilize samples of mothers on welfare. In a study conducted by Jackson and colleagues (1998) single African American mothers currently or previously on welfare were studied to examine the effects of depressive symptomatology, parental stress, and social support on maternal discipline practices. Results relevant to

this literature review suggest that employment not only aided African American mothers' psychological well-being, but also impacted the way in which they disciplined their children. Jackson and associates explain this difference in psychological well-being based upon employment status as a correlate of access to income, such that, African American mothers that were employed were more likely to have greater access to income. This reliable source of income can contribute to financial household responsibilities and thus relieve the burden and stressors of household management.

Another important factor highlighted in Murphy and Athanasou's (1999) review indicates that the status of the local labor market, based upon contextual and environmental influences, may impact psychological functioning as well. That is, losing employment may not be as stressful or detrimental to mental health functioning if the job market is plentiful. A host of researchers have previously supported the notion that institutional racism restricts access and opportunity to equal employment and creates disparities within the employment market for African Americans, particularly African American women (Williams & Williams-Morris, 2000). Consequently, African American women must endure the inequalities of being a double minority in the job market.

Finally, while most studies indicate the link between employment and mental health as unidirectional, Jayakody and Stauffer (2000) highlight how women's level of functioning, particularly the psychological functioning of women receiving welfare benefits, may impair them from being employable. Jayakody and Stauffer (2000) suggest that researchers are seemingly hesitant to emphasize the mental health functioning of welfare recipients, but are increasingly hesitant to do so for fear of blaming the victim. However, these associates also concede that acknowledging mental health functioning as

a barrier does not negate nor overshadow the potential effects of environmental and societal factors on mental health functioning.

*Buffers To Contextual And Personal Stressors: Social Support*

*Buffering hypothesis.* The buffering hypothesis suggests that social support functions as a moderator between stressful life events and psychological functioning (Lin, Dean, & Ensel, 1986; Thoits, 1982). The direct effect of stressors on psychological functioning therefore varies with the availability of social support (Lin et al., 1986). People for whom sufficient support is available are likely to adopt better coping skills and report higher levels of psychological functioning, whereas those with less social support are likely to experience lower levels of psychological functioning (Thoits, 1982).

*Process of social support.* Research linking stressor pileup to psychological functioning indicates a negative correlation between stress and psychological distress (Lin et al, 1986). Frequent stressful events, including both episodic and chronic stressors, result in lower levels of psychological functioning; specifically, people who are highly stressed are more likely to be depressed and anxious, and to have low self-esteem (Lin et al., 1986). Social support functions as a buffer between existing stressors and psychological functioning because it serves as a resource upon which a person can draw during stressful times to alleviate the stress. Alleviation of stress enhances one's coping abilities and decreases the chances of psychological distress (Lin et al., 1986).

*Social support and African American families.* Social support is a particularly salient protective factor in African American families because strong extended family networks serve as culturally based influences that buffer the direct and indirect effects of stressful life events on family functioning (Murry et al., 2001b). Furthermore, the

composition of such networks is not limited to biological family members, but rather represent a network of fictive kin with flexible membership and roles (Dillworth-Anderson et al., 1993). That is, a member of one family network may also be apart of another intricate network of biological or fictive kin (Dillworth-Anderson, 1992). These extended networks are commonly used for a variety of purposes including, but not limited to, childcare, care for the elderly, emotional assistance, and intergenerational residence sharing (Dillworth-Anderson, 1992). Documented research supports resource exchange among contemporary African American families as a link to the sharing traditions of post-slavery African American families (Dillworth-Anderson, 1992).

*Social support and African American maternal mental health.* A plethora of research has linked African American mothers to social support systems. Research supports that women tend to maintain contact with kin more than men, and receive more assistance as well (Walker, 1999). African American women, particularly African American mothers tend to live closer to other kin than their European American counterparts (Walker, 1999). Hence, African American mothers are more likely to rely on extended family for childcare, emotional support, and occasional financial support (McLoyd, 1990). These sources of support help, not only to alleviate economic stressors and role strain that single African American mothers face, but also to establish an environment rich in highly valued resources through which the buffering effect of social support operates. In fact, a plethora of studies have shown that social support lessens the burden of childcare (Jackson, 1998) and financial obligations (1998), decreases the incidence of depression (McLoyd, 1990), and encourages more positive interactions between African American mothers and their children (R. D. Taylor, Roberts, &

Jacobson, 1997). Mothers who have a supportive social network are more likely to experience better psychological functioning (Jackson, 1998), less likely to report role strain (Lewis, 1988), and less likely to report depressive symptoms than are mothers for whom less social support is available.

*Inconsistencies in the social support literature.* Researchers consistently characterize social support interactions with friends and family as beneficial (Rook, 1984). Social exchange theorists, however, state that social interaction involves both costs and benefits (Rook, 1984). The same relationship that garners support for the individual in need may also bring aggravation, invasion of privacy, and other problematic issues (Rook, 1984). The buffering hypothesis does not account for troublesome relationships that may be defined as supportive. If effective social support enhances coping and reduces distress, aversive social support is likely to exacerbate existing stressors and induce psychological distress (Rook, 1984).

*Cost of helping.* Research studies on social support in single-mother-headed African American families provide evidence for this emerging concept. Studies linking socioeconomic status to the utilization of social support suggested that pregnant and postpartum African American single mothers living in lower socioeconomic conditions were less likely to use social support than were their counterparts with higher socioeconomic status (Miller-Lancar, Erwin, Landry, Smith, & Swank, 1998). Miller-Lancar and associates (1998) hypothesized that single mothers were reluctant to utilize social support because of the “cost of helping” (see also Belle, 1982), which refers to a helper’s expectation that support will be reciprocated. They stated that limited resources, specifically among single African American mothers, reduced their willingness to accept

social support because of their inability to reciprocate. Single African American mothers in this study were also more aggravated with their social support networks. Miller-Lancar et al. (1998) predicted that neighborhood risk, specifically in the densely populated housing projects in which the mothers lived, created more stressful living conditions, which in turn aggravated the mothers and made them less willing to seek support from nearby sources.

*Social support as an interference.* Despite its documented benefits, social support also has been associated with family conflict, maternal depression, and parenting stress among single African American mothers (Murry et al., 2001b). Some studies indicate that mothers who receive unwarranted social support that interferes with their parenting practices are more stressed and have lower levels of psychological functioning than mothers who receive social support that is welcomed and does not interfere with their parenting practices (Jackson, 1998; Lewis, 1998). Rhodes, Ebert, and Myers (1994) linked social support and relationship problems to psychological functioning among young African American single mothers. They found that relationships in which the support provider was “intrusive, critical, and caused conflict” negatively affected the mothers’ psychological well-being. Studies examining social support among African American adolescent mothers indicated that many mothers were aggravated by social support from their family members because they viewed it as interference with their child rearing responsibilities (Davis & Rhodes, 1994). David and Rhodes (1994) investigated the conflict between adolescent mothers and their own mothers who shared responsibility for rearing the adolescents’ children. Adolescent mothers felt torn between accepting assistance from their own mothers and establishing their independence. They feared that

their mothers would attempt to “take over” childrearing responsibilities. Adolescent mothers considered financial support to be more desirable than emotional support they received from their mothers (Davis & Rhodes, 1994; Henly, 1997). Intergenerational studies on the effects of grandmother residency in single African American mothers’ homes concur with findings from studies of adolescent mothers. Adult single African American mothers who share household and childrearing responsibilities with their mothers reported feeling aggravated and incompetent as parents (Jackson, 1998).

In summary, the purpose of this proposed study is to highlight personal and social contextual factors that impact the psychological functioning of African American mothers. Special attention will be given to variance in psychological functioning as a function of social support and other personal maternal resources.

As noted in Chapter 1, three hypotheses will be tested:

- 1) African American mothers who reside with an intimate partner or grandmother will report less depression and anxiety than mothers rearing children without an additional adult in the household.
- 2) Regardless of family composition, personal stressors will negatively affect African American mothers’ psychological functioning, such that those who are unemployed, experience high role strain, and financial strain will also report an increase in levels of depression and anxiety.
- 3) Personal resources (e.g., high educational attainment, having middle income status, and being employed) and social support network will buffer the negative effect of contextual stressors and personal stressors on maternal psychological functioning.

## CHAPTER 3

### METHODOLOGY

#### *Participants*

Data from the first wave of the Family and Community Health Study (FACHS), a multi-site, two-wave panel study of neighborhood and family effects on health development was used to test the hypotheses proposed in the present study. Participants in this large-scale study of African American children and their caregivers included 897 families, 475 in Iowa and 422 in Georgia. Each family included a child who was 10 or 11 years old when recruited; families with children of this age were chosen for this study because systematic analyses of developmental and family processes among this population are rare (Murry, Brown, Brody, Cutrona, & Simons, 2001).

#### *Sampling Strategy*

Sampling strategies described in this section were adapted from recent studies published by some of the principal investigators (Cutrona et al., 2000; Murry et al., 2001a). A central goal of the original study was to investigate the effects of neighborhood characteristics on the functioning of adults and children (Conger, Cutrona, Simons, & Gibbons, 1995). Families from neighborhoods recruited for this study varied on demographic characteristics to obtain a sample that reflected the diversity of African American families. In selecting neighborhoods from which to draw the sample, characteristics at the level of block group areas (BGAs), which are clusters of blocks within census tracts, were examined. Each census tract typically included four or five BGAs. In constructing BGAs the Census Bureau strives to use naturally occurring

neighborhood boundaries, such as major thoroughfares or rivers, whenever possible. During the 1990 census, BGAs averaged 452 housing units with 1,100 residents. Using the 1990 data, BGAs identified in Iowa and Georgia in African American families made up 10% or more of the population. Families were recruited from 259 BGAs, 144 in Iowa and 115 in Georgia.

In Iowa, block group areas (BGAs) in Waterloo (population 65,000) and Des Moines (population 193,000) that met the FACHS sampling criteria were identified. Families with African American children ages 10 and 11 years were identified through the public schools, which provided rosters of all African American students in grades four through six. In Georgia, BGAs that met the criteria were identified in small towns and a suburban area adjacent to Atlanta; community members who serve as liaisons between University of Georgia researchers and neighborhood residents compiled rosters and other families were randomly selected until the required number of families from each BGA had been recruited. Recruitment rates did not differ significantly across sites (61% in Iowa versus 68% in Georgia).

#### *Interview Procedure*

To enhance rapport and cultural understanding, the principal investigators of this study recruited and hired African American university students and community members to serve as field researchers to collect data from the families. The field researchers received one week of training in the administration of the self-report instruments. Before data collection began, four focus groups in Iowa and four in Georgia examined and critiqued the instruments. Each group was composed of 10 African American families who lived in neighborhoods similar to those from which the study participants were

recruited. They suggested modification of items that they perceived to be culturally insensitive, intrusive, or unclear. After these revisions were incorporated into the instruments, the protocol was pilot tested on eight families from each site. Researchers took extensive notes on the participants' reactions to the questionnaires and offered suggestions for further changes.

The research protocol included a two-part interview administered during two separate sessions. Questionnaires administered during the interviews assessed multiple contextual processes, including family and community factors, associated with psychological well-being, family relationship quality, and development. The measures were administered via computer assisted personal interviews (CAPI), in which questions appeared in sequence on a laptop computer screen and were read aloud to the participant. Both the interviewer and the participant could see the screen. Interviewers entered participants' responses into the computer immediately following each question, using CASES, a special program designed for conducting research interviews.

#### *Description of Family and Community Health Study (FACHS) Sample*

Most (84%) of the primary caregivers included in the FACHS were the children's biological mothers, 6% were fathers, 6% were grandmothers, 3% were foster or adoptive parents, 2% were other relatives, 1% were stepparents, and less than 1% were non-relatives such as babysitters. Overall, 93% of the primary caregivers were female. Their mean age was 37.1 years ( $SD=8.18$ ) and ranges from 23 to 80 years. Education among participants ranged from less than high school (19%) to advance graduate degrees (3%). The mode was a high school diploma (41%). Of the primary caregivers, 92% identified

themselves as African American. The remaining 8% identified themselves as ethnically mixed or belonging to another ethnic group (Murry et al., 2001a).

### *Sample Description of the Proposed Present Study*

The present study was a secondary analysis of the data from wave 1 of the Family and Community Health Study (FACHS). A subsample of the FACHS sample was selected based upon the following criteria: participants were biological mothers, primary caregivers, and lived alone or co-resided with husbands, intimate partners, or grandmothers.

Of the 702 families selected for the subsample, 354 families were comprised of mothers who lived alone with their children; 298 families were comprised of mothers who lived with an intimate partner or husband, with their children; and 50 families were comprised of mothers who lived with co-residing grandmothers, with their children. The mean age of the mothers in the subsample was 35.3 years ( $SD = 5.77$ ), and 73% of them had at least a high school education. The mean per capita income in their households in 1996 was utilized: \$7591 in Georgia ( $SD = \$7361$ ) and \$7253 in Iowa ( $SD = \$5633$ ). Subsample families included had an average of 3 children. Approximately 78% of the sample was employed.

### *Measures*

Each of the measures selected for the proposed study reflected mothers' self-report. These measures assessed role strain, financial strain, racism, socioeconomic status, social support and maternal psychological functioning.

*Personal stressors* was operationalized as a latent construct measured by two indicators used to assess the financial strain and role strain experienced by mothers.

Social *contextual stressor* was operationalized as racial discrimination experiences.

#### *Personal Stressors*

*Financial strain.* One indicator assessed family financial pressure in “making ends meet”. Two items assessed whether mothers felt their family had enough financial resources to make ends meet (Conger et al., 1995), in terms of difficulty paying their bills (1 = no difficulty at all, 5 = a great deal of difficulty) and having money left over at the end of each month (1 = more than enough money left over, 4 = not enough to make ends meet). Higher scores reflected more difficulty. The two items correlated at .69 (Conger et al., 1995; see Appendix 1).

*Role strain.* Role strain was assessed using the Family/Work Conflict Scale, which was developed for the original study (Conger et al., 1995). Respondents indicated the frequency of conflict experienced between their role in the family and work (e.g., “How often do the demands of your work interfere with your family?”). Response options ranged from 1 (often) to 3 (never). Coefficient alpha for the scale is .67 (Conger et al., 1995; see Appendix 2).

#### *Contextual Stressor*

*Racism.* Racial discrimination was assessed using the Experiences of Discrimination Scale, which was developed for the original study (Conger et al., 1995). Respondents indicated how often they experienced 13 types of racial discrimination (e.g., “How often has someone suspected you of doing something wrong just because you are African American?”). Response options ranged from 1 (never) to 4 (several times).

Coefficient alpha for the scale is .93 (Conger et al., 1995; see Appendix 3). Results from descriptive analyses of the data revealed that the distribution of responses to racial discriminatory events was positively skewed. That is, participants more frequently endorsed experiencing fewer racial incidents as an overall sample.

### *Mediating and Moderating Effects*

*Social Support.* Social support was a latent construct measured by the frequency of contact with support network members and the emotional response to the support offered. The Frequency of Contact with Social Network (Conger, Simons, Cutrona, & Gibbons, 1995) measured how often the mothers had contact with members of the support network. One question was posed: “How often do you have contact with close friends, either in person, on the phone, or by writing letters?” This measure also assessed the frequency of contact with friends (1, everyday to 7, I have no close friends) (Conger et al., 1995; see Appendix 4). Results from this measure were used for descriptive purposes only.

The Social Network (+) Scale (Conger et al., 1995) measured the positive emotion experienced by the participant in relation to the support received from a member of the social network. Respondents indicated how they felt about the social network member and/or the support received from that member (e.g., “Closest relative makes you feel loved”, “How much can you depend on closest relative”, etc.). Coefficient alpha for the scale is .75 (Conger et al., 1995; see Appendix 5). Descriptive analyses of the data indicated that the distribution of responses to receiving positive social support was negatively skewed. That is, respondents more frequently endorsed experiences of positive social support received from their network members.

The Social Network (-) Scale (Conger et al., 1995) measured the negative emotion experienced by the participant in relation to the support received from a member of the social network. Respondents indicated the frequency of conflict they experience with the network member (e.g., “How much conflict with closest relative?”) and the frequency of demands received from the network member (e.g., “Closest relative makes too many demands”). Responses for frequency of conflict range from 1 (A lot) to 3 (Not at all), and responses for frequency of demands range from 1 (Often) to 3 (Never). Coefficient alpha for the scale is .63 (Conger et al., 1995; see Appendix 6). Descriptive analyses of the data indicated that the distribution of responses to receiving negative social support was negatively skewed. That is, respondents more frequently endorsed experiences of negative social support received from their network members.

An examination of inter-item correlations in both Positive and Negative Social Support measures indicated a negative correlation between the first item regarding quality of co-caregiver support, (“How much does co-caregiver make you feel appreciated, loved, or cared for?” and “How much conflict, tension, or disagreement, do you feel there is between you and co-caregiver?”, respectively) and the remaining items. Reliability analyses revealed that deleting this item from each of the support measures would increase Cronbach’s alpha from .65 to .75 for Positive Social Support items, and .34 to .63 for Negative Social Support items. For the purpose of analyses, questions detailing co-caregiver support quality were deleted.

*Socioeconomic status.* Three manifest variables were selected to ascertain the respondents’ socioeconomic status, evidenced by employment status, income, and educational attainment (see Appendix 7). Response options for employment status ranged

from 0 (employed by others; part time or full time) to 12 (full time homemaker). For the purpose of this study, I coded these options into two categories: “employed”, for participants that are employed part time, full time, or self-employed and “unemployed”, for participants that are either temporarily laid off, disabled, retired, or full time homemakers. Response options for educational attainment range from 0 (Kindergarten, no grade completed) to 20 (PhD, JD, DDS, MD, DVM, etc.). Finally, to assess household income, participants were asked to select one of several income categories that ranged from 0 to 100k.

### *Dependent Variable*

*Maternal psychological functioning.* Maternal psychological functioning was assessed using two subscales from the Mini-Mood and Anxiety Symptom Questionnaire (Mini-MASQ; Clark & Watson, 1997). The five-item General Distress-Depression subscale assessed non-specific depressive symptoms, and the three-item General Distress-Anxiety subscale assessed non-specific anxiety related symptoms. Cronbach’s alpha was .80 for the Depression subscale and .85 for the Anxiety subscale (Conger et al., 1995; see Appendix 8).

### *Data Analyses*

A secondary data analysis was conducted to report the results of the measures administered. I selected a secondary data analysis due to the strength of the results reported in previous studies involving the original data set, and to further explore additional factors or variables relevant to my proposed study. These variables included personal and contextual stressors, social support, and maternal psychological functioning.

An initial test was conducted to determine whether there are any site differences on the selected study variable. No site differences were found and continued analyses were conducted with the sites combined.

Testing Proposed Hypotheses:

1. African American mothers who reside with an intimate partner or grandmother will report less depression and anxiety than mothers rearing children without an additional adult in the household. This hypothesis was tested using an Analysis of variance (ANOVA) in which three groups will be developed based on family composition and differences by group on each of the dependent variables will be observed.
2. Regardless of family composition, personal stressors will negatively affect African American mothers' psychological functioning, such that those who are unemployed, experience high role strain, and financial strain will also report an increase in levels of depression and anxiety. To test this hypothesis Pearson r was conducted.
3. Personal resources (e.g., high educational attainment, having middle income status, and being employed) and social support network will buffer the negative effect of contextual stressors and personal stressors on maternal psychological functioning. To test this hypothesis separate hierarchical multiple regression models where variables were entered hierarchically into the model in the following order: (1) personal stressors, (2) racism, (3) social support, (4) personal resources; and (4) the interaction between personal stressors and personal resources, (5) the interaction between personal stressors and social support, (6)

the interaction between racism and personal resources, and (7) the interaction between racism and social support.

Partial Fs were used to determine whether the last variable entered into the model contributed significantly beyond the variables entered previously.

## CHAPTER 4

### RESULTS

This chapter highlights the major findings related to each hypothesis and specifies the extent to which the proposed hypotheses were supported. It is important to note that the terms “family type,” “family structure,” and “family composition” are used interchangeably to describe the living arrangements of mothers who participated in this study. Other terms used to specify these arrangements include indicating whether the mothers were living alone, living with an intimate partner or husband, or having a grandmother living with them at the time of data collection. Selected analytical procedures include the use of Pearson product moment correlations to examine the bivariate relationship of mothers’ reports of anxious and depressive symptoms with selected study variables comprising the major three constructs framing the present study, including personal stressors, social contextual stressor, and social support. General linear modeling was used to examine group differences among study variables by family structure. That is, differences in reported role strain, financial strain, racism, social support, personal resources (e.g., education level, employment status, and per capita income) and psychological functioning (e.g., anxiety and depressive symptoms) were examined for mothers who lived alone, mothers who lived with a husband and/or partner, and mothers who lived with co-residing grandmothers. Finally, hierarchical regression analysis was used to identify factors that significantly predict depressive and anxious

symptomatology among mothers who live alone, mothers with partners, and mothers with co-residing grandmothers.

### *Descriptive Statistics*

The sample for the present study was selected from a larger study of 897 African American families participating in the Family and Community Health Study (FACHS) (Conger et al., 1995). A subsample of the FACHS sample was selected based upon the following criteria: biological mothers who were primary caregivers, either lived alone or co-resided with husbands, intimate partners, or grandmothers. Table 1 presents descriptive data on the study sample. Of the 702 mothers included, 50.4% ( $n = 354$ ) lived alone, 42.5% ( $n = 298$ ) were residing with a husband or with an intimate partner in a married-like relationship, and 7.1% ( $n = 50$ ) were co-residing with their own mother or the grandmother of the target child. Those in partnered relationships reported having been in that relationship, on average, 10.7 years. Across the three family types, the mothers were, on average, age 35.3 years and reported having, on average, 2.5 children residing in the home. Indicators of socioeconomic status, measured in terms of education level, employment status, and per capita income, reflect the following: most of the mothers had completed high school (69.8%), further 71.4% were employed, and average per capita income was \$7,535.57. Per capita income was calculated by dividing family annual income by the number of family members residing in the household.

Table 1

*Descriptive Statistics of Sample Demographic Characteristics for Mother's Report*

	<i>M</i>	<i>SD</i>	<i>Range</i>
Age (years)	35.3	5.77	24-60
Education <sup>a</sup>	2.11	.855	1-4
Employment Status <sup>b</sup>	.75	.855	0-1
Per Capita Income	\$7536	\$6349	\$21-\$60,788
Partnered (years in relationship)	10.7	4.61	2-25
Number of children in home	2.49	1.35	1-8
Family Composition	%		
Solo	50.4		
Partnered	42.5		
Co-residing Grandmother	7.1		

Note. <sup>a</sup>: 1 = less than highschool, 2 = highschool, 3 = highschool + post-secondary, 4 = college or better

<sup>b</sup>: 1 = employed, 0 = unemployed

*Mean Comparison of Study Variables*

Results of mean comparison of the selected study variables are presented in Table 2. Responses for role strain and financial strain were recoded such that higher scores reflect greater degree or frequency of role strain and financial strain. In terms of role strain, mothers responded, on average, that they “often” experienced role strain ( $M = 3.21$ ,  $SD = 1.12$ ) and that they experienced “a great deal of difficulty” with meeting financial obligations ( $M = 5.65$ ,  $SD = 2.06$ ).

An examination of mothers' reports of racial discriminatory experiences revealed a range in composite responses from 13 to 52. On a scale of 1 to 4 ("1" = never, "2" = once or twice, "3" = a few times, "4" = several times), these composite scores indicate that, overall, mothers' experiences of the 13 events varied widely, from "never" occurring to occurring "several times" ( $M = 27.61$ ,  $SD = 9.67$ ). Closer consideration of the distribution of racial discriminatory incidents experienced by the mothers revealed extreme endorsements. For example, approximately half of the mothers (49.6%) reported that someone had said something insulting to them at least a few times because they were African American, yet 66.3% of the sample reported that they had infrequently or never experienced racial slurs. Approximately 90% of mothers indicated that the police had never hassled them because they were African American, whereas, nearly half of the sample (49.9%) indicated that they had been treated with disrespect by a sales associate or store owner because they were African American. Approximately one-fourth of the mothers (25.5%) reported being excluded from an activity because they were African American and many reported that their friends and family members had been discriminated against because they were African American. Specifically, approximately 54% reported that their friends had been treated unfairly due to their race, and 50.5% reported the same discriminatory incident had occurred against their family members.

Table 2

*Means, Standard Deviations, and Ranges of All Study Variables*

	<i>M</i>	<i>SD</i>	<i>Range</i>
Stressors			
Role Strain <sup>a</sup>	3.21	1.12	2-6
Financial Strain <sup>b</sup>	5.65	2.06	1-10
Racism	27.61	9.67	13-52
Social Support Network			
Frequency of Contact	5.87	1.22	1-7
Positive Social Support	18.45	4.75	3-26
Negative Social Support	11.89	3.26	2-18
Psychological Functioning			
Anxiety	4.34	1.40	3-9
Depression	6.47	1.84	4-15

Note. <sup>a</sup>: 1 = often, 2 = sometimes, 3 = never

<sup>b</sup>: 1 = A great deal of difficulty, 2 = Quite a bit of difficulty, 3 = Some difficulty, 4 = A little difficulty,

5 = No difficulty at all

Descriptive data on social support, measured in terms of the frequency of contact with the support network and mothers' perception of quality of social support (positive and negative) received from their network, was examined. Frequency of contact ranged from 1, having "no close friends" to contact in the network to 7, contacting network members "every day". Mothers reported, on average, being in contact with their network more than once a day ( $M = 5.87$ ,  $SD = 1.22$ ). To further understand the nature of these contact, distributions of the frequency of contact during the course of a week were examined. Based on these data, approximately 84% of mothers reported contacting

members of their support network at least once a week, with 41.8% reporting that this contact occurred every day. To understand the nature and quality of these contacts, mother's perception of whether their social support network was positive and negative was examined. To develop a more comprehensive view of the mothers' network quality, mothers were asked about the quality of support, level of dependability and level of demands made from their relatives and best friend. Questions detailing emotional support or conflict experienced from co-caregiver (e.g. "How much does (fill in co-caregiver name) make you feel appreciated, loved, or cared for?" and "How much conflict, tension, or disagreement do you feel there is between you and (cocaregiver's name)?" respectively) were deleted in efforts to increase Cronbach alpha (see Methods section). Results revealed that ninety-seven percent of mothers reported that their closest relative made them feel loved and appreciated. In contrast, approximately 94% (93.8%) of the mothers reported the presence of tension between themselves and their closet relative. Ninety-nine percent of mothers reported that their best friends made them feel loved and appreciated and a similar number of mothers (97%) also described their best friends support as creating tension in this relationship.

In terms of further clarifying the quality of social support network, mothers appeared to have extremely dependable relationships with all three primary members of their network, and stated that they could definitely depend on these network members (co-caregiver, 99.4% of the time; relative, 95.3% of the time; best friend, 97.6% of the time). On the other hand, mothers reported slightly greater demands from their best friends (95.6%) than demands from their co-caregivers (90%), or closest relatives (89.9%).

In summary, based on the descriptive statistics presented, approximately half of the African American mothers participating in the present study were rearing children solo with the remaining half either rearing children with an intimate partner or their own mother. Regardless of family composition, mothers included in the present study were experiencing an accumulation of stressors emerging from role strain, financial strain, as well as racial discriminatory experiences. At the same time, they had a strong social support network that provided both positive and negative assistance, but in general, friends, co-caregiver, and closest relative were perceived to be affectionate and dependable.

*Hypothesis 1: Comparison of Mothers' Psychological Functioning*

*Hypothesis 1: African American mothers who reside with an intimate partner or grandmother will report less depression and anxiety than mothers rearing children without an additional adult in the household.* To test this hypothesis mean comparisons were conducted on mothers' reports of anxiety and depressive symptoms by family composition. Results are presented in Table 3. Due to unequal group sizes (solo mothers,  $n = 354$ ; partnered mothers,  $n = 298$ ; mother-grandmother dyads,  $n = 50$ ) general linear modeling was used rather than ANOVA to compare mean differences of psychological functioning by family type. Results indicated significant group differences among the study sample for both anxious ( $F_{2, 699} = 6.01, p = .003$ ) and depressive ( $F_{2, 699} = 6.59, p = .001$ ) symptomatology. To ascertain where group differences occurred, Bonferroni comparison tests were executed. Results from post hoc analyses revealed that solo mothers and mothers in partnered relationships differed significantly in reports of anxious and depressive symptoms ( $t = 3.56, p = .000$  and  $t = 3.431, p = .001$ ,

respectively). It is important to note that these mothers, in general, were performing well psychologically, as reflected in the reported mean scores included in Table 3. Evidence, however, suggest that these three groups of mothers were functioning differentially with regards to depression and anxiety. Of the three groups, solo mothers reported more symptoms of depression and anxiety than mothers with partners. However, mothers co-residing with grandmothers' psychological functioning did not differ from their counterparts rearing children alone or from mothers in partnered relationships in terms of psychological functioning. Although this hypothesis was not fully supported by these findings, differential reports of psychological functioning observed for solo mothers and partnered mothers, however, lend partial support for Hypothesis 1.

Table 3

*Means and Standard Deviations for Three Family Types and Two Psychological Functioning Variables*

	Solo Mothers ( <i>n</i> = 354)		Mothers With Intimate Partners ( <i>n</i> = 298)		Mothers With Co-residing Grandmothers ( <i>n</i> = 50)		ANOVA Statistics	
Variable	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>F</i>	<i>p</i>
Anxiety	4.53	1.47	4.14	1.28	4.20	1.41	6.59	.001
Depression	6.70	2.03	6.21	1.62	6.34	1.44	6.01	.003

Because of differential psychological functioning observed for solo mothers and mothers in partnered relationship, subsequent analyses were conducted to determine if group differences were also reflected in the other study variables. Results from these analyses are presented in Table 4 and discussed in the following section. Findings revealed group differences among the mothers in reports of per capita income ( $F = 32.19$ ,

$p = .000$ ), education level ( $F = 9.08, p = .000$ ), employment status ( $F = 5.40, p = .005$ ), financial strain ( $F = 12.74, p = .000$ ), each of the social support measures (positive support,  $F = 175.29, p = .000$ ; negative support,  $F = 262.70, p = .000$ ), and frequency of contact with their support network ( $F = 3.22, p = .041$ ). To further examine differences between solo mothers, partnered mothers, and mother-grandmother dyads, Bonferonni comparison tests were executed. Results from post hoc analyses indicated that solo mothers and mothers with partners differed significantly in their reports of education level, employment status, financial strain, and frequency of contact with members of their support network. Solo mothers experienced more financial strain, were less educated, less likely to be employed, and had more frequent contact with members of their support network than mothers living with intimate partners. Also, in comparison, solo mothers and mother-grandmother dyads tended to have less per capita income than partnered mothers. Finally, solo mothers described their social support network as being more positive than mother-grandmother dyads' network, but less positive than partnered mothers' reports of the quality of their social support networks. Results also revealed that when asked about the extent to which they would describe their social support network as negative, solo mothers were less likely to view their support network as negative than did both partnered mothers and mother-grandmother dyad. Also noteworthy is that racism and role strain did not differ among the three groups. Thus, regardless of family composition, mothers' experiences of racial discriminatory events were similar. Given that the groups differed on most of the independent study variables, in addition to differential reports of psychological functioning, separate analyses were conducted to test the remaining hypotheses and results are presented in the following sections.

Table 4

*Analysis of Variance Summary for Study Variables and Descriptive Variables by Family Type*

Variable	Solo Mothers ( <i>n</i> = 354)		Mothers With Intimate Partners ( <i>n</i> = 298)		Mothers With Co- residing Grandmothers ( <i>n</i> = 50)		ANOVA Statistics	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>F</i>	<i>p</i>
Age	34.9	6.0	36.1	5.5	33.6	4.9		
Per Capita Income	5676	5789	9697	6912	6004	4080	35.37	.000
Education Level	2.0	.835	2.28	.87	2.0	.80	9.08	.000
Employment Status	.69	.46	.82	.39	.79	.41	6.87	.001
Financial Strain	6.03	2.05	5.2	2.0	5.5	1.9	12.74	.000
Role Strain	3.2	1.2	3.3	1.1	2.9	1.1	1.69	.186
Racism	27.3	9.8	28.1	9.3	27.3	10.3	.51	.603
Frequency of Contact	6.0	1.2	5.7	1.2	5.9	1.2	3.22	.041
Positive Social Support	15.2	3.3	20.3	3.8	20.4	3.6	288.11	.000
Negative Social Support	9.7	2.5	12.4	2.5	12.3	2.4	262.70	.000

*Hypothesis 2: Correlates of Personal and Social Contextual Stressor Variables*

*Hypothesis 2: Regardless of family composition, personal stressors will negatively affect African American mothers' psychological functioning, such that those who are unemployed, experience high role strain, and financial strain will also report an increase in levels of depression and anxiety.* To test this hypothesis, correlations between each of the outcome variables and each independent variable were conducted separately for each of the three groups. Results of these analyses are presented in Tables 5, 6, and 7 (solo-mothers, partnered mothers, and mother-grandmother dyads, respectively). Findings are reported separately by family type beginning with results that emerged for solo mothers, followed by partnered mothers, and then mother-grandmother dyads.

*Solo mothers.* Table 5 presents the correlations of selected study variables with psychological functioning variables for solo mothers. Results of Pearson product moment correlations indicate that employment status was inversely associated with depression ( $r = -.188, p < .01$ ), but was not statistically related with anxiety. Bivariate correlations between personal stressors and the two measures of maternal psychological functioning revealed that role strain and financial strain were significantly and positively correlated with both anxiety ( $r = .250, p < .001$ , and  $r = .237, p < .001$ , respectively) and depression ( $r = .227, p < .001$ , and  $r = .325, p < .001$ , respectively), and in the expected direction. These findings suggest that, for mothers rearing children alone, being unemployed was related to increased reports of depressive symptoms. In addition, mothers who reported increased levels of depression and anxiety were also more likely to report high levels of role strain and financial strain.

Table 5

*Bivariate Correlations of Solo Mother's Report of All Study Variables and Psychological Functioning Outcome Variables*

	Anxiety		Depression	
	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>
<i>Demographic Variables</i>				
Age	-.075	ns	-.102	.058
Education	-.070	ns	-.075	ns
Employment Status	-.027	.615	-.188	.001
Per Capita Income	-.054	ns	-.054	ns
<i>Personal and Social Contextual Stressors</i>				
Financial Strain	.237	.000	.325	.000
Role Strain	.250	.000	.227	.000
Racism	.182	.001	.102	.070
<i>Social Support Network</i>				
Frequency of Contact With Network	-.091	ns	-.090	ns
Positive Social Support	-.146	ns	-.247	.000
Negative Social Support	-.265	.000	-.241	.000

*Mothers with intimate partners.* An examination of variables for partnered mothers in Table 6 revealed similar correlational patterns that were observed for solo

mothers. Specifically, employment was significantly and negatively related with depression but not anxiety ( $r = -.161, p < .01$ ). However, personal stressors, role strain and financial strain, were significantly associated with psychological outcome variables, namely anxiety ( $r = .262, p < .001$ , and  $r = .205, p < .001$ , respectively) and depression ( $r = .134, p < .05$ , and  $r = .298, p < .001$ , respectively). These relationships were in the expected direction. Examination of correlations between employment and psychological functioning revealed that mothers residing with intimate partners, who were unemployed, reported higher levels of depressive symptoms than their counterparts who were employed. In addition, experiencing high demands associated with balancing work and family (e.g. role strain), as well as the demands associated with financial strain also increased the likelihood that these mothers would report increased levels of both anxiety and depressive symptoms.

Table 6

*Bivariate Correlations of Partnered Mother's Report of All Study Variables and Psychological Functioning Outcome Variables*

	Anxiety		Depression	
	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>
<i>Demographic Variables</i>				
Age	-.175	.004	-.039	ns
Education	-.120	.045	-.120	.045
Employment Status	-.030	.619	-.161	.006
Per Capita Income	-.012	ns	-.109	ns
<i>Personal and Social Contextual Stressors</i>				
Financial Strain	.205	.000	.298	.000
Role Strain	.262	.000	.134	.040
Racism	.050	ns	-.198	.001
<i>Social Support Network</i>				
Frequency of Contact With Network	.047	ns	.057	ns
Positive Social Support	-.073	ns	-.198	.001
Negative Social Support	-.074	ns	-.158	.006

*Mothers with co-residing grandmothers.* Results of bivariate correlations of the two psychological functioning variables with the independent variables based on report

of mothers residing with grandmothers are presented in Table 7. As noted in that table, employment status was the only variable emerging as a significant correlate, and it was significantly correlated with mothers' report of depressive symptoms. This pattern suggests that being unemployed was related to increased reports of depressive symptoms ( $r = -.298, p < .05$ ). The strength of this relationship, however, is moderate but stronger than the relationships observed for either the solo-mothers (See Table 6) or mothers in partnered relationships (See Table 5) ( $r = -.188$ , and  $r = -.161$ , respectively).

Table 7

*Bivariate Correlations of Mother With Co-residing Grandmother's Report of All Study Variables and Psychological Functioning Outcome Variables*

	Anxiety		Depression	
	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>
<i>Demographic</i>				
<i>Variables</i>				
Age	.130	Ns	-.021	Ns
Education	-.131	Ns	.037	Ns
Employment Status	-.174	.241	-.298	.042
Per Capita Income	.151	Ns	-.012	ns
<i>Personal and Social</i>				
<i>Contextual Stressors</i>				
Financial Strain	.088	Ns	.092	Ns
Role Strain	-.017	Ns	.230	Ns
Racism	-.117	Ns	-.146	Ns
<i>Social Support</i>				
<i>Network</i>				
Frequency of Contact	.030	Ns	-.062	ns
With Network				
Positive Social	-.246	Ns	-.145	Ns
Support				
Negative Social	-.120	Ns	.011	.006
Support				

Based upon these results, Hypothesis 2 was partially supported. As hypothesized, solo mothers' and partnered mothers' personal stressor and psychological functioning

reports were positively correlated. However, these patterns were not observed for mothers co-residing with grandmothers.

*Hypothesis 3: Factors Influencing Mothers' Psychological Functioning*

*Hypothesis 3: Personal resources (e.g., high educational attainment, having middle income status, and being employed) and social support network will buffer the negative effect of social contextual stressors and personal stressors on maternal psychological functioning.* Tables 8 through 11 presents the parsimonious models that emerged from hierarchical analyses. Each of the models is discussed below separately for each family type and outcome variable. Variables were entered in blocks and ordered from proximal to distal, with the most proximal factors entered first. This method of ordering was used based on the assumption that those factors most salient in mothers' immediate personal environment would have the greatest impact on their psychological functioning. The ordering of the blocks for main effects is as follows: personal resources, Block 1; personal stressors, Block 2; racism, Block 3; positive social support, Block 4, and negative social support, Block 5. Interaction terms were created in efforts to test the moderational effect of personal resources and social support between the independent variables, role strain, financial strain and racism, and the dependent variables, anxiety and depression. Interaction terms were entered in Blocks 6 through 11. Interaction 1, entered in Block 6, was computed by multiplying personal stressors by personal resources: (role strain + financial strain) X (education level + employment status + per capita income). Interaction 2, entered in Block 7, was computed by multiplying personal stressors by positive social support: (role strain + financial strain) X (positive social support). Interaction 3, entered in Block 8, was computed by multiplying personal stressors by

negative social support: (role strain + financial strain) X (education level + employment status + per capita income). Interaction 4, entered in Block 9, was computed by multiplying racism by personal resources: (racism) X (education level + employment status + per capita income). Interaction 5, entered in Block 10, was computed by multiplying racism by positive social support: (racism) X (positive social support). And, interaction 6, entered in Block 11, was computed by multiplying racism by negative social support: (racism) X (negative social support). Where significant interactions occurred, follow-up tests were conducted.

Further, correlation analyses were conducted between positive social support and negative social support to detect the possibility of multicollinearity. Results indicated that positive and negative social support were highly correlated in a positive direction ( $r = .750, p < .001$ ). In the analyses to follow, both variables will be entered in each predictive model. If multicollinearity was detected, positive social support and negative social support were entered in the model individually to identify the unique contribution of each factor to the outcome variables, depressive and anxious symptomatology.

*Predictors of anxiety among solo mothers.* Due to multicollinearity between positive and negative social support predictors for anxious symptomatology of solo mothers, two models were created. Table 8a presents the parsimonious model for each predictor including positive social support, explaining variations in level of anxiety reported by solo-mothers, and Table 8b presents a similar model, but replaces positive social support with negative social support, explaining variance in anxious symptomatology of solo mothers. The results of the model in Table 8a is presented first, followed by change in the

regression model when negative social support replaced positive social support in Table 8b.

Findings resulting from the first model are presented in Table 8a. Personal resources were entered into Block 1; explaining less than 1% of the variance in mothers report of anxiety and demonstrating a trend towards significance ( $R^2 = .006$ ,  $p < .15$ ). The addition of personal stressors entered into Block 2, increased  $R^2$  to .066, reflecting a  ${}^L R^2$  of .063 ( $p < .001$ ). The combination of these two blocks explained 6.6% of the variance in levels of anxiety experienced by solo-mothers. Racism was entered in Block 3 to determine its contribution in explaining mothers' reports of anxiety over and above the predictive capacity of personal resources and personal stressors. The inclusion of racism significantly increased  $R^2$  to .086 ( $p < .01$ ), and predicted 2.3% of the variance in solo mothers' reports of anxiety above and beyond personal resources and stressors ( ${}^L R^2 = .023$ ). Finally, entering negative social support in Block 4 yielded an  $R^2$  of .101 ( $p < .05$ ). The unique contribution of positive social support reflected  ${}^L R^2$  of .018. The combined contribution of these four blocks explained 10.1% of the variance in solo-mothers reports of anxiety. Although interaction terms were entered in the model, none emerged as significant predictors. Substituting negative social support for positive social support in Model 8b explained almost 7% of the variance above and beyond personal resources, personal stressors, and racism ( ${}^L R^2 = .069$ ). The combined contribution of these four blocks in Model 8b explained 15.3% of the variance in solo mothers' reports of anxious symptoms, suggesting that negative social support may be a more salient predictor of solo mothers' anxious symptomatology than positive social support.

Table 8a

*Summary of Hierarchical Regression Analysis for Stressor and Resource Variables Predicting Anxious Symptomatology of Solo Mothers (N = 354)*

Variable	<i>df</i>	<i>F</i>	<i>B</i> at Final Step	<i>R</i> <sup>2</sup>	Adjusted <i>R</i> <sup>2</sup>	<i>R</i> <sup>2</sup> Change	<i>p</i>
<b>Block 1</b>							
Personal	1, 309	2.79	-.119	.009	.006	--	.096
<b>Resources</b>							
Employment							
Education							
Income							
<b>Block 2</b>							
Personal	2, 308	11.98	.225	.072	.066	.063	.000
<b>Stressors</b>							
<b>Block 3</b>							
Racism	3, 307	10.72	.152	.095	.086	.023	.006
<b>Block 4</b>							
Positive Social Support	4, 306	9.75	-.137	.113	.101	.018	.013

Note. Personal Resources: Education + Employment Status + Per Capita Income

Personal Stressors: Role Strain + Financial Strain

Table 8b

*Summary of Hierarchical Regression Analysis for Stressor and Resource Variables Predicting Anxious Symptomatology of Solo Mothers (N = 354)*

Variable	<i>df</i>	<i>F</i>	<i>B</i> at Final Step	<i>R</i> <sup>2</sup>	Adjusted <i>R</i> <sup>2</sup>	<i>R</i> <sup>2</sup> Change	<i>p</i>
Block 1							
Personal	1, 309	2.79	-.089	.009	.006	--	.096
Resources							
Employment							
Education							
Income							
Block 2							
Personal	2, 308	11.98	.221	.072	.066	.063	.000
Stressors							
Block 3							
Racism	3, 307	10.72	.161	.095	.086	.023	.006
Block 4							
Negative Social Support	4, 306	14.99	-.269	.164	.153	.069	.000

Note. Personal Resources: Education + Employment Status + Per Capita Income

Personal Stressors: Role Strain + Financial Strain

*Depressive symptomatology of solo mothers.* Table 9 presents the parsimonious model for predictive factors of solo mothers' depressive symptomatology. Personal resource variables were entered into Block 1; explaining approximately 1% of the variance in mothers' report of depression ( $R^2 = .012$ ,  $p < .05$ ). Entering personal stressors

in Block 2 increased  $R^2$  to .069, reflecting  $^L R^2$  of .060 ( $p < .001$ ). Racism was entered in Block 3 to determine its contribution in explaining reports of depressive symptoms over and above the predictive capacity of demographic characteristics and personal stressors. However, the inclusion of racism provided limited explanatory power, and was removed. Positive social support was then entered in Block 3 and yielded an  $R^2$  of .113, and predicted 4.6% of the variance in depressive reports above and beyond the contributions of personal resources and personal stressors ( $^L R^2 = .046, p < .001$ ). Negative social support was entered in Block 4 and yielded an  $R^2$  of .118;  $^L R^2$  reached approximately 1% ( $^L R^2 = .008, p < .10$ ). The interaction term, testing the combined effect of personal resources and personal stressors on depressive symptoms, was entered into Block 5 and reflected an  $R^2$  of .130, contributing 1.4% of the variance in depressive symptomology reports ( $^L R^2 = .014, p < .05$ ). The total variance explained by the Blocks remaining in the final model explained 13.0% of the variance in solo mothers' reports of depression symptoms. Racism and the remaining interaction terms did not reach levels of significance.

The regression model summarizing predictive factors for solo mothers' depressive symptomatology (see Table 9) revealed a significant interaction between personal resources and personal stressors. To further explicate the patterns observed in the significant interaction in this model, correlational analyses were executed between each of the personal stressor variables, role strain and financial strain, with the psychological functioning variable, depression, as a function of each of the personal resource variables, education level, employment status and per capita income. Results of these analyses are summarized in the next section.

*Employment.* Follow-up analyses indicated that both financial strain and role strain ( $r = .259, p < .001$  and  $r = .229, p = .001$ , respectively) were associated with depressive symptomatology of employed mothers. However, only financial strain was associated with depressive symptoms for unemployed mothers and the strength of that relationship is stronger for these mothers than observed for employed mothers ( $r = .406, p < .001$ ).

*Education.* Follow-up analyses indicated that financial strain was positively and significantly associated with depression for solo mothers who had less than a high school education ( $r = .519, p < .001$ ). However, no significant relationship between role strain and depression existed for this group. Both financial strain and role strain were significant and moderately related to depression among solo mothers who had completed high school ( $r = .268, p < .005$ , and  $r = .289, p < .01$ , respectively). There was a trend towards significance in the relationship between role strain and depression among mothers who had post-secondary training ( $r = .191, p < .15$ ). No additional personal resource variables were associated with depression for mothers who had post-secondary training, with the exclusion of the relationship between financial strain and depression among mothers who were highly educated ( $r = .820, p < .005$ ).

*Income.* Follow-up analyses indicated that both financial strain and role strain ( $r = .409, p < .001$  and  $r = .280, p < .001$ , respectively) were associated with depressive symptomatology for solo mothers whose per capita income was less than \$6201. Of mothers with per capita income greater than \$6201, only role strain was associated with depressive symptoms ( $r = .199, p < .05$ ).

Table 9

*Summary of Hierarchical Regression Analysis for Stressor and Resource Variables Predicting Depressive Symptomatology of Solo Mothers (N = 354)*

Variable	<i>df</i>	<i>F</i>	<i>B</i> at Final Step	<i>R</i> <sup>2</sup>	Adjusted <i>R</i> <sup>2</sup>	<i>R</i> <sup>2</sup> Change	<i>p</i>
Block 1							
Personal	1, 344	5.08	.302	.015	.012	--	.025
Resources							
Employment							
Education							
Income							
Block 2							
Personal	2, 308	11.04	.632	.075	.069	.060	.000
Stressors							
Block 3							
Positive Social	4, 306	10.92	-.229	.121	.113	.046	.000
Support							
Block 4							
Negative Social	4, 341	12.58	.066	.129	.118	.008	.076
Support							
Block 5							
Interaction 1	5, 305	-.675	-.675	.143	.130	.014	.018

Note. Interaction 1: Personal Resources (x) Personal Stressors

Personal Resources: Education + Employment Status + Per Capita Income

Personal Stressors: Role Strain + Financial Strain

*Anxious symptomatology of mothers with intimate partners.* Table 10 presents the results of the parsimonious model indicating those factors with predictive validity of

partnered mothers' anxious symptomatology. Personal stressors were entered in Block 1; explaining 5.4% of the variance in partnered mothers' anxious symptomatology ( $R^2 = .054$ ,  $p < .001$ ). Positive social support was entered in Block 2 and increased  $R^2$  to .059. The contribution of positive social support above and beyond personal stressors was negligible ( $\Delta R^2 = .008$ ,  $p < .15$ ). Thus, personal stressors was the only Block remaining in the final model, contributing 5.4% of the total variance in partnered mothers' reports of anxious symptomatology. Personal resources, racism, negative social support, nor the interaction terms emerged as significant predictors for anxious symptomatology of partnered mothers.

Table 10

*Summary of Hierarchical Regression Analysis for Stressor and Resource Variables Predicting Anxious Symptomatology of Mothers With Intimate Partners (N = 354)*

Variable	df	F	B at Final Step	$R^2$	Adjusted $R^2$	$R^2$ Change	p
Block 1							
Personal Stressors	1, 265	16.20	.231	.058	.054	--	.000
Block 2							
Positive Social Support	2, 264	9.28	-.090	.066	.059	.008	.133

Note. Personal Stressors: Role Strain + Financial Strain

*Depressive symptomatology of mothers with intimate partners.* Table 11 presents the parsimonious model for predictors of partnered mothers' depressive symptomatology. Personal resources were entered into Block 1, reflected a trend towards significance, and explained 1.3% of the variance of partnered mothers' depressive symptomatology ( $R^2 =$

.013,  $p < .05$ ). Personal stressors were entered in Block 2 and  $R^2$  increased to .058 ( $p < .001$ ). Personal stressors significantly predicted 4.8% of the variance in anxious symptomatology above and beyond the contributions of personal resources. Positive social support was entered into Block 3, yielded an  $R^2$  of .086 ( $p < .005$ ), and accounted for 3.1% of the variance explained above and beyond personal resources and personal stressors. The combined contribution of the three blocks predicted 8.6% of the variance in partnered mothers' reports of depressive symptomatology. The social contextual stressor, racism, negative social support, nor the interaction effects reached levels of significance.

Table 11

*Summary of Hierarchical Regression Analysis for Stressor and Resource Variables Predicting Depressive Symptomatology of Mothers With Intimate Partners (N = 298)*

Variable	<i>df</i>	<i>F</i>	<i>B</i> at Final Step	$R^2$	Adjusted $R^2$	$R^2$ Change	<i>p</i>
Block 1							
Personal	1, 265	4.54	-.091	.017	.013	--	.034
Resources							
Employment							
Education							
Income							
Block 2							
Personal Stressors	2, 264	9.17	.200	.065	.058	.048	.000
Block 3							
Positive Social Support	3, 263	9.36	-.184	.096	.086	.031	.003

Note. Personal Resources: Education + Employment Status + Per Capita Income

Personal Stressors: Role Strain + Financial Strain

*Anxious and depressive symptomatology of mothers with co-residing grandmothers.*

None of the variables introduced to explain the variance in anxiety symptoms reached significance. The p-values ranged from .40 to 1.00. Similar patterns were observed in the model testing the predictive utility of each Block in explaining variations in mother's depressive symptomatology, such that none of the variables introduced to explain the variance in depressive symptoms reached significance. The p-values ranged from .30 to .95.

Hypothesis 3 was partially supported. The impact of role strain and financial strain on depressive symptomatology of solo mothers was moderated by personal resources, specifically, education level, employment status, and per capita income, such that solo mothers who were employed, educated and earned per capita income above \$6202 could rely upon these resources as protective factors to existing personal stressors. However, racism and the remaining interaction variables (personal resources combined with positive or negative social support; racism combined with personal resources; racism combined with positive or negative social support) did not emerge as significant predictors for the anxious symptomatology of solo mothers.

## CHAPTER 5

### DISCUSSION AND CONCLUSIONS

The present study investigated the linkages among personal resources, personal and social contextual stressors, social support and psychological functioning among African American mothers who were living alone, living with intimate partners or spouses, and living with co-residing grandmothers. In general, this study extends research on mental health functioning of African American mothers in several ways. Namely, this study suggests that the link between household composition and mental health may not be as salient as previously considered (Belle, 1980; Jayakody & Stauffer, 2000), and that differential patterns of psychological functioning may exist as a function of partnership status. Rather than linking the presence of an additional adult in the home as a correlate of African American maternal psychological functioning, evidence from this study suggests that greater consideration needs to be given to identifying not only who the additional adult is that co-resides with mothers but also the quality of relationship between the two adults. Specifically, qualifying whom the adult is that lives with African American mothers, and whether the individual's presence is perceived as that of co-caregiver, or, another familial responsibility by mothers may be necessary in future studies to more clearly delineate the impact of additional adults in the home. Further, the present study demonstrates that African American women in partnered relationships experience significantly fewer symptoms of psychological distress than solo mothers, as evinced by the Mini Mood Anxiety and Depression Inventory. Results of this assessment are counter to data presented in mainstream literature regarding psychological

functioning and partnership status that suggests that women are more likely to be depressed when in married partnerships than when single (Fowers, 1991; Steil, 1997). Specifically, the data revealed in the present study suggests that African American mothers who were in partnered relationships tended to demonstrate fewer symptoms of depression than African American mothers rearing children alone. These results evince the need to better understand African American partnerships. For example, more thought should be given to the shared cultural context of African Americans in partnered relationships, specifically how the experiences of racism and discrimination may serve as cultural commonalities further rendering African American partnerships unique from those of European American partnerships.

Secondly, this study extends the field of research in African American maternal mental health by considering the impact of personal and social contextual stressors in the lives of African American mothers rearing children alone, rearing children with intimate partners, and rearing children with co-residing grandmothers. Results for the present study suggests that factors such as role strain and financial strain are not unique stressors to mothers rearing children alone as previously assumed, but rather impacts the lives of African American mothers rearing children with the assistance of an intimate partner. Although most studies would contend that most mothers experience role strain, the challenge associated with rearing children in the context of financial distress is often linked with single-mother households. A noteworthy finding in the present study was that racism, a social contextual stressor that impacts the lives of African Americans in general, was only salient in predicting the mental health of solo African American mothers. On the other hand, results from univariate distribution of actual reports of racial

discriminatory experiences revealed that most of the women had encountered these events. However, these experiences had greater impact on the mental health of women rearing children without an additional adult. Moreover, these findings suggest that the heightened stress associated with rearing children alone increase these mothers vulnerability to the additive effect of racism and that in turn compromises their psychological functioning. Finally, this study extends our understanding of the differential benefits of social support in the lives of African American women as mothers. Evidence from this study suggests that social support that is perceived as loving and caring significantly impacts the mental health of solo and partnered mothers, while support that is viewed as causing conflict and distress had greater effect on the mental health functioning of solo mothers only. These results provide support for prior studies suggesting the need to disentangle the effect of social support rather than assume that it serves as a protective factor in families. For example, Rhodes, Ebert, and Myers (1994) contend that the costs of social support become clearer as mothers receive assistance that is intrusive, critical or causing conflict. This type of social support, in turn, negatively affected mothers' psychological functioning. The dual nature of support networks is salient among the solo mothers in the present study as well.

In efforts to more clearly understand *how* and *why* each factor impacted the psychological functioning of mothers in this sample study, the discussion of the study findings is organized by each construct framing the present study and proposed heuristic model (see Figure 1). Specifically, links among African American maternal psychological health, personal stressors, social contextual stressor, social support, and personal resources are discussed and grounded in larger bodies of research. It is important

to mention, however, that because significant predictive models for mother-grandmother dyads did not emerge, the discussion will focus primarily on solo mothers and partnered mothers. However, a special section is reserved for the discussion of plausible explanations for patterns observed for mothers with co-residing grandmothers.

### *Commonalities Across Family Types*

While a primary goal of the present study was to understand more clearly the differences in functioning among African American mothers, initial steps were undertaken to describe their overall psychological functioning with specific emphasis on commonality among the three groups. In general, the mothers in this study were well-functioning. None of the mothers sampled reported levels of anxious or depressive symptomatology that indicated a need for further clinical intervention ( $M > 16$ ). That is, in comparison to a psychological functioning assessment that is scored similarly, the Center for Epidemiological Studies of Depression (CES-D) measure, the means of the mothers sampled did not reach levels of clinical depression ( $M = 6.70$ ,  $SD = 2.03$ , solo mothers;  $M = 6.21$ ,  $SD = 1.62$ , partnered mothers;  $M = 6.34$ ,  $SD = 1.44$ , mother-grandmother dyads) or anxiety ( $M = 4.53$ ,  $SD = 1.47$ , solo mothers;  $M = 4.14$ , and  $SD = 1.28$ , partnered mothers;  $M = 4.20$ ,  $SD = 1.41$ , mother-grandmother dyads).

In terms of depression, African American mothers who were unemployed tended to experience more symptoms of depression as they were unemployed. These results support the work of Murphy and Anthanasou (1999) that suggests that loss of employment increases psychological distress. And, while most studies examining links between African American maternal mental health and employment focus on single mothers and/or welfare mothers, results from those studies are applicable to this study as

well. Namely, Jackson and colleagues (1998) reported that unemployment impacts psychological functioning via restricted access to income. That is, a reliable source of income can contribute to financial household responsibilities and thus relieve the burden and stressors of household management.

Similarly, while the depressive symptomatology of African American mothers tended to increase as mothers were unemployed, no relationship existed between anxious symptomatology and employment for these mothers. Several notions in relation to anxiety and unemployment in African American women should be considered. First, Williams and Williams-Morris (2000) contend notion that institutional racism restricts access and opportunity to equal employment and creates disparities within the employment market for African Americans, particularly African American women. It is possible that the African American women in the present study were aware of their double minority status in the labor market, both upon entering and while gainfully employed. In light of this lived experience of double or triple jeopardy, when faced with unemployment these mothers may concurrently experience a change in affect, hence depressive symptomatology, but not necessarily feel overly concerned or anxious about their employment status. For instance, anxious symptomatology questions assessing the degree to which African American women have felt “high-strung,” “on-edge,” or “tense” in the last week may not correlate with their emotional experiences of being unemployed in the job market. That is, African American women in the present study may have become attuned to racial discriminatory events, particularly in the workplace, and, rather than worrying in anticipation of their occurrence, they may instead feel “hopeless” about the pervasive nature of this stressor. Secondly, African American women may not feel

anxious about their employment status because of the resources available within their support networks. McAdoo (1995) suggests that when kinship ties are harmonious, and family networks are available, social support within African American families can prove to be a valuable resource. Therefore, while unemployment may pose a threat to the adequacy of resources garnered by these mothers, the resource exchange within African American communities may be accessible enough where anxious concerns regarding family financial and instrumental support may be less likely to arise among mothers who are enmeshed within communities such as these.

### *Personal Stressors*

Personal stressors, role strain and financial strain, were predictive of the variation in solo and partnered African American mothers' reports of anxiety and depression. These reports suggest that balancing work and family, as well as having restricted income with which to make ends meet, may both worry and upset these mothers for periods of time. Support for this finding has been reported in previous studies. Specifically, numerous researchers have linked increased role strain (Jackson, 1994; Jackson & Huang, 1998; Lewis, 1988) and financial strain (Gyamfi, Brooks-Gunn, & Jackson, 2001; Jackson, Brooks-Gunn, Huang, & Glassman, 2000; Murry, Brody, Brown, Wisenbaker, Cutrona, & Simons, 2002) to compromised psychological functioning among single mothers. In summary, it has been firmly established that solo mothers who constantly balance the responsibilities of work, solo household management, time for self, and the pressures of trying to make ends meet, usually experience stressor pile-up which results in decreased psychological functioning. However, this study extends the rhetoric of previous studies focusing on single mothers, and reveals that both financial strain and

role strain are significant predictors in the mental health functioning of African American mothers in partnered relationships as well. Several factors should be considered in reference to this less researched area: 1) the financial strain experienced within dual-earner, intimately partnered African American homes, 2) utility of social support networks to mothers in intimate relationships, and 3) absence of cultural considerations when conceptualizing role strain for all African American mothers.

Results of the present study suggest that financial strain is a salient predictor in the mental health functioning of partnered African American mothers. Further, investigations of how the income dynamics within African American dual-earner, heterosexual partnerships may be necessary in order to clarify this finding. This is especially important given that most studies highlighting race and gender wage gaps overshadow the economic ramifications of African American partnership by focusing on the income differentials between African American women and European American men (King, 1995; Sorrel, 1989; Women's International Network, 1999). However, examining the limited income of both African American men and women in comparison to European American men (78% and 66% respectively) provides greater insight to the economic strain prevalent within dual earner African American homes (U.S. Census Bureau, 2001). Therefore, while partnered mothers may be receiving additional financial assistance from their African American male partners, the limited additional income may not be enough to totally alleviate financial strain experienced by partnered mothers. The continued difficulty in making ends meet experienced by the partnered mothers in this study may be reflective of the gap between the needs of members of African American dual earner homes and the limited earning power of this partnership as a result of sexism

and racism (King, 1995; Sorrel, 1989). While some additional needs are being met in dual earner African American homes, there may still be unmet financial obligations that lead to strain.

Partnered African American mothers may also be experiencing financial strain as a result of their interaction with support networks within their families and communities. Findings from the present study revealed that partnered mothers were interacting less with their support networks than solo mothers. In a study conducted by Taylor, Chatters, and Mays (1988), African Americans in married relationships were 1) less likely than divorced and separated African Americans to ask their parents for emergency support, 2) less likely to request support from in-laws than widowed African Americans, and 3) less likely to think that siblings would be a source of support. Overall, in-laws were named as sources of support only 10% of the time (Taylor et al., 1988). McAdoo (1980) reinforces this notion of differentials in support by marital or relationship status and revealed that single African American mothers received more assistance from their networks than did married mothers. Therefore, the significant presence of strain among mothers with partners in this study may be linked to the decreased participation in social networks. The difference in contact with their support networks could be as costly as the loss of childcare assistance, for example, that does not directly contribute to household income, but allows for a major source of household management to be substituted with family support. Consequently, while not formally tested in the present study, correlates could exist between financial strain and the frequency of contact with support networks, thus explaining the salience of financial strain for the partnered mothers observed.

Role strain predicted depressive and anxious reports of partnered mothers in the present study. Partnered African American mothers may experience role strain as they balance their multiple identities of mother, intimate partner, employee, etc. However, this study also proposed a more culturally inclusive definition of role strain to include issues of race and gender that are highly relevant to African American women as mothers. Despite having intimate partners, this group of African American women may experience additional role strain due to the cultural expectation of caregiving, for example, that is integral to the roles fulfilled by African American women, specifically mothers (Greene, 1994; Collins, 1991). In addition, partnered African American mothers may have even greater expectations placed upon them to “mother” because they theoretically have more resources than solo African American mothers in which to support extended kin. This additional expectation of partnered African American mothers to be “ubiquitous strong matriarchs” or resilient supporters of additional family members could be linked to the saliency of role strain for partnered mothers in this study (Greene, 1994).

#### *Social Contextual Stressors*

Racism emerged as a significant predictor of the mental health functioning of solo African American mothers only in the present sample. Specifically, increased exposure to racial discrimination experiences heightened anxiety of solo mothers. The effect of racism on African American maternal mental health has only been recently considered (Murry et al., 2001a). In this study, Murry and associates (Murry et al., 2001a) contend that racism served as an additive stressor in the presence of other existing stressors, thus exacerbating mothers’ psychological distress. That is, when mothers reported experiencing higher levels of racial discrimination, stronger links emerged between

stressor pileup and psychological distress. Murry and associates (Murry et al., 2001a) also suggested that African American families serve as a “sanctuary that protects African Americans from impact of racism”. According to Billingsley (1968), African American families are able to place racism in a larger context related to historical events (i.e., slavery). However, while solo African American mothers in the present study may be strongly connected to supportive networks, the absence of a significant partner in the home may be an important link to anxiety experienced by these women as a function of racism in two ways. First, African American solo mothers may process the experience of racism differently due to lack of intimate support or familial support in the home. In the study conducted by Murry and colleagues (2001a), African American mothers in partnered relationships were less likely to experience psychological distress than mothers without intimate partners. Specifically, the presence of an intimate partner buffered the presence of contextual stressors, racism included. Rather than having an intimate partner to process racial discriminatory events, solo African American mothers in the present study may internalize these experiences, resulting in feelings of anxiousness, because they don’t have time to openly discuss a racial discriminatory event (e.g. over the phone or with a friend/family member who is visiting) while concurrently managing household responsibilities by themselves. Secondly, African American women must already teach coping mechanisms or “mastery over racism” to their children (p. 12, Greene, 1994). It is plausible that the lack of intimate partner support in the home in which to share the responsibilities of teaching these race-specific skills may be overwhelming for solo mothers, and contribute to their worry and concern with racism overall. Mothers with partners and mothers with co-residing grandmothers may process the experiences of

racism differently due to the presence of additional adults within the home in which to assist in this aspect of parenting African American children. Therefore, racism may not be a salient predictor of psychological functioning for these groups.

### *Social Support*

*Predictor.* Social support was also a salient predictor for both solo and partnered mothers mental health. Several sources suggest that social support is a valuable resource upon which African American mothers across the lifespan depend upon in times of emotional and financial need (Jayakody, Chatters, and Taylor, 1993; Murry et al., 2001b; Taylor, Chatters, and Mays, 1988; Voight, Hans, & Bernstein, 1996). The results of the present study support these findings and suggest that the presence of positive support impacts the psychological functioning of African American women rearing children alone as well as African American women rearing children with partners. Further, social support has also been conceptualized as both beneficial and problematic in the lives of mothers (Rhodes, Ebert & Meyers, 1994; Rook, 1984). Evidence from the present study suggests that while reaping the benefits of having loving and supportive network members from which to garner assistance, solo mothers simultaneously experienced negative social support, or interference and conflict with these same network members. And, while positive social support revealed predictive validity for partnered mothers psychological functioning, negative social support was not a salient factor for this same group. These differential reports suggest a need to further understand the nature of positive and negative social support in the lives of African American mothers.

Negative social support in this context is interpreted as support that causes “conflict, tension, or disagreement” between mothers and network members, in addition

to mothers feeling as if network members are placing “too many demands” on them (Conger et al., 1995). Thus, in the present study, support of this nature, that is support that causes conflict or feels demanding, was more predictive of solo mothers’ anxious symptomatology. One plausible explanation is that this type of social support, instead of fostering positive outcomes for solo mothers, may have enhanced anticipatory anxiety, or feelings of nervousness and worry, in reference to future or current interactions with network members who place high demands on them and, in turn offered support that caused tension or disagreement. Although these mothers may be appreciative of the support offered by family and friends in this context, they may also experience anxiety about the potential negative consequence of accepting support from these network members.

The nature of positive social support as perceived by solo mothers also should be examined more closely. Positive social support, that is, support that is received as loving and caring, may cause a change in affect of solo mothers that may not be evinced in response to negative social support and may extend our understanding of the lack of social support reported by some African American mothers. Miller-Lancar and associates (1998), for example, hypothesized that single mothers were reluctant to utilize social support because of the “cost of helping” (see also Belle, 1982), which refers to a helper’s expectation that support will be reciprocated. They stated that limited resources, specifically among single African American mothers, reduced their willingness to accept social support because of their inability to reciprocate. It may be that solo mothers in the present study, while being appreciative of love and support offered by friends and families may have also felt guilt and sadness because of their inability to reciprocate.

Another noteworthy finding regarding social support is that solo mothers were less likely than partnered mothers to report their support networks as negative. What may be driving this discrepancy is lack of an additional adult in the household that may in turn increase the need for support from friends and family. Moreover, increased conflict with social support network reported by solo mothers may be occasioned by greater reliance on these systems than apparent among mothers rearing children with partners, and have greater impact on solo mothers' mental health. Hence, the dual nature of social support, although sparsely studied in prior investigations, suggests the need for future considerations in studies of rural African American solo mothers. In addition, future studies should take special care in understanding the nature of social support, as well as consider ways in which social support is received and perceived by African American mothers in a variety of family structures. To begin this process, in the present study consideration was given to the potential influence of having less or greater presence of social supporters in one's life to these mothers' psychological functioning. Thus, the moderational effect of social support and maternal psychological functioning was examined.

Hypothesized in the present study was that positive social support would moderate the impact of personal and social contextual stressors on the psychological functioning of African American mothers. The presence of social support, while contributing to the psychological functioning of African American solo and partnered mothers in this study, was not supported as a moderator. Consequently, while support networks help to alleviate stressors in the lives of mothers, the benefit of these networks

may not be salient enough to combat the pervasive nature of role strain, financial strain, and in some cases racism, in the lives of African American mothers.

### *Personal Resources*

The issue of personal resources not being predictive of partnered mothers anxiety symptoms is significant. Personal resources, such as income, education level attained, and employment status may not be predictive of partnered mothers anxiety levels because of the additional resources contributed by their significant others. Concurrently, personal stressors, particularly role strain, may be more indicative of the presence of anxiety in partnered mothers because of the additional role taken on as a wife or significant other, in light of other existing demanding roles.

Personal resources (i.e. education level, employment, and per capita income) were also tested as moderators to personal and social contextual stressors. These resources were salient in buffering the impact of role strain and financial strain on the depressive symptomatology of solo mothers. The most interesting finding occurred for highly educated mothers. For these mothers, a strong relationship existed between financial strain and depression, indicating that the more education one has, the stronger the relationship between financial strain and depression. One possible explanation for this finding may point to the cliché “more money, more problems”. McAdoo (1995) suggests that college educated, middle income, African American mothers, single-mothers in particular, may be experiencing more stress in their lives because of the lack of available partners that are comparable to them demographically. It also seems logical that highly educated solo African American mothers may have more at stake, financially, as well. These women may have become accustomed to a particular type of lifestyle that proves

difficult to maintain with just one income. Should they become unemployed, a greater amount of financial obligation would be unmet, as compared to working class single mothers. Therefore, this premise may explain the highly correlated relationship between financial strain and depression among highly educated solo African American mothers.

#### *Unique Household Composition*

Finally, the lack of predictive utility of the selected study variables in understanding the psychological functioning of mothers with co-residing grandmothers has presented the greatest challenge for interpretation. Specifically, the results of this study indicate that neither racism, role strain, financial strain, personal resources, nor social support were predictive of the variance of psychological functioning in mothers with co-residing grandmothers. While it may be assumed that mother-grandmother dyads share similar stressors as solo mothers and partnered mothers as a function of their role as mothers, the reality is that these mothers may be experiencing a unique set of salient stressors specific to mother-grandmother dyad families. Several examples should be considered: the presence of a grandmother in the household may illicit conflicts in childrearing or child discipline; allotting space for an additional adult who is not an intimate partner may compromise the privacy of solo mothers; and, additional issues as a function of the adult child-parent dynamic between mother-grandmother dyads may be prevalent. In efforts to understand the stressors and functioning issues relevant to mother-grandmother dyads, it is necessary to deconstruct the nature of these families, and the unique characteristics that comprise their functioning.

Three positions appear to frame the ontogeny of mother-grandmother dyads. Taylor and Chatters (1991) suggest that the majority of aged adults prefer to live

independent of their children, but due to widowhood, health issues, and decreases in financial resources, many are motivated to live with adult children. Therefore, African American mothers in these dyads may extend their homes to their own mothers out of obligation to care for their parent. A second notion posits that African American mothers, particularly low-income single African American mothers, may need additional assistance with finances and childcare, and open their homes to their own mothers in efforts to alleviate these concerns (Jarett, 1998). Finally, despite compromising health and economic issues, aged African Americans are already more likely to live in extended household compositions than European Americans, in addition to living in closer proximity to their children (Taylor & Chatters, 1991). Therefore, African American mother-grandmother dyads may be common as a function of the flexibility in roles within African American families. This shared context, inclusive of potential child-rearing or child discipline issues reflective of the generation gaps between mothers and grandmothers, should be further examined in future research.

In light of the various origins of mother-grandmother families, the presence of a grandmother in the home elicits unique stressors for solo African American mothers. Jackson (1998) revealed that adult single African American mothers who share household and childrearing responsibilities with their mothers reported feeling aggravated and incompetent as parents. Pearson, Hunter, Ensminger, and Kellam (1990) state that co-residing grandmothers whom offer financial assistance to the family are more likely to exert their influence on child rearing and household management. Hence, suggesting that the more grandmothers are depended upon for economic reinforcement, the more leadership they expect in the home. Tolson and Wilson (1990) included mother-

grandmother dyads in their study assessing family climate and concluded that these households, in particular, tended to be less organized. These associates suggested that household organization may not have been a salient issue to mothers because grandmothers were executing household tasks. However, it seems logical that household organization may have been low among this group as a result of intergenerational conflict. While additional support in the home is regarded as beneficial to mothers rearing children alone, support that causes conflict or feels intrusive to mothers negatively affect her psychological well-being (Rhodes, Ebert, & Myers, 1994). In this sense, low household organization may not be beneficial to mothers' functioning. Overall, these factors were not assessed within the present study, and may speak to the lack of variance predicted in mother-grandmother dyad functioning.

#### *Limitations of the Present Study*

Although the present study contributed to the growing body of literature detailing African American maternal mental health, and extended this body of literature to include the relevance of personal and social contextual stressors in the lives of African American women as mothers (particularly as a function of their race and gender), several limitations of the present study should be noted. Specifically, 1) the lack of qualifiers in relation to mothers' relationship status and position in life, 2) the presence or absence of religiosity and/or spirituality as a coping resource, 3) the lack of consideration of parental stressors as predictors for psychological functioning, and 4) limitations of secondary data analysis.

This study compared African American mothers living alone, mothers living with intimate partners, and mothers living with co-residing grandmothers. Categorizing mothers in this way allowed for a clearer explanation of differences in psychological

functioning across three major groups of household compositions common among African American families. However, assessing the quality of these relationships could have further explained the variation in their psychological functioning reports. For instance, deconstructing solo mother's singlehood into categories of length of singlehood and onset of singlehood (i.e. as a function of divorce, widowhood, or never being married) could have provided insight into the quality of solo mother's life without intimate partnership. McAdoo's (1995) study on stress levels in middle and working class single African American mothers emphasized that divorce, birth of a child to young, unmarried mothers, and solo motherhood by choice, respectively, were leading factors for singlehood among African American mothers; hence, validating the need to understand more about the ontogeny of singlehood in the lives of solo African American mothers. Similar assessments could have been made for mothers living with co-residing grandmothers. Differences in functioning may occur between mothers who have recently shared their homes with their own mothers as compared to those whom have always had their mother's support in-house. Additionally, mothers within this group who voluntarily share their homes with their own mothers as compared to those whom do so in response to the illness of a parent, for example, may differentiate this group along psychological functioning reports. Finally, understanding the differences between mothers whom have supportive intimate partners versus those whom are less supportive may provide further insight into the types of partnership that are most beneficial to African American mothers' mental health.

This study also did not consider the impact of religiosity or spirituality on African American women as mothers. The importance of religion as a coping mechanism in the

lives of African American families has been well-documented (Billingsley, 1968; Chatters, Taylor & Lincoln, 1999; Haight, 1998; Hill, 1972; Levin & Taylor, 1998). Religious participation has been demonstrated as beneficial to individuals experiencing anxiety (Brown & Gary, 1985), as well as a particularly salient coping resource among older African Americans (Chatters, Taylor & Lincoln, 2001; Chatters, Levin, & Taylor, 1992; Taylor & Chatters, 1986;). Considering religiosity, therefore, may have provided excellent insight into the psychological functioning of mother-grandmother dyads, specifically, as well as solo and partnered mothers.

Because this study examined African American mothers outside their roles as parents, stressors associated with parenting were not included. That is, number of children, discipline problems of children, and a host of other valid parental stressors were not considered in the current conceptual model of African American maternal psychological functioning. McAdoo (1995) suggests that women whom are older, had less people for which to provide care, and had children that were older and required less of them physically, tended to be less stressed.

And, previous studies have demonstrated a link between maternal mental health, parenting practices, and child development (Hall, Gurley, Sachs, & Kryscio, 1991; Harnish, Dodge, & Valente, 1995; McLoyd, Jayaratne, Ceballo, & Borquez, 1994; Jackson, Gyamfi, Gunn, & Blake, 1998; Taylor & Roberts, 1995). Including these stressors in future models may explain more variance within African American maternal mental health of those residing with grandmothers in particular, and African American mothers in general.

A final limitation involves the use of secondary data analysis. Analysis of secondary data is limited in that the effects of history between initial data collection and the eventual analysis of the data can weaken the generalizability of the findings to the current context. Another limitation for those using secondary data involves the possibility of the researcher's limited exposure to the full context in which the data were collected and particular circumstances present in collecting the data that are important in interpreting the data. For example, a researcher using secondary data usually does not know the sample in the rich detail with which the original researcher knows them.

#### *Implications for Research*

The present study has important implications for research in the field of African American maternal mental health. Namely, 1) understanding the significance of household composition versus household structure, 2) understanding coping mechanisms in response to racism in the lives of African American women as mothers, 3) recognizing the varying effects of social support, and 4) re-conceptualizing the way in which role strain and financial strain is studied in the lives of African American women as mothers.

*Household composition.* This study used the words household composition, family composition, and household structure interchangeably. The results of this study were not clearly differentiated along the dimensions of solo, partnered, or mother-grandmother dyad as expected. And, as Murry and associates (2001b) remind the research community examining African American families, household composition, family composition, and household structure have three separate meanings that require separate methodologies. Recognizing that household composition implies people living in the same home only; family composition implies the possibility of co-residence and

conjugal ties; and that family structure implies delineation by marital status, gender, or age of family members in the home, may create a more concise framework from which conclusions of mental health can be drawn (Murry et al., 2001b). Further, studies examining African American families that utilize one or more of the aforementioned concepts often focus on whether mothers rear children alone, or, if additional adults, including spouse and family, are present in the home to assist in childrearing. While this study intended to acknowledge mental health variance as a function of household composition, future studies should recognize that differences exist between the mere presence of additional adults and the functional roles that these additional adults occupy in the home, and create methodologies in which the role of the additional adult is better qualified.

*Racism.* Although few studies have considered how racism cascades through African American families to impact maternal psychological functioning (see Murry et al., 2001a, for exception), this study evinced that racism predicts the variance in the anxious symptomatology of solo African American mothers. One possible explanation, as detailed in this discussion section, is that African American solo mothers may experience more worry and concern about racism because they are rearing children alone who will also encounter similar racial discriminatory events. Subsequently, while African American women as mothers must endure their own stress in reference to racism, they must prepare their children to devise coping mechanisms to combat this same stressor. Future studies focusing on parenting in African American families may want to consider the unique stressor that African American parents endure as a function of being Black in America, and whether the coping mechanisms enlisted by these parents is mediated by

the presence of an intimate partner or family member assisting in caregiving. Results from these studies could better inform the research community on how African American mothers, are processing and coping with racism as individuals, and the subsequent coping mechanisms they are teaching to their children to combat racism as well.

*Social Support.* This study suggested that social support in the lives of African American mothers may have varying effects. Specifically, solo African American mothers appear to be 1) affected more by negative social support than African American mothers in partnered relationships, and 2) when positive social support is controlled for, negative social support predicts more of the variance in their anxious symptomatology. While a growing body of literature exists that details the costs of social support, few studies have tapped into exactly which correlates explain the benefit versus cost of social support in African American families. That is, in responding to the question, is social support beneficial, researchers could better supply qualified answers by assessing mother's perception of how she is receiving the support offered. Grand assumptions and conceptualizations of social support being consistently beneficial simply because it is offered should be revised with mother-centered input that better explains which aspects of support are most helpful and which are most costly.

*Role strain and financial strain.* This study proposed a more culturally inclusive definition of role strain and financial strain that would highlight the pervasive nature of sexism and racism in the lives of African American women as mothers. Deborah King (1978) suggests that racism, sexism, and classism in the lives of African American women cannot be isolated and ranked hierarchically, but rather are simultaneous in nature and execution. Therefore, this triple jeopardy experienced by African American women

trickles down into every aspect of their lives further complicating, and making unique, stressors of role strain and financial strain. In efforts to capture the unique experiences of African American mothers, researchers should reconsider the ontogeny of stressor pile-up in African American women, as a function of racism, sexism, and classism, and utilize this information to better inform the ways in which African American women function and develop differently.

### *Implications for Practice*

The present study has important implications for clinicians working with African American women as well. The findings in this study suggest that solo mothers are reporting more symptoms of depression than mothers in intimate relationships. Clinically, this may corroborate with findings that suggest that companionship is beneficial to mental health. Various treatments for depression, for example, suggest that increasing pleasurable events, both with others as well as alone, helps improve one's affect. A possible extension of this application could be effective for single African American mothers. Rather than emphasizing the attainment of intimate partnership, a less time consuming, but affirming activity may be to recognize and appreciate aspects of partnered support that may be prevalent in other areas of their lives. That is, helping solo mothers to better appreciate the support they get from family members, friends, and children may validate their roles outside of intimate relationships, and impact their psychological functioning in beneficial ways.

This study also suggests that solo African American mothers are experiencing the costs and benefits of social support. That is, while receiving loving and caring support from friends and families, mothers who are rearing children alone also endure support

from friends and family that causes conflict and disagreement. Therefore, clinicians and health professionals interested in designing support interventions within African American communities may need to better understand the intricate nature of existing networks in the lives of single African American mothers prior to implementing new ones. Identifying specific relationships that are major sources of problems, as well as discussing strategies to de-escalate future problematic interactions may be helpful in mediating the deleterious effects of these networks.

Helping African American women debunk various expectations of African American womanhood may prove to be beneficial to their mental health as well. Greene (1994) suggests that African American women entering therapy thematically present with similar issues, namely the notion of African American women being invincible superwomen. These women oftentimes are unwilling to admit compromises in psychological health because they have been socialized to carry the burden of the family while simultaneously overlooking their own needs (Greene, 1994). By implementing more practical self-referencing skills, that is, re-socializing African American women in therapy to think more about self-care first, clinical intervention may be able to relieve the silent burdens that many African American women, particularly African American mothers, endure.

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Appendix 1  
Financial Strain

1. During the past 12 months, how much difficulty have you had paying your bills?  
Would you say...
  - 1 A great deal of difficulty
  - 2 Quite a bit of difficulty
  - 3 Some difficulty
  - 4 A little difficulty
  - 5 Or No difficulty at all
  
2. Think again over the past 12 months. Generally, at the end of each month did you end up with...
  - 1 More than enough money left over
  - 2 Some money left over
  - 3 Just enough to make ends meet
  - 4 Almost enough to make ends meet
  - 5 Or Not enough to make ends meet

Appendix 2  
Family/Work Conflict

1. How often do the demands of your job interfere with your family life? Is it...

- 1 Often
- 2 Sometimes
- 3 Never

2. How often do the demands of family life interfere with your work?

- 1 Often
- 2 Sometimes
- 3 Never

Appendix 3  
Experiences of Discrimination

An important part of this study is to learn about racial issues faced by the families in our study.

1. How often has someone said something derogatory or insulting to you just because you are African American?  
Has it been...
  - 1 Never
  - 2 Once or twice
  - 3 A few times
  - 4 Or several times
  
2. How often has a store owner, sales clerk, or person working at a place of business treated you in a disrespectful way just because you are African American?  
Has it been...
  - 1 Never
  - 2 Once or twice
  - 3 A few times
  - 4 Or several times
  
3. How often have the police hassled you just because you are African American?  
Has it been...
  - 1 Never
  - 2 Once or twice
  - 3 A few times
  - 4 Or several times
  
4. How often has someone ignored you or excluded you from some activity just because you are African American? Has it been...
  - 1 Never
  - 2 Once or twice
  - 3 A few times
  - 4 Or several times

5. How often has someone suspected you of doing something wrong just because you are African American? Has it been...
- 1 Never
  - 2 Once or twice
  - 3 A few times
  - 4 Or several times
6. How often has someone yelled a racial slur or racial insult at you? Has it been...
- 1 Never
  - 2 Once or twice
  - 3 A few times
  - 4 Or several times
7. How often has someone threatened to harm you physically just because you are African American? Has it been...
- 1 Never
  - 2 Once or twice
  - 3 A few times
  - 4 Or several times
8. How often have you encountered whites who are surprised that you as an African American person did something really well? Has it been...
- 1 Never
  - 2 Once or twice
  - 3 A few times
  - 4 Or several times
9. How often have you been treated unfairly because you are African American instead of white? Has it been...
- 1 Never
  - 2 Once or twice
  - 3 A few times
  - 4 Or several times

10. How often have you encountered whites who didn't expect you to do well just because you are African American? Has it been...
- 1 Never
  - 2 Once or twice
  - 3 A few times
  - 4 Or several times
11. How often has someone discouraged you from trying to achieve an important goal just because you are African American? Has it been...
- 1 Never
  - 2 Once or twice
  - 3 A few times
  - 4 Or several times
12. How often have close friends of your been treated unfairly just because they are African Americans? Has it been...
- 1 Never
  - 2 Once or twice
  - 3 A few times
  - 4 Or several times
13. How often have members of your family been treated unfairly just because they are African American? Has it been...
- 1 Never
  - 2 Once or twice
  - 3 A few times
  - 4 Or several times

Appendix 4  
Social Support Network

For these next questions, please think about your friends and family.

1. How often do you have contact with close friends, either in person, on the phone, or by writing letters? Would you say...
  - 1 Every day
  - 2 More than once a day
  - 3 About once a week
  - 4 One to three times a month
  - 5 Less than once a month
  - 6 Never
  - 7 I HAVE NO CLOSE FRIENDS

Appendix 5  
Social Support Network +

For each of the following people, please tell me if that person make you feel appreciated, loved, or cared for a lot, some, or not at all.

1. How much does the relative you feel closest to, (not including cocaregiver), make you feel appreciated, loved or cared for? Is it...
  - 1 A lot
  - 2 Some
  - 3 Or Not at all
  - 4 NO SUCH PERSON OR PERSON DECEASED
  
2. How much does your best friend (who is not a relative) make you feel appreciated, loved, or cared for? Is it...
  - 1 A lot
  - 2 Some
  - 3 Or Not at all
  
3. How much can you depend on (fill in caregiver's name)?
  - 1 A lot
  - 2 Some
  - 3 Or Not at all
  
4. How much can you depend on the relative you feel closest to (not including {caregiver's name} ) when you need them?
  - 1 A lot
  - 2 Some
  - 3 Or Not at all
  
5. How much can you depend on your best friend (who is not a relative) when you really need them?
  - 1 A lot
  - 2 Some
  - 3 Or Not at all
  
6. How much concern or understanding does (caregiver name) show for your feelings and problems?

- 1 A lot
- 2 Some
- 3 Or Not at all

7. How much concern or understanding does the relative you feel closest to (not including {cocaregiver name} ) show for your feelings and problems?

- 1 A lot
- 2 Some
- 3 Or Not at all

8. How much concern or understanding does your best friend (who is not a relative) show for your feelings and problems?

- 1 A lot
- 2 Some
- 3 Or Not at all

Appendix 6  
Social Support Network (-)

1. How much conflict, tension, or disagreement do you feel there is between you and the relative you feel closest to (not including {cocaregiver's name} )?
  - 1 A lot
  - 2 Some
  - 3 Or Not at all
  
2. How much conflict, tension, or disagreement do you feel there is between you and your best friend (who is not a relative)?
  - 1 A lot
  - 2 Some
  - 3 Or Not at all
  
3. How often do you feel that (cocaregiver's name) makes too many demands on you?
  - 1 Often
  - 2 Sometimes
  - 3 Never
  
4. How often do you feel that the relative you feel closest to (not including {cocaregiver's name} ) makes too many demands on you?
  - 1 Often
  - 2 Sometimes
  - 3 Never
  
5. How often do you feel that your best friend (who is not a relative) makes too many demands on you?
  - 1 Often
  - 2 Sometimes
  - 3 Never

Appendix 7  
SES

1. What is your present work situation?
  - 1 Employed by others; part time or full time
  - 2 Self-employed farm operator
  - 3 Self-employed owner of business service, or professional practice
  - 4 Temporarily laid off
  - 5 Permanently disabled
  - 6 Retired
  - 7 Full-time homemaker
  
2. What is the highest level of education you have completed?
  - 0 Kindergarten, no grade completed
  - 1 Grade completed below 12th, grade in now
  - 11 Grade completed below 12th, grade in now
  - 12 High school grad or GED
  - 13 1 year college, vocational, or tech training
  - 14 2 years college, Associate Degree, 2nd year
  - 15 3 years college, 3rd year
  - 16 BS, BA
  - 17 Bachelor's plus
  - 18 MS, MA, Chiropractic with a BA/BS
  - 19 Master's plus
  - 20 PhD, JD, DDS, MD, DVM, etc.
  - 77 Other

Appendix 8  
Mini Mood and Anxiety Symptom Questionnaire

Next, I will be asking you how much you have felt or experienced each of the following during the past week. Has it been not at all, somewhat or extremely? How much have you...

1. Felt depressed? Was it...

- 1 Not at all
- 2 Somewhat
- 3 Or extremely

During the past week, how much have you...

2. Felt discouraged? Was it...

- 1 Not at all
- 2 Somewhat
- 3 Or extremely

During the past week, how much have you...

3. Felt hopeless? Was it...

- 1 Not at all
- 2 Somewhat
- 3 Or extremely

During the past week, how much have you...

4. Felt like a failure? Was it...

- 1 Not at all
- 2 Somewhat
- 3 Or extremely

During the past week, how much have you...

5. Felt worthless? Was it...

- 1 Not at all

- 2 Somewhat
- 3 Or extremely

During the past week, how much have you...

6. Felt tense or “high strung”? Was it...

- 1 Not at all
- 2 Somewhat
- 3 Or extremely

During the past week, how much have you...

7. Felt uneasy? Was it...

- 1 Not at all
- 2 Somewhat
- 3 Or extremely

During the past week, how much have you...

8. Felt keyed up, “on edge”? Was it...

- 1 Not at all
- 2 Somewhat
- 3 Or extremely

Figure 1: Proposed Heuristic Model

