Poverty and Women's Mental Health

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ABSTRACT: The positive association between poverty and mental health problems is one of the most well established in all of psychiatric epidemiology. Research has documented consistently that low income and low socioeconomic status are associated with high rates of mental disorder. With the prevalence of poverty itself now on the rise in our country, particularly among women, children and those from minority groups, increased attention must be paid to the mental health risks that accompany poverty.

Today, more Americans live below the poverty line than a decade ago, a phenomenon attributable to the increase in single-parent families headed by women, the concentration of most new jobs in the poorly paid service sector, the inadequacy of child support payments following divorce, unavailability of decent, affordable child care, lack of access to unemployment compensation, and the erosion of governmental economic assistance to low-income families. A summary of the status of women in poverty is found in Belle (1988). In addition, homelessness has also emerged in this decade as a major social problem, primarily among men, but also among significant numbers of women, typically those with young children (Rossi & Wright, 1989).

Poverty

The incidence of poverty is particularly pronounced among minority families. Black women heading families face a risk of poverty that is more than 10 times that of White men heading families, and Puerto Rican female family heads face a poverty rate that is almost 15 times that found among White male family heads (National Advisory Council on Economic Opportunity, 1980). Most people who become poor during some period of their lives only remain poor for one or two years, yet Blacks and female family heads are at elevated risk of experiencing persistent poverty. The average poor Black child is experiencing a spell of poverty that will last almost 20 years (Bane & Ellwood, 1938, cited in Wilson & Neckerman, 1986)!

Poor Blacks today have also become increasingly ghettoized in "dilapidated territorial enclaves that epitomize acute social and economic marginalization" (Wacquant & Wilson, 1989, p. 9). In 1980 the proportion of poor Blacks in the 10 largest American cities who lived in extreme poverty census tracts (at least 40% poor) was 38%, compared with only 6% of poor non-Hispanic Whites.

Although the public often perceives poverty to be associated with deviant values and attitudes about employment, data from the nationally representative Panel Study of Income Dynamics (PSID) on the achievement motivation, sense of personal efficacy, and future orientation of household heads shows that such attitudes are generally useless in predicting changes in the economic status of individuals or families, casting doubt on the "culture of poverty" thesis (Corcoran, Duncan, & Hill, 1986).

Poverty and Mental Health

Decades of research find poverty to be a correlate of psychological distress and diagnosable mental disorder. Community studies of the 1970s relied on symptom checklists and converged in finding higher levels of mental health problems among low-income and low-socioeconomic status individuals than among more privileged groups. One authoritative review (Neugebauer, Dohrenwend, & Dohrenwend, 1980) found, averaging across studies, that psychopathology is at least two and a half times more prevalent in the lowest social class than in the highest (p. 56).

Researchers interested in women's mental health have paid particular attention to depressive symptoms in light of their prevalence among women. Community studies of the 1970s agreed in finding that women who live in financially strained circumstances and who have responsibility for young children are more likely than other women to experience symptoms of depression (Brown, Bhrolchain, & Harris, 1975; Pearlin & Johnson, 1977; Radloff, 1975). High levels of depressive symptoms were found to be particularly common among women without confidants, child-rearing assistance, or employment and among women experiencing chronic stressful conditions, particularly those reflecting economic problems (Belle, 1982a; Brown et al., 1975; Makosky, 1982). In a more recent longitudinal study that assessed depressive symptoms in the community, Kaplan, Roberts, Camacho, and Coyne (1987) also found that inadequate income was associated with an elevated risk of depressive symptoms over the nine-year period of the study. In a separate survey, single parent status, lack of college education, and lack of employment were again associated with chronic, mild depressive symptoms (Weissman, Leaf, & Bruce, 1987), although income level itself was not a predictive factor. In another recent study of depressive symptoms, Hall, Williams, and Greenberg (1985) found that nearly half of the low-income mothers of young children who were studied had depressive symptom scores above a cut-off corresponding to the 80th percentile of scores in community samples and that within the sample, low income, unemployment, and single parent status were

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Vol. 45, No. 3, 385-389

positively associated with the extent of depressive symptoms.

A new look at the relation between poverty and mental health has been made possible by recent trends in psychiatric epidemiology. With the development of specified diagnostic criteria, as exemplified in the Diagnostic and Statistical Manual of Mental Disorders (*DSM-III*; American Psychiatric Association, 1980), and the creation of the Diagnostic Interview Schedule (DIS), which can be used by lay interviewers and then computer-scored for *DSM-III* diagnoses, it became possible to examine the incidence and prevalence of specific psychiatric disorders in the community. The Epidemiologic Catchment Area Study (ECA) has utilized the DIS in a multisite longitudinal study from which data are now being analyzed.

ECA data summed across all five research sites provides evidence yet again that the highest rates of disorder occur in the lowest social classes. The six-month prevalence of any *DSM-III* disorder is 2.86 times higher in the lowest socioeconomic status (SES) category than in the highest SES group, controlling for age and sex (Holzer et al., 1986). The strength of the socioeconomic status association is different, however, for different diagnoses. The estimated relative risk for the lowest SES group in comparison to the highest SES group is 1.79 for major depression, 3.59 for alcohol abuse or dependence, and 7.85 for schizophrenia.

The Impact of Poverty

The association between poverty and poor mental health is not surprising when one considers that poverty imposes considerable stress on individuals and families while also attacking many potential sources of social support. Although stress research until recently has not been particularly sensitive to the sources of stress in women's lives or in the lives of the poor (Barnett, Biener, & Baruch, 1987; Baruch, Biener, & Barnett, 1987; Belle, 1982c; Makosky, 1982), several studies have attempted to assess stress in the lives of poor women. These studies have shown that poor women experience more frequent, more threatening, and more uncontrollable life events than does the general population (Brown et al., 1975; Dohrenwend, 1973; Makosky, 1982). Poor women are disproportionately exposed to crime and violence (Belle, with Longfellow, Makosky, Saunders, & Zelkowitz, 1981; Merry, 1981), to the illness and death of children (Children's Defense Fund, 1979), and to the imprisonment of husbands (Brown et al., 1975). Minority women are additionally exposed to discrimination, including discrimination-provoked violence (Steele et al., 1982).

Although rapid, uncontrollable change is one important source of stress, stress also results from persistent, undesirable conditions that must be endured daily. Chronic life conditions such as inadequate housing, dangerous neighborhoods, burdensome responsibilities, and financial uncertainties can be even more potent stressors than acute crises and events (Brown et al., 1975; Makosky, 1982; Pearlin & Johnson, 1977). Low income women are at very high risk of experiencing just such noxious, long-term conditions (Brown et al., 1975; Makosky, 1982).

Multivariate analyses suggest that income level predicts depressive symptom level because it predicts specific financial problems, parenting problems, and child care problems (Belle, Dill, Longfellow, & Makosky, 1988). Thus, stressors in important life contexts mediate the link between the demographic variable of low income and the psychological variable of depressive symptoms. The particular mediating links between poverty and mental health problems need not be identical for different subpopulations of poor women, however. Hall et al. (1985) have shown that the linkages between various stressors and supports and depressive symptom levels varied with the marital status and the employment status of the low-income mothers they studied. Among the unmarried mothers, unemployment, housing problems, and inadequate income were among the stress factors most highly correlated with depressive symptoms, whereas for the married women in their study only stress factors associated with role overload and marital difficulties were associated with depressive symptom levels. Only among unemployed women was the size of the social network related to depressive symptom level: Unemployed mothers with small networks were more likely to have high depressive symptom levels than unemployed mothers with larger networks.

Poverty also can undermine the ability to fulfill important social roles. Ross and Huber (1985) have shown in a national sample of married couples that the relation between inadequate income and depression is mediated by gender-based role obligations in the family. Although both men and women experienced depressive symptoms in response to economic hardship, men also experienced elevated symptom levels in association with a low level of personal earnings. Ross and Huber argued that men's primary role obligation to the family is economic and that success in this role affects well-being over and above its effect on family finances. Single parent women, of course, shoulder all the economic responsibilities for their families and may be expected to suffer emotionally for failure to fulfill these obligations.

Using a completely different methodology, Wolf (1987) also implicated failures of role performance as a crucial "conduit" between the experience of poverty and the experience of depression. In her intensive interviews with low-income mothers who had experienced depression, Wolf found that negative social role identifications, such as "bad mother," "bad provider," and "bad spouse" as well as breaches of conscience that were necessitated by poverty ("I am a thief") constituted many of the specific experiences that were perceived by the women con-

Preparation of this article was supported in part by the William T. Grant Foundation.

I am grateful to Rita Dudley and Myrna Weissman for critical comments on an earlier draft of this article.

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cerned as having precipitated their depressions. For many of the women in Wolf's sample, single parent status or an incapacitated husband made wage-earning a crucial component of successful role performance as a mother.

When stressful life events and conditions occur, the woman who can share her troubles with a supportive confidant or circle of friends is less likely to be overwhelmed by them. Timely instrumental aid often can prevent a crisis from becoming a catastrophe and can prevent a stressful event from becoming a chronically stressful condition. Many poor women create mutual aid networks through which they care for and sustain each other in times of stress. Such networks are truly "strategies for survival" in a hostile world (Stack, 1974).

Yet poverty often exacts a toll on a woman's support system. The intimacy of the marital bond is often strained or broken by economic stress. Divorce is particularly common in families in which men provide very low or sporadic income (Cherlin, 1979). Parents living below the poverty line are less likely to be happily married than those above the poverty line (Zill, 1978), and low income women are less likely than middle-class women to turn to their husbands as confidants, particularly during the phase of the life cycle when there are young children at home (Brown et al., 1975). Wolf's (1987) respondents also pointed to undermined social relationships as one of the crucial links between poverty and depression.

Social networks can serve as conduits of stress, just as they can serve as sources of social support. Eckenrode and Gore (1981) found that women whose relatives and friends experienced stressful life events such as burglaries and illnesses found these events personally stressful and reflected this vicarious stress in their own poor health. Because the relatives, friends, and neighbors of low income women are themselves likely to be poor and stressed, considerable stress "contagion" (Wilkins, 1974) is likely within such social networks. In addition, the survival networks on which many poor women depend sometimes preclude upward mobility or exact emotional penalties (Stack, 1974). Economically secure women may be able to extricate themselves from painful relationships more easily than poor women who rely on others for services they cannot afford to buy, such as child care (Belle, 1982b). Poverty often enforces shared living quarters on those who would prefer to live apart, could they afford to do so. Poor women have few material resources to share with friends and relatives, and these friends and relatives are likely to experience crises and catastrophes that make material aid essential. Perhaps it is not surprising that Riley and Eckenrode (1986) found that for women with little income and little education, large social networks generally exacted higher costs than they repaid through the provision of supportive resources.

Women's coping strategies are constrained by poverty. To be poor generally means that one is frighteningly dependent on bureaucratic institutions such as the welfare system, public housing authority, the health care system, and the courts. Poor women who must seek assistance from such systems often experience repeated failures that reflect no lack of imagination or effort on the woman's part, merely the fact that a powerful institution declined to respond. Repeated instances of such failure, however, may lead to the (often veridical) perception that one is indeed powerless to remove the major stressors from one's life. Poor women are often led by such a perception to the use of palliative coping strategies that do not attempt to change the stressful situation itself, merely to dull the pain of its persistence. Self-medication with drugs or alcohol can have such palliative intent as can overeating, sleeping during the day and repressing thoughts of the problem (Fine, 1983–1984; Pearlin & Radabaugh, 1976; Wolf, 1983).

Future Research Directions

It is imperative that we understand the psychological impact of poverty. Yet, as Leaf, Weissman, Myers, Tischler, and Holzer (1984) noted, "In spite of the frequency with which this relationship [between socioeconomic status and mental illness] has been found, we seem to know little about the underlying processes at work" (p. 60). At a very basic level, it is still not clear whether poverty functions to hasten or precipitate the onset of psychological disorders, to prolong their duration, or to increase the likelihood of relapse following recovery. Future analyses of the successive waves of the ECA data will help to resolve such issues.

Poverty takes many forms, and for most Americans who experience it, is not a chronic condition of many years' duration. For single parent mothers, and still more for Blacks, however, persistent poverty is not unusual. Yet most epidemiological studies of mental health problems take one assessment of income level or socioeconomic status, ignoring fluctuations in these variables over time and across the life course. It would be useful to collect in one study data, such as that amassed by the Panel Study of Income Dynamics, along with data on mental health, such as that collected by the ECA project, so that the mental health implications of persistent poverty are disentangled from those of short-term economic reverses.

Low-income women are the target of many social programs, from welfare and workfare programs to interventions designed to prevent problems in pregnancy and to enhance maternal competence. Such programs may well have important effects on factors such as economic strain, helplessness, role performance, coping strategies, and the functioning of social networks. Yet mental health outcomes are rarely assessed when social programs designed for other purposes are evaluated, and the mediating factors that may be contributing to the connection between poverty and mental health problems are still more rarely examined. Evaluation research with low-income women provides many opportunities to test theories in studies that are not only longitudinal, but in which crucial variables are actually manipulated by the intervention. Researchers interested primarily in women's mental health may want to team up with researchers engaged in evaluating social programs to take advantage of such opportunities.

Black and Hispanic women in this country are particularly likely to be poor. We know very little, however, about ways in which their experiences of poverty may be different from those of Caucasian and Anglo women. Future research should explicitly examine the experiences of poor women as these vary by racial and ethnic group. The psychological consequences of "hyperghettoization" and social marginality should be studied, along with the psychological consequences of material poverty.

Recent research suggests that the social networks of low-income mothers are often more stressful than supportive overall, yet the factors that predict whether a network will be more helpful than hurtful have not been fully explicated. Because truly supportive relationships are protective of mental health in conditions of high stress, more effort should be expended to explore what contributes to a supportive social network among low-income women.

Special poverty populations such as the homeless deserve particular research attention. What does it mean to parents and to children to have no real home and to live in a succession of shelters or on the streets? Existing research on poverty-related stresses suggests some implications of these experiences, but only research with such individuals and families will capture their full significance.

Studies are needed to illuminate the resilience among low-income mothers who, despite stressful lives, remain emotionally healthy. What sorts of coping strategies, social supports, or personality factors are most protective to low-income women? We should be prepared to learn that such protective factors may include socially disapproved strategies such as alcohol and drug use for palliative coping or "minimal parenting" strategies (Zussman, 1980) to reduce the burdens associated with parental responsibilities. A deeper understanding of the origins of these strategies would promote more enlightened and useful responses to the women who use them.

We need to know how successful mental health services to poor women surmount the pragmatic difficulties (such as cost, inaccessibility, and need for child care) in the way of effective treatment. What models do we have of successful residential treatments that allow mothers to bring their dependent children with them?

Virtually all the research to date on poverty and mental illness ignores the subjective perceptions and the understandings of those most directly involved. Yet poverty and mental disorder occur to thinking, reasoning individuals who are attempting to find meaning in their lives. More research such as that of Wolf (1987), which explores the specific experiences and perceptions of individuals, is a needed complement to large, epidemiological studies and could contribute to the design of more effective social policies and therapies.

It is also important to examine the impact of poverty on clinicians' assessment and treatment of their clientele. How does a client's socioeconomic status affect the clinician's perspective on the client, the developing clinician–client relationship, the clinician's diagnosis, the course of therapy, and outcomes for the client? What are common clinician failures of understanding or of rapport-building? What techniques do successful therapists use for coming to understand their low-income clients' experiences and worldviews?

Conclusion

The association between poverty and mental health problems has been acknowledged for many years. Recent research has succeeded in teasing apart some of the factors and some of the mechanisms that may be responsible for this association. Poverty is a complex phenomenon, with wide-ranging implications for the well-being of individuals. Future research must refine the hypotheses that have been generated and must build connections to therapies and public policies designed for poor women. The tragically increasing prevalence of poverty among women gives these issues particular urgency.

REFERENCES

American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.). Washington, DC: Author.

Barnett, R., Biener, L., & Baruch, G. (Eds.). (1987). *Gender and stress.* New York: Free Press.

Baruch, G., Biener, L., & Barnett, R. (1987). Women and gender in research on work and family stress. *American Psychologist, 42,* 130–136.

Belle, D. (Ed.). (1982a). *Lives in stress: Women and depression.* Beverly Hills, CA: Sage.

Belle, D. (1982b). Social ties and social support. In D. Belle (Ed.), *Lives in stress: Women and depression* (pp. 133–144). Beverly Hills, CA: Sage.

Belle, D. (1982c). The stress of caring: Women as providers of social support. In L. Goldberger & S. Breznitz (Eds.), *Handbook of stress: Theoretical and clinical aspects* (pp. 496–505). New York: Free Press.

Belle, D. (1988). *Women's mental health research agenda: Poverty* (Women's Mental Health Occasional Paper series). Rockville, MD: National Institute of Mental Health.

Belle, D., Dill, D., Longfellow, C., & Makosky, V. (1988, August). Stressful life conditions and the mental health of mothers. In N. Russo (Chair), *Women and depression: Research gaps and priorities.* Symposium presented at the annual meeting of the American Psychological Association, Atlanta, GA.

Belle, D. with Longfellow, C., Makosky, V., Saunders, E., & Zelkowitz, P. (1981). Income, mothers' mental health, and family functioning in a low-income population. In American Academy of Nursing, *The impact of changing resources on health policy* (pp. 28–37). Kansas City: American Nurses' Association.

Brown, G., Bhrolchain, M., & Harris, T. (1975). Social class and psychiatric disturbance among women in an urban population. *Sociology, 9,* 225–254.

Cherlin, A. (1979). Work life and marital dissolution. In G. Levinger & O. Moles (Eds.), *Divorce and separation: Context, causes and consequences* (pp. 151–166). New York: Basic Books.

Children's Defense Fund. (1979). *American children and their families.* Washington, DC: Author.

Corcoran, M., Duncan, G., & Hill, M. (1986). The economic fortunes of women and children: Lessons from the Panel Study of Income Dynamics. In B. Gelpi, N. Hartsock, C. Novak, & M. Strober (Eds.), *Women and poverty* (pp. 7–23). Chicago: University of Chicago Press.

Dohrenwend, B. S. (1973). Social status and stressful life events. *Journal of Personality and Social Psychology, 28,* 225–235.

Eckenrode, J., & Gore, S. (1981). Stressful events and social supports: The significance of context. In B. Gottlieb (Ed.), *Social networks and social support* (pp. 63–68). Beverly Hills, CA: Sage.

Fine, M. (1983–84). Coping with rape: Critical perspectives on consciousness. *Imagination, Cognition and Personality, 3,* 249–267.

Hall, L. A., Williams, C. A., & Greenberg, R. S. (1985). Supports, stress-

ors, and depressive symptoms in low-income mothers of young children. *American Journal of Public Health, 75,* 518–522.

Holzer, C., Shea, B., Swanson, J., Leaf, P., Myers, J., George, L., Weissman, M., & Bednarski, P. (1986). The increased risk for specific psychiatric disorders among persons of low socioeconomic status. *The American Journal of Social Psychiatry, 6,* 259–271.

Kaplan, G., Roberts, R., Camacho, T., & Coyne, J. (1987). Psychosocial predictors of depression: Prospective evidence from the Human Population Laboratory Studies. *American Journal of Epidemiology, 125,* 206–220.

Leaf, P., Weissman, M., Myers, J., Tischler, G., & Holzer, C. (1984). Social factors related to psychiatric disorder: The Yale Epidemiologic Catchment Area Study. *Social Psychiatry, 19,* 53–61.

Makosky, V. (1982). Sources of stress: Events or conditions? In D. Belle (Ed.), *Lives in stress: Women and depression* (pp. 35–53). Beverly Hills, CA: Sage.

Merry, S. (1981). *Urban danger.* Philadelphia: Temple University Press.

National Advisory Council on Economic Opportunity. (1980). *Critical choices for the 80's.* Washington, DC: U.S. Government Printing Office.

Neugebauer, D. D., Dohrenwend, B. P., & Dohrenwend, B. S. (1980). The formulation of hypotheses about the true prevalence of functional psychiatric disorders among adults in the United States. In B. P. Dohrenwend, B. S. Dohrenwend, M. S. Gould, B. Link, R. Neugebauer, & R. Wunsch-Hitzig (Eds.), *Mental illness in the United States* (pp. 45–94). New York: Praeger.

Pearlin, L., & Johnson. (1977). Marital status, life-strains and depression. *American Sociological Review, 42,* 704–715.

Pearlin, L., & Radabaugh, C. (1976). Economic strains and the coping functions of alcohol. *American Journal of Sociology, 82,* 652–663.

Radloff, L. (1975). Sex differences in depression: The effects of occupation and marital status. *Sex Roles: A Journal of Research, 1,* 249–266.

Riley, D., & Eckenrode, J. (1986). Social ties: Subgroup differences in costs and benefits. *Journal of Personality and Social Psychology, 51,* 770–778.

Ross, C. E., & Huber, J. (1985). Hardship and depression. *Journal of Health and Social Behavior, 26,* 312–327.

Rossi, P., & Wright, J. (1989). The urban homeless: A portrait of urban dislocation. *The Annals of the American Academy of Political and Social Science, 501,* 132–142.

Stack, C. (1974). *All our kin: Strategies for survival in a black community.* New York: Harper & Row.

Steele, E., Mitchell, J., Greywolf, E., Belle, D., Chang, W., & Schuller, R. B. (1982). The human cost of discrimination. In D. Belle (Ed.), *Lives in stress: Women and depression* (pp. 109–119). Beverly Hills, CA: Sage.

Wacquant, L., & Wilson, W. (1989). The cost of racial and class exclusion in the inner city. *Annals of the American Academy of Political and Social Science, 501,* 8–25.

Weissman, M., Leaf, P., & Bruce, M. (1987). Single parent women: A community study. *Social Psychiatry, 22,* 29–36.

Wilkins, W. L. (1974). Social stress and illness in industrial society. In E. K. E. Gunderson & R. H. Rahe (Eds.), *Life stress and illness* (pp. 242–254). Springfield, IL: Charles C Thomas.

Wilson, W. J., & Neckerman, K. M. (1986). Poverty and family structure: The widening gap between evidence and public policy issues. In S. Danziger & D. Weinberg (Eds.), *Fighting poverty: What works and what doesn't* (pp. 232–259). Cambridge, MA: Harvard University Press.

Wolf, B. (1983). *The impact of socio-environmental stress on the mental health of low-income mothers.* Unpublished qualifying paper, Harvard Graduate School of Education, Cambridge, MA.

Wolf, B. (1987). *Low-income mothers at risk: The psychological effects of poverty-related stress.* Unpublished doctoral dissertation, Harvard Graduate School of Education, Cambridge, MA.

Zill, N. (1978). *Divorce, marital happiness and the mental health of children: Findings from the OCD National Survey of Children.* Unpublished report.

Zussman, J. (1980). Situational determinants of parental behavior: Effects of competing cognitive activity. *Child Development, 51,* 792–800.