

How Does Class Status Influence Perceptions of Individual Mental Health?

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ABSTRACT

Individuals in lower socioeconomic classes are said to have higher stress levels than those in higher classes, which in turn causes poor mental health for these individuals. Studies have shown that low income is associated with both low life evaluation and low emotional well-being. The present study worked to find support for this theory using the research question: How does class status influence perceptions of individual mental health? This study uses data from the 2010 General Social Survey (N= 1149) in which individuals between 18-89 years of age participated. Analyses of the results through multiple regression suggested individuals in lower socioeconomic classes experienced more days of poor mental health than did individuals in higher socioeconomic classes. Results also suggested other factors such as less education, being single, divorced, widowed, or separated and being female also negatively impacted levels of individual mental health. These findings support the notion that individuals in the lower classes rate themselves as having poorer mental health than do individuals in higher classes.

A wide variety of literature exists on the relationship between financial hardship and the development of social and emotional problems (Ponnet 2014). Family and individual functioning as well as interpersonal relationships become negatively affected by financial hardship as well (Conger, Conger, and Martin 2010). Low socioeconomic status (SES) and income are also associated with depression due to the stress of living with less money than one needs to make ends meet. Individuals of lower socioeconomic status have also been found to experience more chronic and uncontrollable life events and stressors than those in higher socioeconomic statuses (Santiago, Stump, and Wadsworth 2011). The current study approaches this topic using the Family Stress Model. According to this model, income indirectly affects psychological stress and creates conflict due to concerns about individual financial situations. The impacts of financial distress are higher for those at the lower socioeconomic levels, as they do not always have access to resources to alleviate stress like others to which members of higher classes may have access. Using this theory, I will work to answer the question: How does class status influence perceptions of individual mental health?

To do this, I will be using data from the 2010 General Social Survey which focused on the question, "How many days of poor mental health have you experienced in the last 30 days?" Running descriptive statistics, I will provide the mean, range, and the standard deviation for my variables. Using correlation coefficients, I will examine the relationship between my dependent variable and all other variables. Using linear regression, I will control for certain variables, and examine remaining relationships. This paper first reviews past literature on this topic, which include vital pieces of information to support my research question. After providing background information, the methods and data used in this study will be described. After describing the data, results of my analyses will be provided. To conclude my paper, a discussion of the results will be provided to explain the social implications of my findings. The discussion section will be followed by a conclusion, which will provide suggestions for future research.

LITERATURE REVIEW

There are various theories used to explain the relationship between class level and poor mental health. One of the most frequently used theories is the Family Stress Model, also known as FSM. This model explains that economic problems will cause various stressors to occur, which impact family functioning. This model predicts that when economic hardship is high, individuals are at an increased risk for emotional distress (such as depression, anxiety) and behavioral problems (such as substance use), which in turn affects the way they are able to communicate and function with others. Using this model, it is shown that families in lower income households experience more stressors, which is detrimental to family functioning, and may negatively influence child development (Ponnet 2014). These stressors include factors such as low income, high debts, and negative financial events (increasing economic demands, work instability). These conditions tend to affect couples essentially through the economic pressures they create, such as unmet material needs that are considered necessities (food and clothing), the inability to make ends meet or pay bills, and having to cut back on necessary expenses such as expenses of healthcare or medical insurance.

According to the FSM, experiencing these kinds of strains or stressors creates an underlying psychological component of economic hardship, in addition to the obvious

stress hardship causes (Conger, Conger, and Martin 2010). Another study examining the relationship between socioeconomic status and levels of stress and mental health was conducted in 2011, involving 98 low-income families. This study found that poverty-related stress was directly related to anxious/depressed symptoms and social problems. It was also found that low SES and income are associated with depression due to the stress of living with less money than one needs. Individuals with lower income were also found to experience more chronic and uncontrollable life events and stressors, which thus impacts their functioning at higher levels than those with higher SES (Santiago, Wadsworth, and Stump 2011).

As mentioned before, the Family Stress Model also takes into account how parental stress due to economic hardship influences child development. According to the model, economic hardships predict problems in relationships between parents, which in turn cause problems in parenting such as uninvolved, inconsistent childrearing. This model also predicts that interparental conflict and problems within relationships will also be related to disruptions in parenting. This style of parenting impacts a child's cognitive and social competence, school success, and attachment to parents, as well as increases internalizing and externalizing problems in negative ways (depression or anxiety, aggressive/antisocial behavior) (Conger, Conger, and Martin 2010).

The impact of financial distress is higher in those with low income, because these families are not always able to purchase materials, experiences, and services that benefit a child's development or they lack social and institutional support (Ponnet 2014). Another finding by Duncan, Magnuson, and Votruba-Drzal (2014) supports the idea that families with higher incomes are better able to promote child and overall human development. This research shows that children whose parents had higher incomes met their kindergarten proficiencies at a much higher rate than children whose parents had lower incomes. In another example, adults with higher incomes had a lower percentage rate of arrest than did adults with lower incomes. Another study has shown that parents with low incomes reported higher incidents of adolescent emotional problems among their children than did parents with higher incomes. It was also found that in certain incidences low-income families experience, such as renting a house instead of buying a house, impacted the levels of behavior problems among their children. This may be because large concentrations of disadvantaged families live in areas of rental housing, and things such as the quality of the neighborhood and its context have worsened over time (Langton et al. 2011).

Other studies have examined the relationship between stressful life events and relationship satisfaction, using socioeconomic status, also known as SES, as a moderator. The results show that the association between stressful life events and relationship satisfaction was stronger for individuals with low SES compared to respondents with high SES. The association between mental health and relationship satisfaction was also stronger for low-SES respondents compared to respondents of high SES. This is because

economic disadvantage makes other stressful events and mental health problems more challenging and can impair a couple's ability to communicate effectively (Maisel and Karney 2012). Another example comes from research conducted by Kirschenbaum, Oigenblick, and Goldberg in 2000 that examined the relationship among well-being, work environment, and proneness to work accidents. Results found that poor housing conditions, having feelings of anger or conflict in interpersonal relationships, as well as being unsatisfied with home life also increase the chance of work injury. This is because these types of stressors decrease attention to a person's task, often due to preoccupation of the mind, therefore increasing chance of injury. Yet another example of this concept comes from a study conducted by Krieger et al. in 2010. This article examines the relationship among different aspects of those with low income such as their home life, work life, and neighborhood, and how these aspects affect their health. The results found that 82% of respondents experienced at least one occupational hazard such as workplace abuse. Seventy-nine percent experienced at least one social hazard such as sexual or racial discrimination, 34% of respondents experienced a relationship hazard such as intimate partner violence. All these results were associated with an increased rate of psychological distress.

Family processes that may seem unimportant for some high-income families also can become stress factors for families with low incomes. For example, in a study by Hughes et al. conducted in 2015, the relationship between emotional distress among parents and parent feeding styles in low-income families was tested. Emotional distress among parents was found to have negative effects on their feeding habits, such as lacking important aspects like fruits and vegetables, uninvolved feeding styles, and turning to less healthy, yet more inexpensive, meals for their children. These factors influence obesity in adolescents, which results in poorer health, which strongly relates to increased stress levels..

A study conducted in 2013 also contributes to this idea. Griggs, Casper, and Eby examined the relationship between support from work, family, and community aspects and the impact those domains have on work-family conflict. To study this, researchers surveyed 193 low-wage workers throughout the US. The results of their study showed that work-family conflict is reduced when individuals have support from outside sources. A unique finding in these results for low-income families comes from the fact that the outside sources for these families are nontraditional. Respondents reported feeling no support from coworkers or their places of employment in general. Respondents also reported little support from their partners. This is possibly because often low-income couples are working equal amount of hours, with their main contribution being financial. Another unique result found was that many of the respondents considered child financial support to be a large help; child financial support refers to parents' children helping with family needs, such as employment at a very young age to contribute to the family income or caring for younger siblings in order to reduce work-family conflict.

These unique situations for low-income parents as well as the children in these families contribute to added stress, said Griggs, Casper, and Eby (2013). Other studies have found that low levels of daycare quality cause higher levels of parental stress among low-income mothers (Bigras, Lemay, and Liesette 2012).

A unique outlook on this concept comes from research completed after the economic recession of 2008. Rothwell, Chang-Keun (2010) discovered that although most families were affected in some way by the recession, those with low incomes felt the impact at a much higher rate. This is because small fluctuations in incomes can create many large problems within a family, and families with low incomes have less access to financial and other supportive services. Economic resources are recognized to play an important role in family functioning, and this article focused on the effect assets have on a family's financial situation and stress. Results found that the more assets a family has, the less likely they are to be affected by an economic dilemma. Assets were also found to be stress suppressing in terms of family demands. Because of this, low-income families are affected by economic dilemmas and experience stress at higher rates, because they do not have many assets.

METHODS

Research Question: How does class status influence perceptions of individual mental health?

Hypothesis 1: Individuals with lower socioeconomic status will report more days of poor mental health than those with higher socioeconomic status.

This paper examines the relationship between class identification and individual perceptions of mental health. Class ID in this case is measured by subjective identification. For this paper, I used data from the 2010 General Social Survey (GSS). The GSS is a survey conducted by the National Opinion Research Center, also known as NORC, which monitors social change throughout American society. NORC randomly selects households to participate in the survey, keeping certain quotas in mind such as quotas of sex, age, and employment status. The survey is usually conducted in-person and takes about 90 minutes to complete. Since 1994, the GSS has been conducted every other year. With 2044 respondents, the GSS from 2010 focused on questions regarding many different topics, such as national spending priorities, marijuana use, crime and punishment, race relations, quality of life, and confidence in institutions.

The dependent variable examined in this paper is mental health. The question used to measure this variable is: How many days of poor mental health has the respondent experienced in the last 30 days? The response categories ranged from 0-30

days. The primary independent variable examined in this paper is class identification. Response categories ranged from 1-4, 1 being lower class, 4 being upper class. Control variables included in this research are: age, education level, number of children, sex, race, and marital status. For age, respondents provided their age in years, with a specific category created for ages 89 or older. Respondents also provided the number of years of schooling they have received, with a specific category created for individuals who have had 20 or more years of education. Number of children follows this pattern, with a specific category created for eight or more children.

The control variables of sex, race, and marital status were recoded into dichotomous variables. Sex was recoded so that male=1, and female=0. Race was recoded into three different dummy variables; the first dummy variable was recoded so that Black=1, Not White=0. The second dummy variable was recoded so that Black=1, Not Black=0. The third dummy variable was recoded so that Other Race=1, every other race=0. Marital status was also split into three different dummy variables. The first dummy variable was recoded so that 1=married, 0=not married. The second dummy variable was recoded so that 1=Never married, 0=Currently or previous married. The third dummy variable was recoded so that 1=widowed, divorced, or separated, 0=every other response.

In conducting analysis of the data, I will conduct a univariate analysis, which will examine the descriptive statistics of my sample, providing the mean, range, and standard deviation of my variables. Then, I will conduct a bivariate analysis, and examine Pearson correlation coefficients, to explore the correlations between the independent variables and the dependent variable, as well as the significance of these correlations. Finally, I will conduct a regression analysis, using a baseline model, a partial model, and a full model. The baseline model will include only the control variables, to determine the significance of them. The partial model includes only the primary independent variable, while the full model includes both the control variables and the independent variable, to determine the remaining significant correlations between the variables, which will provide a better understanding of the relationship between the independent variables and days of poor mental health.

RESULTS

Descriptive statistics are provided in Table 1. The total number of people involved in this sample is 1,149. In total, 47% of respondents were male. The average age of the respondents in this sample was 43 years old. The average level of schooling completed by this sample was 13.99, which represents having completed at least some college. With regard to racial demographics, 14% of the sample identified as Black, and 9% of

the sample identified as a race other than Black or White. Twenty-eight percent of the sample reported never being married, while 24% of the sample identified as widowed, divorced, or separated. The mean number of children reported by this sample was 1.6, meaning the average number of children respondents in this sample had is one child. This table shows the mean score of my dependent variable, days of poor mental health, was 3.82. This means that the average number of poor mental health days reported by respondents was 3-4 days out of a 30-day span. The mean score of my primary independent variable, subjective class identification, was 2.4, which represents the category of working class.

	Mean	Range	Standard Deviation
Days of Poor Mental Health	3.82	0-30	7.32
Subjective Class Identification	2.40	1-4	.61
Age	43.69	18-89	13.86
Black	.14	0-1	
Other Race	.09	0-1	
Highest Level of School Completed	13.99	0-20	3.04
Male	.47	0-1	
Never Married	.28	0-1	
Widowed, Divorced, Separated	.24	0-1	
Number of Children	1.67	0-8	1.53

Table 1: Descriptive Statistics

Table 2 provides the bivariate correlations between my variables. This table shows there is a significant negative correlation between my dependent variable, days of poor mental health, and class identification (*r*=-.151, *p* < .05). This suggests that as a person's class status increases, the number of poor mental health days experienced decreases. This table also shows a significant negative correlation between days of poor mental health and age (*r*=-.098, *p* < .05). This suggests that as a person's age increases, the number of poor mental health days experienced decreases. A significant negative correlation between days of poor mental health and the "Other" race category also exists (*r*=.068, *p* <.05). This correlation suggests that individuals who were not Black or White experienced more days of poor mental health than did individuals who were Black

	Days	Class	Age	Black	Other	Highest	Male	Never	Widowed,	# of
	Poor Mental Health	ID			Race	School Completed		Married	Divorced, Separated	Children
Days Poor Mental Health	1	- .151*	- .098*	022	.068*	144*	067*	.059*	.073*	.014
Class ID		1	.168*	133*	032	.320*	.018	144*	023	047*
Age			1	084*	135*	049*	009	497*	.380*	.427*
Black				1	133*	083*	048*	.222*	013	.048*
Other Race					1	087*	.015	.090*	048*	004
Highest School Completed						1	004	.005	106*	288*
Male							1	.030	116*	022
Never Married								1	393*	404*
Widowed, Divorced, Separated									1	.213*
# of Children										1

Table 2: Pearson Correlation Coefficients

Notes: 2010 General Social Survey, N= 1,149; *p<.05

or White. Days of poor mental health also correlates with the amount of education a respondent had (r=-.144, p < .05). This suggests that the more education a respondent had, the less poor mental health days they experienced. There was also a significant negative correlation between days of poor mental health and sex (r=-.067, p < .05). This suggests that men reported fewer days of poor mental health than did women. A positive correlation between amount of poor mental health days and being single also exists (r=.059, p < .05). This correlation suggests that respondents who were single experienced more days of poor mental health than did those who were not single. There was a final positive correlation found between number of poor mental health days and the respondent being widowed, divorced or separated (r=.073, p < .05). This suggests

that respondents who were widowed, divorced, or separated experienced more days of poor mental health than did respondents who were not widowed, divorced, or separated.

The results of my regression analyses are presented in Table 3. Controlling for the effects of the demographic variables explains 4.3% of the variance in number of poor mental health days ($R^2 = .043$). I also find that when controlling for the effects of the

	Model 1- Baseline	Model 2- Partial	Model 2-
	Model	Model	Full Model
	8.726	8.103	10.311
Constant	(1.386)	(.857)	(1.456)
	057*		049*
Age	(.019)		(.019)
	-1.136		-1.136*
Black	(.647)		(.647)
	1.136		1.163
Other Race	(.763)		(.763)
	223*		127
Highest Level of School Completed	(.074)		(.079)
	953*		877*
Male	(.433)		(.432)
	1.251*		1.186*
Never Married	(.593)		(.591)
	1.953*		1.874*
Divorced, Widowed, Separated	(.548)		(.546)
	.234		.191
Number of Children	(.168)		(.168)
		-1.785*	-1.328*
Class Identification		(.346)	(.379)
R ²	.043	.023	.054
Ν	1,149	1,149	1,149

Notes: 2010 General Social Survey, Unstandardized coefficients shown; Standard errors in parentheses; p<.05*

other variables, there is a significant association between days of poor mental health and age (b = -.057, p < .05). This suggests that as a person's age increases, the amount of poor mental health days experienced decreases. There is also a significant association between days of poor mental health and level of school completed (b = -.223, p < .05), even when controlling for the effects of the other variables. This suggests that the more education a person has, the lower the amount of poor mental health days they experience. Controlling for the effects of the other variables, regression analyses also resulted in an association between sex of respondent and days of poor mental health (b =-.953, p < .05). This suggests that males reported fewer days of poor mental health than did females. There is also a significant association between days of poor mental health and being single (b = 1.251, p < .05). This suggests that respondents who were single reported more days of poor mental health than those who were not single. Lastly, there was a significant association between days of poor mental health and being divorced, widowed, or separated (b = 1.953, p < .05). This suggests that those who are divorced, widowed, or separated have more days of poor mental health than do those who are not divorced, widowed, or separated. Number of children (b = .234, p > .05), as well as race (b = 1.136, p > .05), was not significantly associated with days of poor mental health. When examining my primary independent variable, class identification, the results for this explained 2.3% of the variance in my dependent variable (R^2 = .023). When adding in the effect of this variable, an association between days of poor mental health days and class identification was found (b = -1.785, p < .05). This suggests that as an individual's class status increases, the number of poor mental health days experienced decreases. This finding supports my hypothesis: individuals with lower socioeconomic status will report more days of poor mental health than those with higher socioeconomic status.

This relationship remains statistically significant when adding in the control variables. The full model of my regression analysis explained 5.4% of the variance in this data ($R^2 = .054$). After constructing my full model, the original significance of two variables was affected. In the partial model, the control variable of Black had no significance. After the full model analysis was conducted, the control variable of Black became significant (b = -1.136, p < .05). This suggests that those who are Black report less days of poor mental health than other races, when controlling for the other variables. The association between days of poor mental health and highest level of school completed disappeared after constructing the full model (b = -.127, p > .05). This suggests that there is no association between days of poor mental health and level of school completed, when controlling for the effects of the other variables in my models.

DISCUSSION

When economic hardship is high, those who experience the hardship are at an increased risk for emotional distress, such as depression or anxiety. Using the Family Stress Model, we might expect that individuals in lower-income households experience more stressors, which is detrimental to family functioning, as well as individual

functioning (Ponnet 2014). Experiencing these stressors creates an underlying psychological component to economic hardship (stressors cause psychological dysfunction) in addition to the obvious stressors that occur (Conger, Conger, and Martin 2010). Several studies have been conducted to support these relationships, and the current study examines these relationships further.

This paper explored the research question: How does class status influence perceptions of individual mental health? In conducting my analysis, it was found that individuals who categorized themselves into higher-class statuses reported fewer days of poor mental health than did individuals who categorized themselves into lower-class statuses. This finding supports the literature surrounding this topic, as well as my hypothesis: Individuals with lower socioeconomic status will report more days of poor mental health than those with higher socioeconomic status. This may be due to factors such as individuals in lower classes having less access to resources to alleviate stress, experiencing financial distress more frequently, or having unmet material needs that are necessities such as food and clothing (Conger, Conger, and Martin 2010).

Factors such as level of education, marital status, and sex were also related to the amount of poor mental health days reported. These significant findings are important to discuss, as they may reflect a person's class status. Those with higher education reported experiencing fewer days of poor mental health. This could be explained by the fact that individuals with higher education tend to fall into higher statuses of class. This could also be because those who have more education may have more knowledge of coping skills to deal with poor mental health. Those who had been divorced, widowed, or separated, as well as those who were single, reported experiencing more days of poor mental health than did those who were married. This may also be explained in terms of class status; having a single income compared to a dual income may cause these individuals to be in a lower-class status, which in turn causes stress for the individual. This may also be because divorce, separation, and losing a spouse are all highly stressful, hard situations. This may contribute to their feelings of poor mental health. In the case of those who are widowed, divorced, separated, as well as single, they may lack interpersonal support, which in turn may cause them to have poorer mental health. In terms of sex, males reported experiencing fewer days of poor mental health than did females. This could be explained in terms of class as well; the wage gap between men and women may cause men to be in a higher position of class than women, which may decrease the amount of poor mental health days men experience compared to women. This may also be due to the social norm that women are more likely to express their mental issues than men are, therefore women more readily admitted they had suffered from some days of poor mental health.

After conducting a regression analysis, my dependent variable only accounted for 2.3% of the variance in the data. Because of this, it is important to discuss some limitations of this study. First, the topic of this study focuses on class status being the

main causation of an individuals' poor mental health, which may be too narrow of an explanation. It is important to also explore societal factors, as well as individual psychological factors, that may also cause reports of poor mental health. For example, in regards to men experiencing fewer days of poor mental health than women, it is important to consider societal factors, such as social norms, to explain their levels of poor mental health. Women are expected to be more emotional, as well as carry more responsibilities, such as being a caregiver as well as an income-earner (Mayor, 2015). These factors may also explain why women report having more days of poor mental health than men, in addition to their class identification.

Second, the Family Stress Model used in this analysis assumed participants will perceive "stress" to fall under the category of poor mental health, which may have skewed respondents' answers to the question. It should be taken into consideration that some individuals may not consider stress to translate into poor mental health, but instead are viewed as two different issues. To correct this, future researchers should work to restructure the question for the variable of days of poor mental health by providing a description of what is meant by the concept of poor mental health, to clarify the understanding of the question at hand.

Third, the subjective measure used to interpret the variable of days of poor mental health may also skew the results. Because a subjective measure is used, those who are responding to the question may not always have the same interpretation of what they consider poor mental health to mean. For example, a situation that may be found to be stressful for some may not be considered to be stressful to others, which influences their response to the question. Some respondents may not have considered the events in their life to impact their mental health, one possible explanation being that they are accustomed to these events, so therefore they do not consider themselves to be impacted psychologically by this event, while other respondents may find the same situation impactful on their mental health. To correct this possible problem, future researchers should work to create an objective measure to interpret the days of poor mental health variable to create uniformity in the way respondents interpret the question.

Last, the topic of discussion examined in this paper may be a bit too broad for the sample that was used. The 2010 General Social Survey covers a large spectrum of questions concerning multiple issues within society, as well as individual experiences, but does not go into detail about these topics. Because of this set-up, it poses difficult to pinpoint the influences of poor mental health in this situation. To correct this, future researchers may work to create follow-up questions regarding a respondent's personal perception of mental health. Questions regarding situations a respondent has been through in the past 30 days, such as financial hardships or lack of resources, are important to consider in order to create a better understanding of the level of perceived mental health, and how these experiences may relate to class identification.

CONCLUSION

Living with financial hardship is proven to be detrimental to one's physical and mental health (Ponnet 2014). The present study worked to research this relationship further by investigating the relationship between class identification and individual perceptions of mental health. The findings of this study revealed that class identification does indeed influence an individual's perceived mental health. Factors such as level of education, marital status, race, and sex were also found to influence perceived mental health, which reiterates the importance of using a broad scope when determining factors that may influence poor mental health. Taking into consideration the limitations mentioned above, future research could provide a stronger argument for the role class identification plays in perceptions of mental health, by including various in-depth questions concerning the causes of a person's perceived poor mental health, and determining whether those causes relate to class identification more directly.

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