
The Impact of Poverty and Low Socioeconomic Status on the Socioemotional Functioning of African-American Children and Adolescents: Mediating Effects

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Along with family income, the factors indicative of the economic well-being of children and families include poverty, parental employment, job (that is, promotion, demotion, stability), and socioeconomic status (SES). A bifurcation exists in the psychological and sociological literature that addresses these phenomena. One segment of the literature focuses on *economic decline* or *loss*, that is, unemployment, job loss, job demotion, and income loss as experienced by working- and middle-class individuals who characteristically are stably employed (e.g., Conger, Ge, Elder, Lorenz, & Simons, 1994; Flanagan & Eccles, 1993; McLoyd, 1989, 1990). The other segment focuses on *poverty* and *low SES* as ongoing, persistent conditions that are inextricably linked to employment-related factors such as unemployment, underemployment, low wages, and unstable work (e.g., Brody, Stoneman, Flor, McCrary, Hastings, & Congers, 1994). This chapter focuses on the latter segment of the literature. In particular, direct and indirect evidence concerning the effects of poverty and low SES on the socioemotional functioning of African-American children and adolescents is reviewed, processes that may mediate these effects are delineated, and important gaps in our knowledge that warrant redress are identified.

This chapter is divided into three major sections. Because it incorporates information about two related, but conceptually distinct indicators of economic disadvantage (i.e., poverty and low SES), it begins with a brief discussion of differences between these constructs. The second section summarizes existing research on the relation of poverty and low SES to children's socioemotional functioning, with special emphasis on African-American children. Also presented in this section is a discussion of proc-

esses through which poverty and low SES might influence children's socioemotional functioning. Three potential mediators are discussed: (a) discrete and chronic stressors, (b) experiences of inferiorization, and (c) punitive, nonsupportive parenting. The discussion of mediational processes is limited by its grouping of several diverse child outcomes under the general rubric of "socioemotional functioning." Extant research is inadequate to support extensive analyses of specific domains of socioemotional functioning. Mediating processes may be domain-specific; as such, documentation of these processes can be pursued most productively in programs of research focusing on specific categories of socioemotional functioning in children (e.g., self-esteem, depressive symptomatology, self-efficacy, behavioral problems). The analysis of mediational processes also is limited by the fact that it does not take account of individual child characteristics (e.g., age, gender, temperament) that might influence mediational processes; again, this deficiency is due to the scarcity of relevant data. The final section of the chapter summarizes major gaps in our knowledge about the impact of economic disadvantage on African-American children's socioemotional functioning and offers suggestions for future research.

It is critical to underscore that neither socioeconomic disadvantage nor mediating variables can be seen as having inevitable, certain consequences for child and adolescent functioning. Linkages exist among these variables only in probabilistic terms determined by mutual influences operating between children and their environments. As Baldwin, Baldwin, and Cole (1990) pointed out, it is precisely this fact that makes it possible for economically disadvantaged children to have positive outcomes. Research on resilience in children who experience economic hardship is in its infancy, and very little of this work has focused specifically on African-American children or other children of color (Clark, 1983). Nevertheless, research on resilience is a critically important counterweight to inquiries into the adverse effects of economic disadvantage and the mechanisms responsible for these effects.

DISTINGUISHING POVERTY AND SOCIOECONOMIC STATUS

Poverty, in its official sense, refers to a condition in which the income of an individual or family falls short of the amount needed for food, shelter, and other necessities, as estimated by the U.S. government (Duncan, 1984). First developed by the Social Security Administration in 1964 (then referred to as the "Orshansky Index"), this standard has remained basically unchanged for a generation. The U.S. government defines a person as living in poverty if his or her cash income from all sources is less than three times the cost of an adequate diet. Currently, there are well over 100 different "poverty lines" reflecting a wide range of family types (as determined by family size,

sex and age of household head, number of children under 18, farm vs. nonfarm residence, and so forth). In the studies reviewed in this chapter, poverty is operationalized in various ways, including income-to-need ratios calculated on the basis of official poverty thresholds, family per capita income, eligibility for subsidies to the poor (e.g., free or reduced-cost lunch), or family income cutoffs corresponding to those used to determine eligibility for subsidies. Use of poverty thresholds, in general, is preferable to other operationalizations because it enhances comparability of findings, at least with respect to the influence of poverty on child outcomes.

The term *socioeconomic status* typically is used to signify individuals', families', or groups' rankings on a hierarchy according to their access to or control over some combination of valued commodities such as wealth, power, and social status (Mueller & Parcel, 1981). Although there is some dispute among social scientists about how SES should be defined or measured, there is considerable agreement that important components of SES include the occupation of the father, mother, or both, family income, education, prestige, power, and a certain style of life (House, 1981).

Poverty is not isomorphic with low SES. Unlike SES, poverty is based on an absolute standard or threshold and does not signify relative position. Its marker, cash income, is only one of several components or dimensions of SES and is clearly related to, but distinct from, occupational status, educational level, prestige, and power. In addition, poverty status is considerably more volatile than SES. During adulthood, income relative to need is more likely to shift markedly from one year to another than are SES indicators such as educational attainment and occupational status. For example, Duncan's (1984) examination of adjacent-year pairs of data from the national, longitudinal Panel Study of Income Dynamics for the period 1969-1978 indicated that one third to one half of those who were poor in one year were not poor the next. However, it should be noted that spells of poverty are far longer for African-American children and families than for their White counterparts (Duncan & Rodgers, 1988).

These distinctions between poverty and low SES are important because of their potential to affect children's socioemotional functioning differentially. Some evidence exists (e.g., Duncan, Brooks-Gunn, & Klebanov, 1994) that poverty and income status have effects on children's socioemotional functioning (i.e., externalizing symptoms) independent of SES indicators (e.g., parent education), although too few studies include both poverty status and SES indicators as predictors of children's socioemotional functioning to discern any pattern that might exist in the relative contributions of poverty versus various SES indicators. Notably more studies have assessed the effects of SES than poverty status on children's socioemotional functioning. We do not yet know how stability or instability in poverty and income status act synergistically with more stable indicators of SES to influence socioemotional functioning (Huston, McLoyd, & Garcia Coll, 1994).

It is also important to bear in mind that poverty and low SES rarely exist independently of one another. They often represent a conglomerate of conditions and events that amount to a pervasive rather than a bounded stressor. Belle (1984) and Pelton (1989) reported that a paucity of material resources and services is often conjoined to a plethora of undesirable events (e.g., eviction, physical illness, criminal assault) and ongoing conditions (e.g., inadequate housing, poor health care, dangerous neighborhoods, environmental toxins). Indeed, neither poverty as measured by official criteria nor low SES can be assumed to be identical to, or even particularly good proxies for, material hardship. Mayer and Jencks (1988) found, for example, that income-to-needs ratios explained less than a quarter of the variance in householders' reports of material hardship (e.g., spending less for food than the "thrifty" food budget published by the U.S. Department of Agriculture, unmet medical and dental needs, housing problems). Traditional measures of poverty and SES, then, may underestimate the direct and indirect effects of material hardship on children's socioemotional functioning.

The terms used in discussing the issues raised in this chapter vary as a function of whether the analyses cited center around constructs of poverty or of low SES. In the following discussion of specific findings from different areas of research, the terms used are those that most closely approximate the construct employed by given researchers. However, in the broader discussion of conceptual issues, poverty and low SES are used interchangeably, unless distinction between the two constructs seems critical.

POVERTY AND SOCIOECONOMIC STATUS AS PREDICTORS OF CHILD AND ADOLESCENT SOCIOEMOTIONAL FUNCTIONING

Main Effects of Socioeconomic Disadvantage

Current Poverty Status and Socioemotional Functioning

Most, though not all, of the studies reviewed in this section typify what Bronfenbrenner (1986) termed the *social address* model of analysis and rely on what Blumer (1956) designated *variable analyses*, that is, bivariate and multivariate analyses of the relation of sociodemographic variables, such as income and social class, to individual outcomes. Analyses of this kind are limited to comparison of outcomes for children living in contrasting environments as defined by socioeconomic background or physical characteristics, with no explicit consideration of intervening structures or processes through which these environments affect the course of development.

Numerous studies of children and adolescents in both health care and non-health care settings, the vast majority of which focus on SES status

2. IMPACT OF POVERTY AND SOCIOECONOMIC STATUS

rather than poverty status, have reported an association between socioeconomic disadvantage and socioemotional problems. Most samples are White, although a substantial number of studies employ either solely African-American children and adolescents or ethnically diverse samples that include African-American children and adolescents. Prevalence estimates of mental health problems, although less precise than those for physical health problems (as a result of varying methods of assessment and thresholds used in making diagnoses), suggest that a significant proportion of children under 18 experience emotional and behavioral problems (Butler, Starfield, & Stenmark, 1984). Based on a review of diagnostic data from seven primary care facilities, Starfield et al. (1980) concluded that at least 5%, and as many as 15%, of children seen in 1 year had one or more socioemotional problems. In a similar study undertaken by Jacobson, Goldberg, Burns, Hooper, Hankin, and Hewitt (1980), between 3% and 10% of children seen in four health care settings during a 1-year period were diagnosed as having mental health problems. Comparable prevalence estimates have been reported in other studies conducted in pediatric practice settings (Goldberg, Regier, McInerney, Pless, & Roghmann, 1979). In all of these studies, low SES was associated with a higher prevalence of emotional and behavioral problems.

Numerous investigations of nonreferred children in home and school settings have also reported a negative relation between SES and the presence of behavioral/emotional problems. Lower SES during early and middle childhood has been found to be associated with lower adaptive functioning; diminished self-confidence and self-esteem; strained peer relations; increased presence of severe temper tantrums; and higher levels of overall symptomatology, social maladaptation (e.g., shyness, aggressiveness, immaturity, learning problems), and psychological distress (e.g., feelings of sadness, tension, and nervousness; for a review of these studies, see McLoyd, Ceballo, & Mangelsdorf, in press).

Low SES and economic hardship during adolescence have been linked to diminished adaptive functioning with respect to relationships, school, and work; delinquent behavior; a less positive self-image; and increased vulnerability to depression (for a review of these studies, see McLoyd, 1990; McLoyd et al., in press). In addition, researchers have identified a host of negative behavioral and cognitive symptoms accompanying adolescent depression. Gibbs (1986), for example, found that low-income adolescent females with high depression scores, compared to their counterparts with low depression scores, were more susceptible to somatic symptoms and problems with memory, concentration, or studying; had poorer self-images; and experienced a greater occurrence of obsessive ideas, compulsive habits, and phobias. Depressive symptomatology also is associated with delinquency, though whether this link is causal remains unclear (Chiles, Miller, & Cox, 1980; Gibbs, 1981).

The basic relation between SES and children's socioemotional functioning appears to be modified by age of child and domain of functioning. A few epidemiological studies of very young children (3 years or younger) have found no significant relation between SES and socioemotional functioning (Earls, 1980; Richman, Stevenson, & Graham, 1975). It appears that social class differences in rates of behavioral/emotional problems (behavioral problems in particular) gradually increase during the pre- and early school years (Stevenson, Richman, & Graham, 1985). Epidemiological research based on parent, teacher and self-reports of behavioral/emotional problems also suggests that SES differences are more prevalent for externalizing problems than for internalizing problems (Achenbach, Bird, Canino, Phares, Gould, & Rubio-Stipec, 1990; Achenbach, Verhulst, Edelbrock, Baron, & Akkerhuis, 1987).

A few community surveys of child mental health have been conducted in the African-American population and a number of small-scale studies of behavioral/emotional problems in African-American children have been done in school settings (Gibbs, 1986, 1989; Gillum, Gomez-Marin, & Prineas, 1984; Gould, Wunsch-Hitzig, & Dohrenwend, 1981; Kaplan, Landa, Weinhold, & Shenker, 1984; Schoenbach, Kaplan, Wagner, Grimson, & Miller, 1983). Some of these investigations report higher rates of behavioral/emotional problems (e.g., depressive symptoms, somatization, sleep disturbance, conduct disorders) among African-American children than in the general population. However, few directly assess race differences and some that do find only negligible race effects when SES is controlled (Achenbach & Edelbrock, 1981).

Duration of Poverty and Socioemotional Functioning

Most studies of the relation between socioeconomic disadvantage and children's socioemotional functioning have relied on static conceptualizations of the former variable. In recent years, conceptions of poverty, in particular, have grown more complex, largely due to Duncan's (1984) research underscoring the volatility and dynamics of poverty and Wilson's (1987) analysis of historical changes in the spatial concentration of poverty in inner-city neighborhoods wrought by structural changes in the economy. Poverty increasingly is seen as a multidimensional phenomenon that differs in chronicity, ecological context, and subjective meaning, among other factors.

Two recent child-focused investigations reflect this growing conceptual sophistication. Both assessed the influence of duration of poverty on externalizing and internalizing symptoms in preadolescent children. McLeod and Shanahan (1993), in an investigation of 4- to 8-year-old children in the National Longitudinal Survey of Youth (NLSY), found that the length of time children spent in poverty, but not current poverty, had a significant and positive effect on the presence of internalizing symptoms (e.g., anxiety, sadness, depression, dependency) as reported by mothers.

2. IMPACT OF POVERTY AND SOCIOECONOMIC STATUS

In contrast, current poverty, but not duration of poverty, was significantly and positively related to the presence of externalizing symptoms (e.g., disobedience, difficulty getting along with others, impulsivity). Duncan et al. (1994) used longitudinal data from the Infant Health and Development Program, a 4-year, 8-site developmental study of approximately 900 low-birthweight, premature children. An analysis of maternal reports of children's socioemotional functioning at age 5 revealed that children who were occasionally poor (poor less than 4 years) and children who were persistently poor (poor all 4 years) had significantly more internalizing problems than never-poor children. Similar effects were reported for externalizing behavioral problems, although the effect of occasional poverty only approached statistical significance. For both internalizing and externalizing symptoms, persistent poverty had a much stronger effect than occasional poverty. Timing of poverty during the 4-year-period (early and late, early but not late, and late but not early) was unrelated to children's symptoms.

The investigations by Duncan et al. (1994) and McLeod and Shanahan (1993) are consistent in their reports of the relation between duration of poverty and internalizing symptoms, but conflicting with respect to the relation between duration of poverty and externalizing symptoms. The reasons for the disparity are unclear, but it is plausible that it stems from the fact that Duncan et al. did not distinguish current poverty from duration of poverty. These two studies significantly extend prior research and focus attention on the need for improvements in the specification of the economic determinants of children's socioemotional well-being.

Potential Mediators of Socioeconomic Disadvantage

Only recently have significant numbers of researchers begun to move beyond variable analysis to formulate and test models of how and why socioeconomic disadvantage affects children's mental health. House (1981) argued persuasively that tracing the processes through which social structures, positions, or systems affect the individual involves three theoretical tasks. First, we must understand the multiple aspects, dimensions, and components of the social structure, position, or system in question and, ultimately, develop conceptual frameworks that specify which of these are most relevant to understanding, in our case, observed SES or poverty-status differences in children's mental health. Importantly, this approach eschews traditional measures of SES that aggregate education, income, and occupation (Mueller & Parcel, 1981). It essentially calls for dissecting or disaggregating SES into its constituent parts; hence, education, income, and so forth would be considered distinct dimensions of SES or stratification. Furthermore, it argues for careful analyses of the complex nature of occupation or education, taking into account the various aspects or components of each.

Second, on the grounds that social structures, positions, or systems influence individuals through their effects on social interactional patterns, stimuli, and events that individuals experience in their daily lives, House (1981) maintained that we must understand the proximate social stimuli and interpersonal interactions associated with socioeconomic disadvantage that impinge directly on the individual. Finally, we need to understand when, how, and to what extent these proximate experiences affect behavior or mental health, a task that requires documenting the psychological processes through which interactions and stimuli are perceived, processed, and accommodated.

Detailed discussion of each of these tasks as they relate to poverty and low SES is beyond the scope of this chapter. As a starting point, however, the second task is examined in some detail. Three proximal variables are discussed as potential mediators of the link between socioeconomic disadvantage (that is, poverty and low SES) and children's socioemotional functioning: (a) discrete and chronic stressors, (b) experiences of inferiorization, and (c) nonsupportive and punitive parenting behavior. The discussion of the first two is based largely on indirect empirical evidence and ethnographic research, whereas the discussion of parenting behavior has the benefit of recent empirical investigations that directly assess its role in linking socioeconomic disadvantage to children's socioemotional functioning. Figure 2.1 presents a hypothetical model summarizing these mediating processes.

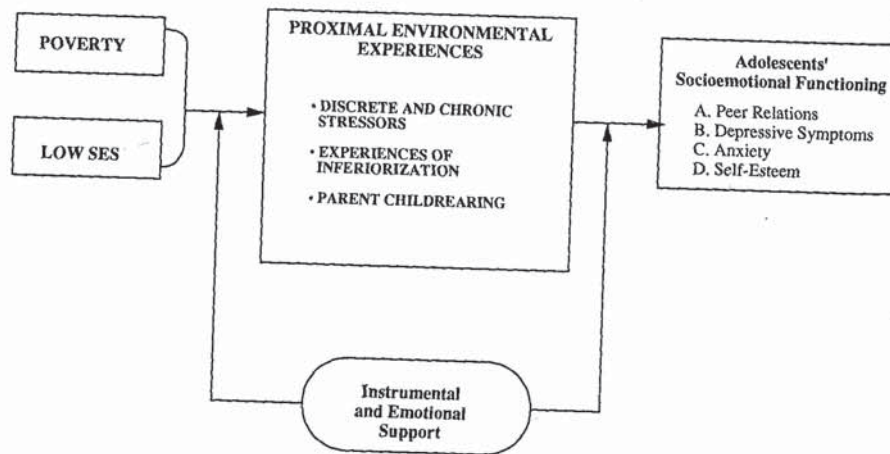


FIG. 2.1. Hypothetical model of how poverty and low SES influence socioemotional functioning in African-American Adolescents.

Discrete and Chronic Stressors

Poverty and low SES may adversely affect children's socioemotional functioning by increasing the presence of negative life events and chronic conditions. An overabundance of these events and conditions may place demands on children that exceed their coping resources (Sterling, Cowen, Weissberg, Lotyczewski, & Boike, 1985). If the corpus of events at issue includes positive (e.g., outstanding personal achievement) as well as negative connotations (e.g., death of a parent), socioeconomic or poverty status does not appear to be closely linked to the frequency of life events (life change) experienced by children or the degree of psychological readjustment required by these events (Coddington, 1972). However, the preponderance of research clearly indicates that children from poor and lower socioeconomic backgrounds, regardless of race, experience a significantly greater number of negative or undesirable life events (Gad & Johnson, 1980; Harper & Collins, 1975; Pryor-Brown, Cowen, Hightower, & Lotyczewski, 1986). Undesirability of life events, whether conceived in pure terms or in terms of balance between desirable and undesirable events, is a consistent predictor of socioemotional maladjustment. Its consistency and, in some cases, power as a predictor of maladjustment exceeds that of life change per se (Gersten, Langner, Eisenberg, & Orzek, 1974; McLoyd & Wilson, 1990; Sandler & Block, 1979).

Specific (e.g., death of a family member) and multiple negative life events largely, if not exclusively, outside the child's control are linked to a host of physical and mental health problems. In Gersten et al.'s (1974) epidemiological study of an ethnically diverse sample, the number of recent undesirable events experienced by children was positively and significantly correlated with maternal ratings of the child's adjustment (e.g., isolation, self-destructive tendencies). Similarly, a recent study of a large sample of African-American, predominantly low-income adolescent females seeking medical care indicated that adolescents who experienced a greater number of negative events displayed substantially higher rates of psychiatric disorders and symptoms such as depression, conduct disorder, and somatic complaints (Pryor-Brown, Powell, & Earls, 1989). Studies of young children report congruent findings. Sterling et al.'s (1985) investigation of first to fourth graders, for example, found that negative life events were associated with the presence of more serious school adjustment problems. These associations were strongest for children who had experienced multiple negative life events, a finding in keeping with other evidence that the adverse effects of clusters of negative life events are multiplicative, rather than simply additive (Rutter, 1979).

Adversity that is chronic, rather than discrete, may also exact a toll on children's mental health. Shaw and Emery (1988), for example, found that low-income school-age children exposed to a greater number of chronic family stressors (i.e., parental conflict, maternal depression, overcrowding, and lower family income) showed more internalizing and externalizing

problems, lower levels of perceived social self-worth, and clinically elevated child behavior problems. For poor and lower SES children, chronic stressors often include their physical living environments. The pernicious living conditions with which many poor individuals routinely contend, such as lack of heat, inadequate plumbing, peeling lead-based paint, lack of laundry facilities, inoperable elevators, and insect and rodent infestation, in addition to threatening tenants' physical health, can chip away at their self-esteem, dignity, and sense of hope (Jordan, 1987a, 1987b; Klerman, 1991; Kotlowitz, 1991). In the words of one poor resident of a subsidized apartment building, "A rotten place to live leads to a rotten life. You feel less of a human being. You feel nobody cares. Eventually, you don't care" (Jordan, 1987a).

Sparked by the surge of murder, violence, and gang- and drug-related activities in poor inner-city neighborhoods during the 1980s, scholars have recently turned their attention to the psychological effects of neighborhood quality (Coulton & Pandey, 1992; Jencks & Mayer, 1990). Persistently poor African-American children are increasingly living in dangerous, crime-infested neighborhoods, aptly termed *war zones* (Dubrow & Garbarino, 1989). For example, a survey of youth in the south side of Chicago indicated that more than 25% had witnessed a homicide by the time they were 17 years old (Bell, cited in Garbarino, Kostelny, & Dubrow, 1991). Numerous poignant and tragic case studies published recently in the popular press liken the effects of this type of exposure to the posttraumatic stress symptoms that plague combat veterans. Although some therapists report signs of resilience, they also note that few children growing up in this maelstrom of violence and crime escape unscathed. They are prone to fear, anxiety, depression, irritability, apathy, poor concentration, and memory lapses. Some respond with aggression, while others withdraw and become inhibited. Many regress to early childhood behaviors and experience somatic ailments that appear to have no organic cause (Garbarino, Dubrow, Kostelny, & Pardo, 1992; Kotlowitz, 1991; Timnick, 1989; Zinsmeister, 1990).

Fitzpatrick and Boldizar's (1993) recent empirical study of the consequences of exposure to violence among 221 low-income African-American youth between the ages of 7 and 18 confirms observations from qualitative work. Reports of posttraumatic stress symptoms were moderately high in this sample, with 27% meeting all three of the diagnostic criteria considered. Males were more likely than females to be victims of and witnesses to violent acts. Being victimized and witnessing violence were significantly related to the reporting of stress symptoms, which were more pronounced among victimized females and victimized youth who had no male adult living with them in the household.

Focus on the level of danger that characterizes neighborhoods has been accompanied by attention to neighborhood economic conditions more generally (e.g., mean or median family income, mean education of parents, occupational mix, percentage of families with female heads, percentage of families on welfare) as determinants of educational and economic outcomes

such as high school graduation, performance on tests of aptitude and achievement tests, teenage motherhood, and labor market success (for a review of these studies, see Jencks & Mayer, 1990). Only a few studies of this genre focus on children's socioemotional functioning. Duncan et al. (1994) found that neighborhood economic conditions, although less powerful than family-income differences, were significant predictors of behavior problems. In comparison to having moderate-income neighbors, having low-income neighbors predicted more externalizing problems in 4- and 5-year-olds. Connell, Spencer, and Aber's (1994) recent investigation of influences on the educational outcomes of three groups of African-American youth indicated that across all three samples, adolescents' experiences of perceived family support, sense of control over school performance, feelings of self-worth, emotional relationships with their mothers, and family economic resources guided their engagement and performance in school far more than neighborhood economic conditions. These conditions included high concentrations of family and individual poverty, female heads of household, and African-American residents; low concentrations of high-SES residents; and high levels of joblessness. These findings are consistent with Jencks and Mayer's conclusion that when family and individual characteristics are controlled, neighborhood economic status and other neighborhood characteristics often have mixed or weak effects.

Coulton and Pandey (1992) suggested, however, that existing research may underestimate neighborhood effects due to inadequate measurement of important characteristics of the environment and use of proxies that are less than optimal. In any case, existing studies that report neighborhood effects on socioemotional functioning and educational and economic outcomes leave open a host of questions regarding what processes are involved. Lack of attention to mediating influences and focus on "global or contextual ecological characteristics of places, to the relative neglect of social interaction within spatial domains" is a recurring limitation of these investigations (Tienda, 1991, p. 248). Hypotheses abound about the processes that mediate neighborhood effects (e.g., contagion, collective socialization, social comparison, institution-based practices), but these explanations have yet to be rigorously tested (Jencks & Mayer, 1990). Tienda argued cogently that such tests will require, at the very least, conceptual frameworks that specify which transmission mechanisms are more pertinent to specific behavioral outcomes and valid empirical measures of the transmission mechanisms themselves. They also will demand that researchers move beyond spatial characteristics of neighborhoods (e.g., physical proximity) to an examination of human interaction patterns within spatial domains. The scope of future investigation in this area should be expanded to include diverse indicators of children's socioemotional functioning and measures of neighborhood characteristics whose selection for examination rests on sound theoretical or conceptual grounds.

Experiences of Inferiorization

Poverty and low SES may adversely affect children's socioemotional functioning by increasing their exposure to demeaning, humiliating, and otherwise negative treatment precipitated by the stigmas of economic hardship. Economically impoverished individuals contend with stigmatizing living conditions and circumstances that publicly "mark" or symbolize their membership in the category of poor or economically deprived individuals (e.g., using food stamps, living in public housing, living in a "bad" neighborhood; Goodban, 1985; MacLeod, 1987; Marshall, 1982). These stigmas serve as cues for maltreatment at the interpersonal level largely because of widespread negative attitudes toward the poor and a strong bias in American society toward person-blame explanations of poverty (Feather, 1974; Leahy, 1990; Pelton, 1989).

By the time poor children enter early adolescence, if not earlier, they have more than an inchoate understanding of the negative social meaning of poverty and low SES. This understanding derives from their interpersonal experiences and often prompts efforts to mask their membership in a stigmatized group. Consider the observations of a father whose family was receiving food stamps: "When my kids go with me to the grocery store shopping, and we go through the checkout line, my kids usually take off. They told me they are embarrassed when I use our food stamps. They don't want to be seen with me" (Wiltfang & Scarbecz, 1990, p. 176).

MacLeod (1987) found that adolescent males living in a predominantly White, low-income housing development in a working-class neighborhood were acutely aware of the stigmas and disadvantages of living in public housing. One of them said "Out here, there's not the opportunity to make money. That's how you get into stealing and all that. . . . To get a job, first of all, this is a handicap, out here. If you say you're from the projects or anywhere in this area, that can hurt you. Right off the bat: reputation" (p. 5).

Self-esteem is the category of mental health functioning that would appear to be most obviously affected by the stigma of poverty and low SES. Numerous studies have investigated the relation between SES and self-esteem. On the basis of their review of these studies, Rosenberg and Pearlin (1978) concluded that the relation is strong for adults, relatively weak for adolescents, and virtually nonexistent for children. Their interpretation of this pattern of findings is that the psychological meaning of social class and the social experiences attendant to social class depend on the individual's developmental status. In particular, they argue that adults are more exposed to social inequality than children, pointing out that the world of work calls attention to a social stratification system and the worker's place in it, whereas the major extrafamilial context for children's socialization and development—school—tends to be socioeconomically homogeneous. Children typically attend schools where the average SES level is similar to their own. They also note that social class is generally viewed as achieved for

adults and ascribed for children and adolescents and, consequently, adults, more so than children and adolescents, are evaluated and tend to evaluate themselves along class lines.

Wiltfang and Scarbecz (1990) argued that Rosenberg and Pearlin's (1978) conclusions are premature because studies have underestimated the effects of social class on adolescents' self-esteem as a result of relying on traditional measures of parental social class (e.g., father's education and occupation) that do not tap the dimensions of social class most likely to affect adolescents' self-esteem. Their assessment of social class in a study of 12- to 19-year-olds included traditional as well as nontraditional indicators. The latter included whether the family was receiving public welfare, whether the father was employed or unemployed, the adolescent's description of the neighborhood (whether it was described as luxurious, comfortable, average, run-down, a slum), and whether the adolescent perceived that lots of men in the neighborhood did not have work. These nontraditional indicators of social class were thought to better reflect the "hidden injuries" of social class (Sennett & Cobb, 1972), to have greater psychological relevance, and to carry more stigma for adolescents than parental education and occupation, especially in American society "where people measure one another by what they have or do, or by where they live" (Wiltfang & Scarbecz, 1990, p. 175). Consistent with their predictions, nontraditional measures of social class were much stronger predictors of adolescent self-esteem than were traditional measures.

Wiltfang and Scarbecz's (1990) study is important for its attempt to dissect the social class matrix into components that are more psychologically meaningful and more proximal to children's experiences than parental education and occupation. In keeping with House's (1981) suggestions, the next step in this line of work would be documentation of the immediate experiences and interpersonal interactions that stem from adolescents' stigmatized status and function to link nontraditional measures of social class and adolescents' self-esteem.

Even if children do not understand fully the social meaning and stigmas associated with poverty and low SES, they can be adversely affected socioemotionally by the maltreatment that stigmas evoke. A stunning example of this process is provided by Rist's (1970) longitudinal, observational study of a group of African-American children during their kindergarten, first- and second-grade years. Children's SES background was a powerful determinant of how they were treated by their teacher and classmates. Low-SES children were inferiorized by a process that was swift, deliberate, and unrelenting. Prior to the beginning of the school year, the school social worker provided to the teacher a list of all children in the kindergarten class who lived in homes receiving public welfare funds. This information apparently proved pivotal in the teachers' permanent seating assignments, made on the eighth day of kindergarten classes. Children's placement at one of three tables in the classroom was highly correlated with objective SES indicators (e.g., welfare status, family income, parental education and

employment status) and with behavioral and physical markers of low SES such as dress, physical appearance, and adeptness at code-switching between standard English and Black English. No objective information directly relevant to the children's academic potential was used in the determination of seating assignments.

The physical organization of the kindergarten classroom according to children's SES and correspondingly, according to the teacher's expectations about the children's future academic success or failure, became the basis for the differential treatment of the children for the remainder of the year. In general, poor children were rejected, penalized, and marginalized by the teacher and by their more economically advantaged classmates for not having middle-class experiences. They were denied privileges granted to nonpoor children, received less of the teacher's attention and, in general, were not given equal opportunity to learn and participate in classroom activities (even to the point of being seated in positions that did not allow them to see exercises and assignments written on the blackboard). Emulating the teacher's behavior, nonpoor children adopted a condescending, authoritarian stance toward poor children, ordering them around and ridiculing and belittling their behavior, clothes, and appearance. Poor children responded to this treatment with withdrawal, both physical and psychological, and verbal and physical in-group hostility, calling each other, but not economically advantaged children, "dummy," "stupid," and other insulting epithets.

Rist's (1970) investigation suggests that as early as 5 years of age, children have begun to learn the acceptability of negative attitudes and behavior toward those who are poor. Moreover, in the case of poor children themselves, they have begun to show signs of low self-esteem as a consequence of internalizing these negative attitudes. As shown in another study allied with Rist's project, by the time children in the bottom academic track reached fifth grade (virtually all of whom were from lower SES backgrounds), internalization of negative attitudes about their academic and intellectual abilities had taken firm hold. As one of them said, "By the time we get to sixth grade, boy, we be dumb" (Gouldner, 1978, p. 62).

Class- and culture-based stigmatization in the classroom is also salient in the recollections of a group of poor, inner-city, African-American male dropouts studied by Glasgow (1981). These young men believed that "mainstream" education, in actuality, is intended to demoralize African Americans and to assure that they have bleak economic futures. They pointed to myriad ways in which instructors "put down" or stigmatized African-American culture (e.g., African-American dance, music, dress, speech patterns), core aspects of their definition of self, of poor people, and of their community at large. Understandably, these young men reacted to these explicit and implicit messages of cultural inferiority with resentment, defensiveness, and feelings of alienation. Reflecting on these inferiorizing experiences, one young man said, "I don't need the man [the White teacher]

to tell me directly that my way of life is uncivilized, but I know what he's putting down; I ain't nobody's fool" (p. 58).

Brantlinger's (1991) investigation of high- and low-SES adolescents' reports of problems and punishment in school revealed processes reminiscent of those recounted by Glasgow (1981) and Rist (1970). Epithets from high-SES students referring to low-SES students (e.g., "scum") understandably evoked intensely negative reactions from the latter (all of whom lived in government-subsidized housing projects) and were often the precipitant of fights between schoolmates differing in SES. Poor students, compared to their more affluent schoolmates, reported a greater number of penalties, more severe, stigmatizing punishment, and more stringent consequences for similar infractions. The self-reported penalties experienced by low-SES students more often involved *public* humiliation (e.g., being yelled at in front of the class), ostracism (e.g., being made to stand in the hall for long periods of time), and rejection. Low-SES students were much less likely than high-SES students to believe that discipline meted out by school personnel was fair and much more likely to believe that teachers did not like them because of prejudice against either their social class or the groups with which they affiliated.

Whether teachers are given to social class and racial biases in their treatment and perception of children depends to a significant degree on teachers' own social class origins. Alexander, Entwisle, and Thompson (1987) found that low-SES and African-American first graders experienced their greatest difficulties in the classrooms of teachers with high-SES social origins (as measured by fathers' occupation when growing up). Teachers with high-SES origins evaluated low-SES and African-American children as less mature (e.g., fights too much, unable to concentrate, timid) than high-SES and White children, had lower performance expectations for them, and evaluated the classroom and school climate more negatively. These differences were markedly more pronounced than corresponding differences observed for teachers with low-SES origins. Not surprisingly, high levels of perceived maturity and high performance expectations were predictive of high grades and performance on standardized achievement tests at the end of the school year. Moreover, whereas significant race differences were found in the year-end achievements (especially for grades) of children in classrooms taught by high-SES teachers, the performance of children in classrooms taught by low-SES teachers was unrelated to race.

In addition to engendering negative self-appraisal, the stigmatizing process described in these investigations may foment aggression, disruptive behavior, anxiety, and depression, and encourage students to drop out of school. Given the large amount of time children spend in school, it is likely that cumulative exposure to inferiorizing experiences in the school setting is a major factor underlying the increase with age in SES differences in behavior problems (Stevenson et al., 1985). Indeed, in view of evidence that SES differences in behavior problems emerge and become more pronounced as

children enter and progress through school, it is difficult to envision that such exposure plays no causal role in the overrepresentation of internalizing, and especially externalizing problems in poor and low-SES children. Longitudinal research that directly tests this hypothesis is essential.

Just as schools have the potential to engender socioemotional problems in economically disadvantaged children by increasing their exposure to inferiorizing experiences, there is some suggestion that they can also mitigate the effects of economic disadvantage. Schools distinguished by appropriately high standards, generous use of praise, the setting of exemplary models of behavior by teachers, and a tendency to give students positions of trust and responsibility appear to foster positive socioemotional functioning in poor children (Rutter, cited in Werner, 1984).

Nonsupportive and Punitive Parenting Behavior

Poor and low-SES children appear to be at increased risk of socioemotional problems partly because of their increased exposure to nonsupportive and punitive parenting (McLoyd, 1990). In a direct test of this hypothesized mediation process in a sample of African-American, Hispanic, and non-Hispanic White families with 4- to 8-year-old children, McLeod and Shanahan (1993) found that mothers' weak emotional responsiveness to their children's needs and frequent use of physical punishment explained the effect of current poverty on children's mental health (i.e., internalizing and externalizing symptoms), but not the effect of persistent poverty. Length of time spent in poverty neither increased the frequency of physical punishment nor decreased mothers' emotional responsiveness, perhaps indicating that family interactions stabilize as the duration of poverty increases and the family adapts to economic deprivation.

Considerable indirect evidence also suggests that punitive, nonsupportive parenting may contribute to the higher levels of socioemotional problems experienced by low-SES children compared to their more affluent counterparts. A number of studies of African-American and racially diverse samples drawn primarily from urban areas report that mothers who are poor or from low-SES backgrounds, compared to their economically advantaged counterparts, are more likely to use power-assertive techniques in disciplinary encounters and are generally less supportive of their children. They value obedience more, are less likely to use reasoning, and more likely to use physical punishment as a means of disciplining and controlling the child. Low SES parents also are more likely to issue commands without explanation, less likely to consult the child about his or her wishes, and less likely to reward the child verbally for behavior in desirable ways. In addition, poverty has been associated with diminished expression of affection and less responsiveness to the socioemotional needs explicitly expressed by the child (for a review of these studies, see McLoyd, 1990).

Although it is indisputable that only a small proportion of poor parents are even alleged to abuse their children, strong evidence exists that child

abuse occurs more frequently in poor families than in more affluent families (e.g., see Daniel, Hampton, & Newberger, 1983; Garbarino, 1976). Indeed, poverty is the single most prevalent characteristic of abusive parents (Pelton, 1989). Several types of data contradict the claim that the relation between poverty and abuse is spurious because of greater public scrutiny of the poor and resulting bias in detection and reporting. First, although greater public awareness and new reporting laws resulted in a significant increase in official reporting in recent years, the socioeconomic pattern of these reports has not changed (Pelton, 1989). Second, child abuse is related to degrees of poverty even within the lower class, which admittedly is more open to public scrutiny; abusive parents tend to be the poorest of the poor (Wolock & Horowitz, 1979). Third, the most severe injuries occur within the poorest families, even among the reported cases (Pelton, 1989).

Several of the childrearing behaviors that are more prevalent among impoverished parents are predictive of a number of socioemotional problems in children. For example, as noted previously, punitive discipline by parents is associated with increased rates of delinquency, drug use, and socioemotional distress (e.g., depressive symptoms, moodiness, hypersensitivity, feelings of inadequacy) among adolescents, and more quarrelsome, negativistic, and explosive behavior among younger children (Elder, 1979; Elder, Nguyen, & Caspi, 1985; Lempers, Clark-Lempers, & Simons, 1989; McLoyd, Jayaratne, Ceballo, & Borquez, 1994). A recent investigation by Dodge, Pettit, and Bates (1994) indicated that harsh parenting during the preschool years predicted externalizing behavior problems in children as many as 4 years later.

Harsh discipline and low levels of positive responsiveness to children also have been found to be key mediators of the link between maternal depression and child maladjustment (Downey & Coyne, 1990). Furthermore, ample evidence exists that children whose parents are nonsupportive have lower self-esteem and more psychological disorders, exhibit more antisocial aggression and behavioral problems, and are more likely to show arrested ego development (for a review of these studies, see McLoyd, 1990). Indeed, recent evidence suggests that across all social classes, adolescents with nonsupportive parents report more psychological distress and engage in more delinquent activities in comparison to adolescents whose parents are warm, firm, and democratic (Steinberg, Mounts, Lamborn, & Dornbusch, 1991). Finally, children who have been neglected or physically abused, compared to children with no history of neglect or abuse, exhibit more anger, aggression, frustration, and noncompliance in problem-solving situations (Egeland & Sroufe, 1981) and behave more aggressively toward their peers and caregivers (George & Main, 1979).

Contributors to Punitive Parenting. A comprehensive model of punitive, nonsupportive parenting as a mediator of the link between socioeco-

employment status) and with behavioral and physical markers of low SES such as dress, physical appearance, and adeptness at code-switching between standard English and Black English. No objective information directly relevant to the children's academic potential was used in the determination of seating assignments.

The physical organization of the kindergarten classroom according to children's SES and correspondingly, according to the teacher's expectations about the children's future academic success or failure, became the basis for the differential treatment of the children for the remainder of the year. In general, poor children were rejected, penalized, and marginalized by the teacher and by their more economically advantaged classmates for not having middle-class experiences. They were denied privileges granted to nonpoor children, received less of the teacher's attention and, in general, were not given equal opportunity to learn and participate in classroom activities (even to the point of being seated in positions that did not allow them to see exercises and assignments written on the blackboard). Emulating the teacher's behavior, nonpoor children adopted a condescending, authoritarian stance toward poor children, ordering them around and ridiculing and belittling their behavior, clothes, and appearance. Poor children responded to this treatment with withdrawal, both physical and psychological, and verbal and physical in-group hostility, calling each other, but not economically advantaged children, "dummy," "stupid," and other insulting epithets.

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nomic disadvantage and children's socioemotional functioning must delineate the proximal antecedents of this style of parenting. We focus here on negative life events, undesirable ongoing conditions, and psychological distress, all of which are more prevalent among individuals who are poor than those who are not (Kessler & Neighbors, 1986; Liem & Liem, 1978). Gersten, Langner, Eisenberg, and Simcha-Fagan (1977) found that the occurrence of undesirable life events correlated positively with affectively distant, restrictive, and punitive parenting. Similarly, Weinraub and Wolf (1983) reported that mothers who experienced more stressful life events were less nurturant toward their children and, in the case of single mothers, were less at ease, less spontaneous, and less responsive to their children's communications. Even ephemeral, relatively minor "hassles" produce detectable, negative changes in maternal behavior. Patterson's (1988) observations of mother-child dyads over the course of several days indicated that day-to-day fluctuations in the mothers' tendencies to initiate and continue aversive exchanges with children were systematically related to the daily frequency of complications or crises the mothers experienced.

Chronic, undesirable conditions such as neighborhood crime may also condition the quality of parenting behavior, although firm conclusions about this issue are precluded by the scarcity of existing data. Research indicates that mothers who perceive their neighborhoods as dangerous and crime-infested, compared to those who perceive their neighborhoods as safer, report more conflict with their children (White, Kasl, Zahner, & Will, 1987) and are more likely to use physical punishment as a child management technique (Kriesberg, 1970). These relations may be mediated partly by mothers' mental health. Perceived neighborhood danger and crime, highly correlated with actual crime statistics (Kriesberg, 1970; Lewis & Maxfield, 1980), have been found to predict poor mental health among minority women (Kasl & Harburg, 1975; White et al., 1987). Mothers residing in dangerous neighborhoods probably are more likely to adopt punitive parenting strategies to ensure their children's safety and to discourage disobedience of rules (a logical goal when one considers the potentially grave consequences that may result from a failure to follow established safety rules). From the parent's perspective, achieving these goals may require the use of more severe child management techniques (Dubrow & Garbarino, 1989). Much more systematic study is needed of the links between neighborhood characteristics and parenting practices and the factors mediating these links.

A great deal of research has confirmed that differences in the psychological well-being of adults of varying SES are at least partly due to an overrepresentation in lower-class life of a broad range of frustration-producing life events and chronic conditions outside personal control. In view of the prevalence of such stressors and their resultant psychological distress, it is not surprising that low SES is associated with less positive and more punitive parenting behavior. Indeed, several studies focusing on specific

stressors such as unemployment, job loss, and income loss, as well as studies that are not stress-specific in focus, directly tie parental mental health (e.g., depressive symptoms, anxiety) to parental punitiveness, inconsistency, and unresponsiveness. For example, research has shown that psychological distress in parents encourages the use of disciplinary strategies that are more aversive and coercive and require less effort (for example, physical punishment, commanding without explanation, reliance on authority) rather than more effort (e.g., reasoning, explaining, negotiating). Psychological distress also inhibits positive behaviors (e.g., hugs, praise, supportive statements) and responsiveness to children's dependency needs (for a review of these studies, see McLoyd, 1990).

Inhibitors of Punitive Parenting. In addition to understanding its antecedents, it is equally important to delineate the factors that moderate or lessen punitive, harsh parenting behavior. A burgeoning body of research based on African-American, White, and racially diverse samples indicates that social support not only improves parents' dispositions but, in turn, lessens their tendency toward insensitivity and coercive discipline. Both poor and more affluent mothers receiving higher levels of *emotional support* (i.e., companionship, expressions of affection, availability of a confidant) report being less likely to nag, scold, ridicule, or threaten their children and are observed to interact in a more nurturant, sensitive fashion with their children. They report feeling less overwhelmed by their parenting situation, more gratified by the maternal role, and more satisfied with their children (Crnic & Greenberg, 1987; Zur-Szpiro & Longfellow, 1982), factors that may both instigate and result from more positive parenting behavior. *Parenting support* (e.g., assistance with child care) also has salutary effects on parenting behavior. Crockenberg's (1987) observational study of impoverished adolescent mothers indicated that maternal sensitivity and accessibility to the infant, as well as promptness in responding to the infant's cries, increased with an increase in the number of family members who helped with various household and child-care chores. This is consistent with reports from poor mothers that they are warmer and less rejecting of their preschool children when given an opportunity to break continuous interactions with them for more than 2 hours (Colletta, 1979).

Because psychological distress among mothers is a risk factor for difficulties in children's socioemotional functioning, factors that protect against maternal distress may bolster the probability of children's adaptive resilience. Extant research supports this proposition. For example, availability of child care support to the primary caregiver has been found to distinguish stress-resilient from stress-affected children (Cowen, Wyman, Work, & Parker, 1990). Likewise, a recent study of rural, two-parent African-American families representing a wide income range indicated that adolescents whose mothers received more caregiver support from their spouses had

more self-control (e.g., considering consequences of actions before acting, planning before acting, task persistence), which, in turn, predicted better academic outcomes and fewer externalizing and internalizing problems (Brody et al., 1994). Increased parenting or emotional support and the resultant increase in nurturant parenting behavior may explain why emotional adjustment in poor African-American children living in mother/grandmother families is almost as high as that of children living in mother/father families, and significantly higher than that of children living alone with their mothers (Kellam, Enslinger, & Turner, 1977).

Implications for Intervention and Prevention

The first steps toward both preventing and alleviating socioemotional problems in poor children and children from low-SES backgrounds are awareness of children's socioemotional functioning, appreciation of their present life concerns, and sensitivity to the environmental and life circumstances that pose threats to their socioemotional well-being. Toward this end, comprehensive family-centered child development programs in poor communities could, with parental consent, regularly assess children's physical, mental, and emotional development for the purpose of keeping well children well, preventing inchoate difficulties from becoming more serious, and facilitating intervention for distressed children (Lurie, 1974).

It is increasingly clear from a small but expanding body of research that childhood resilience is not an innate characteristic, but depends on a combination of child attributes, socialization experiences both within and outside the family, and interactions between these components (Cowen et al., 1990; Rutter, 1990). This means that intervention and prevention strategies that focus exclusively on the child, whether directed toward modification of intrapsychic or behavioral processes, are likely to be severely limited in their effectiveness. Psychiatric interventions for children who are victims of, or witnesses to, violence, for example, may prove effective in the short run, but impotent over time if violence is a mainstay of children's environments (Eth & Pynoos, 1985). Intervention and prevention strategies should seek to both decrease poor children's exposure to acute and chronic stressors and increase the number of protective factors, such as the availability of mentors and social support (Werner, 1984). These outcomes cannot be achieved without impacting the multiple contexts (e.g., classrooms, schools, neighborhoods) within which development occurs. For example, intervention and prevention strategies should include systematic efforts to disrupt negative treatment of poor children by teachers and peers. Ultimately, it is these contexts and conditions that must be altered in the interests of promoting optimal functioning in both parents and children. In short, in the words of Schorr (1989), it is urgent that we not only help individual parents and children beat the odds imposed by poverty and low SES, but work toward *changing* the odds as well.

As social and economic stress are often the root causes of maternal depression, psychological distress, and negative parenting, alleviating such stresses is likely to go a long way toward alleviating mental health problems in mothers, enhancing parenting, and contributing to positive socioemotional functioning in children (Belle, 1984; Rutter, 1985). Mental health professionals need to deepen their appreciation of the strong links among these factors and orient their therapeutic efforts accordingly. Needless to say, blaming poor mothers for their economic and psychological plights will exacerbate their psychological problems, heighten mistrust and apprehension, and undercut the professional's role as facilitator and helper. Because the typical middle-class therapist or mental health worker has never experienced the stressors that poor women routinely confront, this level of understanding cannot be achieved without concerted efforts to bridge the chasms between these professionals and the poor—chasms engendered by cultural, class, and gender differences. Visits to clients' neighborhoods and homes can help clinicians appreciate clients' ongoing struggles to survive and raise children in the midst of daunting environmental realities. Interventions that focus on intrapsychic flaws and parent education, while ignoring the environmental difficulties that undermine psychological and maternal functioning, are likely to be of limited usefulness and, indeed, may engender more, rather than less, passivity, guilt, and depression (Belle, 1984; Halpern, 1991; McLoyd, 1995).

Emotional support for poor women and children, then, needs to be complemented by advocacy activities that help families resolve concrete, environmental problems, and pressure bureaucracies and social agents to be more responsive to the needs of children and families. Belle (1984, p. 147) thoughtfully argued that clinicians who cannot undertake such efforts "should ally themselves with other service providers in a close working relationship so that all of a client's pressing and interlocking problems can receive attention as part of an overall treatment plan." The importance of a comprehensive, rather than fragmented, piecemeal approach is underscored by Schorr's (1989) research, indicating that intervention programs that are successful in changing outcomes for high-risk children, typically offer a broad spectrum of services. The prevailing wisdom of these programs is that social and emotional support and immediate, concrete help are usually necessary before a family can make use of interventions with long-range goals.

Mutual help groups for both children and parents can serve useful therapeutic purposes by bringing together individuals with similar experiences, providing support, and bolstering self-esteem by providing the opportunity to be helpful to others. Mental health workers can play an important role by helping to initiate and sustain such groups (Belle, 1984). Attention should also be devoted to devising creative strategies to strengthen culturally indigenous structures and patterns of relations among African Americans (e.g., strong kinship bonds, flexible family roles)

that have long served to buffer parents and children from the deleterious effects of poverty and socioeconomic disadvantage.

Although instrumental and emotional support from informal and professional sources can help address the problems of poor parents and children, it is crucial to acknowledge the limits of what such support can accomplish. Many of the causes of difficult life conditions confronting poor families, and of poverty itself (e.g., racism in labor markets and lending institutions, low wages paid by traditionally "female" jobs, unavailability of affordable, high-quality child care, unjust housing policies), are impervious to family- and individual-level interventions (Halpern, 1990). As Halpern (1991) pointed out, there has been an overreliance in America on services to address problems created by poverty "due to an unwillingness to acknowledge that many of our most serious problems are a result of chosen social and economic arrangements and a reluctance to use the political process to alter arrangements even when it is acknowledged that they are harmful" (p. 344).

SUMMARY AND FUTURE DIRECTIONS

Ample evidence exists of greater socioemotional difficulties in African-American and White children who are poor or from lower SES backgrounds, compared to nonpoor and higher SES children. SES differences appear to emerge and increase during the preschool and early school years and are more pronounced for externalizing symptoms than for internalizing symptoms. In addition, recent investigations indicate that the presence of internalizing symptoms increases as the duration of poverty increases. No conclusive evidence is available about whether, among children, race and ethnicity are related to socioemotional functioning, independent of SES, or whether SES interacts with race and ethnicity. More methodologically rigorous studies have reported only negligible race effects on children's socioemotional functioning (e.g., Achenbach & Edelbrock, 1981), but additional, large-scale epidemiological research is needed to draw firm conclusions.

Research emphasis has shifted recently from descriptions of effects of socioeconomic disadvantage to analyses of processes by which such effects come about. The principal focus of most of the latter investigations has been family processes. Several recent studies have documented the role of harsh, punitive parenting, low maternal responsiveness, and parent-child conflict in linking economic hardship and socioemotional problems in children. This pathway has been documented in research with African Americans as well as Whites, and a direct test of race/ethnicity differences in the relations among poverty, parenting behavior, and children's mental health has revealed no race/ethnicity effects (African Americans and Hispanics vs. non-Hispanic Whites; McLeod & Shanahan, 1993). We do not

know, however, whether mediating processes are conditioned by duration of poverty. In addition, inadequate attention has been given to extrafamilial, but proximal, factors as potential mediators of the effects of poverty and low SES. Children's interactions with teachers, as well as day-care workers, peers, and extended family members are obvious areas for investigation of mediating pathways.

Neighborhood effects on children's development are an emergent focus in child development research. Advances in our understanding of these effects and the processes by which they emerge will depend on our ability to grapple successfully with a host of conceptual and methodological problems (Jencks & Mayer, 1990; Tienda, 1991). Race and ethnicity may be important considerations in developing mediational models focused on ecological factors. Residence in a neighborhood marked by widespread mental health problems, inadequate mental health services, restricted social resources, and high levels of crime and violence, for example, might be crucial considerations in an analysis of the processes by which poverty affects socioemotional functioning in poor, urban, African-American children (who are very likely to live in high-poverty neighborhoods where such conditions are more common).

Attention also needs to be focused on the extent to which mediating processes are conditioned or moderated by characteristics of the individual child such as age, gender, and temperament. Those involving interpersonal experiences outside the family (e.g., peer-mediated experiences of inferiorization), for example, are unlikely as explanations for socioemotional problems in very young poor children. Likewise, the extent to which parent socialization processes mediate the influences of poverty and low SES on children's mental health may depend, in part, on the child's temperament. Several studies suggest that temperamentally easy children are less likely than children with difficult temperaments to be the target of parental criticism and harshness (Elder et al., 1985; Rutter, 1979). When parents are depressed and irritable, they are more likely to direct abusive behavior toward children with adverse temperamental characteristics. Studies of child abuse also have identified children's temperament as a factor that appears to elicit maltreatment (Belsky, 1980). These critical considerations represent fertile and promising areas of study because of the potential of building on extant quantitative and qualitative research.

The linkages between the effects of poverty and low SES on physical health and their effects on socioemotional well-being need to be examined more systematically. Socioeconomic disadvantage is associated with increased exposure to environmental toxins, overcrowding, inadequate housing and homelessness, and myriad other conditions that threaten physical health (Klerman, 1991). Poor physical health could engender socioemotional problems in children by disrupting friendships, destabilizing school attendance, and adversely affecting academic performance.

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3

The Effects of Economic and Social Stressors on Parenting and Adolescent Adjustment in African-American Families

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Stressful life experiences affect the lives of a substantial number of African-American children. In 1991, Census figures indicated that 51.2% of African-American children 6 years of age and under were poor (U.S. Bureau of the Census, 1992). For many of these children, poverty will be a persistent experience; research reveals that about 24% of children who are poor early in life will experience poverty when they are 10-14 years old (Duncan & Rodgers, 1988). Being poor exposes children and families to a variety of chronic stressors that have been shown to negatively influence the functioning of individuals. Chronic stressors experienced by poor African-American parents can undermine their parenting practices because poor parents are psychologically distressed (McLoyd, 1990). Children and adolescents exposed to less adequate parenting are at risk for a number of psychological and behavioral problems (Aber & Cicchetti, 1984; Egeland & Sroufe, 1981; McLoyd, Jayaratne, Ceballo, & Borquez, 1994). Research also indicates that poor families employ a variety of strategies and living arrangements designed to moderate the effects of poverty. These strategies may include the sharing or pooling of resources across extended families, the sharing of childrearing, or coresidence, among other possibilities (McLoyd, 1990).

This chapter first characterizes the nature of some of the chronic stressors experienced by poor African-American families, then discusses the impact of the stressors on adolescent functioning. Finally, the processes linking stressors to adolescent adjustment are addressed. The conceptual model underlying this chapter is shown in Fig. 3.1. In the model, stressors such as financial strain or neighborhood crime have an effect on adolescent socioemotional adjustment through their impact on parents' well-being and parenting practices. Parents living in the context of financial hardship and neighborhood problems may be more psychologically distressed, and,