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INTERSECTING CONTEXTS: AN EXAMINATION OF SOCIAL CLASS, GENDER, RACE, AND DEPRESSIVE SYMPTOMS

A Dissertation Presented

by

AMY CLAXTON

Submitted to the Graduate School of the
University of Massachusetts, Amherst in partial fulfillment
of the requirements for the degree of

DOCTOR OF PHILOSOPHY

September 2010

Clinical Psychology

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INTERSECTING CONTEXTS: AN EXAMINATION OF SOCIAL CLASS, GENDER, RACE, AND DEPRESSIVE SYMPTOMS

A Dissertation Presented

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ABSTRACT

INTERSECTING CONTEXTS: AN EXAMINATION OF SOCIAL CLASS, GENDER, RACE, AND DEPRESSIVE SYMPTOMS

SEPTEMBER 2010

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This study examined whether commonly used social class indicators (occupational prestige, education, and income) had direct or indirect effects on mental health, and whether these relationships varied by gender, race, or family structure. To this end, 597 working-class participants were interviewed in the months before they had a child. Findings indicated that income, and not occupational prestige or education, had a direct effect on mental health, in that it was related to fewer depressive symptoms. Additionally, education and race interacted, such that for People of Color, more education was related to more depressive symptoms. Furthermore, occupational prestige and education, and not income, had indirect effects on mental health through job autonomy, such that higher prestige and education were related to more job autonomy, which in turn was related to fewer depressive symptoms. However, after examining the moderating influence of race and family structure, these indirect effects were only significant for Whites and married participants, with null or opposite effects for People of Color, cohabiters, and single participants. The findings highlight the importance that social divisions play in creating disparate experiences in society.

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CHAPTER 1

INTRODUCTION

Despite the phrase "every man is created equal," which was optimistically penned into the Declaration of Independence, the United States is a hierarchical society, where some people live in abundance and others live in poverty. Income disparity in America is increasing, ensuring the stability of a "working-class" population, who often have limited education and engage in low-wage work (Rubin, 1994). While overall annual income has increased in the 21st century for families in the middle and upper-most end of the hierarchy, there has been a decrease in income for those who are poor (US Census Bureau, 2006). The richest 1% of Americans has seen their proportion of the United States' income grow from 9.3% in 1979 to 13.4% in 2002. At the same time, the poorest 20% of Americans have seen their income proportion shrink from 5.8% of all income in 1979 to 4.2% of all income in 2002 (Tax Policy Center, 2005).

The last decade has seen the President of the Federal Reserve Bank of New York, William J. McDonough, caution American businesses about the critical issue of the growing disparity between the rich and poor in this country, and the social consequences associated with income disparity. The Gini index, which is a ratio of financial inequality where 0 indicates perfect equality and 1 indicates perfect inequality, has been rapidly increasing in America, rising 4.2% in the last 10 years. While most developed European nations have a Gini index between 0.24 and 0.36, the United States's Gini index is 0.46, indicating greater income inequality (US Census Bureau, 2007). Thus, over the years, financial disparity and social stratification have become entrenched in America's economy.

Scientists have long been interested in the social consequences of inequality, and many studies have documented risks associated with belonging to a lower socioeconomic status (SES). For example, researchers have noted that people of a lower SES have an increased risk of developing heart disease and high blood pressure (Barnett, Armstrong, & Casper, 1999; Hong, Nelesen, Krohn, Mills, & Dimsdale, 2006), an increased risk of experiencing Sudden Infant Death Syndrome (SIDS) and child mortality (Pickett, Luo, & Lauderdale, 2005; Reading, 2006), and an increased risk of obesity (Speakman, Walker, Walker, & Jackson, 2005). In addition, psychologists have identified increased rates of psychopathology in poor and low-income neighborhoods (Lorant et al., 2003) and have noted that money, wealth, and material goods are related to subjective well-being (Myers & Diener, 1995). Thus, over the last century, it has become clear that those of lower SES are at greater risk for poorer health and poorer mental health outcomes. It is not always clear, however, why lower SES and lower income are associated with poorer outcomes. Beyond merely documenting overall effects, important questions arise as to the ways in which social class directly or indirectly affects the quality of life (Ensminger & Fothergill, 2003).

Researchers commonly measure social class by using income, occupation, education, or a combination of these three as proxies for social class. However, it is not clear whether income, job prestige, or education directly produce health disparities in working class individuals, or whether these SES indicators alter other subjective life experiences that influence health-related outcomes. For instance, characteristics of low-wage work, such as job autonomy or a lack thereof, may create different life experiences that in turn affect subjective well-being. In addition, researchers should not assume that

social class is experienced in the same way by everyone, regardless of other contextual factors such as gender or race. In the following study, the primary objective is to examine how different indicators of social class are related to mental health in a sample of working class employees. To this end, this study will (a) examine how traditional indicators of social class, specifically income, education, and job prestige, are directly related to reported depressive symptoms in a working-class sample; (b) examine how gender, race, and family structure moderate the links between social class and depressive symptoms in the working class; and, (c) examine one process whereby the relationship between social class and depressive symptoms may be mediated by conditions of employment, namely job autonomy, in a working-class sample.

Literature Review

The Evolving Study of Social Class

The term "social class" refers to a complex social and economic hierarchy that exists within a society, which has traditionally been based upon characteristics of one's income, education, and occupation. In social science, one reason that social class is of interest is because social environmental factors play an important role in shaping human development. Bronfenbrenner's bioecological model of human development (Bronfenbrenner & Morris, 1998) highlights the importance of multiple social contexts, such as historical time period, social class, race, and geographic location, as they directly and indirectly influence individual development. Bronfenbrenner and Morris (1998) posit that social environments intersect to create an enduring impact upon human development through processes of reciprocal interaction between individuals and persons, objects, and symbols in their environment. Although Bronfenbrenner was one of the first

developmental psychologists to emphasize the importance of social class, the study of social class has a long history.

Modern sociology credits the study of social class to Karl Marx (Gilbert, 2003). In the mid-1800's, Marx began to understand societal relations and historical events in terms of economic organization. He classified people in relation to their means of production—the "bourgeoisie," who own the means of production, and the "proletariat," who sell their labor in order to earn a living. Marx posited that one's place in society, relationships, and values were shaped by his work experience. Shared work experience then creates groups of people with similar economic and political interests, or "social classes" (Marx, 1979). Marx was particularly interested in how social class is shaped by power, and he advocated for a strong working class unified to bring about social change. Later, in the early 1900's, the concept of social class was further developed by Max Weber. Weber argued that class determines income, and income determines lifestyle. Thus, groups of individuals who share similar lifestyles begin to bond together and exclude others, creating social status (Weber, 1946). Weber was one of the first social scientists to look at social class in more than economic terms. He viewed social class as determining "life chances" for individuals, emphasizing that class membership often shapes fundamental facets of an individual's future possibilities, from an infant's chance for decent nutrition to an adult's chance for worldly success (Gilbert, 2003).

Social interest in the "working class" peaked in the 1930's. The Great Depression inflated the poorer classes, and political interest in socialism grew following the Russian revolution, which united the working class against deteriorating working conditions (Gilbert, 1998). However, after World War II, the fear of communism led people to

advocate more for the middle class; the working class began to become less visible as the middle class was idealized. Classic "blue collar" jobs began to decrease as manufacturing became more efficient and/or relocated abroad, as the number of service jobs (e.g., cleaning) stayed steady or increased (Gilbert & Kahl, 1992).

Sociologists' interest in social class continued into the 1940's and 1950's, with researchers such as William Lloyd Warner emphasizing an anthropological method of studying and classifying social class. Warner classified six primary classes that exist in America, ranging from "upper-upper" to "lower-lower" (Warner, Meeker, & Eells, 1949), highlighting myriad status levels in the social hierarchy. In the 1960's and 1970's, social scientists began linking social class to specific outcomes. For example, Melvin Kohn documented linkages between social class and aspects of family life, such as parenting and psychological constructs, such as personality and values (Kohn, 1969). Rubin (1976) wrote narratives from working-class individuals and noted that working-class relationships follow a different set of norms than the middle class; for example, she noted that working-class individuals enter into marriage at a younger age and are more likely to adhere to traditional gender roles. Rubin also noted that ideas originating from the middle class, such as the sexual revolution and the rise of feminism in the 1960's, took longer to be adopted by the working class. Throughout the 1980's and 1990's, the study of social class continued to expand, as researchers began to consider the complexities of social class and its effects on individual development (Lambert & Haley-Lock, 2004; Perry-Jenkins, Goldberg, & Pierce, 2007). Throughout these decades, many perspectives emerged regarding the theoretical underpinnings of social class.

Perspectives on Social Class

Baca Zinn and Eitzen (1990) differentiate between two major perspectives regarding the persistence of the social class hierarchy in the United States: the cultural approach and the structural approach. The cultural approach views social class as a pattern of cultural values. People of higher social status are said to embrace cultural values that help to maintain their position, such as professional ambition, self-direction, and independence. Meanwhile, those of lower social status embrace cultural values that might stymie economic success, such as conformity, obedience, and apathy (Baca Zinn & Eitzen, 1990; Hughes & Perry-Jenkins, 1996; Kohn, 1977). These values, in turn, lead to the maintenance of a stable class system. Opponents of this view argue that the cultural approach "blames the victim" by positing that individuals of lower social status create their social position (Hughes & Perry-Jenkins, 1996).

The structuralist approach views social class as shaped by structural components of society. Thus, education, income, and job prestige influence behavior such that poor education leads to poor job opportunities. The experience of poverty, stable wage earning, affluent salaries, or inherited wealth influence behavior in different ways as well (Baca Zinn & Eitzen, 1990). Often, the adaptive ways individuals and families use to cope with structural disadvantage have been assumed to derive from core values (Hughes & Perry-Jenkins, 1996). Another example is the often-cited finding that the working class often rely upon extended kin networks (Walker, 1995). From a cultural perspective this phenomenon would be interpreted as working-class individuals placing a higher value upon extended family. In contrast, structuralists see inequitable resources as leading low income families to pool resources with a wider network of people, who in

effect become family. Thus, when a family has less money available for commodities such as formal child care or paying rent, they might cope with less financial stability by expanding the boundaries of family (Baca Zinn & Eitzen, 1990). Therefore, according to the structural approach, as long as structural components of society lead to an inequitable distribution of resources, the social class hierarchies will persist.

Moving past structural and cultural perspectives, two additional theories regarding social class inform the current research. First, the conflict perspective, which comes from Marxian theory (Marx, 1867/1967), holds that there are two primary social classes that are in conflict with each other in order to receive society's rewards. Marx saw the ruling class (Bourgeoisie/Capitalists) as having advantages over the ruled class (Proletariat/Workers). Although this two-class system is often rejected by modern researchers, neo-Marxist theorists still view social class as being related to power (Zweig, 2000). This perspective has led researchers to conceptualize social class as primarily linked to issues of power and control. One example of when power relationships might occur is through dimensions of work, such as job autonomy, which has a particular focus on dimensions of control at work.

Second, the market perspective posits that the laws of supply and demand dictate social class in America. That is, the rewards associated with a given profession will be proportional to the scarcity of the skills and training associated with that profession (Smith & Graham, 1995). In this way, social stratification is not an undesired outcome of oppression, but rather necessary to the functioning of society. From this perspective, social class is conceptualized on a hierarchical continuum of rewards, with key indicators of class being wealth, income, or prestige. Thus, whether researchers buy into the market

perspective or the conflict perspective would be a key influence on how they conceptualize social class in their studies.

It is important to note that many theorists use the term socioeconomic status (SES) differently than social class (Wohlfarth, 1997). The concept of SES focuses more on social stratification and inequality, which involves access to resources and attainment of goods (American Psychological Association [APA], 2007). The concept of social class not only encompasses components of SES, but also focuses upon power, oppression, and control over means of production. Overall, these concepts overlap and have not always been differentiated by researchers (Gilbert, 2003).

Despite the range of theories about what creates and maintains social class, scholars are in agreement that conditions of class (i.e., differential distribution of economic resources, social prestige, lifestyle, power, and information) have powerful and life-long effects on human development (Entwisle & Astone, 1994; Smith & Graham, 1995) and can even influence individual personality characteristics, such as self-direction, rebelliousness, or expressions of sexuality (Kohn, 1977; Ratner, 2006). Social class scholars are now calling for an in-depth examination of how social class is experienced (Adair, 2005), how it is lived in gendered and racial ways (Center for Working-Class Studies, 2005), and how different aspects of social class might differentially influence individuals and families (Hughes & Perry-Jenkins, 1996). Given the critical importance of social class to individual and family functioning, each class has not received equal attention from researchers. The majority of psychological research has focused upon the middle class, and only recently has attention been given to those in poverty. Those who

are “just getting by” (neither poor nor middle class), also known as the “working class,” have received very little focus (Rubin, 1994).

The Invisible Working Class

Although social class has been extensively cataloged by anthropologists, sociologists, and psychologists in the last century, a specific definition of the working class remains somewhat vague. In his book *The Working Class Majority*, Zweig (2000) states, “Class is first and foremost a product of power asserted in the production process” (p.12), and many theorists agree that social classes are assigned based upon the characteristics of one’s job (Baca Zinn & Eitzen, 1990; Gilbert, 1998; Kohn, 1969; Rubin, 1994). Gilbert (1998) views the quintessential member of the working class as someone who works in a highly routinized, closely supervised manual or clerical job. Those in the working class are commonly employed in clerical, retail sales, and low-skill positions. Members of the working class often have little control over the pace and content of their work. Zweig (2000) describes, “They show up, a supervisor shows them the job, and they do it” (p. 13). Social class has historically differentiated between “blue collar” working-class occupations, which consists of manual laborers working for an hourly wage, and “white collar” middle-class occupations, which consists of office workers and professionals working for a yearly salary (Gilbert & Kahl, 1992). However, Gilbert (1998) notes that in the last few decades, some “white collar” jobs (i.e., lower level managerial positions) have become increasingly routinized. These positions have correspondingly dropped in occupational prestige, and now many “white collar” jobs are considered working-class. Zweig (2000) notes that the characteristics of a job determine class status, and not merely the job title. Thus, some nurses might be working class and

some might be middle class, depending upon how much control they have over their work.

Because definitions of the working class are varied, there are different estimations of its size. Gilbert (1998) estimated that roughly 1/3 of Americans meet the criteria to be working class. Zweig (2000), using data from the Department of Labor, determined that 62% of the labor force is working class. A New York Times survey stated that approximately 35% of people are subjectively "working class," while approximately 67% consider themselves to be upper-middle or middle class (Scott & Leonhardt, 2005). Rubin (1995) reports that working-class families are the "single largest group of families in the country" (p.30). Thus, although the exact percentage of working class individuals is arguable, it is clear that the working class makes up a sizeable number of Americans.

Working-class families have their own unique needs. Over the last few decades, many working-class positions have declined as production companies become more efficient or moved abroad for cheaper manufacturing costs (Gilbert, 2003). Thus, working-class positions are marked by lower incomes and job insecurity. Individuals of the working class often do not have the "safety net" of a sizeable savings account, so that an unexpected event (e.g., illness, layoff from work) could leave them without money for food or rent (Rubin, 1994). Also, jobs that exist for members of the working class are more likely to involve unsafe or unhealthy working conditions (APA, 2007). Likewise, the working class are more likely to live in unsafe living environments, which can affect healthy child development (Carter-Pokras & Baquet, 2002).

The social sciences have contributed to the invisibility of the working class by holding up the middle class as the group to which all others are compared. Researchers

often use samples that are made up almost entirely of middle-class subjects without questioning the generalizability of the sample (APA, 2007). On the other hand, when examining groups other than the middle class, researchers are likely to be cautious in their conclusions, noting that their findings may not generalize to all populations (Ensminger & Fothergill, 2003).

It is not only researchers who overlook working-class populations. From early in its history, America was often touted as a "middle-class country." In his 1835 book *Democracy in America*, de Tocqueville noted, "The whole country seems to have melded into one middle class" (de Tocqueville, 1835/2004). In their study of class identification, Kelley and Evans (1995) concluded that "rich and poor, well-educated and poorly educated, high status and low status, all see themselves near the middle of the class system, rarely at the top or the bottom" (p. 166). Qualitative researchers have discovered that many individuals hesitate to describe themselves as part of a class system, despite persistent economic inequality (Bottero, 2004). Savage, Bagnall, and Longhurst (2001) discovered that people often wish to establish their own 'ordinariness,' placing themselves in the middle of the hierarchy. Bottero (2004) suggests that class consciousness, historically associated with the Marxian idea that the working class will resist the unfair conditions associated with class hierarchy, is no longer a significant part of being working class, despite the fact that material differences between social classes are becoming more pronounced. Indeed, by the 1950's, opinion polls showed that the majority of Americans referred to themselves as middle class, regardless of their income (Cassidy, 1996).

It is disadvantageous for the working class to be invisible to politicians. The view that everyone is/should be middle class has led to a broad definition of "middle class," which can obscure class realities. For example, much of the legislation from Congress is aimed toward the "middle class," although this group is rarely defined. In a Report to Congress, Cashell (2007), a specialist in quantitative economics, defines the "middle class" to be any household making $19,178 to $91,705. This is an overly broad estimate, because it is unlikely that a household making $19,178 and a household making $91,705 could have the same social and financial realities. With this broad definition of middle class, the working class is invisible to politicians and policy-makers, who focus their attention upon the poor and the middle class. The way a group of people are conceived of and defined determines whether their needs are acknowledged, and that determines what governmental policies are lobbied for and passed (Rubin, 1995). In her book highlighting the experiences of the working class, Rubin (1995) states, "If popular political language denies the very existence of a sector of the population, their needs aren't likely to be taken into account" (p.30).

It is also psychologically disadvantageous for the working class to be invisible. Some class theorists have noted the increasing invisibility of the working class and note that there is often a negative stigma associated with being working class. The stigma can result in 'dis-identification' with being working class (Bottero, 2004; Skeggs, 1997a). Qualitative researchers have noted disadvantages that working-class individuals face. For example, Jensen (2004) wrote about working-class students who did not feel like they belonged in college, and Rubin (1994) describes many struggles faced by the working class to remain hopeful about life.

Although there are increased risks associated with being working class, the life experiences of the working class are not consistently negative. On the contrary, for every author extolling the disadvantages of being working class (e.g., Rubin, 1976), there are many romanticized and positive representations of the working class as well. Songs such as John Lennon's "Working-Class Hero" have viewed working-class individuals as being truly free, in that they do not conform to the "rat race" of middle-class ambitions and compromises in order to achieve career goals. Popular television shows such as "King of Queens" showcase working-class individuals whose pleasures in life stem from relationships and hobbies that are primarily outside of work. Thus, the "working-class experience" is not a monolithic one, but an experience that scholars must continue to research in order to understand.

Operationalizing Social Class

Although there has been a growing consensus that social class is an essential construct to understand, scholars continue to debate the best method to measure it. Each measure of social class has associated advantages and disadvantages. Income is often used as an indicator of class because it provides a quantifiable estimate of the resources a family can acquire, and it represents an individual's potential purchasing power in society (Baca Zinn & Eitzen, 1990; Gilbert 2003). In many ways, a higher income indicates more security in terms of having a place to live and food to eat. It is also a desirable proxy because it is easy to place families within an income hierarchy (Baca Zinn & Eitzen, 1990; Liu, Soleck, Hopps, Dunston, & Pickett, 2004). However, there are also problems with using income as a sole proxy for social class. For example, income is vulnerable to many short-term fluctuations that undermine its utility as a measure of

overall economic well-being (Entwisle & Astone, 1994). This is especially true in the working class, which has a higher percentage of periodically unemployed and seasonally-employed workers than the middle class (Lambert, 2007). Also, income equality does not necessarily produce social equality. For example, a "working class" construction worker might make more money working 60 hours per week than a "middle class" teacher or professional (Gilbert & Kahl, 1992; Halle, 1984); yet, their social status is not necessarily equalized by income. On a practical note, questions pertaining to income are more likely to be refused in research (Entwisle & Astone, 1994). For example, Demo and Acock (1996) reported that 17.5% of the individuals in the National Survey of Families and Households did not report their family income. This sensitivity may create missing data in analyses, which would make social class more difficult to analyze.

Occupation is another variable that is often used as a proxy for social class. Researchers like to use this indicator because occupational experiences often shape social values (Kohn, 1977) and define one's social role (Gilbert, 2003). In addition, theorists posit that individuals' power in society is often dictated by their occupational prestige (Smith & Graham, 1995). Most importantly, though, occupational prestige maps onto social class theories that place importance on an individual's relation to the production process (Zweig, 2000), instead of viewing social class in purely economical terms (Bottero, 2004). On a practical note, occupational prestige is a useful proxy for social class, because it is a relatively stable construct and most people agree upon a designated level of prestige for most given occupations (Treiman, 1977). However, it can also be a difficult measure to use, given the myriad diverse occupations that exist in America. For example, the government's Dictionary of Occupational Titles (DOT) lists over 28,800 job

titles. Thus, classification systems rely on broad categories for prestige scales, which can sometimes lead to imprecise classifications (Gilbert & Kahl, 1992). Entwisle and Astone (1994) also point out that occupational prestige scales may not be accurate proxies of social class for women, since many women are employed in high prestige but low paying jobs (i.e., social worker, librarian, schoolteacher, etc.) and are more likely to be unemployed or employed only part-time (U.S. Census Bureau, 2006).

Education level is the most frequently used measure of social class (Ensminger & Fothergill, 2003). It is often used as a proxy for social class because it signifies an achieved status. Education provides more occupational opportunities, yet it also has implications for the self-concept and well-being (Schieman, 2002). Education symbolizes competence, persistence, and potential—in short, it augments highly valued personality traits (Becker, 1993). Some theorists point to the nonmaterial goods that education gives a person, such as language skills, that are indicators of higher status in the United States (Entwisle & Astone, 1994). In a practical sense, education is convenient to use because it is a fairly consistent construct. Also, questions pertaining to education are less frequently refused than questions pertaining to income (Ensminger & Fothergill, 2003; Yu & Williams, 1999). However, using educational attainment alone can result in misclassification, because people do not necessarily use their education on the job (Gilbert & Kahl, 1992).

It is important to note that many sociologists have come up with composite social class scores that involve a combination of income, education, and occupational prestige scores (e.g., Hollingshead). However, Kohn (1977) does not recommend using a composite index of social class; instead, he recommends using separate indices of

occupational prestige, income, or education and measuring their additive impact. The American Psychological Association (2007) agreed, because using a composite index of class confounds the differential effects that income, education, and occupational prestige might have.

Overall, social class is such a dynamic and imprecise concept that it should not come as a surprise that scholars still face challenges in operationalizing this construct. Another challenge facing researchers is how to assess a family's social class in a dual-earner family. In a noteworthy *Child Development* article providing guidelines to researchers for assigning participants to SES groups, Entwisle and Astone (1994) recommend using the "primary breadwinner" of a family to determine class, which is a method that has been adopted by many researchers (Smith & Graham, 1995). This perspective assumes that family members will take on the status of the member with the highest position, in order to maximize their own status. Historically, this has been thought of as the adult male in a family. However, this method leaves out an important part of the picture. A woman with a high school education making $20,000 per year will have a different social reality depending upon whether she is single, married to a spouse of similar status, or married to a spouse with a bachelor's degree making $75,000 per year. Perry-Jenkins and Folk (1994) suggest that it is imperative to measure both couple members' social class in a family. In their study of couples' division of labor and marital conflict, they discovered that different within-couple class combinations (i.e., both couple members middle class, working-class wife with a middle-class husband, etc.) held different implications for the division of labor in the family and spouses' assessments of

their marriage. Thus, it is important to also consider social class as a family-level variable, with family structure playing an important role.

As noted earlier, there is great variability in how social class has been conceptualized (Smith & Graham, 1995). Liu et al. (2004) analyzed 3,915 counseling psychology articles to examine how social class was used, and they found 448 different words used to describe social class. Because social class is thought of and measured inconsistently, it is unlikely that the various indicators of "social class" are always capturing the same construct. This variability has led research conclusions about social class to be scattered and inconclusive (Brown, Fukunaga, Umemoto, & Wicker, 1996; Liu et al., 2004). Research suggests that income, education, and prestige are differentially related to psychological outcomes like depression, anxiety, or overload (Hughes & Perry-Jenkins, 1996; Liu et al., 2004). For example, Duncan, Brooks-Gunn, and Klebanov (1994) found that income had a negative association with children's IQ development that was more powerful than parental education. In an examination of different indicators of social class, Wohlfarth (1997) reported that education and occupational prestige are interchangeable when examining mental health. That is, each indicator of social class explained similar amounts of variance for psychopathology. Wohlfarth (1997) did not examine income in her analyses. Thus, more research is needed to fully understand the additive or differential impact of the different social class indicators of income, education, and occupational prestige on mental health (APA, 2007).

Social Class and Mental Health

As Melvin Kohn (1979) states, "Members of different social classes, by virtue of enjoying (or suffering) different conditions of life, come to see the world differently—to

develop different conceptions of social reality, different aspirations and hopes and fears, different conceptions of the desirable" (p.48). Social class can lead individuals to assign different meanings to their behaviors and life circumstances (Hughes & Perry-Jenkins, 1996). Different social realities and meanings can create different outcomes according to social class. Ratner (2006) states, "The job market, unemployment, and gender predict mental illness better than any personal factor does. Social class predicts domestic violence, educational achievement, linguistic development, parent-child interactions, mental illness, and IQ better than personal factors" (p. 9). Entwisle and Astone (1994) agree, stating, "Birth weight, school achievement, pubertal timing, body image, family structure, neighborhood cohesion, general quality of life, and many other indicators show systematic variation with ethnicity and socioeconomic status" (p.1522). Being a member of the working class makes many life circumstances more precarious and less stable. Zweig (2000) states, "To be in the working class is to be in a place of relative vulnerability" (p. 13). This relative vulnerability is perhaps best represented in health-related domains.

Numerous studies have documented a connection between social class and physical or mental health (Ensminger & Fothergill, 2003). A recent study by the National Institute of Child Health and Human Development (Allhusen et al., 2005) concluded that "advantages and disadvantages cluster in families; when there is economic disadvantage, there also tends to be psychosocial difficulty" (p. 805). Social class has been one of the most robust predictors of health status for both adults and children (Pappas, Queen, Hadden, & Fisher, 1993). The Department of Health and Human Services has adopted the term "health disparity" to describe observed poorer health in

those with lower SES or who live in poorer neighborhoods (Carter-Pokras & Baquet, 2002). This is particularly true for depression, which is conceptualized as having both mental and physical health components.

Depression is a significant public health concern, and one of the leading causes of disease burden worldwide (Moussavi et al., 2007). It has also been robustly linked to social class. Lorant et al. (2003) completed a meta-analysis and found an inverse relationship between SES and depression. When it was available, they used education as their primary social class variable, and they used income or occupation when education was not available. They found that for each additional year of education, the log odds ratio of being depressed decreased by three percent. Each additional one percent increase in relative ranking on income led to a 0.74 percent decrease in the log odds ratio of being depressed. They offered two primary theories to explain the relationship between SES and depression: the strain theory and the stress theory. The stress theory posits that personal resources, such as coping styles, self-esteem, and locus of control, buffer the impact of stress on depression. Alternatively, the strain theory puts more emphasis on the impact of community features such as social welfare, infrastructure, and public health policy which place lower SES individuals at risk for depression.

Other researchers have also found a connection between social class and depression (e.g., Eaton et al., 2002; Falicov, 2003; Muntaner, Eaton, Miech, & O'Campo, 2004; Wheaton, 1980). Ritsher, Warner, Johnson, and Dohrenwend (2001) completed a longitudinal study on socioeconomic status and depression, and they found evidence that individuals' depression can be predicted by parents' education level. Some researchers also posit that social class affects how individuals express depression. Martin, Alvarez,

Vilarino, Mota and Masia (2004) examined differences in depressive symptomology according to social class, which they measured with a combination of the head of the household's occupation, family income, and the patient's own education level. They determined that lower SES individuals are more likely to express physical symptoms of depression and anxiety, whereas higher SES individuals are more likely to express cognitive symptoms such as mental fatigue or guilt. Falicov (2003) offers the explanation that the somatization (i.e., physical symptoms) of depression is common in less dominant cultures as an expression of hidden emotions.

In studies linking social class and depression, close attention to how social class is operationalized will inform theories regarding how income, education, and occupation may function differently in relation to depression. Weich and Lewis (1998) found that low income is associated with mental illness above and beyond what would be accounted for by the occupational prestige of the "head of the household." In Lorant's (2003) SES-depression meta-analysis, standardized coefficients indicated a stronger relationship existed between income and depression than education and depression. However, existing clinical research on depression has been primarily completed on "middle-class white professionals working primarily with middle-class white clients in post-industrial urban Western settings" (Falicov, 2003; p. 372-373), and thus, the research may not fully represent the extent to which similar processes are at work within a working-class population.

Job Autonomy and Social Class

The direct links between social class and depression have been well-documented, but the indirect paths between social class and mental health may be even more fruitful.

That is, the processes by which social class affects psychological or health outcomes might be due to third variables influenced by social class, which in turn influence psychological or physical health. For example, is it more likely that a year of education directly produces better health, or is it specific skills and abilities learned that contribute to better health? The concept of job autonomy captures this idea.

Job autonomy is defined as "the degree to which a job provides substantial freedom, independence, and discretion to the individual in scheduling the work and in determining the procedures to be used in carrying it out" (Hackman & Oldham, 1976; p. 258). Kohn (1977) utilizes the concept of job autonomy with the term "occupational self-direction," and he defines it as "freedom from close supervision, substantively complex work, and a nonroutinized flow of work" (p. xxxiv). According to a Marxist view of social class, job autonomy should be related to social class. This perspective relates one's position in society to the amount of control he or she has in the workforce (Zweig, 2000). In speaking about social class, Eshleman (1988) states, "Those who own, manage, oppress, and control [should] be distinguished from those who are managed, oppressed, and controlled" (p. 216). In the literature, social class and job autonomy are rarely studied together, although these constructs are largely assumed to be related. Although it was not a specific goal of their study, Prottas and Thompson (2006) reported a moderate relationship between higher income and increased job autonomy. Kohn (1977) and Wohlfarth (1997) also report that jobs associated with higher social class have more autonomy.

Theorists have linked job autonomy to depression using the control theory (Mirowsky & Ross, 1990). Control theory states that higher perceived control is

associated with lower levels of depression, in part because people receive comfort from finding solutions to problems and in part because people feel good when they can be responsible for their successes and failures. Kohn (1977) also found that personal values, such as locus of control, are highly influenced by the characteristics of one's job. Thus, according to control theory and Kohn's work, it would follow that job autonomy would be associated with low levels of depression. Several studies have examined the relationship between job autonomy and depression. In a sample of call center employees, Sprigg, Stride, Wall, Holman and Smith (2007) reported that job autonomy was negatively related to depression. Likewise, Stets (1995) studied newly married couples and reported an association between job autonomy and depression. She theorized that low job autonomy is related to a reduced sense of mastery, which produces depression.

Although it appears that increased job autonomy is associated with less depression, the question of whether job autonomy mediates the relationship between social class indicators and depression has received less attention. Muntaner, Eaton, Miech, and O'Campo (2004) reviewed the literature on social economic position and depression, and they called for an examination of how individuals' work experiences might mediate the relationship of SES to depression. In an exception, Link, Lennon, and Dohrenwend (1993) examined job qualities as a possible mediator between social class and depression within a sample of psychiatric patients and community residents . They reported that occupational direction and control did account for the relationship between social class and depression, such that higher social class is related to increased occupational direction, which is then related to less depression. They measured social class both by using the occupational prestige of the respondent's father, resorting to the

occupational prestige of the "major caretaker" if the respondent's father was not present, and by using the participant's most recent job prestige. Further, they measured job autonomy by assigning each participant an "operational direction" score based upon the ratings provided from the Department of Labor for a given position. This method limits the ability to study variability within positions (Wohlfarth, 1997), and also does not let the participant comment upon his or her own perceived job autonomy. Link, Lennon, and Dohrenwend (1993) call for future studies that examine the influence of operational direction on mental health where more detailed measures of operational direction are utilized.

In another study, Wohlfarth (1997) examined the relationship between social class and depression in a sample of Jewish Israelis. She used two different conceptualizations of social class by differentiating between SES and social class. In this study, she used both education and occupational prestige as proxies for "SES," and she also measured "social class" by coding participants' job descriptions into groups according to their relation to means of production (i.e., bourgeoisie, managers, workers, etc.). Although Wohlfarth did not test a mediation model, she found that the social class groups based upon work conditions predicted depression, above and beyond what was explained by education and occupational prestige alone. Specifically, she suggests that further studies are needed to determine two remaining questions: (a) is the relation of income to depression different than the relation of education and occupational prestige to depression, and (b) does perceived control at work mediate the relationship between social class and depression? The current study can speak to those questions.

Intersectionality

In a vast majority of the studies on the working class, researchers have focused on white working-class men. The classic sociologists Marx and Weber wrote primarily of male activities and experiences, and they did not study people of color (Gimenez, 2001; Gingrich, 1999). When Melvin Kohn completed his landmark studies on social class, he usually ignored the issue of race and used mostly men for his analyses (Kohn, 1969; 1977). This is an especially egregious oversight when women, blacks, and Hispanics are overrepresented in the working class.

Social class is a key social division that intersects with race, ethnicity, gender, and sexual orientation to influence people's identity, personality, and behaviors (Fouad & Brown, 2000). Together, these social divisions have been called the "most important" social divisions in American society, since they distribute the resources and advantages of society in ways that produce distinctive patterns in family living (Baca Zinn & Eitzen, 1990). Race and class are difficult to study, in particular because they are correlated in the United States. Baca Zinn and Eitzen (1990) point out that socioeconomic resources, such as occupational prestige, income, and education, are not randomly distributed throughout society, but they vary systematically by race and gender. In fact, the combination of race and class brings up many theoretical and practical issues. Rubin (1995) posits that being "working class" is experienced differently by Blacks and Whites because Whites are already seen as having more power in society. People of color and women have fewer occupational choices, often experience separate and unequal education, and receive less income for the work that they do. The result is the creation of separate social realities, which should be examined in combination with social class, instead of apart from it.

Thus far, social divisions (e.g., race, class, gender, etc.) have primarily been studied individually, without enough attention given to how they intersect. In fact, the Center for Working-Class Studies at Youngstown State University cites the "intersection of class with other aspects of identity" as one of the most important areas of study in the next decade (Center for Working-Class Studies, 2005). The American Psychological Association (2007) has also highlighted "intersectionality" as especially important to the study of social class. Individual researchers have also called for more study on how social class is experienced by members of different genders and racial groups (Baca Zinn & Eitzen, 1990; Reay, 1998).

Theories of intersectionality refer to the study of the interrelationships of class, gender, race, and other social divisions. Intersectionality was first articulated by feminist scholars in the context of acknowledging different but overlapping forms of discrimination. Although the term "intersecting inequalities" had been articulated by other authors, the term "intersectionality" emerged relatively recently from critical race theorists such as Kimberle Crenshaw, who used the term in the late 1980's while discussing issues of Black women's employment in the United States (Areheart, 2007; Yuval-Davis, 2006). She argued that Black women suffered from "triple oppressions." That is, Black women suffer from the oppression associated with being Black, being women, and often being of lower classes. Yuval-Davis (2006) argued that there was no such thing as suffering from oppression solely as a Black person, solely as a woman, or solely as a working-class person, as if each additional oppression was added to the next. Instead, intersectionality points to the multiple barriers that people face.

Today, intersectionality has broadened to apply to many social groups. Stewart and McDermott (2004) have articulated three central tenets to guide work in this area: (1) no social group is homogenous, (2) people must be located in terms of social structures that capture the power relations implied by those structures, and (3) there are unique, non-additive effects of identifying with more than one social group.

Intersectionality and Social Class

Given the unequal dispersion of income, education, and occupational prestige among People of Color and Whites, it is likely that the social class indicators hold different meanings for different racial groups. For example, there is broad income disparity between races. In 2005, Asian men had the highest median earnings in the United States at $48,693. Non-Hispanic White men were second, with median earnings at $46,807, followed by Native Hawaiian and Other Pacific Islander men with median earnings at $35,426. Fourth, Black men earned a median of $34,433, and then American Indian and Alaskan Native men had median earnings of $33,520; lowest were Hispanic men, who earned a median of $27,320 in 2005. So, it is clear that on average, racial groups earn different levels of income. In addition, some researchers have theorized that racial groups also place different values upon the acquisition of income and wealth. Different incomes, education levels, or amounts of occupational prestige might cultivate particular goals and values that, in turn, foster different personal or social rewards (Schieman, 2002). Hunt (2004) tested this hypothesis and found that people from ethnic and racial minorities are more likely than Caucasian Americans to endorse structuralist reasons (i.e., the system is partly responsible) for the acquisition of wealth or poverty. Thus, there might be a relationship between income and values that is moderated by race.

For People of Color, who have historically experienced obstacles in the work domain, it is possible that gains in that domain can yield greater personal rewards (Schieman, 2002). Thus, occupational prestige and education might have a greater positive effect for people of color than for Whites. However, more studies are needed to test these hypotheses.

Social class varies by gender as well. In most families, men have greater socioeconomic resources and more power and privileges than women, even when all family members are viewed as members of the same social class (Baca Zinn & Eitzen, 1990). In the United States in 2005, men had median earnings of $41,965 and women had median earnings of $32,168. It is also problematic to measure men's and women's occupational prestige on the same scale as well. There are certain occupations which have traditionally contained a heavy proportion of women, such as elementary school teachers and registered nurses. These "female" positions may be high in occupational prestige, but they will earn less money than men who have equivalent levels of prestige (Smith & Graham, 1995). In addition, traditional gender role ideologies convey different cultural messages about the importance of educational and occupational achievement for women and men (Schieman, 2002). For instance, it is likely that individuals who adhere to more traditional gender roles might emphasize the importance of education and prestige for men, but deemphasize their importance for women. Thus, it is possible that these social class indicators will have different effects on mental health for women and men.

Intersectionality and Mental Health

In terms of mental health, there are well-documented gender differences in depression. It has been determined that women experience depression more often and

more severely than men (Schieman, 2002), although it is important to note that depression has normally been studied in the context of middle-class White women (Falicov, 2003). In her book, *Formulations of Class and Gender*, Skeggs (1997b) points out that social class and gender need to be studied in tandem in order to develop more accurate representations of power relations in society. For example, Schieman (2002) posits a "disadvantaged status" hypothesis, whereby traditionally disadvantaged groups may experience amplified benefits of social-structural resources (Reynolds & Ross, 1998). Schieman (2002) posits that, because women have traditionally earned lower wages and have achieved lower prestige positions at work, working could create a "relative gain" as compared to other women. Thus, working women will become more aware of their status, and in turn, derive greater benefits from education and occupational prestige. This hypothesis is supported by the few studies that examined social class, gender, and depression (Reynolds & Ross, 1998; Schieman, 2002). In a review of the epidemiological literature, Muntaner et al. (2004) also suggest that there is evidence that the relation of income and education to mental health might be different for men and women, citing this as a major "methodological challenge" facing future studies of social class. Thus, it is likely that gender moderates the relationship between social class and mental health, but this hypothesis should be further studied.

Although several researchers have examined the link between race and depression, there is not a clear consensus of whether race is directly or indirectly related to depression. Some studies have noted that rates of depression are higher for People of Color than for Whites, regardless of socioeconomic status (Dohrenwend, Levav, Shrout, & Schwartz, 1992; Kaslow, Twomey, Brooks, Thompson, & Reynolds, 2001). However,

other studies have reported no consistent differences in depression by race and ethnicity that could not be better accounted for by socioeconomic differences (Falicov, 2003). In support of this hypothesis, Kennard, Stewart, Hughes, Patel, and Emslie (2006) found that socioecononomic factors accounted for most of the ethnic differences detected in depression.

Another aspect of intersectionality that has been largely overlooked by researchers is the importance of family structure. That is, being working class is likely to be experienced differently in non-parent, single-parent, and two-parent households. For example, income might be more important in a single-parent household, when there is no one to share the financial responsibility. In fact, it is possible that many of the differences in social class that have been attributed to gender are confounded by family structure (Gilbert, 1998). The U.S. Census Bureau (2006) notes that nonmarried-couple households tend to have lower income and income that is less equally distributed than other types of households. More research is needed to determine the extent to which family structure is an important social division to study.

Empirical Examples of Intersectionality

The theory of intersectionality has rarely been empirically studied. One study by Williams, Takeuchi, and Adair (1992) found that the relationship between social class and mental health was stronger for Whites than Blacks. A study by Williams, Spencer, and Jackson (1999) also supports the notion that social class might be experienced differently according to race. Their study investigated the protective role that racial identity plays when individuals face poor health outcomes as a product of discrimination. They completed two separate regression analyses, using one Black sample and one White

sample. In their findings, they reported different predictors of health for Blacks and Whites. Predictably, they found that the Black and White populations have different reactions to discrimination (e.g., perceived discrimination predicts poorer health outcomes for the Black sample, but is not a significant predictor of health for the White sample). Unexpectedly, they also found that the function of SES variables (education and income) differed according to race. Specifically, they found income to be a better predictor of health outcomes for the White sample and education to be a better predictor of health outcomes for the Black sample. While they offered no explanation for this result, it provides evidence that different indicators of social class are experienced differently by the two racial groups.

Almeida-Filho et al. (2004) studied the interaction of gender, race, social class, and depression in a Brazilian sample, and they determined that gender and race effects on depression were more prominent in lower SES individuals. They hypothesized that being in a more dominant social class was a protective factor from developing depression, and being from a lower SES status in addition to having less-dominant racial or gender status increases risk for depression. Thus, given the paucity of research examining the intersection of race, gender, and class, more study is needed in order to determine whether gender, race, or family structure might moderate the relation between indexes of social class and depression.

The Current Study

The bioecological model of human development proposed by Bronfenbrenner and Morris (1998) highlights the importance of social contexts, and the intersection of social contexts, for individual development. Often, class indicators such as income, education,

and occupational prestige are controlled for statistically in analytic models in an attempt to understand a "pure" process that exists outside of social context. In contrast, Bronfenbrenner and Morris (1998) posit that developmental processes must be studied and understood as they occur within unique social ecological niches.

Studies of social class often focus on comparisons between class groups, but it is important to recognize that there is great heterogeneity within class groups. For example, Zweig (2000) states, "the working class is diverse in skill, authority, occupation, race, gender, ethnicity, and every other characteristic human beings possess" (p.35). Group comparisons across social classes make the faulty assumption that the working class is a homogenous group. As O'Connor and Rutter (1996) point out, "the link between culture and proximal processes must go beyond demonstrating group mean differences to include information on how key features are perceived differently in different groups…It is equally necessary to consider variability within cultural groups" (p. 787). Thus, it is likely that aspects of social class function differently in lives of working-class individuals who differ based on race, gender, and ethnicity, and more studies are needed to examine the variability within the working class, including what contributes to protective or risk factors for depressive symptoms that are unique to working-class families.

Building upon previous research, the current study will make a number of contributions to the field. First, there is very little research that focuses on the unique experiences of the working class, so it will be important to look within this group to understand how experiences of social class are linked to psychological outcomes. Second, multiple measures of social class will be used, namely income, education, and occupational prestige. Thus, this paper will be able to address the confusion over the

inconsistencies in the way social class has been operationalized. Third, the study focuses on the intersection of social contexts and how they relate to individuals' mental health. Specifically, we will examine how indicators of social class interact with race, gender, and family structure to form unique social realities that may have different implications for mental health. Two major research questions are addressed.

Question 1a

Is there a relationship between commonly used social class indicators, specifically income, education, and occupational prestige, and depressive symptomology within a working-class sample?

It is hypothesized that there will be a negative relationship between the social class indicators of income, education, and occupational prestige and depressive symptomology, such that more income, education, and occupational prestige will be related to less depressive syptomology. This is largely a replication of previous studies that have found links between various indicators of social class and mental health (e.g., Lorant et al., 2003) using primarily middle-class samples.

Income, education, and occupational prestige will be examined separately in order to maintain a clear understanding of which aspects of "social class" are effective. There are no specific hypotheses as to how income, education, or occupational prestige will be differentially related to depressive symptomology; due to prior research, they are all hypothesized to be negatively related to mental health. Participants' age and the number of children in the household will be controlled for in all analyses, because these variables are theorized to be related to the dependent variable.

Question 1b

Are the relationships between indicators of social class and depressive symptomology in the working class moderated by other social divisions, such as gender, race, or family structure?

An ecological perspective would lead us to posit that key aspects of social context will influence whether an individual is likely to develop depressive symptoms, and the theory of intersectionality would posit that depressive symptoms will differ according to gender, race, and family structure. Yet, these theories do not lend themselves to hypotheses about the direction of the group differences. Because this question has been rarely studied, hypotheses regarding the direction of effects are inferential, at best. Based on the "disadvantaged status" theory posited by Schieman (2002), it is hypothesized that gender will moderate the relationships between income, education, and occupational prestige to depressive symptomology, such that women will receive amplified mental health benefits from social structural advantages.

Because people of color experience more obstacles in the work and education domains due to discrimination, the disadvantaged status hypothesis could be applied to minority racial groups as well. Thus, it is hypothesized that race will moderate the relationship of income, education, and occupational prestige to depressive symptomology, such that People of Color will benefit more in terms of mental health from higher levels of income, education, and occupational prestige than their White counterparts.

There has been very little research that examines family structure as a social division variable that could mediate the relationship between SES and depressive symptomology. However, based upon Rubins's (1994) work highlighting the challenges

of single mothers, it seems likely that the disadvantaged status hypothesis may be applied. Thus, it is hypothesized that family structure will moderate the relationship between income, education, and occupational prestige to depressive symptomology, such that there will be a stronger link between all three social class variables and depressive symptomology.

Question 2a

Do characteristics of work, specifically perceived job autonomy, mediate the relationship between social class and depressive symptomology?

It is hypothesized that job autonomy will mediate the relationship between social class and depressive symptomology. This hypothesis builds from Kohn's (1977) research indicating that work conditions mediate the relationship between social class (he used education) and various psychological outcomes, such as parental values and self-conception. Mirowsky and Ross (1990) also posit that higher perceived control is associated with lower levels of depression, in part because people receive comfort from finding solutions to problems and in part because people feel good when they can be responsible for their successes and failures. This hypothesis is also empirically supported by the findings of Link, Lennon, and Dohrenwend (1993), who reported that job characteristics mediate the relationship between social class to depression. A unique aspect of the current analysis will be the ability to explore the individual effects of income, education, and occupational prestige as they relate to job autonomy and, in turn, depression.

Question 2b

Is this mediated relationship between indicators of social class and depressive symptomology through job autonomy moderated by other social divisions, such as gender, race, or family structure? An ecological perspective and intersectionality theory lead us to believe that social divisions cannot be overlooked in analyses. However, gender, race, and family structure have never been examined in conjunction with job autonomy's influence on social class or depression, except as a control variable. Thus, the question is exploratory. Yet, the same disadvantaged status theory may be applied. Thus, when structural disadvantages exist, such as they do for women, people of color, and single parents, it is hypothesized that the mediated effect of social class indicators on depressive symptomology through job autonomy will be greater.

CHAPTER II

METHOD

Procedures

Data were obtained from the Work and Family Transitions Project (WFTP), an ongoing longitudinal study of working-class, dual-earner couples undergoing the transition to parenthood (Perry-Jenkins, 1996; 2001). Data collection began in 1996 and continues presently. Face-to-face interviews have been conducted with 637 individuals experiencing the transition to parenthood. Although the project is longitudinal, the current investigation utilizes data from the first interview with each participant, which took place during the third trimester of pregnancy. This time point was chosen for analyses because it provides the most complete data on social class, and no attrition has occurred yet. Interviews were conducted separately with men and women in their homes and were between two to three hours long. Information was collected in the following domains: 1) demographic (educational attainment, racial background); 2) family (e.g., parental work situations, finances), 3) personal (e.g., psychological well-being, quality of marital relationship), and 4) work (e.g., hours, work place policies).

Participants were heterosexual couples and single mothers recruited at prenatal education classes, prenatal clinics, and Women Infant and Children (WIC) offices at various locations throughout Western Massachusetts. They were chosen for inclusion if they met the following criteria: (a) the participant was in her third trimester of pregnancy (if female) or had fathered a child with a woman who was in her third trimester (if male), (b) the participant was employed at least 20 hours per week prior to the birth of their baby, (c) the participant planned to return to work within six months of the baby's birth,

and (d) the participant was "working-class," which was defined by restricting the educational level of participants to an Associate's Degree or less.

Due to the limitations of using income for defining participants as *working class,* the definition of working class in the present study was based on education level. As previously mentioned, using income alone as a proxy for social class may lead to misclassification (Entwisle & Astone, 1994). For example, top-earning home repairers (e.g., refrigerator repairmen), who are considered "working class," earned more than $49,090 in 2006-2007. Lower-earning Accountants, who are considered "middle class," earned less than $32,320 in 2006-2007 (U.S. Department of Labor, 2006). Classification of these two exemplar individuals based on income alone would lead to counterintuitive results, with the repairman appearing to be a higher social class than the accountant. This ranking does not accurately reflect the amount of relative power, job control, or occupational prestige each individual has. Kohn (1995) argued that educational attainment is directly related to an individual's access to opportunity in the job market and is an important indicator of one's potential career trajectory. The education level of participants in the WFTP dataset was limited to an Associate's Degree or less in order to specifically sample the working class, a group whose ability to move up the career ladder is limited.

Participants

The final dataset consists of 252 men and 345 women, for a total sample of 597. Twenty-six participants (15 female, 11 male) were not included because their data had not been collected prior to the time of analysis. Ten male participants were excluded because they were not employed. Although employment was a requirement for the study,

the unsteady nature of some working-class jobs made it inevitable that some participants were unemployed at some time points of the study. In addition, 4 male participants were excluded because we did not have complete information for the interview (either they refused the interview or were incarcerated). The average age was 28.4 years for men and 26.1 years for women. The participants were 66% White (n = 391), 12% Black (n = 70), 19% (n = 113) Hispanic (90% identify as Puerto Rican), and 4% multiracial, Asian, or "other" (n = 23). Nearly half (49.2%) of the individuals were married (n = 294) to each other for an average of 3.1 years. Approximately one third (34%) of the participants were cohabiting (n = 203) with each other for an average of 1.9 years. The remaining 16.8% of the participants were single (n = 100), defined as not living with a romantic partner. The inclusion of married spouses creates a statistical problem, due to dependency in the data. In other words, if two participants are married to each other, each one's mental health will partially depend upon the other spouse, and they might respond more similarly to each other in than they would if they were two unrelated individuals. This problem is often corrected statistically with tests designed to control for shared variance [i.e., Multi-Level Modeling (MLM)]. Yet, MLM was not utilized in the current study because a sizeable proportion of the participants did not have partners (i.e., they were single moms and dads), and MLM does not simultaneously analyze data from couples and single parents. Because a primary goal of the current study is to examine social class in the context of multiple social divisions, family structure became a crucial variable. Thus, it was more important to include the single participants than to control for the shared variance of couple members; however, the shared variance of couple members creates a limitation to the study.

The education levels were representative of the working class (Gilbert, 1998). Eight percent (n = 50) had not finished high school and did not attend higher education. Six percent (n = 38) attained their General Equivalency Diploma (GED). Approximately half of the participants (52%, n = 311) received a high school diploma and did not attend any higher education. Eighteen percent (n = 108) received a vocational certificate (e.g., cosmetology license, EMT certification) and 15% (n = 90) held an Associates Degree.

Median incomes from wages were $29,000 and $20,000 for men and women respectively. Income ranged from $900 to $84,000 annually for men and from $3,600 to $91,927 for women. While the median salaries are typical of a working-class sample, several outliers exist with high salaries. These individuals typically work a high number of hours (for example, several are prison guards who work 55-60 hours per week).

Measures and Variables

Job Prestige

Participants provided their job title and described their primary job responsibilities. Research assistants then assigned each participant a job code and prestige score according to Nakao and Treas's (1992) prestige index. Nakao and Treas (1992) took a sample of 1537 nationally representative adult subjects and had them rank 740 unique professions according to a 9-rung ladder of prestige. Prestige ratings were associated to the occupational titles provided in the *1990 Classified Index of Industries and Occupations* (U.S. Bureau of the Census, 1992) and transformed the prestige scores to a scale of 0 to 100. The finished scale ranged from 17 (e.g., dishwasher) to 86 (e.g., physician). For the present study, the prestige level for each participants "primary" job

was used and the scale ranges from 17 (miscellaneous food prep position) to 74 (computer systems analyst).

Education

Participants were asked a series of 13 demographic questions regarding their educational history. For example, they were asked the highest grade that they completed in high school, whether they received a high school diploma or General Educational Development (GED) credential, and whether they had attended a vocational school. Participants were then placed into one of six categories according to their highest level of educational attainment: (1) Neither a high school diploma nor a GED; (2) GED; (3) High school diploma; (4) Completed at least one year of college, but no degree; (5) A vocational certificate (e.g., medical assistant, Certified Nursing Aid); and (6) Associate's degree.

Income

Participants were asked to report their income in the most accurate format that they could: hourly, weekly, biweekly, or annually. When possible, the participant would provide a paycheck stub to obtain the most accurate information. Participants were asked whether they had multiple jobs and were encouraged to report income earned "under the table." Most "under the table" income consisted of small amounts of cash earned irregularly throughout the year in exchange for odd jobs, such as extra plumbing or construction work for friends. Financial information was collected for all jobs, including tips, and coded into a gross monthly dollar amount (the amount of money an individual receives per month before taxes). Monthly income was used in analyses instead of annual income, because individuals from the working class are more likely than their

middle-class counterparts to be employed in unstable, unsteady, or seasonal positions (Lambert & Haley-Lock, 2004). Thus, this variable includes all income from a participant's involvement in the work force and was called *earned income.*

Next, it is unclear whether income contributes to mental health because one earns money and feels good about providing, or whether income contributes to mental health primarily because money makes it easier to afford one's needs and wants. To address this uncertainty, we also created a *family income* variable, in order to assess all money each participant had access to for the month. We used the *earned income* from each participant and added their spouse's income, if applicable, and included all additional sources of monetary income, such as welfare, child support, social security, or disability. Four percent of the sample (n = 24) collected an average of $392 per month from welfare, 3% of the sample (n = 20) collected an average of $335 per month from child support, 3% of the sample (n = 20) collected an average of $545 per month from disability payments, and 2% of the sample (n = 11) collected an average of $654 per month from social security.

Depressive Symptomology

Depressive symptomology was measured using a 20-item scale developed by the Center for Epidemiological Studies (CES-D; Radloff, 1977). The CES-D is a reliable, well-known index of depressive symptomology. Participants were asked about the depressed mood, somatic symptoms, and the absence of positive affect they had experienced in the past seven days. Response choices were a 4-point Likert-type scale ranging from (0) "not at all," (1) "occasionally," (2) "frequently," and (3) "almost all the time." Sample items include: "I felt depressed," and "My sleep was restless." A high

score on this measure indicates greater symptomology. The unstandardized Cronbach's alpha reliability score for the 20 items was .87 for females and .86 for males.

Job Autonomy

Job autonomy was assessed using a scale developed by O'Neil (1991) and used by Greenberger, O'Neil, and & Nagel (1994). Some components of the scale were also taken from the Quality of Employment Survey (Quinn & Staines, 1977). The 18 items assess the degree to which the respondent's job is challenging and self-directed. It has a 5-point Likert-type scale with responses ranging from strongly disagree (1) to strongly agree (5). Sample items include: "I have a lot of control over the way I use my time while I'm at work," and "I feel like I have a great deal of influence in the decision-making process on my job." Scale reliability alpha for the 18 items is .84 for females and .77 for males.

Gender

A dummy variable was created indicating whether a participant was male or female (1 = male, 0 = female).

Race

Participants were asked how they "self identify" in terms of race. Their response was coded according to National Institute of Health (NIH) racial categories. Only three racial groups were included in analyses: Latino, White, and Black. *Latino* primarily includes individuals identifying as "Hispanic," "Latino," "Puerto Rican," "Dominican," or some combination of those terms. *White* primarily includes individuals identifying as "White," or "Caucasian," with two participants identifying as "French Canadian." *Black* primarily includes individuals identifying as "Black" or "African American," with two

participants who indicated that although they are "multiracial," they primarily identify as "African American." Three participants identified as "Asian," 18 identified as "multiracial," and 2 participants identified as "other." These 23 participants are not included in analyses involving race.

Family Structure

Participants were coded as married (1) if they were legally married to their spouse and living with him or her (n = 294). One participant was married, but she had no contact with her spouse for seven months. She was coded as single. Participants were coded as cohabiting (2) if they were living with their partner (n = 203). If participants stayed several nights a week at their partner's residence, but they had a "home base" where they paid rent and kept their belongings, they were coded as single. Participants were coded as single (3) if they were female and did not live with a romantic partner (n = 58). Single men were excluded from analyses, because they did not constitute a large enough sample size (n = 11). A fourth group of people emerged who did not live with a romantic partner, but they lived with a parent. This group tended to be young, unplanned pregnancies, and they were still supported by their parents. These individuals were excluded from analyses involving family structure (n = 31).

CHAPTER III

RESULTS

Descriptive Statistics

Before addressing the primary research questions, descriptive statistics on the independent and dependent variables were examined. Overall means and mean differences between groups for men and women, as well as racial subgroups, are reported in Table 1. One-way ANOVAs were performed with gender as the between-group factor, first using all data and then looking at gender within each race. These data are also represented in Table 1. In terms of gender differences, women have significantly higher job prestige, more education, and more job autonomy than men, but men have higher monthly incomes. As expected, women report more depressive symptoms than men.

One-way ANOVAs were then repeated with race as the between-group factor, looking within each gender separately. These data are also represented in Table 1 and depicted in Figure 1. Posthoc (Tukey) tests reveal that the Latino women in the sample have lower job prestige and less education than their White or Black counterparts. Latino women also earn less income per month and have less job autonomy than White women in the sample. There are no racial differences in depressive symptoms. Turning to men, White men in the sample have more education than their Black and Latino counterparts. White men also have higher job prestige, higher monthly incomes, and more job autonomy than Latino men in the sample. Black men report more depressive symptoms than White men in the sample.

Next, one-way ANOVAs were conducted with family structure as the between-group factor, looking within each gender separately. These data are represented in Table

2. Posthoc (Tukey) tests reveal that married women have higher job prestige, more education, and higher monthly incomes than single or cohabiting women. They also have fewer depressive symptoms than cohabiting women and more job autonomy than either group. While cohabiting women also have more education than single women, the two "not married" groups do not significantly differ on any other variable. Turning to men, married men also have an advantage in terms of social class. Married men have higher job prestige, more education, higher monthly incomes, and fewer depressive symptoms than cohabiting men. They do not have statistically different levels of job autonomy.

The variables "family structure" and "race" were examined to test the hypothesis that these categories are independent. A chi-square test was performed, and the results were significant [χ^2 (4, 534) = 130.26, p = .00], indicating that single and cohabiting individuals are more likely to be People of Color than White.

Next, the dependent variable of depressive symptomology was examined. The overall mean depressive symptom score was 14.0 (16.7 for women and 10.4 for men). It is important to note that 47% of the women and 20% of the men fell within the clinically significant range for depression, using the CES-D's conventional cutoff score of 16 points. However, this cutoff score was not validated on pregnant women, so this result should be viewed with caution. Some researchers suggest higher CES-D cutoff scores for specific populations. For instance, Santor (2000) suggests using the higher cutoff of 27 for medical patients. If this were the case, 17% of the women and 4% of the men still fall within the clinically significant range for depression. On another note, for depressive symptoms, the skewness statistic revealed a significant positive skew. In regression, it is particularly important for dependent variables to be normally distributed. Thus, a square

root transformation was performed to keep depressive symptoms within the acceptable limits of normality. Although both the transformed and original scores are reported in Tables 1 and 2, the transformed scores were used in analyses.

Finally, we examined the correlations among the independent variables, to assess multicollinearity. In order to more fully understand the relations between the variables, correlations were run three separate ways. First, correlations were examined for the full sample, which are reported in Table 3. Correlations ranged from .22 to .77. The correlation between earned income and family income was particularly high (r = .77), and as analyses were conducted, it became clear that family income and earned income were so highly correlated that they did not yield different results. Thus, although findings from both variables are reported in the tables, only the findings concerning earned income will be discussed in depth. Second, the sample was split by gender and the correlations were performed again, which is reported in Table 4. The same patterns of correlations emerged for men and women. Third, the sample was split by race and the correlations were performed; these results are reported in Table 5. *R* to *z* transformations revealed some interesting differences by race. For the group as a whole, there was a small positive correlation between job prestige and income. This relation was replicated in the White and Latino samples, but for the Black sample, there was no relationship between job prestige and earned income ($z = -2.354$, $p = 0.02$). Although other correlations look different between races, no other differences were significant.

In an effort to identify other demographic variables that might predict depressive symptoms, correlations between participants' age, number of children, and depressive symptoms were examined. These data are represented in Table 6. Because the number

of children in the household was unrelated to depressive symptoms, it was not included in subsequent analyses; alternatively, participant age was used as a control variable in all regressions.

Question 1a Analyses

The first research question addressed whether there was a relationship between commonly used social class indicators, specifically job prestige, education, and income, and depressive symptomology within a working-class sample. It was hypothesized that there would be a negative relationship between each social class indicator and depressive symptomology. To address this question, depressive symptoms were separately regressed on each social class indicator, namely income, job prestige, and education, controlling for participant age.

To avoid multicollinearity in multiple regression, each independent variable was centered (Aiken & West, 1991). In other words, each participant's job prestige, education, and monthly income was subtracted from the mean for each variable, which created a new distribution of scores with a mean of 0 for each variable. This step will be especially important for question 1b, when multiple predictors are put into the equation. Next, three regression equations were performed. First, depressive symptoms were regressed on job prestige in the following regression equation:

$$Y(\text{Depressive Symptoms}) = \beta_0 + \beta_1(\text{Age}) + \beta_2(\text{Prestige}). \quad (1)$$

Job prestige was not a significant predictor of depressive symptomology (see Table 7 for complete regression results). Second, depressive symptoms were regressed on education;

education was not a significant predictor of depressive symptomology. Third, depressive symptoms were regressed on income. The amount of money earned by the participant each month was significantly associated with depressive symptoms ($\beta = -0.25$, $p = .00$), such that more money earned per month was associated with fewer depressive symptoms. The amount of variance explained in this equation was modest ($R^2 = 0.086$).

Question 1b Analyses

Given Baca Zinn and Eitzen's (1990) argument that race, gender, and family structure are not unrelated events, the second research question examines the intersection of these constructs. Specifically, are the relationships between indicators of social class and depressive symptomology in the working class moderated by gender, race, or family structure?

To test this question, gender, race, and family structure variables were "dummy" coded (i.e., male = 1, female = 0) and then centered; that is, each participant's dummy code was subtracted from the variable's mean. This centering strategy was taken to avoid the "inconsistent and misleading results" that might occur when using non-centered data in regression analysis (Kraemer & Blasey, 2004) due to problematic (and often undetected) multicollinearity between predictor variables.

First, gender was examined as a potential moderator of the relation between social class indicators and depressive symptoms. Gender was entered into each regression equation from Question 1a to test for main effects as well as interactions, using the following regression equation, for example:

$$Y(\text{Depressive Symptoms}) = \beta_0 + \beta_1(\text{Age}) + \beta_2(\text{Gender}) + \beta_3(\text{Prestige}) + \beta_4(\text{Gender*Prestige}). \quad (2)$$

The results of these regressions are displayed in Table 8. Although gender was consistently found to have a "main effect," (in that gender partially explains depressive symptoms, because women report more symptoms than men), there were no significant interactions based upon gender. That is, both men and women exhibit relationships between social class and depressive symptomology, and these relationships do not differ for men and women.

Next, race was examined as a potential moderator of the relationship between social class indicators and depressive symptomology. As previously mentioned, race was coded into "White," "Black," and "Latino" groups. Because there were three groups, both "Black" and "Latino" groups were entered into the regression equations, with "White" as the comparison group. The following regression equation is an example:

$$Y(\text{Depressive Symptoms}) = \beta_0 + \beta_1(\text{Age}) + \beta_2(\text{Black}) + \beta_3(\text{Latino}) + \beta_4(\text{Prestige}) + \beta_5(\text{Black*Prestige}) + \beta_6(\text{Latino*Prestige}). \quad (3)$$

Again, three regressions were performed, using each social class indicator. The results are displayed in Table 9. First, race did not significantly moderate the relationships of job prestige to depressive symptomology. That is, in this sample, all three racial groups have similar slopes between depressive symptomology and prestige. In contrast, race did significantly moderate the relationship of education to depressive symptomology (see

Figure 2). Specifically, the White group had a relatively flat relationship between education and depressive symptomology. For this group, education has almost no effect on depressive symptoms. Alternatively, the Latino group had a positive relationship between education and depressive symptomology, such that more education was related to more depressive symptoms. Although a similar pattern emerged for Blacks, the interaction was only significant for Latinos compared to Whites. Third, race did not significantly moderate the relation of income to depressive symptoms.

Next, family structure was examined as a potential moderator of the relationship between social class indicators and depressive symptomology. As previously mentioned, family structure was coded into married, cohabiting, and single categories. Again, because there were three groups, both "cohabiting" and "single" groups were entered into the regression equations, with "married" as the comparison group. The following regression equation is an example:

$$Y(\text{Depressive Symptoms}) = \beta_0 + \beta_1(\text{Age}) + \beta_2(\text{Single}) + \beta_3(\text{Cohab}) + \beta_4(\text{Prestige}) + \beta_5(\text{Single*Prestige}) + \beta_6(\text{Cohab*Prestige}). \quad (4)$$

The results of these regressions are displayed in Table 10. There were no significant interactions based upon family structure. That is, in this sample, single, cohabiting, and married participants exhibit relationships between social class and depressive symptomology that do not differ according to family structure.

The theory of intersectionality posits that more than one social division should be considered simultaneously. That is, because it is not enough to consider the influence of

gender, race, or family structure independently, we also completed regressions with two potential moderators to consider the role of multiple social locations. These regressions were examined for three-way interactions. The following regression equation is an example, where gender and race are entered into the same regression equation:

$$Y(\text{Depressive Symptoms}) = \beta_0 + \beta_1(\text{Age}) + \beta_2(\text{Gender}) + \beta_3(\text{Black}) + \beta_4(\text{Latino}) + \beta_5(\text{Prestige}) + \beta_6(\text{Gender*Prestige}) + \beta_7(\text{Black*Prestige}) + \beta_8(\text{Latino*Prestige}) + \beta_6(\text{Gender*Black*Prestige}) + \beta_6(\text{Gender*Latino*Prestige}). \quad (5)$$

These analyses did not yield significant results. To view the complete output from these regressions, see tables in Appendix B.

These regressions were particularly problematic due to a lack of predictive power. Because the overall sample included 597 participants, the power issue was initially difficult to detect. For example, if one is looking for a small effect with an alpha of .05 and a sample size of 597, the power is .93, which is considered good. Yet when each moderator was included in the equation, the sample sizes for particular undersampled groups became particularly small. For example, there were only 25 Black men in the final sample. Thus, finding interactions based on race and gender was unlikely.

Question 2a Analytic Strategy

The second research question addressed whether job autonomy mediates the relationship between social class and depressive symptomology. It was hypothesized, based upon Kohn's (1977) research, that job autonomy would mediate the relationship between social class and depressive symptomology. To address this question, a series of

path analyses were completed with job autonomy mediating the relationship between social class indicators (prestige, education, and income) and depressive symptoms.

The meditational model was tested using path analyses with LISREL (Jöreskog & Sörbom, 2005). This method is advantageous because it provides statistics for the strength of the indirect fit, and it also provides for testing a multivariate model (Kline, 2004). A sample mediation model is demonstrated in Figure 3. It is important to note that there is some controversy regarding the criteria for mediation. According to Baron and Kenny (1986), four steps are necessary in order to have mediation: 1) the predictor variable (X) is correlated with the outcome (Y) through path c; 2) the predictor variable (X) is correlated with the mediator (M) through path a; 3) the mediator (M) affects the outcome (Y) through path b; and, 4) when the mediator is in the model, the original direct path from the predictor variable (X) to the outcome (Y) is diminished (path c'). Since then, Kenny, Kashy and Bolger (1998), Shrout and Bolger (2002), and others have argued that the first step is unnecessary for mediation; instead, the path from the predictor variable to the outcome is implied by steps 2 and 3. Path analysis simultaneously tests steps 2-4, and thus, the essential aspect for mediation is to have a significant indirect path (path a*b). Yet, not all statisticians agree with this view. For example, Fritz and MacKinnon (2007) state that in order to achieve the "causal model" of mediation, one must initially demonstrate a strong direct link from the predictor (X) to the outcome (Y) to be considered a fully mediated model. In path analysis, the difference between "mediation" and a "significant indirect path" is primarily semantic. Nevertheless, the current study will utilize Shrout and Bolger's (2002) perspective and consider a significant indirect pathway to be mediation.

Because there were instances of data that was missing at random, full maximum-likelihood estimation was utilized. When data is "missing completely at random" or "missing at random," full maximum-likelihood estimation has been found to be unbiased and more efficient than other methods (i.e., listwise deletion, pairwise deletion, and similar response pattern imputation) (Enders & Bandalos, 2001).

Question 2a Results

LISREL provided fit statistics for three separate models that each included a social class indicator and its relationship to depressive symptoms through job autonomy. The first model tested the indirect relationship between job prestige and depressive symptoms, mediated through job autonomy. There was a significant indirect effect (a*b = -0.004, SE = 0.002, t = -2.783, p = < .01; see Figure 4). Thus, job autonomy mediated the relationship between occupational prestige and depressive symptoms.

In the second model, path analyses tested the indirect relationship between education and depressive symptoms, mediated through job autonomy. Again, there was a significant indirect effect (a*b = -0.018, SE = 0.008, t = -2.326, p = < .05; see Figure 5). Thus, job autonomy mediated the relationship between education and depressive symptoms.

Finally, the path analyses were repeated a third time, testing the indirect relationship between income and depressive symptoms, mediated through job autonomy. Even with job autonomy included in the model, income retained a significant direct relationship with depressive symptoms. This time there was no significant indirect effect (a*b = -0.022, SE = 0.019, t = -1.126, p = 0.026; see Figure 6).

Question 2b Analytic Strategy

The next set of analyses addressed the question of whether the mediated relationship between social class and depressive symptomology was moderated by other social divisions, such as gender, race, or family structure. It was hypothesized that gender, race, and family structure would moderate the mediated relationship between social class and depressive symptomology through job autonomy.

The strategy chosen to analyze this question is called "moderated mediation." In particular, a "multi-sample path analysis" approach was utilized. In this approach, the sample is divided according to the moderated variable (e.g., divided into groups of men and women). LISREL then provides model fit statistics for an overall model comprised of these two groups. Next, this model is completed two separate times. First, in Model 1, the parameters are held invariant for the paths between the variables. Next, in Model 2, the parameters of the indirect path (a*b) are allowed to be estimated freely in the two separate groups (i.e., male and female). The null hypothesis is that the group paths are equivalent. Alternatively, if the null hypothesis is rejected, the overall fit will be significantly improved in Model 2, where the parameters are allowed to vary between the groups (Kline, 2004).

Question 2b Results

Moderation by Gender

First, gender was examined as a potential moderator for the mediated paths from social class indicators to depressive symptoms through job autonomy. The results are represented in Table 11. Model 1 tested the overall fit for a model involving the relation of job prestige to depressive symptoms, through job autonomy, for men and women, where men and women were forced to have the same fit. In Model 2, the same variables

were included, but the indirect paths (a*b) were allowed to vary from men to women. Model 2 did not yield a significantly improved fit. Thus, the relation of job prestige to depressive symptoms through job autonomy does not significantly differ by gender.

A similar Model 1 and Model 2 were performed, using education as the predictor variable instead of job prestige. Again, Model 2 did not yield a significantly improved fit, and therefore, the relation of education to depressive symptoms through job autonomy does not significantly differ by gender.

Next, a similar Model 1 and Model 2 were performed, using income as the predictor variable. This time, Model 2 was a significantly improved fit over Model 1 as evidenced by a significant chi-square change ($\Delta\chi^2 = 16.26$, $\Delta\ df = 2$, $p = .00$). Thus, the relation of income to depressive symptoms through job autonomy is moderated by gender (see Figure 7). Specifically, the size of the relationship from income to job autonomy is greater for women than for men. Still, the indirect effects are not significant for either men (a*b = -0.009, $SE = 0.011$, $t = -0.818$, $p = 0.414$) or women (a*b = -0.025, $SE = 0.033$, $t = -0.765$, $p = 0.445$). This is consistent with the results of the previous question, where the relation of income to depressive symptoms was not mediated by income. For both genders, even with the mediated variable in the model, the direct relation of income to depressive symptoms was retained.

Moderation by Race

Next, race was examined as a potential moderator for the mediated paths from social class indicators to depressive symptoms through job autonomy. The results are

represented in Table 12. Model 1 tested the overall fit for a model involving the relation of social class indicators and depressive symptoms through job autonomy for Latino, White, and Black groups, where each race was forced to have the same fit. In Model 2, the same variables were included, but the indirect paths (a*b) were allowed to vary between each race group. For each social class indicator (prestige, education, and income), Model 2 did not yield a significantly improved fit. Thus, it appeared that the relationships of job prestige and depressive symptoms, education and depressive symptoms, and income and depressive symptoms through job autonomy do not significantly differ by race.

Because the sample sizes of the groups were greatly disparate (e.g. the Black group contained 70 participants and the White group contained 391), the race moderation was re-tested, including a "White" group (n = 391) and a "People of Color" group (n = 183). While this provides less information about how these cultural groups may experience social class differently, it still provides information about individuals who share the title of being non-dominant cultural groups in the United States.

The results of path analyses using two groups for race are represented in Table 13. Again, Model 1 tested the overall fit for a model involving the relation of job prestige to depressive symptoms, through job autonomy, for a White group and People of Color, where each group was forced to have the same fit. In Model 2, the same variables were included, but the indirect paths (a*b) were allowed to vary from each race group. For job prestige, Model 2 yielded a significantly improved fit over Model 1 as evidenced by a significant chi-square change ($\Delta\chi^2 = 5.88$, $\Delta\, df = 2$, $p = .053$). Thus, the relation of job prestige to depressive symptoms through job autonomy is moderated by race (see Figure

8). Specifically, the size of the mediated effect is greater for the White group than the People of Color. That is, the mediated relationship hypothesized by Kohn (1977) is marginally significant for the White group (a*b = -0.006, *SE* = 0.003, *t* = -1.904, *p* = 0.058), but it is not significant for People of Color (a*b = 0.001, *SE* = 0.002, *t* = 0.465, *p* = 0.642).

For education, similar results emerged. Model 2 (paths allowed to vary) displayed significantly improved fit over Model 1 (paths invariant) as evidenced by a significant chi-square change ($\Delta\chi^2 = 6.67$, $\Delta\ df = 2$, $p = .036$). Thus, the relation of education to depressive symptoms through job autonomy is also moderated by race (see Figure 9). Specifically, the size of the mediated effect is greater for the White group than the People of Color. That is, the mediated relationship hypothesized by Kohn (1977) is marginally significant for the White group (a*b = -0.029, *SE* = 0.017, *t* = -1.642, *p* = 0.102), but it is not significant for People of Color (a*b = 0.006, *SE* = 0.040, *t* = 0.148, *p* = 0.882).

For income, Model 2 (paths allowed to vary) again displayed a significantly improved fit over Model 1 (paths invariant) as evidenced by a significant chi-square change ($\Delta\chi^2 = 6.29$, $\Delta\ df = 2$, $p = .043$). Thus, the relation of income to depressive symptoms through job autonomy is moderated by race (see Figure 10). Specifically, the size and direction of the indirect effect varies between races. Still, the indirect effects are not significant for either the White group (a*b = -0.045, *SE* = 0.032, *t* = -1.407, *p* = 0.160) or the People of Color (a*b = 0.055, *SE* = 0.059, *t* = 1.396, *p* = 0.165). Again, this is consistent with prior analyses, where the relation of income to depressive symptoms was

not mediated by income. For both racial groups, even with the mediated variable in the model, the direct relation of income to depressive symptoms was retained.

Moderation by Gender and Race

Moderation by multiple social locations was also tested, looking at gender and race together. The disparate sample sizes between groups made it impossible to test all six groups in the same model, so each gender was examined in separate analyses. Women will be discussed first. Among the females, participants were divided into Latina, White, and Black groups. Then, similar to the other questions, two path models were run. In Model 1, the indirect paths held invariant, and in Model 2, indirect paths are allowed to vary. The results are represented in Table 14. However, for each social class indicator, Model 2 did not yield a significantly improved fit. Thus, for women, the relations of job prestige to depressive symptoms, education to depressive symptoms, and income to depressive symptoms through job autonomy did not significantly differ by race.

Next, men were analyzed in a similar way. They were divided into Latino, White, and Black groups. Then, two path models were performed. In Model 1, the indirect paths were held invariant, and in Model 2, indirect paths were allowed to vary. The results are also represented in Table 16. For each social class indicator, Model 2 did not yield a significantly improved fit. Thus, for men, the relations of job prestige to depressive symptoms, education to depressive symptoms, and income to depressive symptoms through job autonomy does not significantly differ by race.

To be consistent with previous questions with race as moderator, race was made into two groups: White and People of Color. The analyses were repeated (see Table 15). However, the new analyses did not yield significant results. Thus, for both men and

women, race is not a significant moderator of the mediated relation of social class indicators to depressive symptoms through job autonomy.

Moderation by Family Structure

Next, family structure was examined as a potential moderator for the mediated paths from social class indicators to depressive symptoms through job autonomy. The results are represented in Table 16. Model 1 tested the overall fit for a model involving the relation of job prestige to depressive symptoms, through job autonomy, for married, cohabiting, and single participants, where each group was forced to have the same fit. In Model 2, the same variables were included, but the indirect paths (a*b) were allowed to vary between groups. For job prestige, Model 2 yielded a significantly improved fit over Model 1 as evidenced by a significant chi-square change ($\Delta\chi^2 = 9.62$, $\Delta\ df = 4$, $p = .049$). Thus, the relation of job prestige to depressive symptoms through job autonomy is moderated by family structure (see Figure 11). Specifically, the size of the mediated effect is greater for the married group than the cohabiting or single groups. That is, the mediated relationship hypothesized by Kohn (1977) is significant for the married group (a*b = -0.007, $SE = 0.002$, $t = -2.758$, $p = 0.006$), but it is not significant for the cohabiting group (a*b = 0.000, $SE = 0.127$, $t = 0.333$, $p = 0.740$) or for the single group (a*b = -0.000, $SE = 0.002$, $t = -0.165$, $p = 0.870$).

For education, similar results emerged. Model 2 (paths allowed to vary) displayed significantly improved fit over Model 1 (paths invariant) as evidenced by a significant chi-square change ($\Delta\chi^2 = 13.44$, $\Delta\ df = 4$, $p = .009$). Thus, the relation of education to depressive symptoms through job autonomy is also moderated by family structure (see Figure 12), such that the size of the mediated effect is greater for the

married group than the cohabiting or single groups. That is, the mediated relationship hypothesized by Kohn (1977) is significant for the married group (a*b = -0.033, *SE* = 0.015, *t* = -2.201, *p* = 0.029), but it is not significant for the cohabiting group (a*b = 0.046, *SE* = 0.040, *t* = 1.171, *p* = 0.243) or for the single group (a*b = -0.003, *SE* = 0.009, *t* = -0.275, *p* = 0.784).

For income, Model 2 (paths allowed to vary) again displayed a significantly improved fit over Model 1 (paths invariant) as evidenced by a significant chi-square change ($\Delta\chi^2 = 9.69$, $\Delta\, df = 4$, $p = .046$). Thus, the relation of income to depressive symptoms through job autonomy is moderated by family structure (see Figure 13). Specifically, the size of the indirect effect varies between structures. This time, the indirect effect was significant for the married group (a*b = -0.044, *SE* = 0.021, *t* = -2.118, *p* = 0.035), but the direct effect of income to depressive symptoms was also maintained. Thus, for married participants, there is a significant direct and indirect path of income to depressive symptoms. The indirect effect was not significant for cohabiting (a*b = 0.042, *SE* = 0.029, *t* = 1.469, *p* = 0.143) or single participants (a*b = 0.023, *SE* = 0.127, *t* = 0.713, *p* = 0.479).

Although the size of the difference between family structure groups made it possible to overcome the power issues involved when testing three disparately-sized samples, we re-tested moderation by family structure with two structure groups (married and unmarried), in order to be consistent with the previous analyses. Ultimately, the results were the same (see Table 17).

Moderation by Gender and Family Structure

Next, the social locations of gender and family structure were examined together. Again, the disparate sample sizes of the groups made it impossible to test all six groups in the same model, so each gender was examined in separate analyses. Women will be discussed first. Among the females, participants were divided into married, cohabiting, and single groups. Then, similar to the other questions, two path models were run. In Model 1, the indirect paths held invariant, and in Model 2, indirect paths are allowed to vary. The results are represented in Table 18. For job prestige, Model 2 did not yield a significantly improved fit. Thus, among females, the relation of job prestige to depressive symptoms through job autonomy does not significantly differ by family structure.

Next, similar analyses were performed, using education as the predictor variable instead of job prestige. This time, Model 2 yielded a marginally significantly improved fit ($\Delta\chi^2 = 9.14$, $\Delta\ df = 4$, $p = .058$). Thus, it is possible that family structure does moderate this relationship for women (see Figure 14). When examining each group's indirect effects, however, none are significant (married: a*b = -0.024, $SE = 0.017$, $t = -1.435$, $p = 0.153$; cohabiting: a*b = -0.012, $SE = 0.018$, $t = -0.636$, $p = 0.527$; single: a*b = -0.001, $SE = 0.012$, $t = -0.125$, $p = 0.901$).

Next, similar analyses were performed, with income as the predictor. Again, Model 2 did not yield a significantly improved fit, and therefore, the relation of income to depressive symptoms through job autonomy does not significantly differ by family structure among females.

To maintain consistency, for women, family structure was made into two groups: Married and Not Married. The analyses were repeated (see Table 19). However, the new

analyses did not yield significant results. Thus, for women, family structure overall is not a significant moderator of the mediated relation of social class indicators to depressive symptoms through job autonomy.

Next, men were analyzed in a similar way. They were divided into married and cohabiting groups. Then, two path models were performed. In Model 1, the indirect paths were held invariant, and in Model 2, indirect paths were allowed to vary. The results are also represented in Table 18. For job prestige, Model 2 yielded a significantly improved fit over Model 1 as evidenced by a significant chi-square change ($\Delta\chi^2 = 17.24$, $\Delta\ df = 2$, $p = .000$). The indirect effect was significant for the married men (a*b = -0.008, $SE = 0.004$, $t = -2.087$, $p = 0.039$), but not for cohabiting men (a*b = 0.005, $SE = 0.004$, $t = 1.418$, $p = 0.160$). The directions of the relationships were as hypothesized for married men; more job prestige was related to more job autonomy, which in turn was related to fewer depressive symptoms. Yet, for the cohabiting group, job prestige was unrelated to job autonomy, which was in turn *positively* related to depressive symptoms, such that more job autonomy was related to more depressive symptoms. Thus, the relation of prestige to depressive symptoms through job autonomy is moderated by family structure among men (see Figure 15).

For education, Model 2 yielded a significantly improved fit over Model 1 as evidenced by a significant chi-square change ($\Delta\chi^2 = 18.37$, $\Delta\ df = 2$, $p = .000$). The indirect effect was not significant for either group (married men: a*b = -0.037, $SE = 0.029$, $t = -1.645$, $p = 0.102$; cohabiting men: a*b = -0.022, $SE = 0.028$, $t = -0.793$, $p = 0.430$). Again, the directions of the effects were as anticipated for married men, with more education related to more job autonomy, which in turn was related to fewer

depressive symptoms. Yet, for cohabiting men, education was unrelated to job autnomy, which in turn was related to *more* depressive symptoms. Thus, the relation of education to depressive symptoms through job autonomy is moderated by family structure among men (see Figure 16).

For income, Model 2 yielded a significantly improved fit over Model 1 as evidenced by a significant chi-square change ($\Delta\chi^2 = 15.52$, $\Delta\ df = 2$, $p = .000$). The indirect effect was marginally significant for married men (a*b = -0.048, $SE = 0.027$, $t = -1.776$, $p = 0.078$), but it was not significant for cohabiting men (a*b = 0.032, $SE = 0.032$, $t = 0.984$, $p = 0.328$). For the third time, the directions of the effects were unexpected. For married men, more income was associated with more job autonomy, which in turn was related to fewer depressive symptoms. But, for cohabiting men, income was unrelated to job autonomy, which in turn was related to more depressive symptoms. Thus, the relation of income to depressive symptoms through job autonomy is moderated by family structure among men (see Figure 17). Also, for the first time, the direct relation from income to depressive was not maintained, while the indirect relation was.

CHAPTER IV

DISCUSSION

The overarching theme of this study was to carefully examine the meaning of social class and how it is used in psychological research. This is especially important because social stratification and income disparity have increased over the past several decades, ensuring the existence of a class of low-wage employees. Although past research has documented the relationship between low SES and poor psychological outcomes, it is not clear whether social class acts directly or indirectly to produce these disparate outcomes. Thus, the current study addressed a series of questions that examined what aspects of social class were directly related to mental health, what aspects of social class were indirectly related to mental health, and whether those relationships differed by gender, race, or family structure.

The participants in the current study were recruited from various towns in Western Massachusetts, and while all participants qualified as "working class," the racial subgroups in the sample still reflected current discriminations and economic realities found in the United States. For example, Latino men and women were worse off on all indicators of social class than their Black or White counterparts. Many of the Latino participants were children of people who grew up in Puerto Rico. There has been increasing discrimination against native Spanish-speakers in recent years, which has translated into structural disadvantage for this group (National Council of La Raza, 2005). Along these lines, White men had the most advantage in terms of social class. And, although women in this sample have more education than their male counterparts, they consistently earn less money. These data are evidence that structural barriers continue to

plague women and People of Color even when "controlling for" social class indicators as we attempted in the sample recruitment for this study. It is clear that in the working class, prejudices still exist and continue to have powerful consequences.

Family structure arose as another distinguishing characteristic in these families with distinct differences arising between married and unmarried participants. Married participants had advantages on every social class variable. Married participants also had fewer depressive symptoms, and married women reported more job autonomy than unmarried women. The gulf between these groups surpassed the differences between racial groups. It is interesting to consider how and why the married individuals were so structurally advantaged. There is debate about the direction of causality involved. Some evidence suggests that a higher SES precedes the tendency to marry. For example, researchers have found that individuals with more education and a higher income may be more likely to marry because they are seen as more eligible partners, or perhaps they demand more eligible mates (Gassman-Pines & Yoshikawa, 2006; Pandey & Kim, 2008). Statistics also show that a higher income and more education are related to both the occurrence and the length of marriage (National Center for Health Statistics, 2002). On the other hand, there is also evidence that being married provides extra financial and emotional support, leading to a higher SES and better mental health (Simon, 2002; Williams, 2003). In terms of this study, perhaps because pregnancy is more socially acceptable for married couples, unmarried couples having children may face additional strain and challenges to their mental health. Or, perhaps employers see married employees as more stable, and thus married individuals receive additional benefits via

promotions or raises at work. Regardless, it is clear that, for this study at least, married individuals have more structural advantages than single or cohabiting participants.

The first research question examined the direct relationship between social class indicators and mental health. First, occupational prestige and education were examined. Contrary to previous findings (e.g., Lorant et. al, 2003) and hypotheses, there were no direct relationships linking occupational prestige or education to depressive symptoms. One possible reason for the lack of results may be due to the restricted range of social class in this study. A goal of the study was to look within the working class to examine how social class indicators specifically affect this population. Unfortunately, looking within a subgroup of the population creates a statistical disadvantage. Because people with higher education and the most prestigious jobs were excluded from the study, the hypothesized negative relationships between these social class indicators and depressive symptoms were less likely to be detected. Alternatively, it is possible that the lack of a direct relationship between prestige and depressive symptoms or education and depressive symptoms may be because these effects are small or do not exist within the working-class population. For instance, education might provide job opportunities and broaden life perspectives, but perhaps education does very little to influence how happy or depressed one might feel on any given day. Similarly, having a prestigious occupation in itself may not influence one's mood, but it likely opens doors and is related to other life chances that mitigate or increase depressive symptoms.

Alternatively, income directly predicted depressive symptoms. Thus, less money is associated with more depressive symptoms, and more money is associated with fewer depressive symptoms. This sample is made-up of low-wage workers, who are likely to

feel the "pinch" of a lower income. For those in this income bracket, less money does not simply limit one's access to luxuries (as may be the case for a more middle-class sample), but it may severely impact one's ability to provide basic necessities, such as buying food and paying rent (Gilbert, 2003). In addition, at the time of the interview, each participant was expecting a child, so a lower income might be especially stressful in light of heavy upcoming expenses. Financial stress then likely translates into depressive symptoms, which is consistent with the literature (Schulz et al., 2006).

The results from the first question are logical, given the nature of these three particular indicators of social class. Specifically, income fluctuates more often than job prestige or education, which may make it more likely to affect day-to-day life, on a micro-level. Thus, income's effect on mental health would be more likely to be detected in the current study because the measure used for assessing depressive symptoms (the CES-D) is designed to assess the frequency of depressive symptoms over the past seven days. Hence, the CES-D picks up day-to-day, or micro-level, occurrences of depressive symptoms, rather than the broader effects that could be detected after an individual completes two years of post-secondary education for his or her Associate's degree.

Next, exploratory work examined the theory of multiple social locations, or intersectionality. The disadvantaged status theory was utilized to hypothesize that job prestige, education, and income would have a greater effect on mental health for women, People of Color, and single parents. In fact, an interaction was found with education and race to depressive symptoms, such that for People of Color, more education was related to *more* depressive symptoms, while education was unrelated to depressive symptoms for the White group. This finding was contrary to hypotheses and initially counterintuitive,

when most prior work has found a positive association between education and mental health (Lorant et al., 2003). It is also contrary to findings by Williams et al. (1999) who reported that less education was related to poorer health for Blacks but unrelated to health for Whites. However, this dissimilarity should be viewed in light of the samples in each study. Williams et al. (1999) had a sample that included the full spectrum of social classes; the current study did not utilize those who were very poor (i.e., unemployed), middle-class, or wealthy. Thus, perhaps the current finding, in which education has detrimental effects on mental health, is unique to Black Americans employed in low-wage work. Racial discrimination may create a "glass ceiling" for People of Color. In theory, education should open more doors and provide more opportunities. This is expected in a country famous for the "American Dream," where everyone has the potential to become rich and successful in life through hard work. Yet, People of Color engaged in low-wage work may be likely to face discrimination and institutionalized racism, regardless of education level. In short, a White factory worker and Black factory worker, although both may hold the same technical degree for their job, may experience their work in different ways due to overt or institutional racism at work.

Another explanation is that education increases awareness of discrimination. Research has clearly documented that the perception of discrimination and racism is related to poorer health outcomes (Williams et al., 1999). Thus, being aware that discrimination exists even when you have achieved higher levels of income, education or prestige may make the sting of racism even more painful.

Unexpectedly, no other interactions emerged based upon gender, race, or family structure. This lack of findings could possibly be due to the restricted range of the social

class indicators, as previously stated. Alternatively, the relationships of social class indicators to depressive symptoms may not vary for men and women who are employed in low-wage work. If this is true, these findings conflict with a study by Schieman (2002), who found that education and job prestige were more negatively associated with depressive symptoms for women than men. He interpreted those results in context of the "disadvantaged status" theory, whereby traditionally disadvantaged groups experience amplified benefits of social-structural resources. Again, the nature of the samples may explain these dissimilar findings. Schieman (2002) utilized a primarily White, middle-class sample in his analyses, and it is possible that the disadvantaged status theory does not equally apply to working-class women. Perhaps the life chances and day-to-day mental health for women employed in low-wage work is not significantly improved depending on whether they have their high school diploma, a vocational degree, or an associate's degree. These women might still be experiencing a "disadvantaged status." Instead, perhaps women would gain more mental health benefits from achieving a bachelor's degree from college, which opens up more opportunity for women than they have historically had.

The second research question addressed how job autonomy might mediate the relationships between social class and mental health. Interestingly, the two social class indicators that did not have a direct link in the first set of analyses (job prestige and education) had a significant indirect link to mental health through job autonomy. Specifically, more job prestige and more education were associated with feelings of more control over one's work, which was associated with fewer depressive symptoms. The relation of job prestige and education to depressive symptoms through job autonomy

validates Kohn's (1977) theory where he posits that social class creates alternate life experiences and work experiences that affect well-being. To date, this model had not been validated on a working-class sample.

Income was also hypothesized to have an indirect relationship to depressive symptoms through job autonomy, but the indirect relationship was not significant. While contrary to hypotheses, this finding nevertheless appears logical in light of the results from question 1, in which income was found to be directly related to mental health. Perhaps income has a strong enough direct link to depressive symptoms that it primarily influences mental health on a day-to-day basis, instead of indirectly through other life processes. This argument also supports the previous conceptualizations of income as being an unsteady construct within the working-class. Income may vary according to the number of hours one works in a given week or season, but one's job autonomy is not as likely to change during that time. Thus, it makes sense that job autonomy does not mediate the relationship of income and depressive symptoms.

Finally, exploratory analyses examined whether the indirect paths from social class indicators to depressive symptoms through job autonomy varied according to various social divisions. Many interesting findings emerged. First, gender was examined. While the mediated models of prestige and education to depressive symptoms did not vary by gender, women had a stronger link from income to job autonomy than men. This finding does not qualify as "moderated mediation" because the indirect effect of job autonomy on income to depressive symptoms was still not significant.

Next, race was examined. Interestingly, job autonomy indirectly influenced the relationship of each social class indicator to depressive symptoms for White participants,

but these effects were not seen for People of Color. Specifically, for the White group, higher job prestige and more education were related to more job autonomy, which was related to fewer depressive symptoms, as hypothesized. Yet, for People of Color, these constructs were unrelated. This finding was not anticipated, since most prior work on social class and work conditions has been based upon White subjects. Yet, according to these data, having more autonomy at work does not contribute to fewer depressive symptoms for People of Color. One possible explanation may be related to the fact that low SES individuals, such as many of the People of Color in this sample, are more likely to face structural barriers in society, such as high unemployment rates and discrimination. In the current sample, those employed in the lowest prestige fields may spend a considerable amount of time and energy finding employment and financial security. Then, job conditions might simply be less important than having a job at all. For example, one participant in particular comes to mind. He was interviewed five times across the transition to parenthood, and he had been unemployed and looking for work for the first four interviews. During the fifth interview, he had secured employment through a temp agency as a forklift operator. His job conditions were abysmal; he was paid less money than any other forklift operator due to his "temporary" worker status, and he was only guaranteed work on a day-to-day basis, as he was needed by the company. However, his mood and his impressions of his job were very high, because he was delighted by the prospect of bringing home a paycheck to help with the bills. Thus, conditions of work may only be a significant predictor of mental health once secure work and adequate pay is available. In short, feelings of control at work may not override the negative effects of low wages, unpredictable hours, or unstable employment. However,

further study is needed to determine what other work processes might differ between People of Color and White groups.

In addition, the processes linking social class indicators and depressive symptoms also varied by family structure. When the groups were divided by gender, it was clear that married and cohabiting men have drastically different experiences. For the married group, a more prestigious job and more education were associated with more job autonomy, which was associated with fewer depressive symptoms. This relationship was expected and built upon Melvin Kohn's early work. It is likely that men with more education and in higher prestige jobs are given more autonomy at work by their supervisors, which contributes to fewer depressive symptoms. Curiously, these relationships did not exist for cohabiting men. In fact, for cohabiting men, social class indicators were unrelated to control over one's job; moreover, more control was associated with *more* depressive symptoms. This result is contrary to findings from the work literature, in which job autonomy and closely linked constructs such as skill utilization are consistently linked to positive outcomes (Griffin, Greiner, Stansfeld, & Marmot, 2007; Stets, 1995). Again, it is important to note that the married men had more structural advantage in terms of social class than the cohabiting men. Yet, there were no group differences in job autonomy between married and cohabiting men. Perhaps, when one has a less prestigious job or less education, he is less likely to *want* responsibility at work. It is possible that there are more differences between married and cohabiting men than has been previously assumed. Thus, future study is necessary to explore these possible distinctions.

These findings indicate that family structure is a key social division variable. Intersectionality highlights the importance of variables such as gender, race, and sexual orientation. Yet, family structure should be included on this list, given that in terms of the distribution of social class resources, the disparity between married and unmarried individuals was vaster than disparity between races and genders.

Clinical Implications

Results from the current study have implications for the generalizability of clinical studies to the working class. Studies such as Williams et al. (1999) and Schieman (2002) contain findings that are dissimilar to the current study. Given that these studies utilized samples either made up of middle-class participants or primarily White participants, it should not be surprising that the present results differ. Yet, without specific attention to the working-class, policies and interventions may be misguided and unlikely to apply to those engaged in low-wage work.

Among the entire sample, more education and more job prestige were related to more job autonomy, which was related to fewer depressive symptoms. Since job autonomy is related to better mental health outcomes, there may be the possibility for an intervention. If low-wage jobs involved more autonomy, workers' mental health may improve. However, this intervention may primarily be successful for those engaged in steady, consistent employment; otherwise, job conditions may not be as important to mental health as improving the more basic terms of employment, such as having secure employment available to everyone who would like it.

Methodological Implications

The current study has implications regarding how to think about social class or to use social class in psychological research. Income may influence mental health directly, and job prestige and education allow for different life and work experiences that influence mental health. Thus, if a researcher wishes to analyze (or control for) the variable that has the strongest effect on day-to-day life, she should use income. Alternatively, education and job prestige may tap into a higher level construct that places people in a social hierarchy. Also, in the current study, job prestige and education contain a certain amount of what Lazarsfield (1959) termed "interchangeability." Interchangeability denotes the phenomenon by which different indices of the same construct may be only moderately correlated with each other, but they can produce similar results when correlated with an external variable. Therefore, job prestige and education may reflect the same underlying construct and be redundant alternatives for each other.

Many serious methodological considerations arose during this project, which have implications for future studies. For example, income is a more complicated construct than previously believed. In particular, a number of unique challenges to measuring income among low wage workers arose. First, given that low-wage workers often experience great instability in their jobs, it would be beneficial to assess income across multiple time points to account for frequent changes in income. Second, challenging decisions arise regarding which benefits to include in the income estimate. For example, participants might be partially supported by their parents or receive welfare, disability, social security, reduced rent, child support, etc. The system of calculating income is still

imperfect, because there is no way to equalize each family's expense. For example, consider living expenses. In the current study, 7% (n = 43) utilized a rent reduction government program or public housing, totaling an average savings of $484 per month. Many participants lived with family and were not responsible for rent. Some participants were single and yet had their rent paid for by non-residential biological fathers. But, for simplicity, no one's rent was taken into account. Thus, although the issue of rents and mortgages affects participants' financial lives in a major way (when living off of $15,000 annually, paying $7000 in rent is a hardship), that is not something that could be included in our analyses. Thus, there is no perfect way to place families in a hierarchy according to income.

Another methodological consideration that arose during the course of this study is the question of how to define "single-parent" in terms of family structure. The traditional image of a single parent who has the sole "provider" role for the family was often not the case. Single moms were often supported financially by their parents or the fathers of their children. These women have little in common with women who truly live apart from family or partners, but the same definition of "single mom" applies. The ambiguity of this definition has important implications for policy. As Rubin (1994) conveys, if a group of people is not properly defined, it is not likely that legislation will be passed to target that group.

Limitations

The current study has several limitations that should be kept in mind when interpreting the results. First, the data are self-reported, and thus, the interview can only detect information that people choose to disclose. It is possible that lower-income and

non-White populations are less likely to express depressive symptoms, since there is an increased stigma of mental illness in these populations (Falicov, 2003). Thus, the depressive symptomology scores in the study may under-represent actual frequencies of depressive symptomology that exists in the community.

As previously noted, a large proportion of the participants in the current study are married or cohabiting with each other, which creates a problem of shared variance between couple members. Statistically, having two members of the same family in a sample might slightly inflate the standard errors, which could increase the likelihood of Type I error.

Future Directions

In the future, researchers could extend the present research by taking social mobility into consideration. There is some evidence that one's current level of social class and one's childhood level of social class may have separate effects on well-being (Yu & Williams, 1999). In this way, the influence of social class across a person's life span might be further understood.

Overall, it is clear that social class continues to influence the quality of individuals' lives and the number of opportunities available to members of differing social classes. Too often, however, our research explores the issues of class as if each class category, be it poor, working-class, middle-class, or affluent, represents a homogenous group experiencing the same life circumstances. The current research highlights how other social contexts, specifically race/ethnicity and family structure, serve to create unique social ecological niches *within* class categories. If, as these data suggest, income, education and job prestige work in different ways to influence the

mental health of Black, Latino and White workers and/or single, cohabiting or married individuals, more work is needed to explicate these unique relationships and to understand why they exist.

Table 1. Means and Standard Deviations of Variables: By Gender and Race

	Women			Men			
Variable	*M*	*SE*	*n*	*M*	*SE*	*N*	*F(Gender)*
Prestige[a]							
Total	40.06	9.95	345	37.45	9.48	252	10.47**
Latino	37.50	8.49	72	32.10	7.58	41	11.41**
White	40.58	10.19	217	38.89	9.58	174	2.80
Black	41.87	9.65	45	36.16	7.61	25	6.49*
F (Race)	3.54*			9.53***			
Education[ab]							
Total	3.96	1.47	345	3.64	1.36	252	7.54**
Latino	3.11	1.53	72	2.61	1.28	41	3.16
White	4.18	1.37	217	3.98	1.23	174	2.22
Black	4.20	1.27	45	3.28	1.17	25	8.87**
F (Race)	16.63***			21.9***			
Income[ac]							
Total	$1,788	$900	344	$2,519	$1,068	251	81.48***
Latino	$1,478	$720	72	$2,035	$726	41	15.54***
White	$1,923	$950	216	$2,685	$1,115	174	53.04***
Black	$1,667	$801	45	$2,276	$1,071	24	7.12*
F (Race)	7.31**			7.07**			
Depressive Symptoms[a]							
Total	16.70	9.36	344	10.19	8.17	250	77.75***
Latino	16.91	10.49	72	12.09	7.77	41	6.59*
White	16.50	9.18	216	8.97	7.37	173	76.70***
Black	17.01	8.57	45	14.25	12.36	24	1.19
F (Race)	0.09			6.13**			
Dep. Sym. Sqrt							
Total	3.92	1.17	344	2.92	1.29	250	95.55***
Latino	3.89	1.35	72	3.28	1.18	41	5.91*
White	3.90	1.13	216	2.73	1.23	173	94.97***
Black	3.98	1.11	45	3.38	1.72	24	1.71
F (Race)	0.09			4.98**			
Job Autonomy[a]							
Total	3.40	0.62	333	3.58	0.57	234	12.85***
Latino	3.23	0.61	70	3.38	0.51	36	1.69
White	3.46	0.62	212	3.63	0.59	167	7.70**
Black	3.37	0.54	41	3.51	0.52	21	0.96
F (Race)	4.03*			3.15*			

Note: Significant differences between men and women as indicated by one-way ANOVA are noted by the *F(Gender)* column. Significant differences between racial groups as indicated by one-way ANOVA are noted by the *F(Race)* row.

***$p < .001$. **$p < .01$. *$p < .05$.

[a] = Higher scores indicate more prestige, education, depressive symptomology, or job autonomy

[b] = Education is measured on a scale from 1 (no high school degree or GED) to 6 (Associate's degree)

[c] = Income is measured per individual per month

Table 2. Means and Standard Deviations of Variables: By Gender and Family Structure.

	Women			Men			
Variable	*M*	*SE*	*n*	*M*	*SE*	*n*	*F(Gender)*
Prestige[a]							
Married	42.76	10.25	150	40.07	9.61	144	5.38*
Cohabiting	37.66	8.75	106	34.12	8.19	97	8.80**
Single	38.05	9.44	58				
F (Structure)	10.46***			24.95***			
Education[a]							
Married	4.49	1.34	150	4.09	1.22	144	7.06**
Cohabiting	3.76	1.38	106	3.03	1.26	97	15.55***
Single	3.16	1.51	58				
F (Structure)	21.67***			42.62***			
Income[ab]							
Married	$2,149	$876	150	$2,803	$1,095	144	32.17***
Cohabiting	$1,518	$888	106	$2,173	$883	97	27.72***
Single	$1,447	$675	58				
F (Structure)	23.65***			22.34***			
Depressive Symptoms[a]							
Married	15.00	8.76	149	8.08	6.34	143	59.46***
Cohabiting	18.30	9.75	106	12.94	9.06	96	16.28***
Single	18.19	9.26	58				
F (Structure)	4.90**			23.85***			
Depressive Symptoms Sqrt							
Married	3.71	1.12	149	2.62	1.11	143	69.71***
Cohabiting	4.11	1.20	106	3.33	1.36	96	18.40***
Single	4.12	1.11	58				
F (Structure)	4.84**			19.97***			
Job Autonomy[a]							
Married	3.57	0.55	146	3.61	0.61	140	0.36
Cohabiting	3.31	0.63	102	3.53	0.51	93	7.38**
Single	3.19	0.63	55				
F (Structure)	10.88***			1.09			

Note: Significant differences between married, cohabiting, and single individuals as indicated by one-way ANOVA are noted by the *F(Structure)* column. Significant differences between men and women as indicated by one-way ANOVA are noted by the *F(Gender)* column.
***$p < .001$. **$p < .01$. *$p < .05$.
[a] = Higher scores indicate more prestige, education, depressive symptomology, or job autonomy
[b] = Education is measured on a scale from 1 (no high school degree or GED) to 6 (Associate's degree)
[c] = Income is measured per individual per month

Table 3. Correlations Between Social Class Indicators (N = 597).

	Prestige	Education	Earned Income	Family Income
Prestige	---	.30***	.24***	.26***
Education	---	---	.22***	.29***
Earned Income	---	---	---	.77***
Family Income	---	---	---	---

***$p < .001$

Table 4. Correlations between Social Class Indicators, By Gender.

	Prestige	Education	Earned Income	Family Income
		Males (n = 252)		
Prestige	---	.32***	.35***	.28***
Education	---	---	.18**	.38***
Earned Income	---	---	---	.72***
Family Income	---	---	---	---
		Females (n = 345)		
Prestige	---	.32***	.27***	.31***
Education	---	---	.18**	.20***
Earned Income	---	---	---	.84***
Family Income	---	---	---	---

***$p < .001$, **$p < .01$

Table 5. Correlations between Social Class Indicators for Latino, White, and Black Groups.

	Prestige	Education	Earned Income	Family Income
		Latino (n = 113)		
Prestige	---	.26**	.24*	.16
Education	---	---	.10	.16
Earned Income	---	---	---	.73***
Family Income	---	---	---	---
		White (n = 391)		
Prestige	---	.25***	.25***	.28***
Education	---	---	.18***	.23***
Earned Income	---	---	---	.78***
Family Income	---	---	---	---
		Black (n = 70)		
Prestige	---	.29*	-.06	.01
Education	---	---	.14	.20
Earned Income	---	---	---	.71***
Family Income	---	---	---	---

***$p < .001$, **$p < .01$, *$p < .05$

Table 6. Correlations for the Control Variables Age and Number of Kids.

	Age	Number of Kids
Age	--	.20***
Number of Kids	--	--
Prestige	.20***	.02
Education	.20***	-.11**
Earned Income	.43***	-.05
Family Income	.47***	-.11**
Depressive Symptoms	-.18***	.03

***$p < .001$, **$p < .01$, *$p < .05$

Table 7. Summary of Regression Analysis for Social Class Variables Predicting Depressive Symptoms (N = 597).

	1			2		
Variable	*B*	*SE B*	B	*B*	*SE B*	B
Age	-.04	.01	-.18***	-.04	.01	-.18***
Prestige				-.00	.01	-.01
Change in R^2					.000	
R^2		.033***			.033***	
Age	-.04	.01	-.18***	-.04	.01	-.18***
Education				-.02	.04	-.02
Change in R^2					.001	
R^2		.033***			.034***	
Age	-.04	.01	-.18***	-.02	.01	-.07
Earned Income				.00	.00	-.25***
Change in R^2					.052***	
R^2		.033***			.086***	
Age	-.04	.01	-.18***	-.02	.01	-.09*
Family Income				.00	.00	-.19***
Change in R^2					.029***	
R^2		.033***			.063***	

***$p < .001$, **$p < .01$, *$p < .05$

Table 8. Summary of Regression Analysis for Social Class Variables Predicting Depressive Symptoms, Moderated by Gender (N = 597).

	1			2			3		
Variable	*B*	*SE B*	β	*B*	*SE B*	B	*B*	*SE B*	β
Age	-.04	.01	-.18***	-.02	.01	-.09*	-.02	.01	-.09*
Gender				-.96	.11	-.36***	-.97	.11	-.36***
Prestige				-.01	.01	-.08*	-.01	.01	-.08*
Prestige x Gender							-.01	.01	-.04
ΔR^2					.122***			.001	
R^2		.033***			.155***			.156***	
Age	-.04	.01	-.18***	-.02	.01	-.09*	-.02	.01	-.09*
Gender				-.96	.10	-.36***	-.97	.10	-.37***
Education				-.08	.04	-.08*	-.08	.04	-.09*
Education x Gender							-.12	.07	-.06
ΔR^2					.122***			.004	
R^2		.033***			.155***			.159***	
Age	-.04	.01	-.18***	-.01	.01	0.05	-.01	.01	-.05
Gender				-.81	.11	-.31***	-.82	.11	-.31***
Earned Income				-.00	.00	-.16***	-.00	.00	-.16***
Earned Inc. x Gender							.00	.00	.02
ΔR^2					.134***			.000	
R^2		.033***			.168***			.168***	

***$p < .001$, **$p < .01$, *$p < .05$

Table 8 (continued): Summary of Regression Analysis for Social Class Variables Predicting Depressive Symptoms, Moderated by Gender (N = 597).

	1			2			3		
Variable	*B*	*SE B*	β	*B*	*SE B*	B	*B*	*SE B*	β
Age	-.04	.01	-.18***	-.01	.01	-.04	-.01	.01	-.04
Gender				-.89	.10	-.33***	-.89	.10	-.33***
Family Income				-.00	.00	-.16***	-.00	.00	-.16***
Family Inc. x Gender							-.00	.00	-.01
ΔR^2					.135***			.000	
R^2		.033***			.168***			.168***	

***$p < .001$, **$p < .01$, *$p < .05$

Table 9. Summary of Regression Analysis for Social Class Variables Predicting Depressive Symptoms, Moderated by Race (N = 597).

	1			2			3		
Variable	*B*	*SE B*	β	*B*	*SE B*	B	*B*	*SE B*	β
Age	-.04	.01	-.18***	-.04	.01	-.17***	-.04	.01	-.17***
Black				.33	.17	.08*	.33	.17	.08*
Latino				.13	.14	.04	.19	.15	.06
Prestige				-.00	.01	-.01	-.00	.01	-.01
Prestige x Black							.00	.02	.00
Prestige x Latino							.03	.02	.07
ΔR^2					.007			.004	
R^2		.033***			.040***			.044***	
Age	-.04	.01	-.18***	-.04	.01	-.17***	-.04	.01	-.17*
Black				.33	.17	.08*	.31	.17	.07
Latino				.12	.15	.04	.22	.16	.07
Education				-.01	.04	-.02	-.02	.04	-.02
Education x Black							.20	.13	.06
Education x Latino							.19	.10	.09*
ΔR^2					.007			.009†	
R^2		.033***			.040***			.049***	

***$p < .001$, **$p < .01$, *$p < .05$, †$p < .10$

Table 9 (continued): Summary of Regression Analysis for Social Class Variables Predicting Depressive Symptoms, Moderated by Race (N = 597).

	1			2			3		
Variable	*B*	*SE B*	β	*B*	*SE B*	B	*B*	*SE B*	β
Age	-.04	.01	-.18***	-.02	.01	-.07	-.02	.01	-.07
Black				.26	.17	.06	.31	.17	.07
Latino				.03	.14	.01	.04	.15	.01
Earned Income				-.00	.00	-.25***	-.00	.04	-.24***
Earned Inc. x Black							.00	.00	.06
Earned Inc. x Latino							.00	.00	.02
ΔR^2					.056***			.003	
R^2		.033***			.090***			.093***	
Age	-.04	.01	-.18***	-.02	.01	-.09*	-.02	.01	-.09*
Black				.19	.17	.05	.25	.19	.06
Latino				-.01	.14	-.00	-.00	.16	.00
Family Income				-.00	.00	-.18***	-.00	.00	-.18***
Family Inc. x Black							.00	.00	.04
Family Inc. x Latino							.00	.00	.02
ΔR^2					.031***			.001	
R^2		.033***			.065***			.066***	

***$p < .001$, **$p < .01$, *$p < .05$

Table 10. Summary of Regression Analysis for Social Class Variables Predicting Depressive Symptoms, Moderated by Family Structure (N = 597).

	1			2			3		
Variable	*B*	*SE B*	β	*B*	*SE B*	B	*B*	*SE B*	β
Age	-.04	.01	-.18***	-.03	.01	-.11*	-.03	.01	-.11*
Single				.80	.18	.20***	.77	.18	.19***
Cohab				.48	.13	.18***	.51	.13	.19***
Prestige				.00	.01	.02	.00	.01	.03
Prestige x Single							-.00	.02	-.01
Prestige x Cohab							.03	.01	.08†
ΔR^2					.043***			.007	
R^2		.033***			.076***			.084***	
Age	-.04	.01	-.18***	-.03	.01	-.11*	-.03	.01	-.12**
Single				.84	.18	.21***	.86	.19	.21***
Cohab				.50	.13	.18***	.48	.13	.18***
Education				.04	.04	.05	.04	.04	.04
Education x Single							.16	.12	.06
Education x Cohab							.13	.09	.07
ΔR^2					.045***			.005	
R^2		.033***			.078***			.083***	

***$p < .001$, **$p < .01$, *$p < .05$, †$p < .10$

Table 10 (continued): Summary of Regression Analysis for Social Class Variables Predicting Depressive Symptoms, Moderated by Family Structure (N = 597).

	1			2			3		
Variable	*B*	*SE B*	β	*B*	*SE B*	B	*B*	*SE B*	β
Age	-.04	.01	-.18***	-.01	.01	-.03	-.01	.01	-.03
Single				.60	.18	.15**	.61	.22	.15**
Cohab				.36	.12	.13**	.36	.13	.13**
Earned Income				-.00	.00	-.23***	-.00	.00	-.22***
Earned Inc. x Single							.00	.00	.04
Earned Inc. x Cohab							.00	.00	.07†
ΔR^2					.084***			.005	
R^2		.033***			.117***			.122***	
Age	-.04	.01	-.18***	-.02	.01	-.07	-.02	.01	-.07
Single				.55	.21	.13**	.17	.54	.04
Cohab				.39	.13	.14**	.37	.13	.14**
Family Income				-.00	.00	-.12*	-.00	.00	-.14*
Family Inc. x Single							-.00	.00	-.06
Family Inc. x Cohab							.00	.00	.07
ΔR^2					.053***			.005	
R^2		.033***			.086***			.091***	

***$p < .001$, **$p < .01$, *$p < .05$, †$p < .10$

Table 11. Model Comparison Tests to Examine Moderation by Gender.

		FIML χ^2	*df*	$\Delta\chi^2$	Δdf	*p*-value	Reject H_0?
Prestige	Model 1	4.99	5	-	-	-	
	Model 2	4.90	3	0.09	2	.956	No
Education	Model 1	7.72	5	-	-	-	
	Model 2	6.10	3	1.62	2	.445	No
Earned Income	Model 1	19.52	5	-	-	-	
	Model 2	3.26	3	16.26	2	.000	Yes
Family Income	Model 1	5.61	5	-	-	-	
	Model 2	2.85	3	2.76	2	.252	No

Note. The null hypothesis states that Model 1 (invariant paths) fits as well as Model 2 (indirect paths allowed to vary).

Table 12. Model Comparison Tests to Examine Moderation by Race (Using Three Race Groups).

		FIML χ^2	*df*	$\Delta\chi^2$	Δdf	*p*-value	Reject H_0?
Prestige	Model 1	9.37	10	-	-	-	
	Model 2	3.43	6	5.94	4	.204	No
Education	Model 1	12.80	10	-	-	-	
	Model 2	5.52	6	7.28	4	.122	No
Earned Income	Model 1	10.74	10	-	-	-	
	Model 2	4.55	6	6.19	4	.185	No
Family Income	Model 1	9.80	10	-	-	-	
	Model 2	3.43	6	6.37	4	.173	No

Note. The null hypothesis states that Model 1 (invariant paths) fits as well as Model 2 (indirect paths allowed to vary).

Table 13. Model Comparison Tests to Examine Moderation by Race, with "White" and "People of Color" Groups.

		FIML χ^2	*df*	$\Delta\chi^2$	Δdf	*p*-value	Reject H_0?
Prestige	Model 1	7.70	5	-	-	-	
	Model 2	1.82	3	5.88	2	0.053	Yes
Education	Model 1	11.34	5	-	-	-	
	Model 2	4.67	3	6.67	2	0.036	Yes
Earned Income	Model 1	9.04	5	-	-	-	
	Model 2	2.75	3	6.29	2	0.043	Yes
Family Income	Model 1	8.57	5	-	-	-	
	Model 2	2.06	3	6.51	2	0.039	Yes

Note. The null hypothesis states that Model 1 (invariant paths) fits as well as Model 2 (indirect paths allowed to vary).

Table 14. Model Comparison Tests to Examine Moderation by Gender and Race (Using Three Race Groups).

		Women						Men					
		FIML χ^2	*df*	$\Delta\chi^2$	Δdf	*p*-value	Reject H_0?	FIML χ^2	*df*	$\Delta\chi^2$	Δdf	*p*-value	Reject H_0?
Prestige	Model 1	8.38	10	-	-	-		12.91	10	-	-	-	
	Model 2	6.32	6	2.06	4	0.725	No	8.03	6	4.88	4	0.300	No
Education	Model 1	10.46	10	-	-	-		14.69	10	-	-	-	
	Model 2	6.93	6	3.53	4	0.473	No	10.78	6	3.91	4	0.418	No
Earned Income	Model 1	9.69	10	-	-	-		12.58	10	-	-	-	
	Model 2	7.72	6	1.97	4	0.741	No	8.65	6	3.93	4	0.416	No
Family Income	Model 1	9.61	10	-	-	-		14.30	10	-	-	-	
	Model 2	7.95	6	1.66	4	0.798	No	8.57	6	5.73	4	0.220	No

Note. The null hypothesis states that Model 1 (invariant paths) fits as well as Model 2 (indirect paths allowed to vary).

Table 15. Model Comparison Tests to Examine Moderation by Gender and Race, with "White" and "People of Color" Groups.

		Women						Men					
		FIML χ^2	*df*	$\Delta\chi^2$	Δdf	*p*-value	Reject H_0?	FIML χ^2	*df*	$\Delta\chi^2$	Δdf	*p*-value	Reject H_0?
Prestige	Model 1	5.15	5	-	-	-		7.10	5	-	-	-	
	Model 2	2.82	3	2.33	2	0.312	No	2.62	3	4.48	2	0.106	No
Education	Model 1	6.74	5	-	-	-		9.72	5	-	-	-	
	Model 2	3.58	3	3.16	2	0.206	No	5.90	3	3.82	2	0.148	No
Earned Income	Model 1	6.04	5	-	-	-		6.31	5	-	-	-	
	Model 2	3.86	3	2.18	2	0.336	No	2.48	3	3.83	2	0.147	No
Family Income	Model 1	4.95	5	-	-	-		8.11	5	-	-	-	
	Model 2	3.25	3	1.70	2	0.427	No	3.29	3	4.82	2	0.090	No

Note. The null hypothesis states that Model 1 (invariant paths) fits as well as Model 2 (indirect paths allowed to vary).

Table 16. Model Comparison Tests to Examine Moderation by Family Structure (Using Three Structure Groups).

		FIML χ^2	*df*	$\Delta\chi^2$	Δdf	*p*-value	Reject H_0?
Prestige	Model 1	17.05	10	-	-	-	
	Model 2	7.43	6	9.62	4	0.049	Yes
Education	Model 1	18.47	10	-	-	-	
	Model 2	5.03	6	13.44	4	0.009	Yes
Earned Income	Model 1	17.45	10	-	-	-	
	Model 2	7.76	6	9.69	4	0.046	Yes
Family Income	Model 1	15.43	10	-	-	-	
	Model 2	5.40	6	10.03	4	0.040	Yes

Note. The null hypothesis states that Model 1 (invariant paths) fits as well as Model 2 (indirect paths allowed to vary).

Table 17. Model Comparison Tests to Examine Moderation by Family Structure, with "Married" and "Not Married" Groups.

		FIML χ^2	*df*	$\Delta\chi^2$	Δdf	*p*-value	Reject H_0?
Prestige	Model 1	10.69	5	-	-	-	
	Model 2	3.59	3	7.10	2	0.029	Yes
Education	Model 1	12.62	5	-	-	-	
	Model 2	2.86	3	9.76	2	0.008	Yes
Earned Income	Model 1	16.35	5	-	-	-	
	Model 2	5.15	3	11.20	2	0.004	Yes
Family Income	Model 1	10.86	5	-	-	-	
	Model 2	2.19	3	8.67	2	0.013	Yes

Note. The null hypothesis states that Model 1 (invariant paths) fits as well as Model 2 (indirect paths allowed to vary).

Table 18. Model Comparison Tests to Examine Moderation by Gender and Structure (Using Three Structure Groups for Women).

		Women						Men					
		FIML χ^2	*df*	$\Delta\chi^2$	Δdf	*p*-value	Reject H_0?	FIML χ^2	*df*	$\Delta\chi^2$	Δdf	*p*-value	Reject H_0?
Prestige	Model 1	7.91	10	-	-	-		24.58	5	-	-	-	
	Model 2	5.91	6	2.00	4	0.736	No	7.34	3	17.24	2	0.00	Yes
Education	Model 1	13.37	10	-	-	-		27.82	5	-	-	-	
	Model 2	4.23	6	9.14	4	0.058	No	9.45	3	18.37	2	0.00	Yes
Earned Income	Model 1	8.32	10	-	-	-		24.40	5	-	-	-	
	Model 2	5.28	6	3.04	4	0.551	No	8.88	3	15.52	2	0.00	Yes
Family Income	Model 1	9.21	10	-	-	-		24.66	5	-	-	-	
	Model 2	4.82	6	4.39	4	0.356	No	8.82	3	15.84	2	0.00	Yes

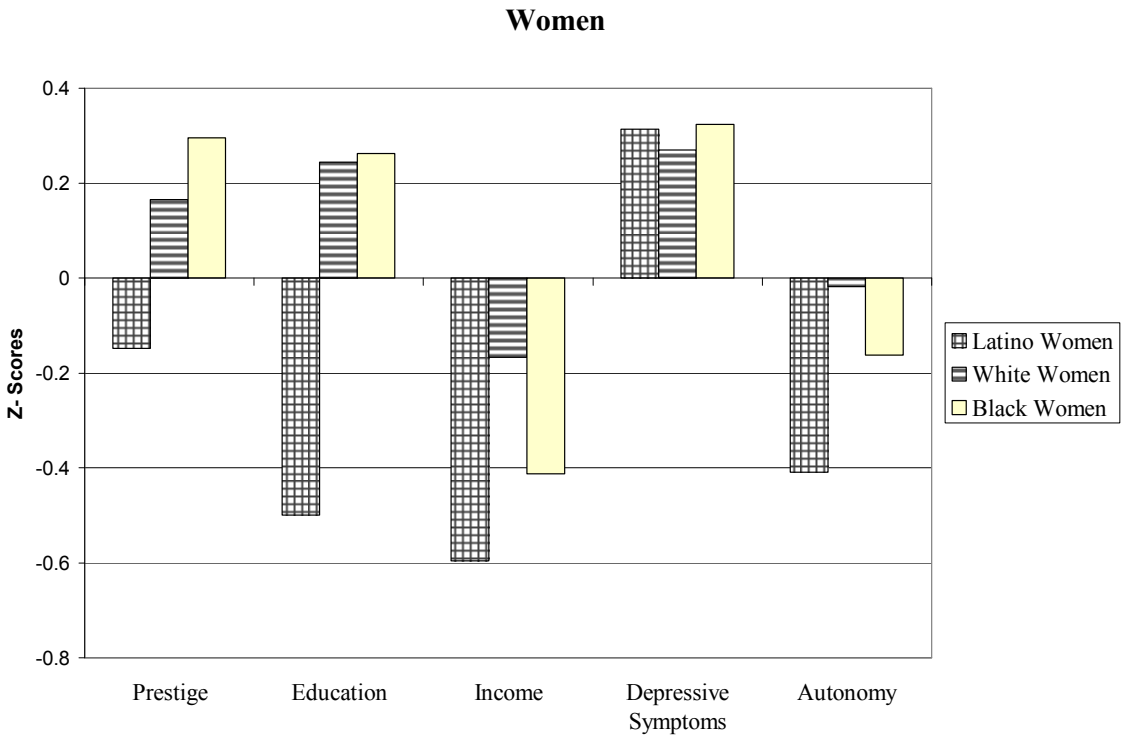
Note. The null hypothesis states that Model 1 (invariant paths) fits as well as Model 2 (indirect paths allowed to vary).

Table 19. Model Comparison Tests to Examine Moderation by Gender and Structure, with "Married" and "Not Married" Women.

		Women					
		FIML χ^2	*df*	$\Delta\chi^2$	Δdf	*p*-value	Reject H_0?
Prestige	Model 1	5.80	5	-	-	-	
	Model 2	5.00	3	0.80	2	0.670	No
Education	Model 1	4.05	5	-	-	-	
	Model 2	2.94	3	1.11	2	0.574	No
Earned Income	Model 1	6.06	5	-	-	-	
	Model 2	3.31	3	2.75	2	0.253	No
Family Income	Model 1	6.31	5	-	-	-	
	Model 2	4.14	3	2.14	2	0.343	No

Note. The null hypothesis states that Model 1 (invariant paths) fits as well as Model 2 (indirect paths allowed to vary).

Figure 1. Descriptive Statistics



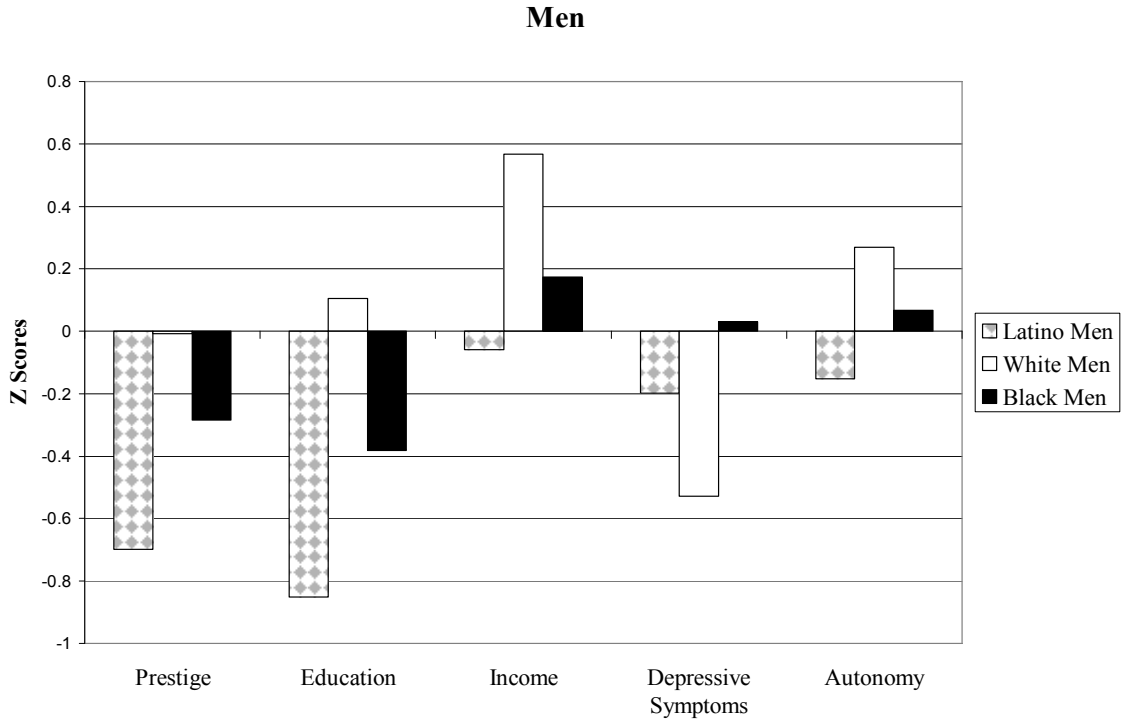


Figure 2. Interaction between Race, Education, and Depressive Symptoms.

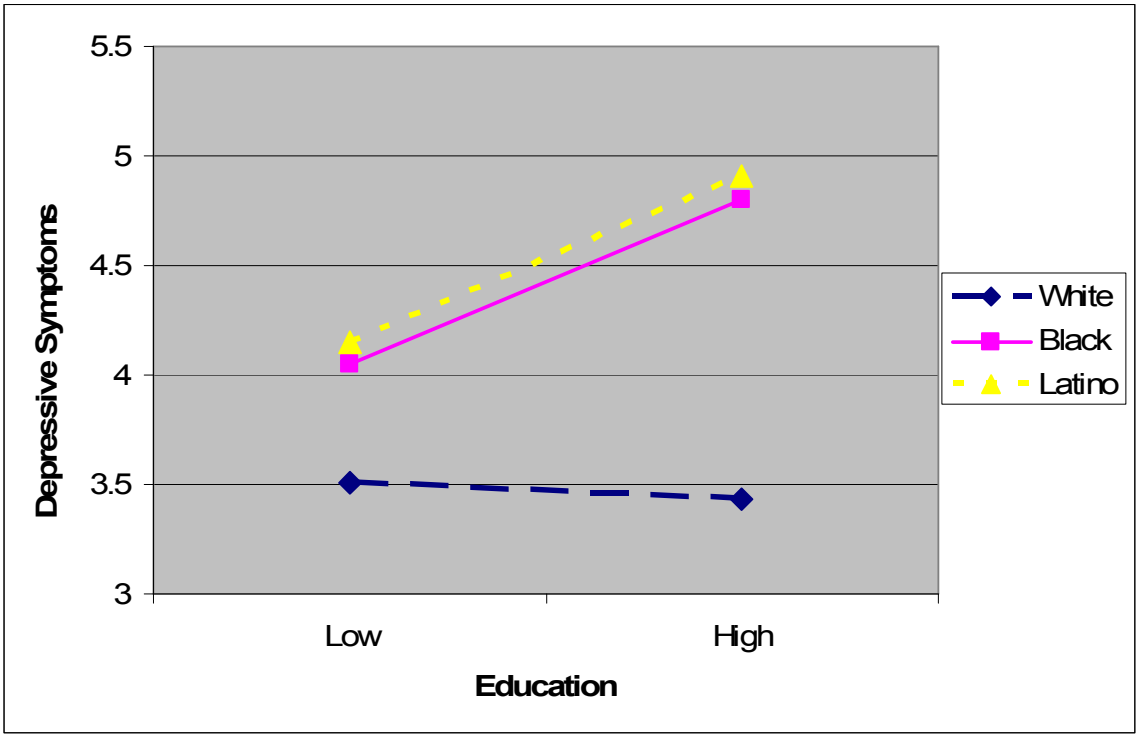


Figure 3. Sample Mediation Model.

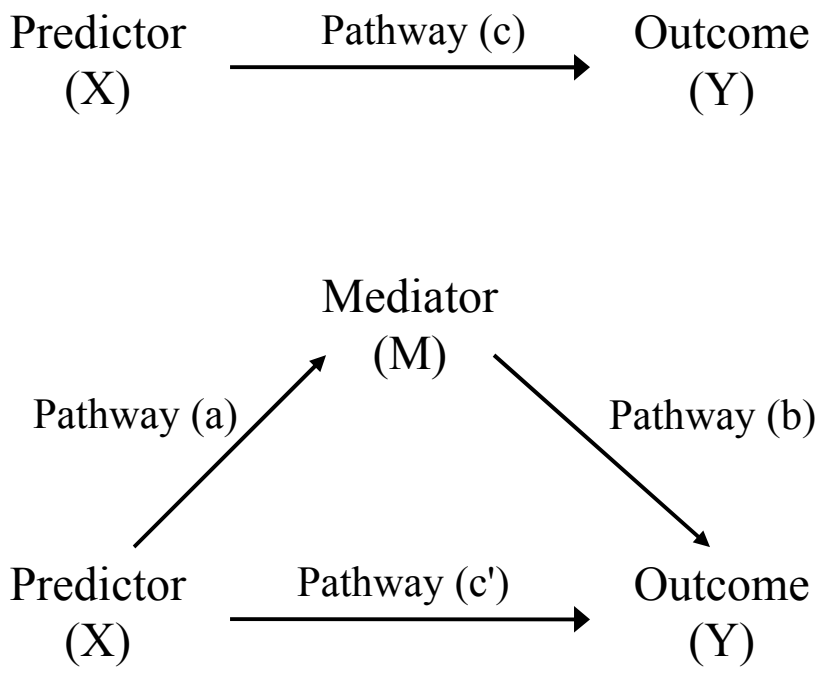
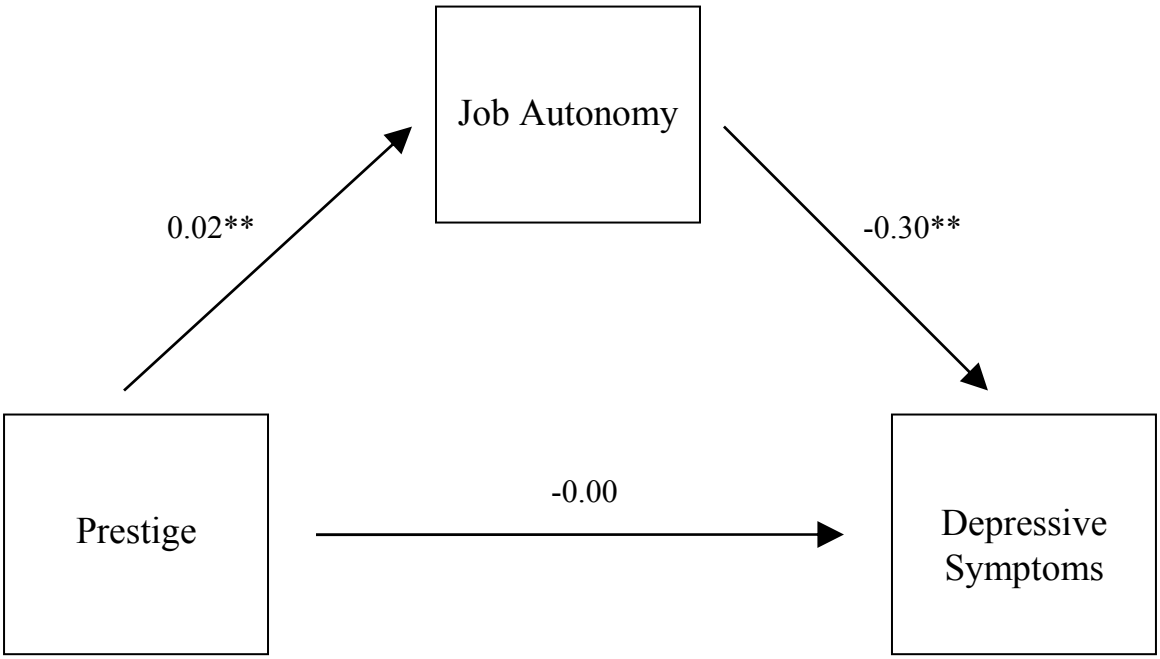
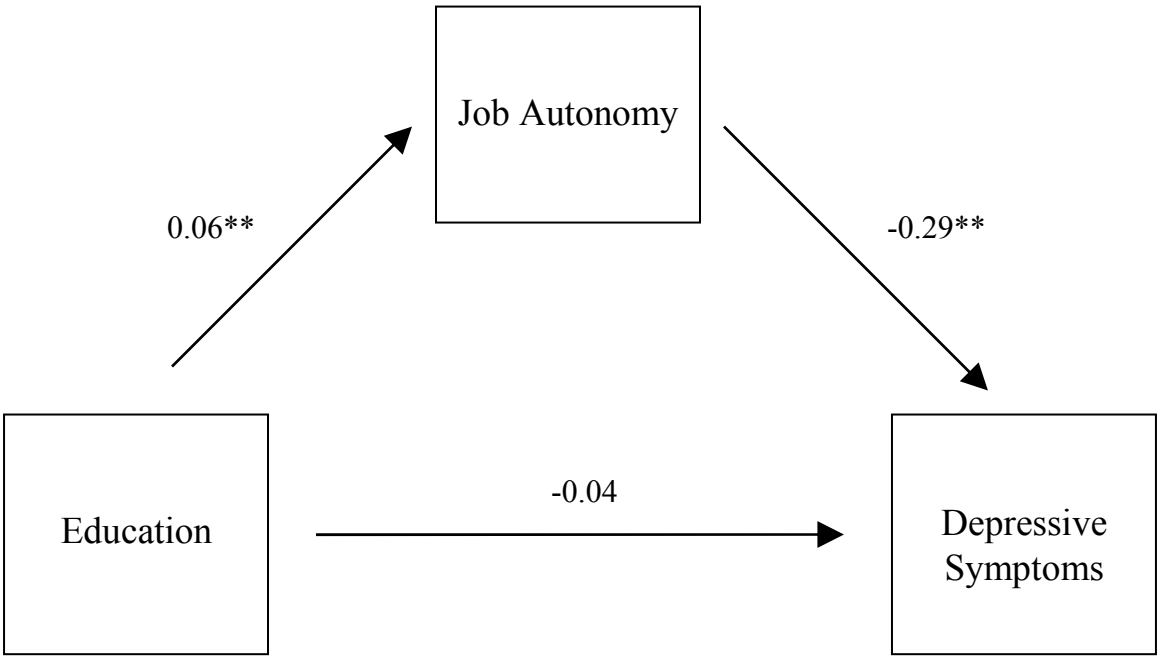


Figure 4. Path Analysis Model – Job Autonomy Mediates the Relationship of Prestige to Depressive Symptomology



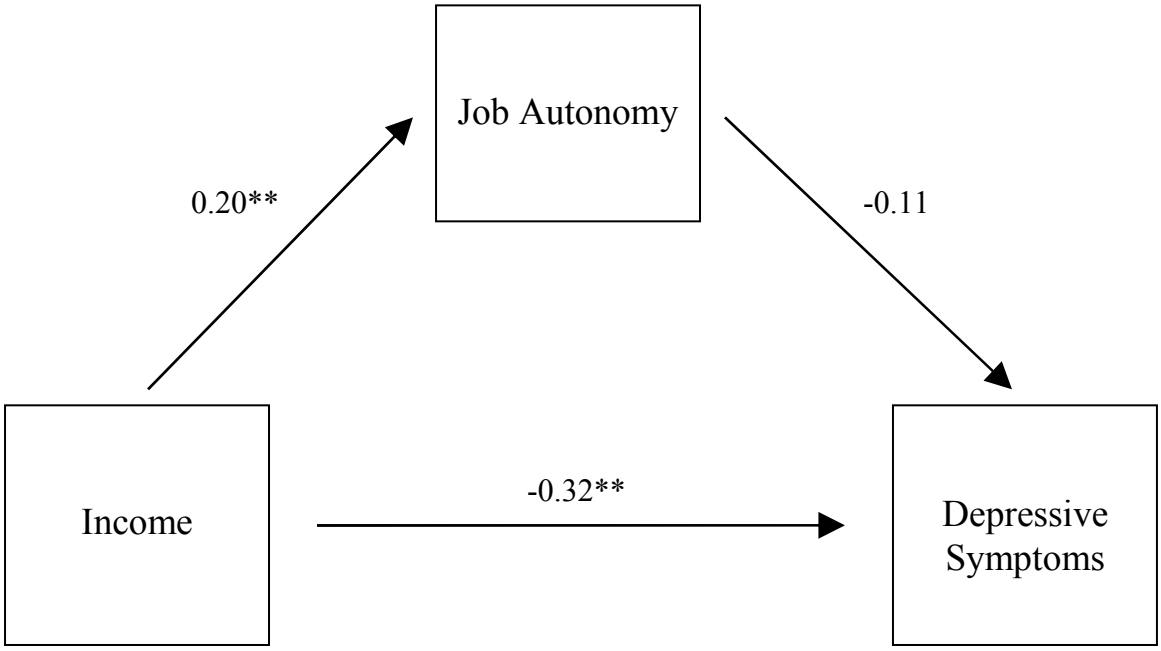
**$p < .01$.

Figure 5. Path Analysis Model – Job Autonomy Mediates the Relationship of Education to Depressive Symptomology.



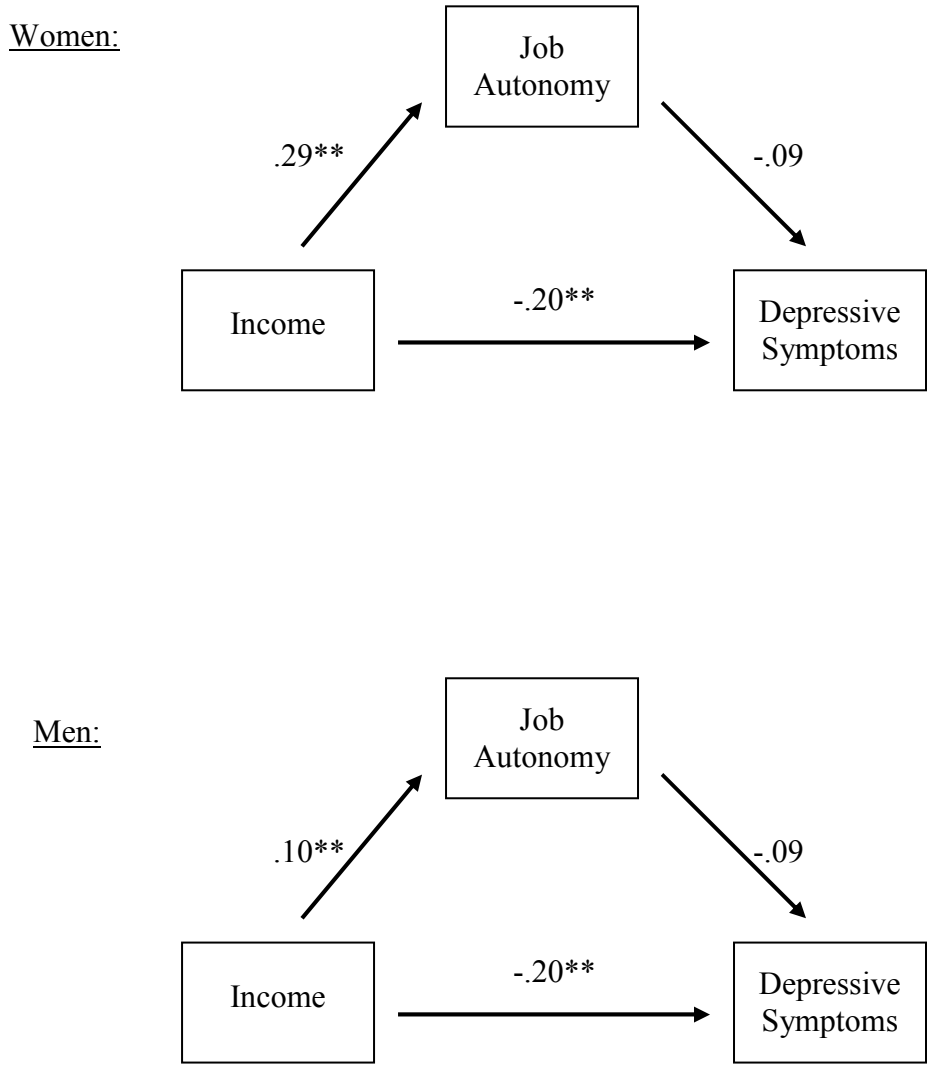
**$p < .01$.

Figure 6. Path Analysis Model – Job Autonomy Mediates the Relationship of Income to Depressive Symptomology



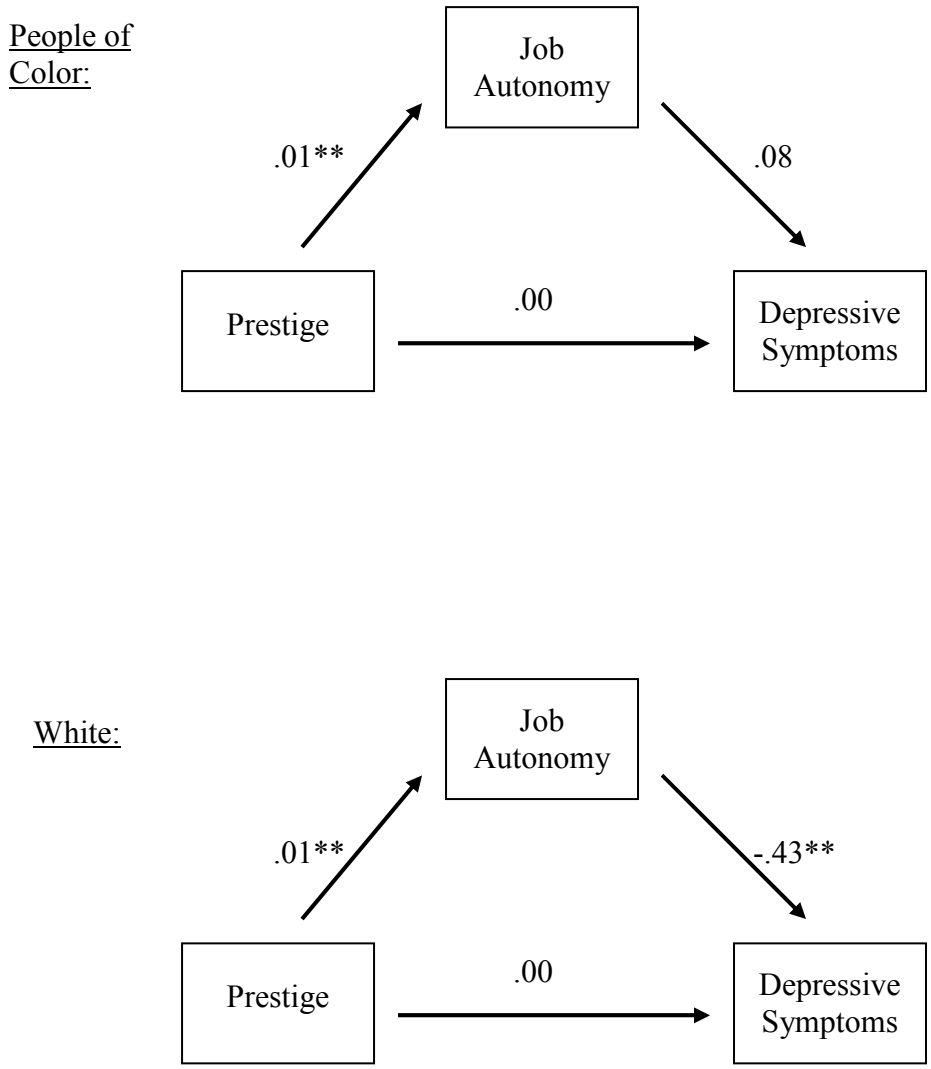
**$p < .01$.

Figure 7. Path Analysis Model – Gender Moderation with Income as Predictor.



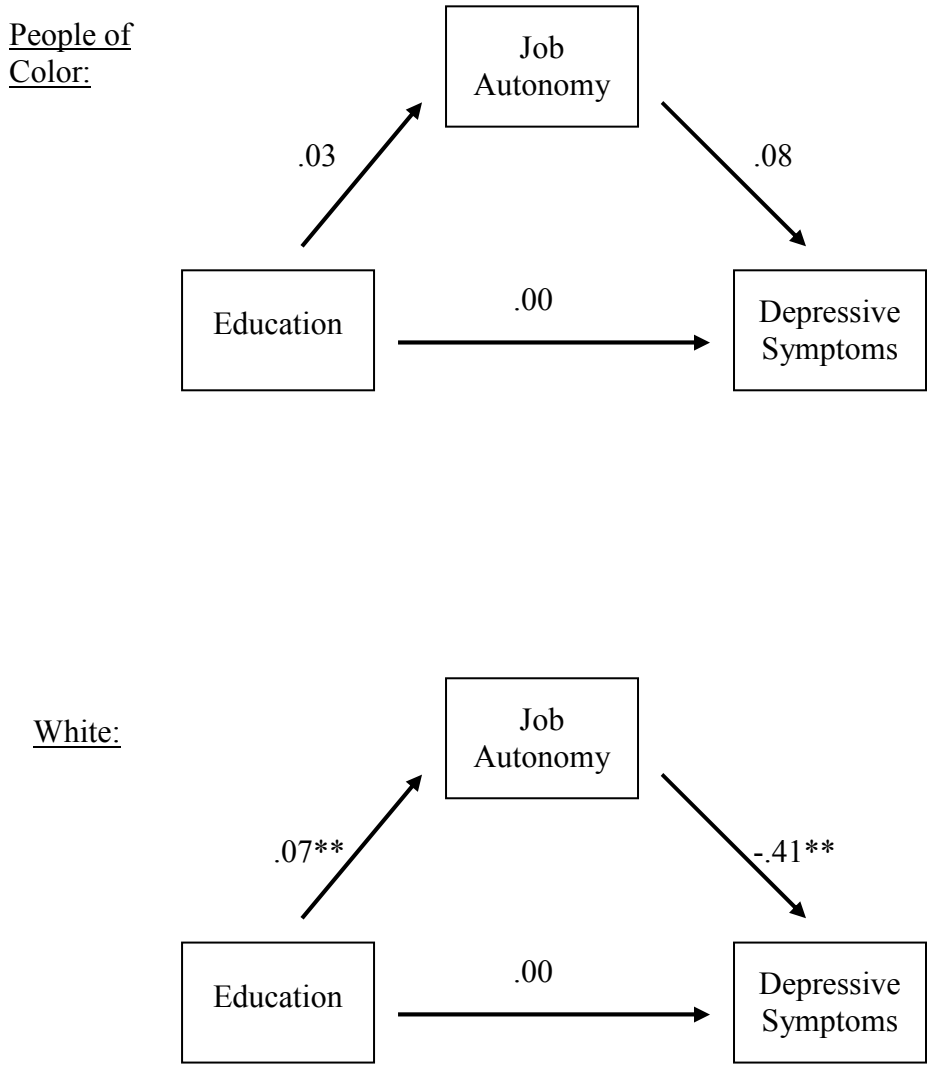
$p < .05$

Figure 8. Path Analysis Model – Race Moderation with Prestige as Predictor, Using Two Race Groups.



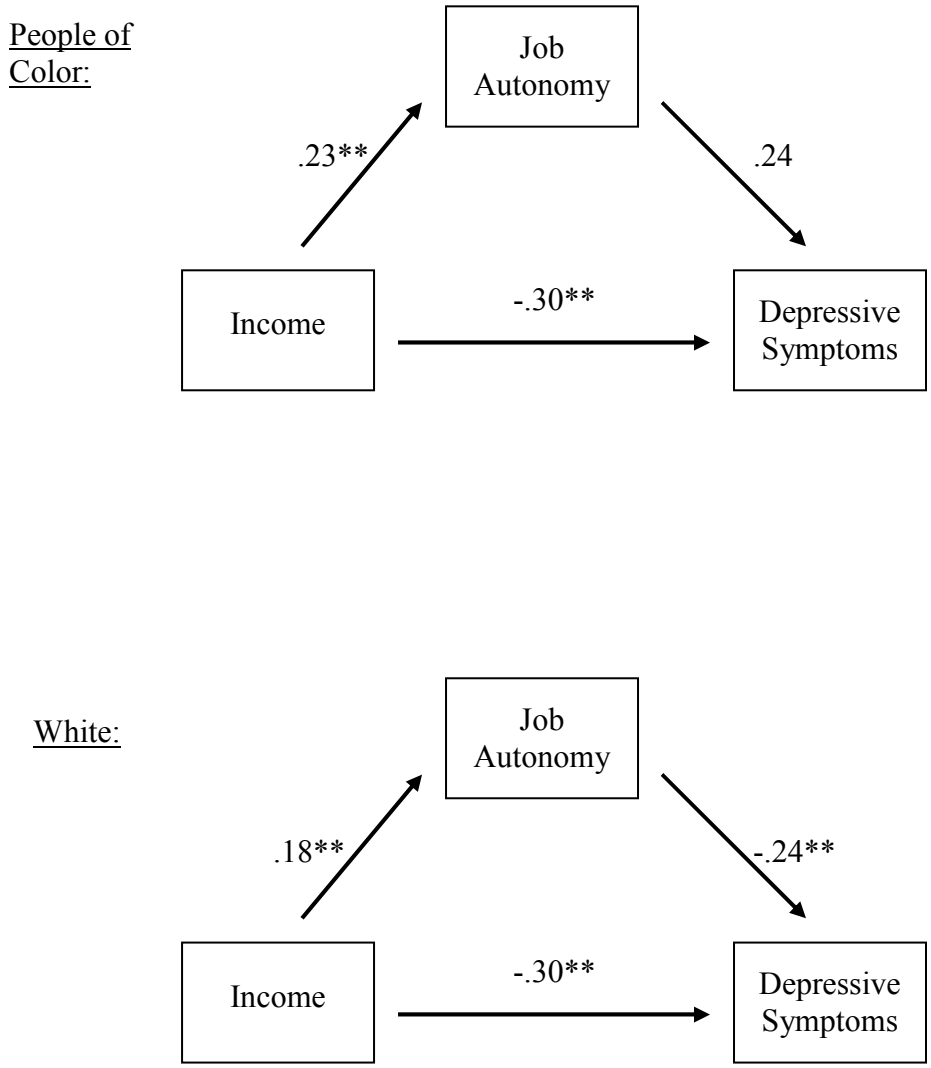
$p < .05$

Figure 9. Path Analysis Model – Race Moderation with Education as Predictor, Using Two Race Groups.



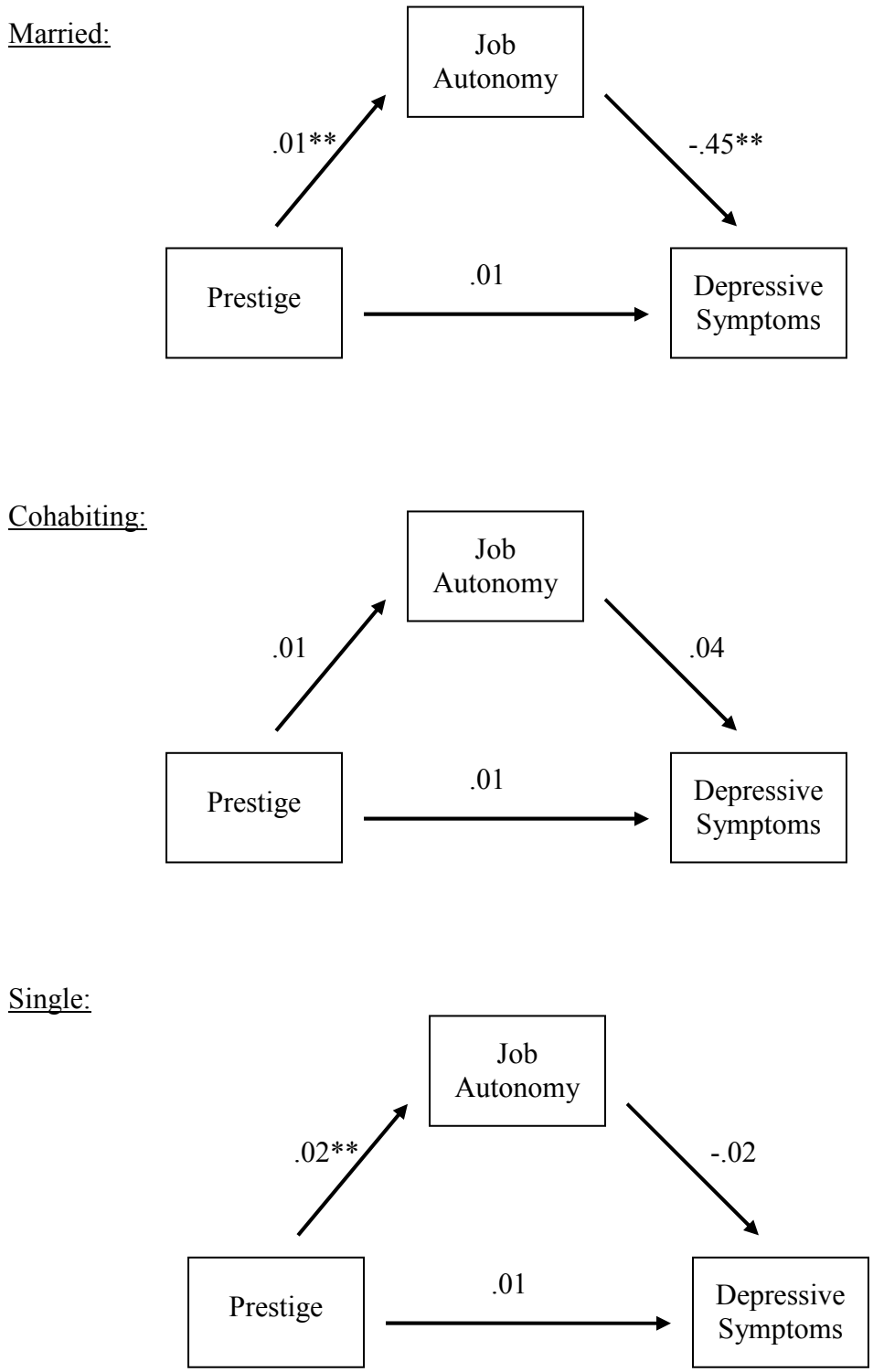
$p < .05$

Figure 10. Path Analysis Model – Race Moderation with Income as Predictor, Using Two Race Groups.



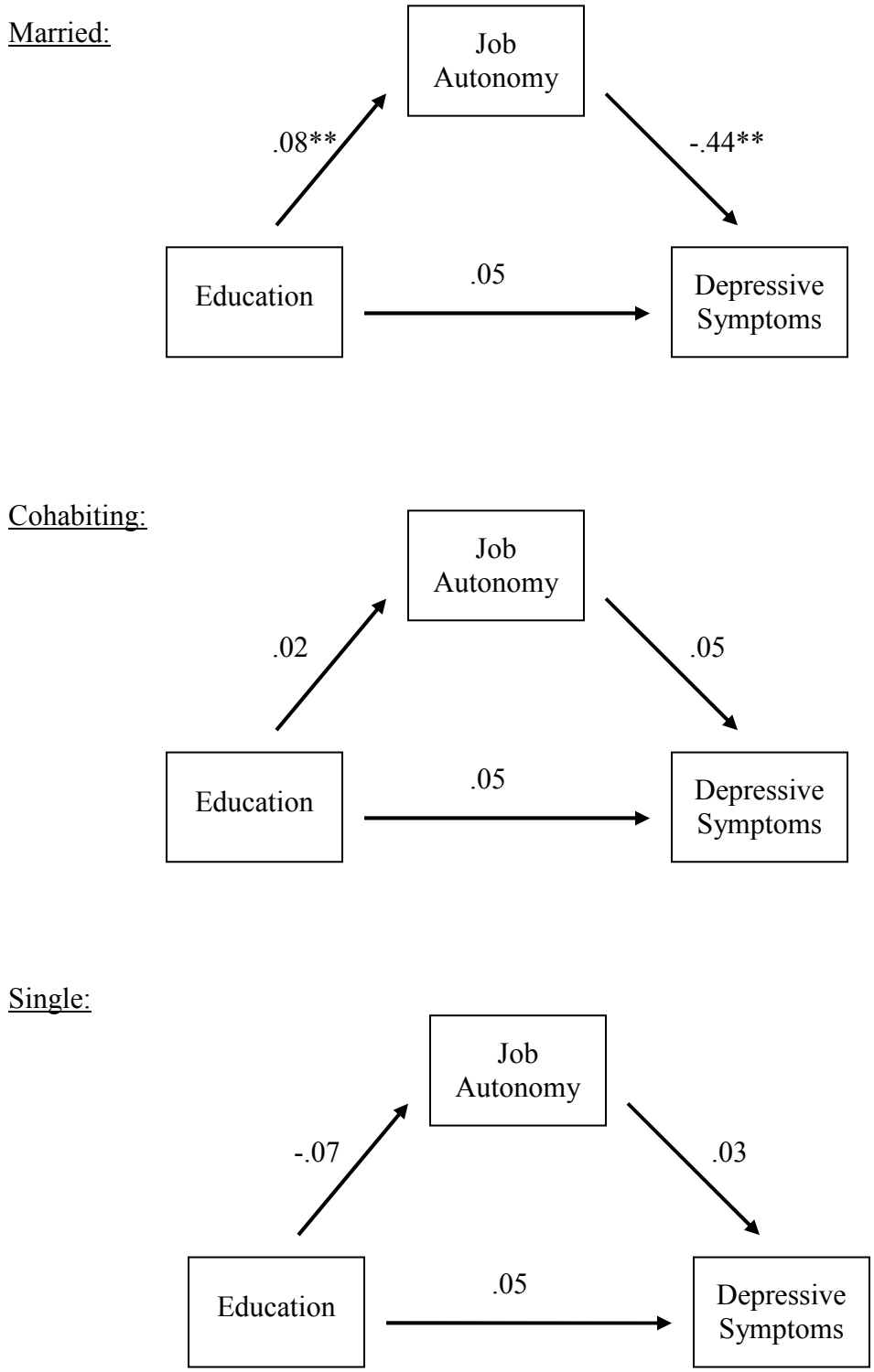
$p < .05$

Figure 11. Path Analysis Model – Family Structure Moderation with Prestige as Predictor.



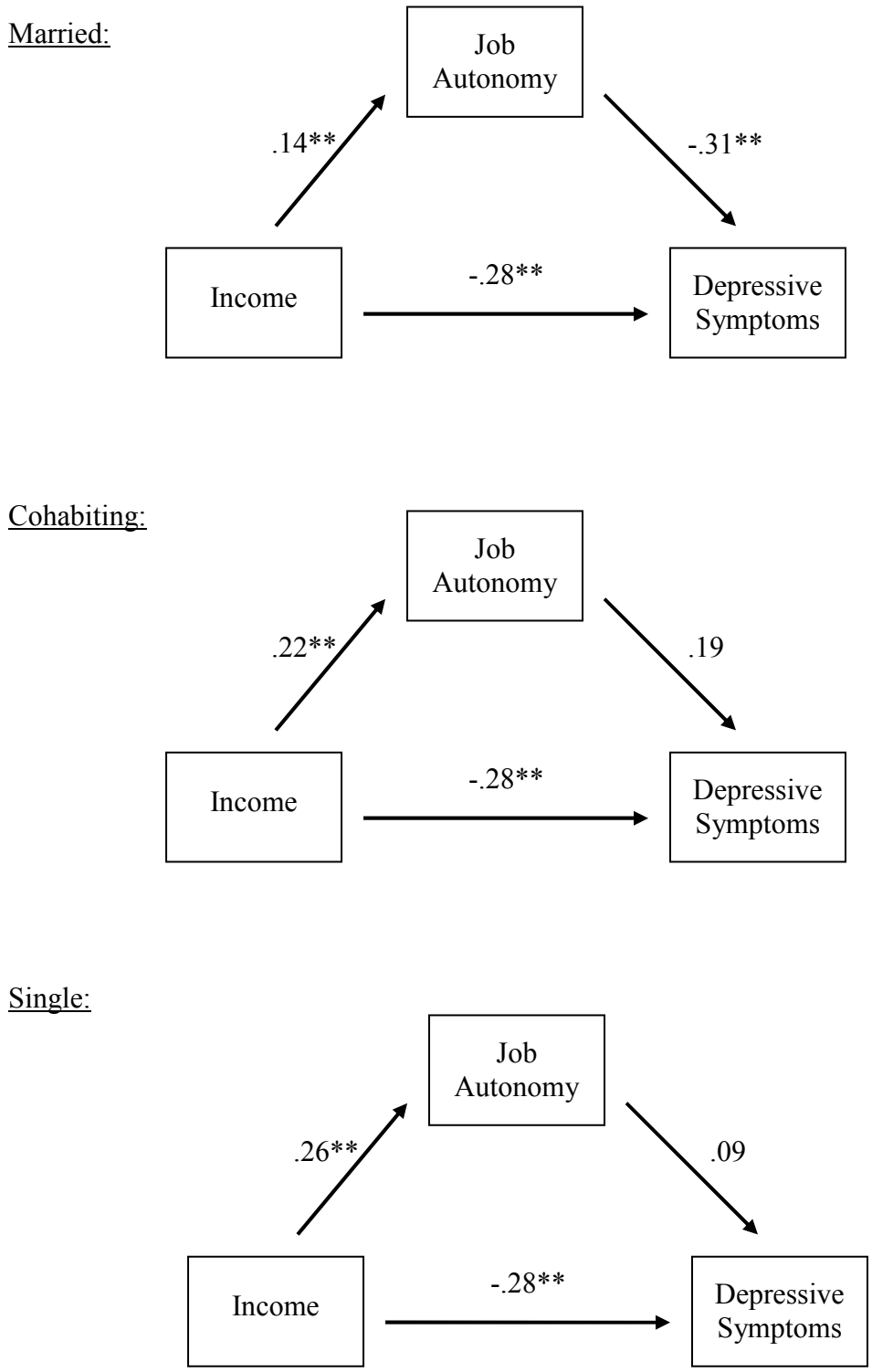
$p < .05$

Figure 12. Path Analysis Model – Family Structure Moderation with Education as Predictor.



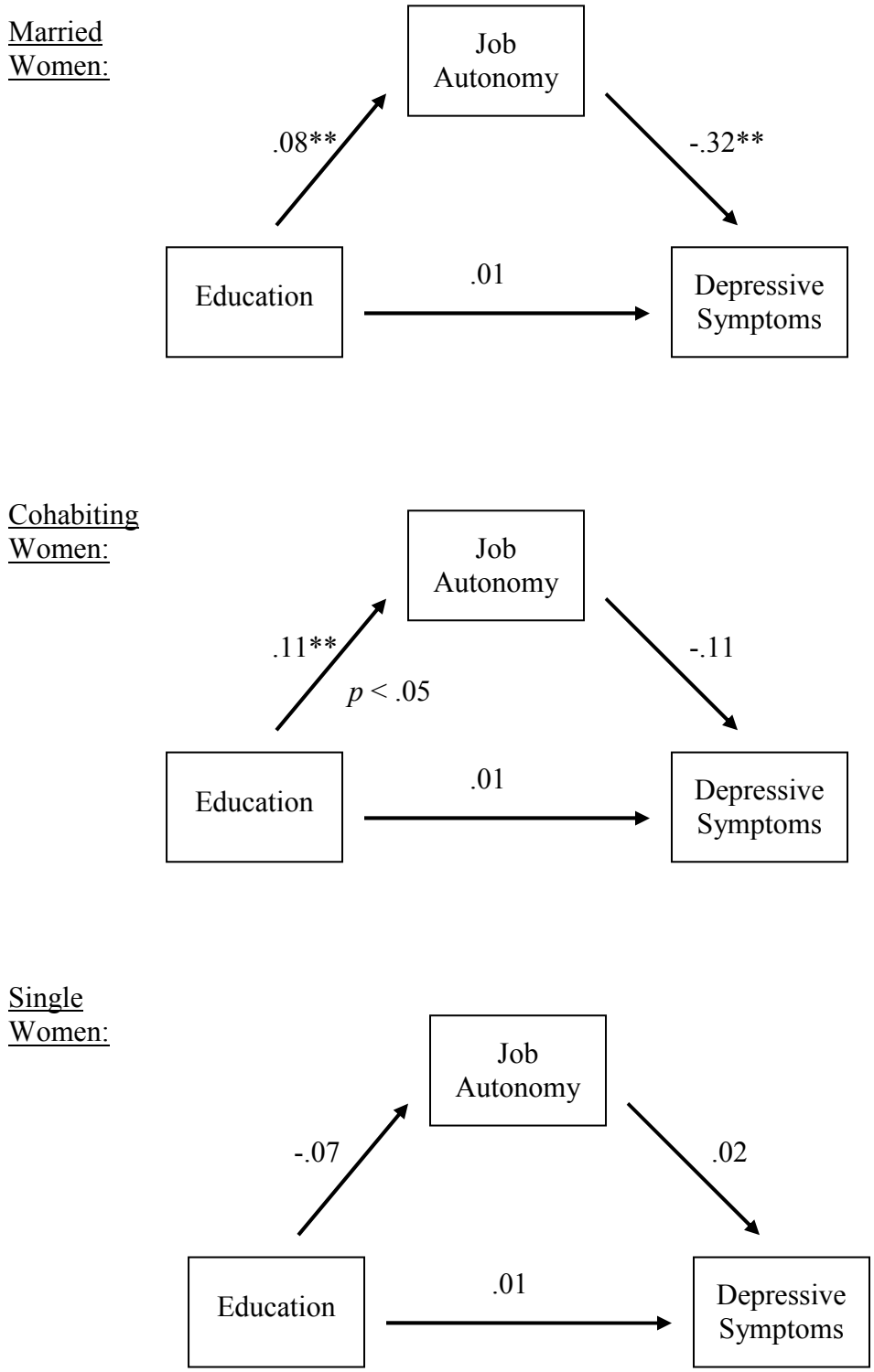
$p < .05$

Figure 13. Path Analysis Model – Family Structure Moderation with Income as Predictor.



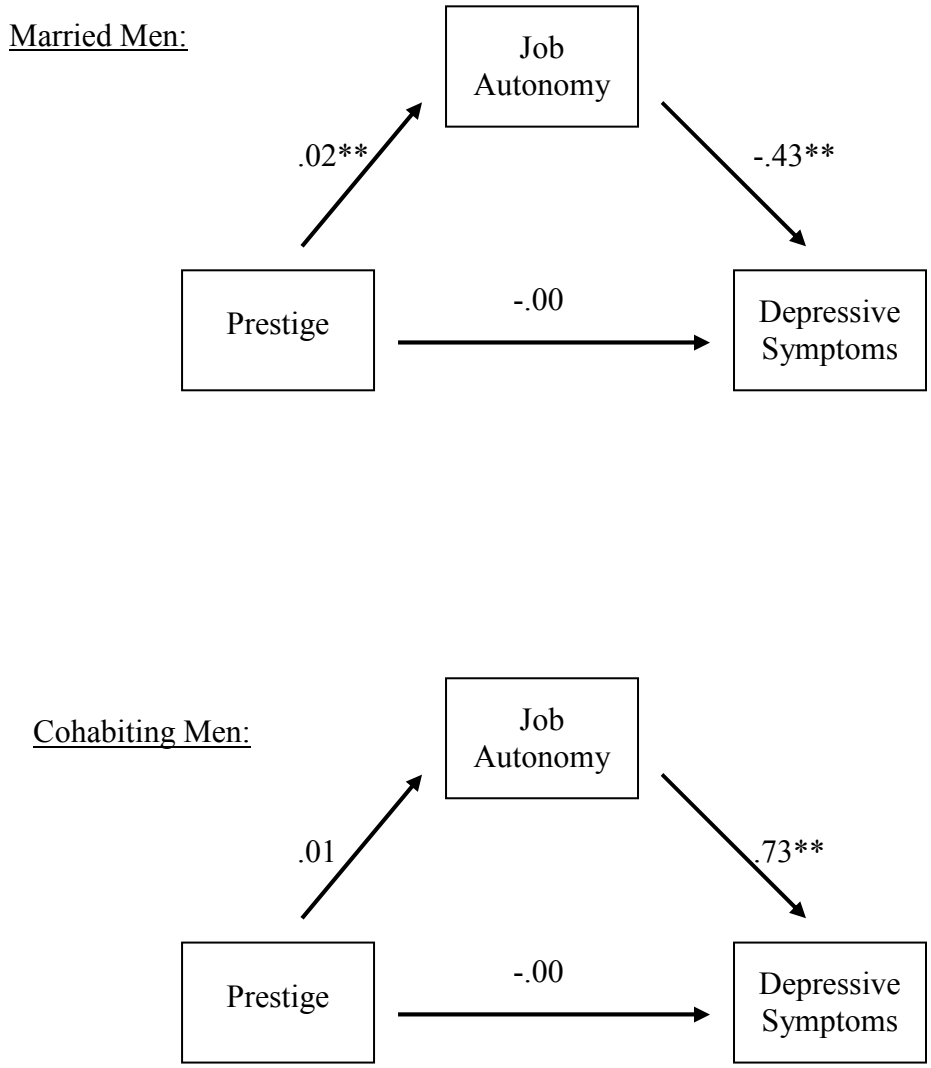
$p < .05$

Figure 14. Path Analysis Model – For Women Only: Family Structure Moderation with Education as Predictor.



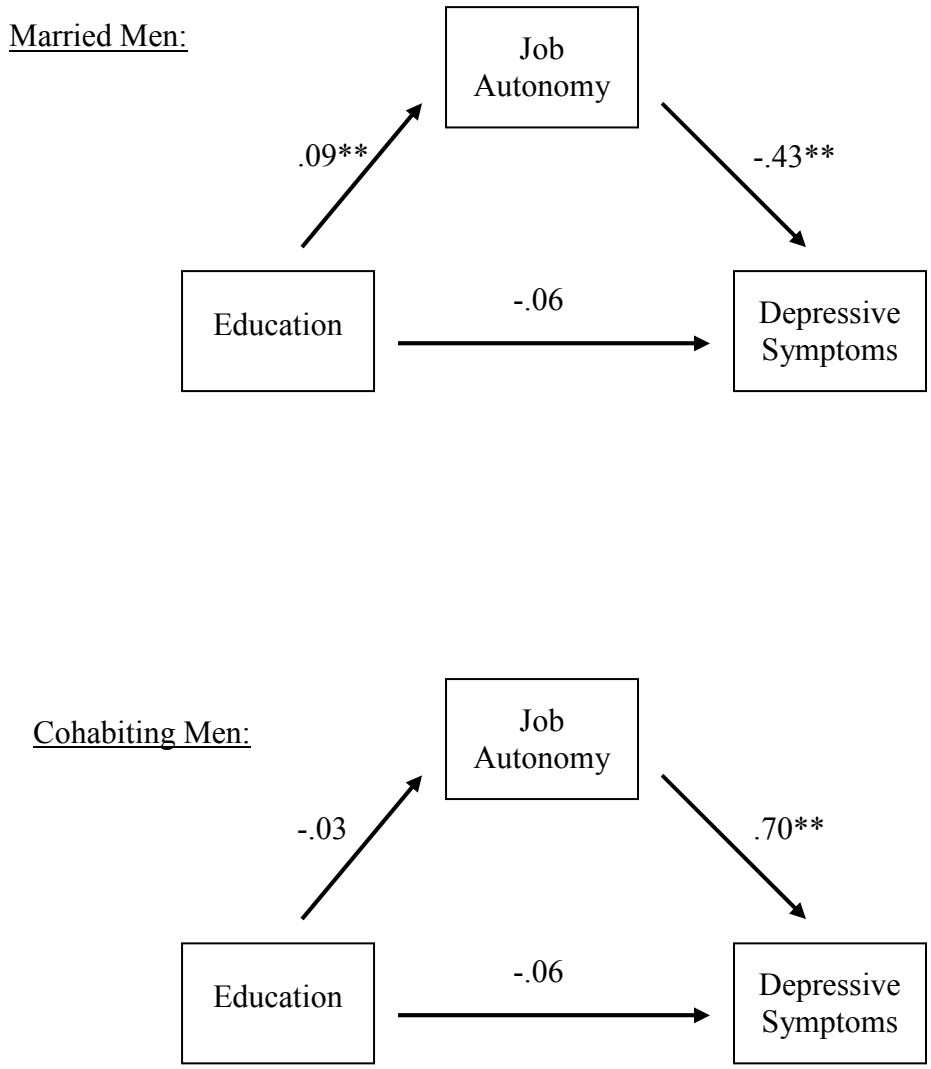
$p < .05$

Figure 15. Path Analysis Model – For Men Only: Family Structure Moderation with Prestige as Predictor.



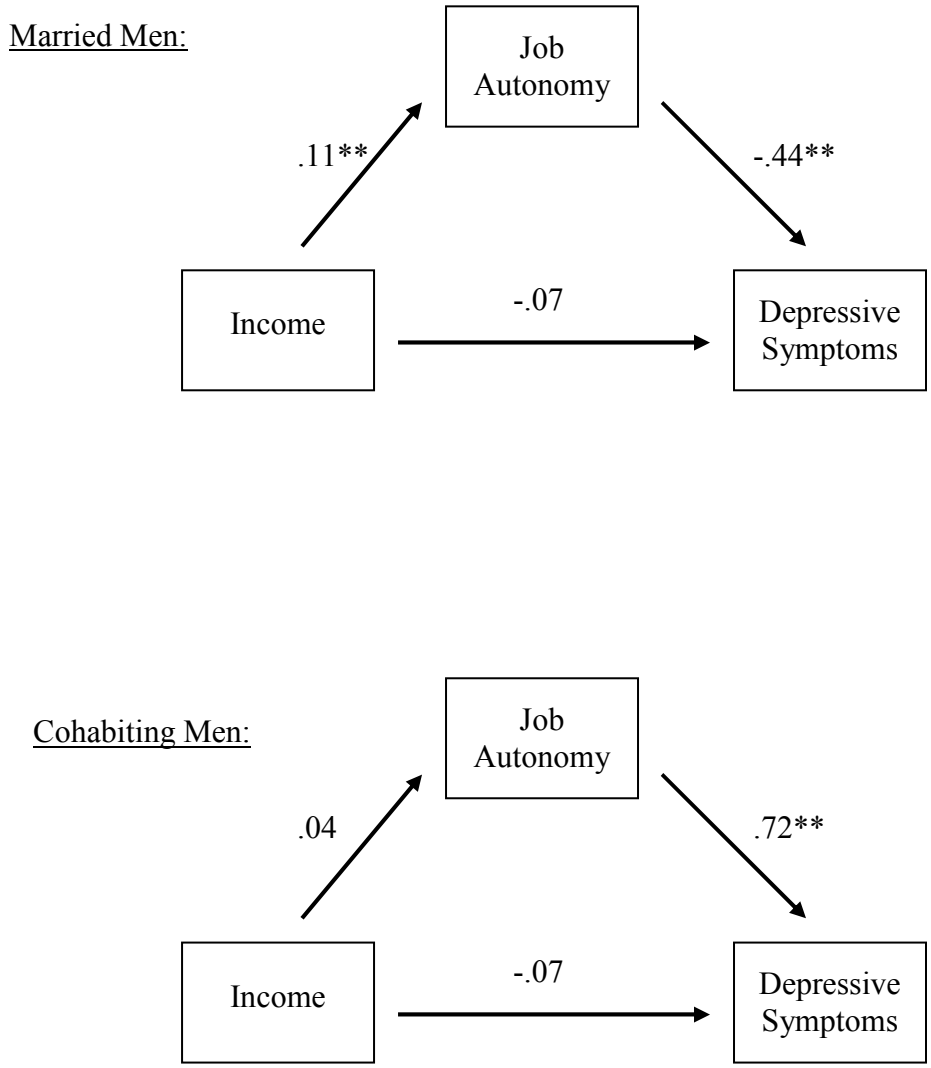
$p < .05$

Figure 16. Path Analysis Model – For Men Only: Family Structure Moderation with Education as Predictor.



$p < .05$

Figure 17. Path Analysis Model – For Men Only: Family Structure Moderation with Income as Predictor.



$p < .05$

APPENDIX A

MEASURES

A.1 Depressive Symptomology (CES-D)

A.2 Job Autonomy Questionnaire

Appendix A.1: Depressive Symptomology (CES-D)

FEELINGS INVENTORY
(Radloff, 1975)

Instructions: Below is a list of the ways you might have felt or behaved recently. Using the scale provided, please circle the number that indicates how often you have felt this way during the PAST WEEK.

0	1	2	3
Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	Most or all of the time (5-7 days)

1.	I was bothered by things that don't usually bother me.	0	1	2	3
2.	I did not feel like eating; my appetite was poor.	0	1	2	3
3.	I felt that I could not shake off the blues even with help from my family or friends.	0	1	2	3
4.	I felt that I was just as good as other people.	0	1	2	3
5.	I had trouble keeping my mind on what I was doing.	0	1	2	3
6.	I felt depressed.	0	1	2	3
7.	I felt that everything was an effort.	0	1	2	3
8.	I felt hopeful about the future.	0	1	2	3
9.	I thought my life had been a failure.	0	1	2	3
10.	I felt fearful.	0	1	2	3
11.	My sleep was restless.	0	1	2	3
12.	I was happy.	0	1	2	3
13.	I talked less than usual.	0	1	2	3
14.	I felt lonely.	0	1	2	3
15.	People were unfriendly.	0	1	2	3
16.	I enjoyed life.	0	1	2	3
17.	I had crying spells.	0	1	2	3
18.	I felt sad.	0	1	2	3
19.	I felt that people dislike me.	0	1	2	3
20.	I could not get "going."	0	1	2	3

Appendix A.2: Job Autonomy Questionnaire

The **bold** items make up the "job autonomy" subscale.

ABOUT YOUR JOB
(O'Neil, 1991)

This is a list of specific job characteristics. Please read each statement, and using the scale provided circle the number which best describes your situation at work.

1	2	3	4	5
Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree

1.	My job requires me to work very hard most of the day.	1 2 3 4 5
2.	**I have a lot of control over the way I use my time while I'm at work.**	1 2 3 4 5
3.	My job requires me to work very fast most of the day.	1 2 3 4 5
4.	**I feel like I have a great deal of influence in the decision-making process on my job.**	1 2 3 4 5
5.	My job doesn't really demand that I get a great deal of work done.	1 2 3 4 5
6.	**I am able to vary the order that I complete my tasks at work each day.**	1 2 3 4 5
7.	I often feel like I don't have enough time to get all my work done.	1 2 3 4 5
8.	**I'm given a chance to do the things I do best when I'm at work.**	1 2 3 4 5
9.	**I'm always able to make a personal phone call during my work hours.**	1 2 3 4 5
10.	**My job is often mentally demanding.**	1 2 3 4 5
11.	**I'm able to plan my work tasks to allow time for a private visitor during work hours.**	1 2 3 4 5
12.	**I'm frequently expected to solve challenging problems at work.**	1 2 3 4 5

1	2	3	4	5
Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree

13.	**My job requires that I do the same things over and over.**	1	2	3	4	5
14.	I face a lot of deadlines on my job.	1	2	3	4	5
15.	I always have enough time to get the job done.	1	2	3	4	5
16.	**It's usually up to me to decide how to do a job once I've been given the assignment.**	1	2	3	4	5
17.	**I do a lot of different things on my job.**	1	2	3	4	5
18.	I'm not usually expected to do excessive amounts of work.	1	2	3	4	5
19.	**I'm frequently required to deal with unexpected projects or tasks.**	1	2	3	4	5
20.	**I have the freedom to decide what I do on my job.**	1	2	3	4	5
21.	**It is basically my responsibility to decide how my job gets done.**	1	2	3	4	5
22.	I have trouble finding time to take a break when I'm at work.	1	2	3	4	5
23.	**I decide who I work with on my job.**	1	2	3	4	5
24.	**I'm required to meet extremely high standards where I work.**	1	2	3	4	5
25.	**The work I do is interesting.**	1	2	3	4	5
26.	I have an opportunity to develop my own special skills at work.	1	2	3	4	5

APPENDIX B

THREE-WAY INTERACTION TABLES

A. Summary of Regression Analysis for Prestige Predicting Depressive Symptoms, Moderated by Gender and Race (N = 597)

B. Summary of Regression Analysis for Education Predicting Depressive Symptoms, Moderated by Gender and Race (N = 597)

C. Summary of Regression Analysis for Earned Income Predicting Depressive Symptoms, Moderated by Gender and Race (N = 597)

D. Summary of Regression Analysis for Family Income Predicting Depressive Symptoms, Moderated by Gender and Race (N = 597)

E. Summary of Regression Analysis for Prestige Predicting Depressive Symptoms, Moderated by Gender and Family Structure (N = 597)

F. Summary of Regression Analysis for Education Predicting Depressive Symptoms, Moderated by Gender and Family Structure (N = 597)

G. Summary of Regression Analysis for Earned Income Predicting Depressive Symptoms, Moderated by Gender and Family Structure (N = 597)

H. Summary of Regression Analysis for Family Income Predicting Depressive Symptoms, Moderated by Gender and Family Structure (N = 597)

I. Summary of Regression Analysis for Prestige Predicting Depressive Symptoms, Moderated by Family Structure and Race (N = 597)

J. Summary of Regression Analysis for Education Predicting Depressive Symptoms, Moderated by Family Structure and Race (N = 597)

K. Summary of Regression Analysis for Earned Income Predicting Depressive Symptoms, Moderated by Family Structure and Race (N = 597)

L. Summary of Regression Analysis for Family Income Predicting Depressive Symptoms, Moderated by Family Structure and Race (N = 597)

Summary of Regression Analysis for Prestige Predicting Depressive Symptoms, Moderated by Gender and Race (N = 597)

	1			2			3			4		
Variable	B	SE B	β	B	SE B	β	B	SE B	β	B	SE B	β
Age	-.04	.01	-.18***	-.02	.01	-.09*	-.02	.01	-.09*	-.02	.01	-.09*
Gender				-.96	.11	-.36***	-.95	.11	-.36***	-.96	.11	-.36***
Black				.26	.16	.06	.26	.16	.06	.23	.17	.06
Latino				.07	.13	.02	.10	.14	.03	.10	.14	.03
Prestige				-.01	.01	-.08*	-.01	.01	-.08†	-.01	.01	-.08*
Prestige x Gender							-.01	.01	-.03	-.01	.01	-.04
Prestige x Black							-.01	.02	-.02	-.01	.02	-.03
Prestige x Latino							.01	.02	.03	.01	.02	.03
Prest x Gen x Black										-.03	.04	-.03
Prest x Gen x Latino										-.00	.03	-.00
Change in R^2					.126***			.003			.001	
R^2		.033***			.159***			.162***			.162***	

***$p < .001$. **$p < .01$. *$p < .05$, †$p < .10$.

Summary of Regression Analysis for Education Predicting Depressive Symptoms, Moderated by Gender and Race (N = 597)

	1			2			3			4		
Variable	B	SE B	β	B	SE B	β	B	SE B	β	B	SE B	β
Age	-.04	.01	-.18***	-.02	.01	-.09*	-.02	.01	-.09*	-.02	.01	-.09*
Gender				-.96	.11	-.36***	-.95	.11	-.36***	-.96	.11	-.36***
Black				.25	.16	.06	.21	.16	.05	.28	.17	.07
Latino				.03	.14	.01	.12	.15	.04	.11	.15	.03
Education				-.07	.04	-.08*	-.08	.04	-.09*	-.08	.04	-.09*
Education x Gender							-.10	.07	-.05	-.09	.07	-.04
Ed. x Black							.12	.12	.04	.15	.12	.05
Ed. x Latino							.17	.09	.08†	.17	.09	.08†
Ed. x Gen x Black										.35	.27	.06
Ed. x Gen x Latino										-.05	.17	-.01
Change in R^2					.126***			.009†			.003	
R^2		.033***			.159***			.168***			.171***	

***$p < .001$. **$p < .01$. *$p < .05$, †$p < .10$.

Summary of Regression Analysis for Earned Income Predicting Depressive Symptoms, Moderated by Gender and Race (N = 597)

	1			2			3			4		
Variable	B	SE B	B	B	SE B	β	B	SE B	β	B	SE B	β
Age	-.04	.01	-.18***	-.01	.01	-.05	-.01	.01	-.04	-.01	.01	-.04
Gender				-.81	.11	-.30***	-.82	.11	-.31***	-.84	.11	-.32***
Black				.22	.16	.05	.26	.16	.06	.26	.17	.06
Latino				.05	.13	.01	.08	.14	.02	.13	.15	.04
Earned Inc				-.00	.00	-.15**	-.00	.00	-.15**	-.00	.00	-.15**
Earned Inc x Gender							.00	.00	.02	.00	.00	.01
Earned Inc x Black							.00	.00	.06	.00	.00	.06
Earned Inc x Latino							.00	.00	.03	.00	.00	.02
E. Inc x Gen x Black										-.00	.00	-.00
E. Inc x Gen x Latino										-.00	.00	-.06
Change in R^2					.137***			.004			.003	
R^2		.033***			.170***			.174***			.177***	

***$p < .001$. **$p < .01$. *$p < .05$, †$p < .10$.

Summary of Regression Analysis for Family Income Predicting Depressive Symptoms, Moderated by Gender and Race (N = 597)

	1			2			3			4		
Variable	B	SE B	B	B	SE B	β	B	SE B	β	B	SE B	β
Age	-.04	.01	-.18***	-.01	.01	-.04	-.01	.01	-.04	-.01	.01	-.03
Gender				-.89	.10	-.33***	-.90	.10	-.34***	-.92	.11	-.35***
Black				.13	.16	.03	.22	.18	.05	.25	.18	.06
Latino				-.01	.14	-.00	.03	.15	.01	.03	.15	.01
Family Income				-.00	.00	-.15**	-.00	.00	-.15**	-.00	.00	-.16**
Family Inc x Gender							-.00	.00	-.00	-.00	.00	-.01
Family Inc x Black							.00	.00	.06	.00	.00	.04
Family Inc x Latino							.00	.00	.04	.00	.00	.04
F. Inc x Gen x Black										-.00	.00	-.05
F. Inc x Gen x Latino										-.00	.00	-.01
Change in R^2					.136***			.003			.002	
R^2		.033***			.169***			.173***			.175***	

***$p < .001$. **$p < .01$. *$p < .05$, †$p < .10$.

Summary of Regression Analysis for Prestige Predicting Depressive Symptoms, Moderated by Gender and Family Structure (N = 597)

	1			2			3			4		
Variable	B	SE B	B	B	SE B	β	B	SE B	β	B	SE B	β
Age	-.04	.01	-.18***	-.01	.01	-.04	-.01	.01	-.05	-.01	.01	-.05
Gender				-.94	.11	-.35***	-.93	.11	-.35***	-.93	.11	-.35***
Single				.47	.17	.12**	.44	.17	.11**	.44	.18	.11*
Cohab				.48	.12	.18***	.50	.12	.18***	.50	.12	.18***
Prestige				-.01	.01	-.04	-.01	.01	-.04	-.01	.01	-.04
Prestige x Gender							-.01	.01	-.04	-.01	.01	-.04
Prestige x Single							-.01	.02	-.02	-.01	.02	-.02
Prestige x Cohab							.02	.01	.07	.02	.01	.07
Prest x Gen x Single										-.01	.05	-.01
Prest x Gen x Cohab										-.00	.02	-.01
Change in R^2					.154***			.006			.000	
R^2		.033***			.188***			.194***			.194***	

***$p < .001$. **$p < .01$. *$p < .05$, †$p < .10$.

Summary of Regression Analysis for Education Predicting Depressive Symptoms, Moderated by Gender and Family Structure (N = 597)

	1			2			3			4		
Variable	B	SE B	B	B	SE B	β	B	SE B	β	B	SE B	β
Age	-.04	.01	-.18***	-.01	.01	-.05	-.01	.01	-.05	-.01	.01	-.05
Gender				-.93	.11	-.35***	-.93	.11	-.35***	-.90	.12	-.34***
Single				.47	.18	.11**	.54	.19	.13**	.55	.19	.14**
Cohab				.49	.12	.18***	.46	.12	.17***	.46	.13	.17***
Education				-.03	.04	-.03	-.04	.04	-.04	-.03	.04	-.03
Ed. x Gender							-.08	.08	-.04	-.08	.08	-.04
Ed. x Single							.18	.11	.08	.26	.13	.10†
Ed. x Cohab							.08	.08	.04	.09	.08	.04
Ed. x Gen x Single										.32	.28	.06
Ed. x Gen x Cohab										.09	.17	.02
Change in R^2					.153***			.007			.002	
R^2		.033***			.187***			.193***			.195***	

***$p < .001$. **$p < .01$. *$p < .05$, †$p < .10$

Summary of Regression Analysis for Earned Income Predicting Depressive Symptoms, Moderated by Gender and Family Structure (N = 597)

	1			2			3			4		
Variable	B	SE B	B	B	SE B	β	B	SE B	β	B	SE B	β
Age	-.04	.01	-.18***	-.00	.01	-.01	-.00	.01	-.01	-.00	.01	-.00
Gender				-.82	.11	-.31***	-.84	.11	-.32***	-.86	.12	-.32***
Single				.41	.17	.10*	.36	.21	.09†	.45	.21	.11*
Cohab				.44	.12	.16***	.45	.12	.16***	.44	.12	.16***
Earned Income				-.00	.00	-.13**	-.00	.00	-.14**	-.00	.00	-.16**
E. Inc. x Gender							.00	.00	.04	.00	.00	.02
E. Inc. x Single							.00	.00	.03	-.00	.00	-.01
E. Inc. x Cohab							.00	.00	.09*	.00	.00	.09*
E. Inc. x Gen x Single										-.00	.00	-.11†
E. Inc. x Gen x Cohab										.00	.00	.01
Change in R^2					.164***			.008			.006	
R^2		.033***			.198***			.206***			.212***	

***$p < .001$. **$p < .01$. *$p < .05$, †$p < .10$.

Summary of Regression Analysis for Family Income Predicting Depressive Symptoms, Moderated by Gender and Family Structure (N = 597)

	1			2			3			4		
Variable	B	SE B	B	B	SE B	β	B	SE B	β	B	SE B	β
Age	-.04	.01	-.18***	-.00	.01	-.00	-.00	.01	-.01	-.00	.01	-.01
Gender				-.92	.11	-.35***	-.93	.11	-.35***	-.97	.12	-.37***
Single				.20	.20	.05	-.18	.51	.04	-.12	.51	.03
Cohab				.43	.12	.16***	.41	.12	.15***	.41	.12	.15***
Family Income				-.00	.00	-.14**	-.00	.00	-.15**	-.00	.00	-.17**
F. Inc. x Gender							.00	.00	.01	.00	.00	.00
F. Inc. x Single							-.00	.00	-.06	-.00	.00	-.10
F. Inc. x Cohab							.00	.00	.07	.00	.00	.07
F. Inc. x Gen x Single										-.00	.00	-.09
F. Inc. x Gen x Cohab										.00	.00	.01
Change in R^2					.164***			.005			.004	
R^2		.033***			.197***			.202***			.206***	

***$p < .001$. **$p < .01$. *$p < .05$, †$p < .10$.

Summary of Regression Analysis for Prestige Predicting Depressive Symptoms, Moderated by Family Structure and Race (N = 597)

	1			2			3			4		
Variable	B	SE B	B	B	SE B	β	B	SE B	β	B	SE B	β
Age	-.04	.01	-.18***	-.03	.01	-.11*	-.03	.01	-.12**	-.03	.01	-.12**
Single				.84	.20	.21***	.77	.20	.19***	.84	.21	.21***
Cohab				.50	.14	.18***	.52	.14	.19***	.54	.14	.20***
Black				-.01	.19	-.00	.01	.19	.00	-.04	.20	-.01
Latino				-.11	.16	-.03	-.03	.17	-.01	-.06	.17	-.02
Prestige				.00	.01	.02	.00	.01	.03	.01	.01	.04
Prestige x Single							-.01	.02	-.02	-.01	.02	-.02
Prestige x Cohab							.02	.01	.08	.02	.02	.08
Prestige x Black							-.01	.02	-.02	.01	.02	.02
Prestige x Latino										.00	.02	.01
Prest x Single x Black										-.10	.06	-.09
Prest x Single x Latino										.03	.05	.04
Prest x Cohab x Black										-.06	.05	-.07
Prest x Cohab x Latino										.02	.05	.03
Change in R^2					.044***			.010			.006	
R^2		.033***			.077***			.087***			.093***	

***$p < .001$. **$p < .01$. *$p < .05$, †$p < .10$.

Summary of Regression Analysis for Education Predicting Depressive Symptoms, Moderated by Family Structure and Race (N = 597)

	1			2			3			4		
Variable	B	SE B	B	B	SE B	β	B	SE B	β	B	SE B	β
Age	-.04	.01	-.18***	-.03	.01	-.11*	-.03	.01	-.12**	-.03	.01	-.12**
Single				.87	.20	.21***	.87	.21	.21***	.93	.22	.23***
Cohab				.51	.14	.19***	.49	.14	.18***	.49	.14	.18***
Black				-.01	.19	-.00	-.06	.19	-.01	-.08	.20	-.02
Latino				-.08	.16	-.02	.01	.18	.00	.02	.18	.01
Education				.04	.04	.04	.04	.04	.05	.03	.05	.03
Ed. x Single							.05	.13	.02	.04	.16	.02
Ed. x Cohab							.07	.09	.03	.09	.10	.04
Ed. x Black							.26	.14	.08†	.30	.17	.09†
Ed. x Latino							.15	.11	.07	.06	.14	.03
Ed. x Single x Black										-.16	.42	-.02
Ed. x Single x Latino										.35	.33	.09
Ed. x Cohab x Black										.04	.35	.01
Ed. x Cohab x Latino										.22	.27	.05
Change in R^2					.045***			.012			.003	
R^2		.033***			.079***			.090***			.094***	

***$p < .001$. **$p < .01$. *$p < .05$, †$p < .10$.

Summary of Regression Analysis for Earned Income Predicting Depressive Symptoms, Moderated by Family Structure and Race (N = 597)

	1			2			3			4		
Variable	B	SE B	B	B	SE B	β	B	SE B	β	B	SE B	β
Age	-.04	.01	-.18***	-.01	.01	-.03	-.01	.01	-.03	-.01	.01	-.03
Single				.65	.20	.16**	.64	.24	.16**	.73	.24	.18**
Cohab				.39	.13	.14**	.38	.13	.14**	.38	.13	.14***
Black				-.00	.19	-.00	.01	.19	.00	-.05	.20	-.01
Latino				-.16	.15	-.05	-.18	.16	-.05	-.18	.17	-.05
Earned Income				-.00	.00	-.23***	-.00	.00	-.23***	-.00	.00	-.21**
E. Inc. x Single							.00	.00	.03	.00	.00	.05
E. Inc. x Cohab							.00	.00	.07	.00	.00	.06
E. Inc. x Black							.00	.00	.03	.00	.00	.05
E. Inc. x Latino							-.00	.00	-.02	-.00	.00	-.02
E. Inc. x Single x Black										-.00	.00	-.07
E. Inc. x Single x Latino										.00	.00	.01
E. Inc. x Cohab x Black										-.00	.00	-.01
E. Inc. x Cohab x Latino										-.00	.00	-.02
Change in R^2					.086***			.006			.005	
R^2		.033***			.119***			.125***			.129***	

***$p < .001$. **$p < .01$. *$p < .05$, †$p < .10$.

Summary of Regression Analysis for Family Income Predicting Depressive Symptoms, Moderated by Family Structure and Race (N = 597)

	1			2			3			4		
Variable	B	SE B	B	B	SE B	β	B	SE B	β	B	SE B	β
Age	-.04	.01	-.18***	-.02	.01	-.07	-.02	.01	-.07	-.02	.01	-.07
Single				.60	.23	.15**	.18	.55	.04	.20	.56	.05
Cohab				.41	.13	.15**	.39	.14	.14**	.39	.14	.14**
Black				-.01	.19	-.00	.05	.20	.01	.01	.22	.00
Latino				-.14	.16	-.05	-.16	.16	-.05	-.14	.18	-.04
Family Income				-.00	.00	-.13*	-.00	.00	-.14*	-.00	.00	-.13*
F. Inc. x Single							-.00	.00	-.06	-.00	.00	-.07
F. Inc. x Cohab							.00	.00	.07	.00	.00	.07
F. Inc. x Black							.00	.00	.03	.00	.00	.04
F. Inc. x Latino							-.00	.00	-.01	-.00	.00	-.02
F. Inc. x Single x Black										-.00	.00	-.03
F. Inc. x Single x Latino										.00	.00	.02
F. Inc. x Cohab x Black										.00	.00	.00
F. Inc. x Cohab x Latino										-.00	.00	-.02
Change in R^2					.086***			.006			.005	
R^2		.033***			.119***			.125***			.129***	

***$p < .001$. **$p < .01$. *$p < .05$, †$p < .10$

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