

# **FINAL REPORT**

## **APA TASK FORCE ON SOCIOECONOMIC STATUS (SES)**

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## PREFACE

### History of the Task Force on Socioeconomic Status

In August 2003, Drs. Bernice Lott and Irma Serrano-Garcia, representing Division 9, Society for the Psychological Study of Social Issues (SPSSI), submitted a new business item to APA Council of Representatives. The item recommended that APA establish a committee to function as the primary coordinator of attention to issues regarding socioeconomic status (SES). The new committee would have, as its major focus, the examination of disparities between social classes in access to resources (e.g., health, income, child care, education, transportation, adequate housing and nutrition, sociopolitical influence, minimal environmental hazards) and their impact on human welfare. It would also evaluate and propose strategies to reduce such disparities.

The new business item was referred to the Board for the Advancement of Psychology in the Public Interest (BAPPI), the Board of Professional Affairs (BPA), the Board of Scientific Affairs (BSA), the Board of Educational Affairs (BEA), and the Policy and Planning Board (P&P) for review, with BAPPI as the lead group. During its fall 2003 meeting, BAPPI reviewed the item and acknowledged the importance and impact of SES on psychological issues, however, BAPPI did not believe that establishment of a new committee on SES within the Public Interest Directorate was appropriate. Instead, BAPPI approved a substitute motion that (a) recognized the importance and impact of SES on psychological issues and (b) charged its continuing committees with taking SES into consideration as they conducted their business.

BAPPI referred the item to its constituent committees, asking them to examine and report on how SES issues affect their specific constituencies. The item also was referred to

BPA, BSA, BEA, and P&P for review and comment. All of BAPPI's committees and P&P, BPA, and BSA reviewed the item and submitted comments following the March 2004 meetings. Feedback included: (1) support for BAPPI's substitute motion that charged its continuing committees with taking SES into consideration as they conduct their business, (2) recommendations for a task force to study the issues further, and (3) recommendations that all APA boards and committees should include SES issues in their discussions.

During the 2004 Fall Consolidated Meetings, BAPPI revisited the item, reviewed the responses, and concluded that SES was not being integrated into the work of the individual Public Interest committees in a uniform manner. BAPPI also concluded that the importance and impact of SES on psychological issues require that SES be addressed on an association-wide basis, rather than just within Public Interest. Therefore, BAPPI formulated a revised substitute motion that requested the establishment of a six-member APA Task Force on SES, charged with (a) operationally defining the scope, nature, range, parameters, and effects of socioeconomic inequalities in the United States; (b) operationally defining psychological issues associated with SES; and (c) recommending mechanisms and structures that would more effectively address, on an association-wide basis, the causes and the impact of socioeconomic inequality. The substitute motion was approved by Council in February 2005, and the task force members were appointed in May 2005.

The Task Force began its work in the summer of 2005 and has already accomplished a great deal. The Task Force has submitted a full report and recommendations to APA for consideration; will present its work to date at the 2006 annual APA convention; and has submitted three articles about SES and social class for publication. However, many of the

Committees and Boards who reviewed this document pointed out more that needs to be done in the future.

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## INTRODUCTION

Socioeconomic factors and social class are fundamental determinants of human functioning across the lifespan, including development, well-being, and physical and mental health. These are all primary concerns for psychological research, practice, education, policy and advocacy. There has been exponential growth of work in other fields such as public health, epidemiology and sociology on socioeconomic status and these outcomes, as well as increasing funding from both governmental and foundation initiatives (e.g. the NIH agenda on Health Disparities; the MacArthur Foundation Research Network on SES and Health; the Robert Wood Johnson proposal for a commission on health disparities in the US, and the World Health Organization Commission on social determinants of health). Simultaneously, inequalities are increasing within the US and globally. We are concerned that Psychology as a field and psychologists as individuals are underrepresented in participating in these initiatives and addressing disparities resulting from the growing inequality. Those in the top 5% of the income distribution have enjoyed substantial increases in their incomes, while for those at the bottom, income has been largely static; as a result, the income gap between those in the top 5% of the income distribution as compared to those at the bottom 40% has been increasing.

Much of the work on socioeconomic status/SES is interdisciplinary. Psychology provides an important component but there are many lost opportunities for including this perspective. There is often discomfort about focusing on the individual level within a multi-level approach, since this is seen as distracting from the social determinants which may be more amenable to large-scale social policy. To play an important role in this work, psychologists need to be able both to articulate the unique contribution that psychological theory and research can make, and

be more open to linking these to social-contextual and institutional factors that are inherent to socioeconomic status/social class. For example, a growing body of scholarship documents the need for a social class-conscious psychology, calling for researchers, practitioners, and educators to attend more fully to the impact of socioeconomic position on psychological processes and outcomes, the subjective experiences of social class status, and psychosocial processes related to the social and political implications of class inequities (Adler, Boyce, Chesney et al., 1994; Carr & Sloan, 2003; Lott, 2002; Ostrove & Cole, 2003; Reid, 1993; Rice, 2001; Saris & Johnston-Robledo, 2000; Smith, 2005). In recognition of the need within psychology to address these issues and in an effort to determine how the APA might most effectively address them, the Task Force on Socioeconomic Status (SES) was formed. APA's Resolution on Poverty and SES (2000) and the creation of a task force charged with developing a social class-centered agenda are evidence of an increasing commitment to understanding the significance of social class and to challenging injustices, including socioeconomic disparities. This report is one step toward fulfilling these goals, but as the recommendations indicate, many more steps need to be taken. We believe that all areas of psychology will benefit from more disciplinary attention to social class and economic disparities in well being. The report explores many of the arguments and evidence for the importance of SES and social class in the study and practice of psychology.

The scope of this report is broad, and, consequently, some areas cannot be covered adequately. For example, while recognizing the importance of socioeconomic status worldwide, the Task Force charge was to look at issues in the United States. We therefore were unable to address the international population and recommend future reports address the issue more globally. Additionally, although the Task Force charge was to address SES, the Task Force decided to focus most heavily on poverty. Most available research addresses

poverty and little data on other SES categories, such as the effects of affluence, are available.

### Income Distribution and Poverty in the United States

In popular literature and the press, issues related to socioeconomic status (SES) have been a frequent focus. In 2005, the *New York Times* ran a five-part series showing that “class matters”; the *Wall Street Journal* ran a series of articles on the rich–poor gap in this country; and the *New York Times*, *Wall Street Journal*, and *Washington Post* reported on the “mobility myth” and the increasing challenges to income mobility and the American dream. Two of the factors often emphasized in these reports are (a) stagnating or increasing poverty rate following years of decline; and (b) increasing rates of income inequality, especially when compared to the United States’ history and that of other nations. As Marmot (2004) points out in *The Status Syndrome*, these economic realities have a direct impact on individual psychological and physical well-being.

Although these trends are also occurring in many industrialized nations, an examination of income, poverty, and inequality in the United States suggests special reason for concern. In the United States, median household income showed a steady progression upward from the 1960s through the 1990s, but subsequently leveled off and even slightly declined. Moreover, this overall trend masks marked differences in the experiences of those at various economic levels. As seen in Figure 1, those in the top 5% of the income distribution have enjoyed substantial increases in their incomes, while for those at the bottom, income has been largely stagnant (Congressional Budget Office, 2005). As a result, as shown in Figure 2, the income gap between those in the top 5% of the income distribution as compared to those at the bottom 40% has been increasing. When income distribution in the United States is compared to that in other industrialized countries (see Figure 3), the income of those in our bottom 10% is lower, and that

of our top 10% is higher, leading to a much larger gap.

Figure 1.

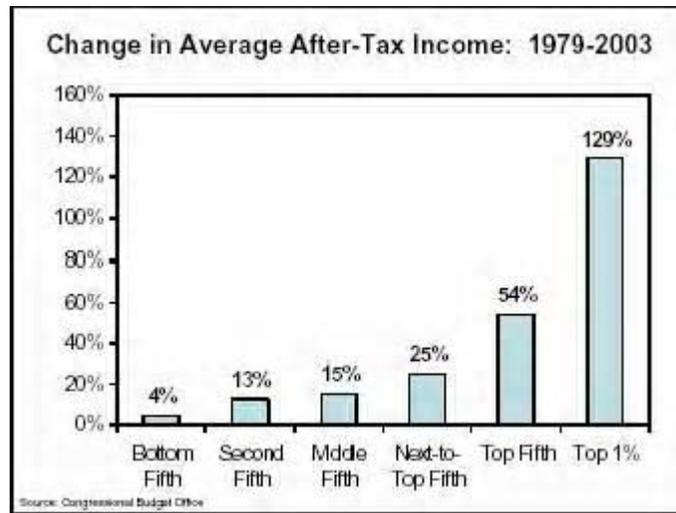


Figure 2.

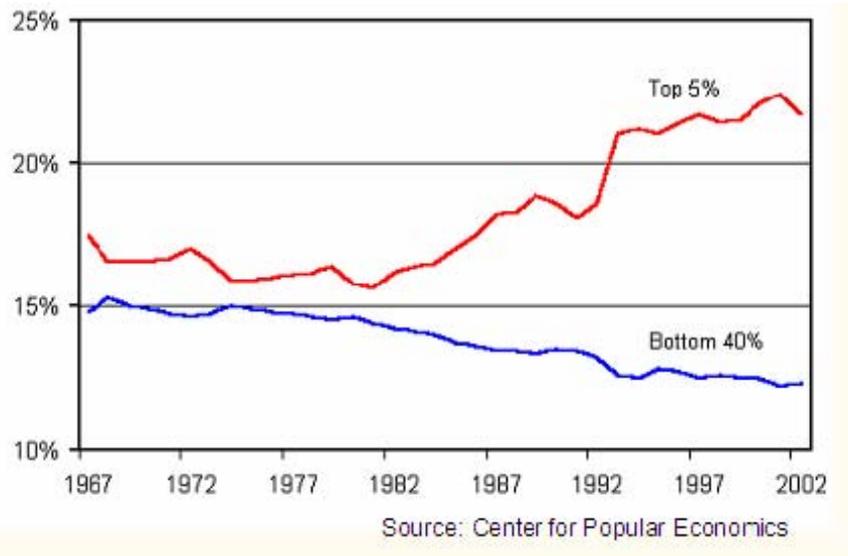
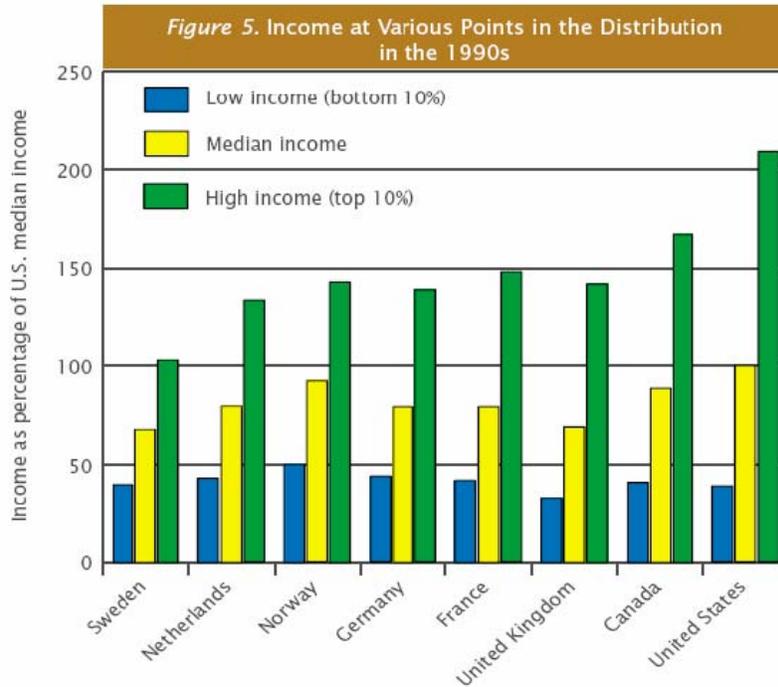


Figure 3.



Source: Timothy M. Smeeding and Lee Rainwater, *Comparing Living Standards Across Nations: Real Incomes at the Top, the Bottom, and the Middle*, Luxembourg Income Study, Working Paper 266, February 2002.

Comparing the aggregate shares of household income received by each fifth of the income distribution shows growing income *equality* during the period 1967–1980, however, household income distribution became increasingly unequal beginning in 1981. As indicated in Figures 4 and 5, gaps in income between the richest families and the poorest families and between the richest families and middle-income families have widened across the United States.

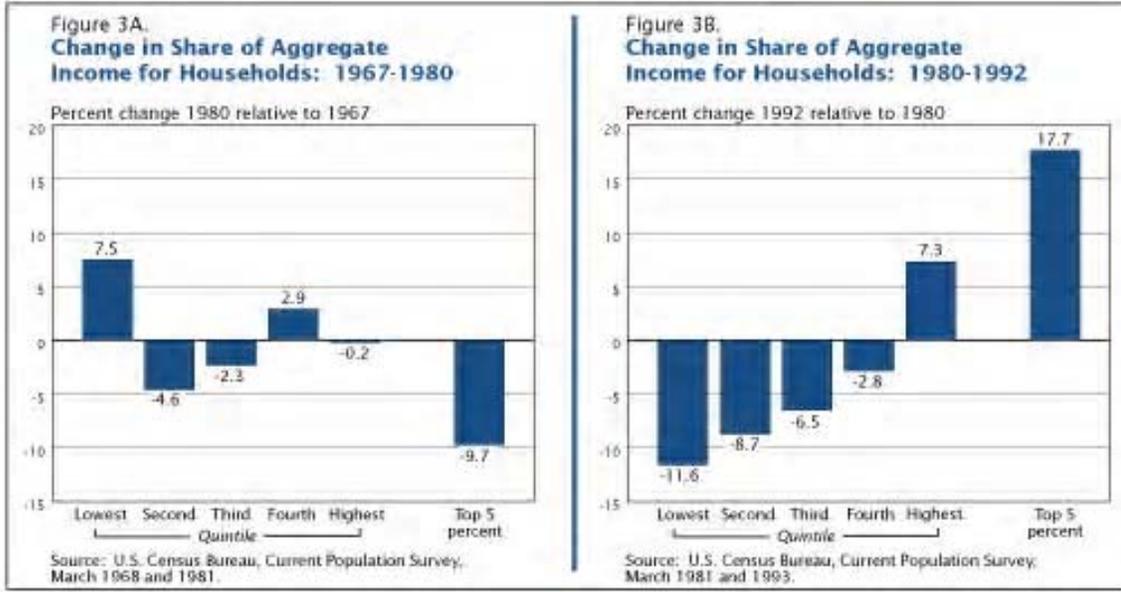
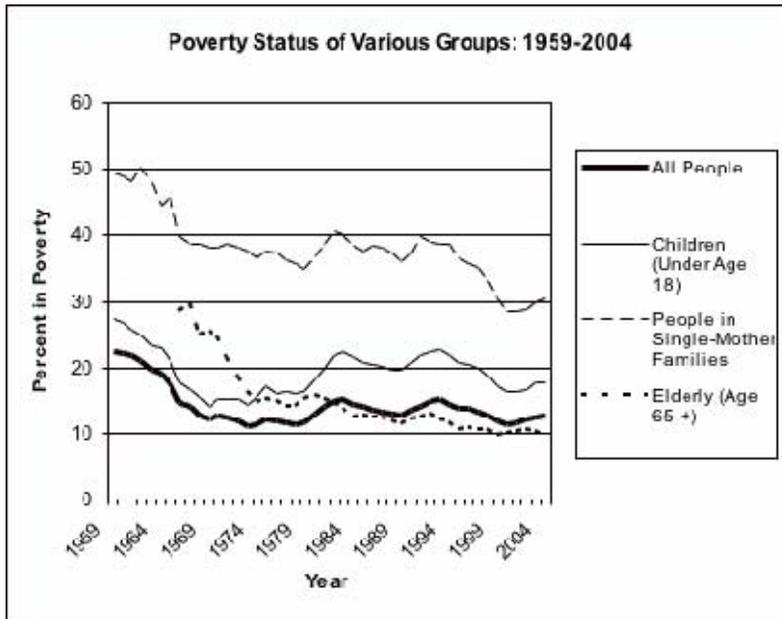


Figure 4.

Figure 5.

Poverty rates during the last half century, as illustrated in Figure 4, also show a downward trend, but that decline has leveled off in recent years. The rates of poverty for children in the United States are among the highest in the industrialized world (Figure 6). For instance, 22.4% of U.S. children live in poverty, compared to 2% in Sweden, 7.9% in France, 13.3% in Spain, and 18.8% in the United Kingdom.

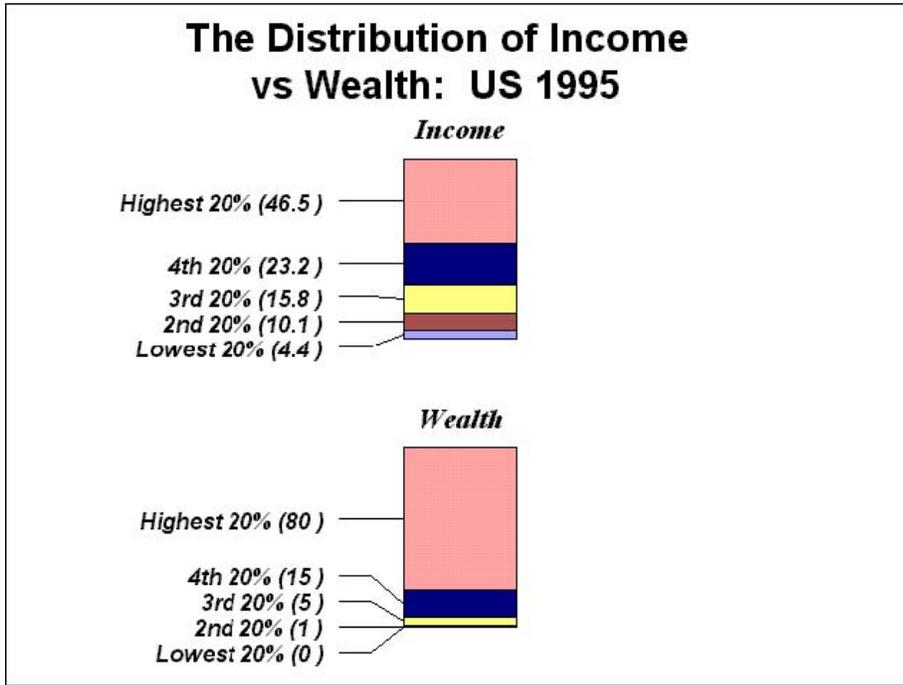
Figure 6.



Source: U.S. Bureau of the Census, Income, Poverty, and Health Insurance Coverage in the United States: 2004, Report P60, n.229, Tables B-1 and B-2, pp. 46-57.

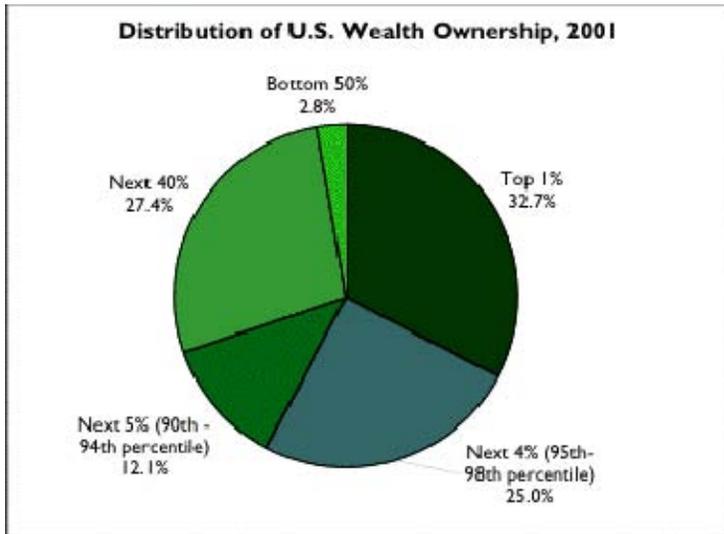
Although income is not the sole indicator of SES or social class, examining the distribution of wealth and the distribution of income (Figure 7) provides two different views of inequality in American society. Alan Greenspan, former chairman of the Federal Reserve Bank, stated, “We need to examine trends in the distribution of wealth, which, more fundamentally than earnings or income, represents a measure of the ability of households to consume.” Wealth is defined as private assets minus debts or what you own minus what you owe. Those who argue for the greater importance of income make the case that for wealth to actually have a significant impact on one’s standard of living, it has to be translated into higher income (Hodgson, 2000). The most recent information from United for a Fair Economy suggests that wealth is concentrated in the hands of a small number of families, as is reflected in Figure 8 representing 2001 data.

Figure 7.



Source: Source: Edward N. Wolff, "Changes in Household Wealth in the 1980s and 1990s in the U.S." Retrieved January 2006 from <<http://www.faculty.fairfield.edu/faculty/hodgson/Courses/so11/stratification/income&wealth.htm>>

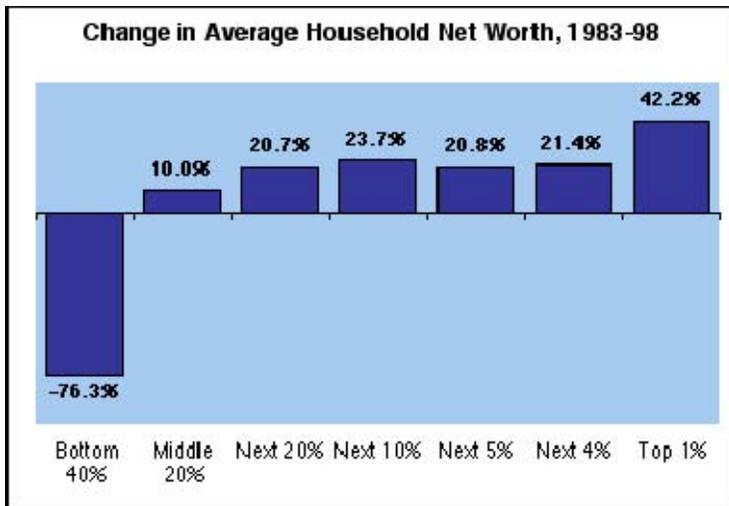
Figure 8.



Source: Arthur B. Kennickell, "A Rolling Tide: Changes in the Distribution of Wealth in the U.S., 1989-2001, November, 2003. Retrieved January 2006 from [http://faireconomy.org/research/wealth\\_charts.html](http://faireconomy.org/research/wealth_charts.html).

In Figure 9, the data suggest an increase in inequality of wealth over time (1983–1998).

Figure 9.



Source: Edward N. Wolff, "Recent Trends in Wealth Ownership, 1983-1998," April, 2000. Retrieved January 2006 from [http://faireconomy.org/research/wealth\\_charts.htm](http://faireconomy.org/research/wealth_charts.htm).

Because most wealth for African American and Hispanic families is held in the form of housing, the racial wealth gap is much worse when housing is excluded from the calculations, and only "financial wealth" is considered as shown in the two graphs of

Figure 10.

Racial Wealth Gap, 1983-98					
Median Net Worth	1983	1989	1992	1995	1998
White African-American	\$71,500	\$84,900	\$71,300	\$65,200	\$81,700
	\$4,800	\$2,200	\$12,000	\$7,900	\$10,000
Hispanic	\$2,800	\$1,800	\$4,300	\$5,300	\$3,000
Median Financial Wealth					
White African-American	\$19,900	\$26,900	\$21,900	\$19,300	\$37,600
	\$0	\$0	\$200	\$200	\$1,200
Hispanic	\$0	\$0	\$0	\$0	\$0
Note: Financial Wealth is Net Worth minus the value of owner-occupied housing.					
Source: Edward N. Wolff, "Recent Trends in Wealth Ownership, 1983-1998," April 2000. Retrieved January 2006 from <a href="http://www.levy.org/docs/wrkpap/papers/300.html">http://www.levy.org/docs/wrkpap/papers/300.html</a>					

The U.S. Census Bureau also reports that a number of factors have been identified as contributing to changes in inequality, but the causes are still not entirely understood. These factors include collective bargaining, and a minimum wage that, despite the latest increase, has declined in real terms.

Taken together, these snapshots of income distribution, wealth, and poverty in the United States provide some context for understanding the concern expressed in the popular media about the state of economic inequity in our country. As psychologists, should we be concerned about

the implications of these economic conditions on functioning and health? This report will attempt to answer this question.

In keeping with the charge of the committee, this report first examines the three main ways that SES has been conceptualized in social science and the theoretical implications of each conceptualization and the difference between the concepts of SES and social class. Second, we review the scientific evidence concerning the implications of SES for human development, health, and well-being. Third, we turn to the implications of the consideration of SES and social class and the effects of classism for psychological practice and applied psychology. Fourth, we present suggestions for greater class consciousness in psychology. Finally, we end with specific recommendations to expand the role of psychologists and the APA in scientifically understanding SES/social class and addressing disparities across the areas of intervention research, practice, education, policy, and education.

### CONCEPTUALIZING SOCIOECONOMIC STATUS

We compare three understandings of SES and social class-related inequalities in three critical domains of life: health (Belle & Doucet, 2003; Kawachi & Kennedy, 1999), education (Phillips & Chin, 2004), and human welfare (Lott & Bullock, in press). We analyze the tensions among them and the need to consider all approaches as they intersect with other axes of privilege, power, and access to resources. These approaches include:

(1) models of SES that focus on material and structural factors; (2) gradient approaches, which focus on the effects of relative status and inequality; and (3) class models, which emphasize the persistent reproduction of hierarchies of power and privilege. In comparing these frameworks, we highlight how material conceptualizations of SES contribute to advocacy for improved access to resources; how research framed in terms of social inequality enhances our understanding of

the psychosocial dimensions of inequality; and how class-based conceptualizations, with their overt focus on power, prestige, and privilege, address the persistent structural forces that maintain these hierarchies.

All of these approaches call for psychology to pay greater attention to material and social context. The first two frameworks place greater emphasis on individual attributes and proximal causes in understanding and decreasing inequality than social class-based approaches, which address cultural, structural, and institutional causes and solutions. The more macrolevel analysis employed in the class perspective can help psychologists better situate the individual experience and effects of SES in institutional and societal processes. Psychologists in turn can increase understanding of how individual processes affect and sometimes mediate social class. We highlight the significance of intersections of social class with race, ethnicity, gender, age, sexual orientation, and (dis)ability and argue for movement toward more contextualized, multilevel understandings of social class status. The multiple positions of these intersectionalities call into question psychological definitions of “normative” development and psychological health, as well as practices and policies based on these assumptions.

#### Material Inequality: Emphasizing Access to Resources

In the psychological literature, social status is commonly conceptualized in terms of socioeconomic standing derived from formulas taking into account various combinations of income, education, and occupation (see Grusky for a review of widely used measures of SES, 2001). Although social scientists continue to disagree about how to best operationalize SES, which indicators are the most valid (e.g., occupation versus education versus neighborhood), and the translation of different combinations of these indicators into class groupings (e.g., college

degree plus corporate position equals “middle class”), the fundamental conceptualization involves access to resources. This might also be described as a materialist approach because of its focus on the attainment of goods and services (e.g., education, health care) as well as access to information and social resources as a function of quantifiable characteristics such as income.

This materialist perspective is illustrated by psychological research that examines the correlates and consequences of socioeconomic disparities in health and achievement. For example, a large body of research documents disproportionately high rates of depression among low-income female-headed households, particularly those headed by women of color (Cutrona et al. (need names of authors), 2005; Hobfoll, Johnson, Ennis, & Jackson, 2003; Jayakody & Stouffer, 2000), and identifies the material and structural conditions contributing to differential prevalence rates across socioeconomic groups (e.g., unemployment and underemployment; unsafe, inadequate housing; discrimination).

Similarly, the relationship between SES and academic performance is well established, with numerous studies highlighting connections between impoverished learning environments (e.g., lack of books and educational toys, underfunded schools) and low achievement and school readiness (Hochschild, 2003; McLoyd, 1998). Collectively, these findings implicate a broad range of resource differentials in creating high rates of mental and physical health problems among people who are poor.

By emphasizing differential access to valued resources, socioeconomic analyses enhance our understanding of what are often regarded as demographic characteristics powerfully shaping personal experience and collective opportunity. Findings documenting differential access to resources also underpin policy arguments to improve accessibility or “raise the floor.” For instance, the positive correlation between educational attainment and

income (U.S. Census Bureau, 2005a) is frequently used to argue for raising the minimum wage to a “living wage” and against welfare regulations that limit the number of hours that recipients can spend pursuing their educational goals. Such arguments are crucial to advocating for the reduction of socioeconomic disparity, but without challenging the institutions that maintain these disparities, the scope of the effects of these efforts will be limited.

#### Focusing on Inequality: Minding “the Gap”

Some psychologists have brought inequality to the forefront by focusing on socioeconomic gradients. In this framework, status is constructed as a continuous variable with an individual’s or a group’s position considered in relation to other socioeconomic groups. In recent years, gradient approaches have gained in popularity, particularly in terms of understanding socioeconomic disparities in health and well-being (Adler & Snibbe, 2003; Kawachi, & Kennedy, 1999; Lynch, Harper, Kaplan, & Smith, 2005). Higher SES is consistently associated with better health. Not only do individuals in poverty have worse health and higher mortality rates than those living above the poverty thresholds, but also the middle class tends to have poorer health than the wealthy. Contrary to popular belief that the adversities of poverty and/or lack of access to health care cannot wholly account for these health differentials. Psychological variables such as stress also contribute in explaining this gradient (Sapolsky, 2005).

Traditional objective indicators of SES (e.g., occupation, education, income) typically anchor gradient conceptualizations of inequality and social class. Psychological and subjective dimensions of inequality and status are also essential to these models. In the United States, it is common for people to identify as “middle class” even when objective socioeconomic measures suggest otherwise (Scott & Leonhardt, 2005). As relative deprivation theorists have long

observed, it is not simply a matter of social position, but our perception of it (Runciman, 1966; Masters & Smith, 1987; Walker & Smith, 2002). Therefore, the use of subjective measures of SES is increasing (Adler, Epel, Castellazzo, & Ickovics, 2000), as is the use of psychosocial measures (e.g., perceived control) to clarify the mediating pathways through which SES health gradients operate (Adler & Snibbe, 2003). For instance, Lachman and Weaver (1998) found that health outcomes were similar for those with higher and lower SES when low SES individuals also had a strong sense of perceived control.

While the gradient approach emphasizes a continuum of inequality, absolute levels of inequality also matter. As the popular bumper sticker advises, we must “mind the gap.” And, as documented above, there is plenty to mind. Gaps in income and wealth continue to widen, reaching record heights. These gaps grow even wider when considered in terms of their consequences for access to goods and services. Those with the most financial resources are increasingly opting out of publicly available services preferring instead to privately purchase what was once a public amenity (e.g., education, recreational facilities, parks). This social class (and race) “flight” has resulted in a multitiered system of goods and services. New York City schools provide a good example. Families with the least income and wealth send their children to public schools, many of which are notorious for failing to provide an adequate education, and families of modest means struggle to pay several thousand dollars a year for parochial school tuition. Whether the investment makes a difference in educational outcomes is a matter of scholarly dispute. But the wealthiest families routinely spend about \$15,000 a year for private kindergartens and approximately \$25,000 in high school expenses for each child. These elite schools assure children not only a higher quality education, but social network relationships (i.e., social capital) and assistance in gaining admissions to the most prestigious colleges and

the social networks that accompany them. These trends undercut the provision of quality public services, betraying the fundamental tenets of equal opportunity and democracy upon which the United States is founded. They also pull apart and harden the class structure by institutionally segregating the educational milieus of children by class (Fine & Burns, 2003; Lareau, 2003).

By looking across the socioeconomic spectrum, gradient approaches enlarge our scope, encouraging us to conceptualize inequality, not poverty, as a central concern. International comparisons of inequality and SES health gradients, in particular, bring U.S. social policies that increase inequality (e.g., tax breaks for the wealthy, such as reducing the dividend tax; lack of universal health care) into sharp focus. A focus on inequality and gradients also enriches our understanding of the interface of macro and psychosocial factors, or how SES “gets into the body,” providing a foundation for improving community-based intervention programs. Yet, for all that gradient approaches to SES have to offer, it does not explain what produces the gradient nor its increasing steepness in the United States.

#### Social Class-Based Conceptualizations: Power and the Reproduction of Privilege

The structural reproduction of power and privilege is the foundation of social class-based conceptualizations of inequality. From this perspective, social class inequality is treated as a form of social and political dominance that allows some groups (e.g., political elites, corporate owners) to prosper at the expense of others (e.g., workers). Viewed through this lens, inequality is not only conceptualized in terms of differential access to resources, but also as the structural re(creation) of privilege and the fusion of wealth and power, particularly in capitalist societies. With one in three U.S. Senators being millionaires, compared to 1% of the U.S. population (Millionaires Fill U.S. Congress Halls, 2004), and top corporate executives earning more than 1,000 times the pay of average workers, one does not have to look far to document the

hierarchical nature of social class relations.

Despite such overt power differences, dominant cultural beliefs about meritocracy and the perceived fluidity of class boundaries in the United States neutralize strong structural critiques of economic inequality, legitimizing socioeconomic disparity or in some cases making it invisible. Hollingshead and Redlich made a similar observation. In the introduction to their landmark study of social class and mental illness, they stated that the idea of “social class” is inconsistent with the American ideal of a society composed of free and equal individuals with identical opportunities to realize their inborn potentialities. These authors conclude that challenging this myth often stimulates antagonist reactions (Hollingshead & Redlich, 1958). The perception of class as an earned or deserved status is supported by a network of beliefs (e.g., belief in a just world, belief in the Protestant work ethic, social dominance, dominant attributions for poverty and wealth) that silence critiques of class inequity (Cozzarelli, Wilkinson, & Tagler, 2001; Feagin, 1975; Kluegel & Smith, 1986). Large-scale surveys of beliefs about poverty and wealth find that those who tend to benefit most from economic disparities (e.g., European Americans, the “middle class”) are more likely to attribute poverty and wealth to personal rather than structural causes, while the reverse is true of disadvantaged groups (e.g., ethnic and racial minorities, the poor) (Kluegel & Smith, 1986). Yet, even among relatively less-privileged groups, belief in “beating the odds” and overcoming structural barriers to upward mobility is not uncommon (Bullock & Limbert, 2003; Jost, Banaji, & Nosek, 2004). The belief that anyone, regardless of their socioeconomic history or social position, can make it to the “top” if they work hard is undoubtedly one of the most cherished beliefs in the United States. Evidence to the contrary seems to do little to deter this deeply held cultural belief. For example, a *New York Times* poll found that 40% of respondents believed that the possibility of upward mobility had

increased over the last 30 years even though objective measures suggest it has not (Scott & Leonhardt, 2005).

A growing body of psychological literature seeks to pull off these “social class blinders” by examining how institutions (e.g., schools, the workplace), social networks, communities, and social policies (e.g., welfare policy, tax policies that protect the wealthy, exclusionary educational practices) create and maintain inequality as well as the supporting role of dominant cultural beliefs (e.g., individualism, meritocracy) in justifying these inequities. For example, research on social capital is illuminating how educational advantage is maintained on multiple levels: at the family level, through educational resources in the home, social networks, and differential familiarity with how to access higher education; within school systems which differentially value and reward some skill sets over others; and social policies that distribute funding to school districts unequally, ensuring that some schools can offer state-of-the-art learning opportunities, while others cannot afford basic textbooks, extracurricular activities, or advanced preparation programs (Bourdieu, 1986; Fine, Burns, Payne, & Torre, 2004; Hochschild, 2003; Lareau, 2003). Interpersonal discrimination against low-income parents and students, whether in the form of lowered teacher expectations, social distancing, or dismissive treatment, furthers these effects (Lott, 2001; Noguera, 2001; Rosenbloom & Way, 2004).

By emphasizing systemic and interpersonal mechanisms maintaining inequality, social class-based conceptualizations inform our understanding of discrimination and the many forms classism takes. Classism refers to the network of attitudes, beliefs, behaviors, and institutional practices that maintain and legitimize class-based power differences that privilege middle- and higher-income groups at the expense of the poor and working classes (Bullock, 1995). Analyses of interpersonal and institutional classism are raising new questions about manifestations of

classism in clinical practice, psychological research and coursework, the parallel between classism and other forms of discrimination, and strategies for reducing classist prejudice, improving interclass relations, and developing and building support for economically just policies (see Bullock, 1995; Liu, 2001; Lott, 2002; Smith, 2005).

An emphasis on social class also departs from the psychological tradition of treating prejudice and discrimination as individual attitudes or behaviors and focuses on the structural and institutional underpinnings of prejudice and discrimination (Bourdieu & Passerson, 1977). Classist attitudes and behaviors are situated within a larger social class formation in which members of different classes hold and act on beliefs that legitimate the overarching structure. Likewise, critical consciousness of social class structure surfaces most often in those less privileged by the structure, and sometimes critical consciousness breaks through among those who benefit from the structure (Burns, 2004). Even the most cursory examination of these questions underscores the importance of considering social class as it intersects with other social groups and systems of power.

#### Complicating Social Class: Multiple Inequalities and Intersectionality

Theories of intersectionality are significantly influencing how social inequality is conceptualized and understood. Instead of analyzing social constructs (e.g., gender, class, race/ethnicity, sexuality) independently or as additive phenomena, intersectional approaches consider these constructs as multiple, interlocking dimensions of social relations.

Intersectionality is based on three central tenets: “(a) no social group is homogenous, (b) people must be located in terms of social structures that capture the power relations implied by those structures, and (c) there are unique, non-additive effects of identifying with more than one social group” (Stewart & McDermott, 2004). As Risman observes, “There is now considerable

consensus growing that one must always take into consideration multiple axes of oppression; to do otherwise presumes the whiteness of women, the maleness of people of color, and the heterosexuality of everyone” (Risman, 2004). Although intersectionality has been integral to feminist and critical race scholarship for some time (Baca Zinn & Thornton Dill, 1994; Collins, 1990), psychology has been slower to adopt this approach (for notable exceptions, see Fine & Weis, 1998; Hurtado, 1996), perhaps in part due to the methodological challenges of studying simultaneous identities (McCall, 2005). However, this is rapidly changing. In 2006, the Association for Women in Psychology (AWP), the Society for the Psychology of Women (APA Division 35), and the 2007 National Multicultural Conference and Summit chose intersectionality as the overarching theme of their annual conferences.

Differential poverty rates and income disparities illustrate group differences in power and privilege and the intersections of SES, race/ethnicity, and gender. In 2004, the median annual income for White male full-time workers 25 years of age or older with a bachelor’s degree was \$60,710, compared to \$48,429 for Hispanic men and \$44,722 for Black men (U.S. Census Bureau, 2005b). Women’s median earnings are lower than men’s, but gender comparisons alone conceal consistent racial differences among college graduates, as is evidenced by median earnings of \$42,072 for White women, \$40,180 for Black women, and \$36,919 for Hispanic women (U.S. Census Bureau, 2005a). With 28.4% of all female-headed households living below official poverty thresholds, and nearly one out of two female-headed households living in poverty, compared to only 5.5% of heterosexually married couples, poverty rates not only illustrate gender and race privilege, but also the protection that marital status affords and the risks that single motherhood confers (U.S. Census Bureau, 2005a).

Psychological research illuminates the institutional and interpersonal processes that

contribute to these inequities or what are best understood as a “matrix of domination” (Collins, 1990). When poverty, for instance, is viewed through an intersectional lens, it is clear that “risk” factors or correlates of poverty (e.g., divorce, early parenting, financial insecurity, and unemployment) are not uniformly experienced across diverse groups, and cannot be understood through generic or universal pathways. It is equally true that lived experiences of poverty and routes out of poverty are variable. This point is illustrated by research examining low-income women’s experiences in the welfare system and the impact of “welfare reform” on well-being and socioeconomic mobility (Delgado, 2002; Gooden, 1998; Lee & Curran, 2003; Lichter & Jayakody, 2002; Orloff, 2002). Literature in this area reveals significant intersections of race and ethnicity, social class, gender, sexuality, and (dis)ability in accessing social services; which clients are labeled as “hard-to-serve” (e.g., low-income ethnic minority women with mental health problems and/or limited work skills); the types of support services that caseworkers offer their clients; the likelihood of being sanctioned for “failing” to meet program regulations; the length of welfare receipt; ease of exiting the system; and the barriers confronted in the search for employment that is safe, stable, and economically viable. At each of these points, multiple axes of oppression (e.g., racism, classism, sexism, heterosexism, and ableism) shape experiences of welfare receipt, revealing not only the multifaceted nature of human experience but also discrimination and social policy (for discussions of “welfare racism,” see Limbert & Bullock, 2005; Neubeck & Cazenave, 2001; Soss, Schram, Vartanian, & O’Brien, 2001).

It is this contextualized, layered approach that sets intersectionality apart from other constructions of inequality. Viewed through this lens, it is not simply a matter of addressing social class inequality, but social class as it intersects with other meaningful social constructs at the micro- (e.g., personal and social identity) and macro- (e.g., social policy, community

programs, institutional discrimination) levels, and the consequences of these intersections. Such approaches not only require the development of new theories and methodologies capable of capturing such complexities, but also a willingness to adopt a more critical, active stand against inequality and psychology's role in perpetuating class privilege.

## THE SCIENTIFIC EVIDENCE FOR THE BIOPSYCHOSOCIAL SIGNIFICANCE OF SOCIOECONOMIC STATUS

There is substantial research in the sociological and public health literature linking ecological variables such as median income, income distribution, high school graduation rates, and rates of poverty with population health. We will not review it here but rather focus on the individual level and how this is affected by the socioeconomic context. These broader social and economic trends shape psychological phenomena that are at the heart of our field. Socioeconomic status is the most frequently used concept in research on social status, and the bulk of the review will concentrate on it. Investigators who focus on educational, mental health, and physical health outcomes would do well to include measures of the various aspects of SES, inequality, and class in their analyses in order to more fully account for these outcomes. In addition, the field of psychology is well situated to play a leadership role in policy debates and social change efforts to reduce differences in social standing, resources, and social class.

### Why SES Is Important

Psychologists have long been concerned with the effects of different aspects of deprivation, including economic deprivation, on functioning and well-being. Deprivation has generally been viewed in terms of individual exposure and family effects. Only recently have psychologists begun to look more upstream to broader societal determinants of

deprivation and to consider the power of these variables to exert an effect across a wide range of society, not just those at the very bottom. Socioeconomic status plays a central role in these associations.

### *Defining and Measuring SES*

There are various theoretical and conceptual approaches to capturing critical aspects of social stratification. Studies addressing the distribution of resources at a societal level use social-level variables such as income distribution and income inequality that reflect the extent of inequality. Research on the social context of health or well-being may use community or neighborhood socioeconomic characteristics such as median income, percent unemployed, or percent with a college degree for a given community. At the individual level, most research on effects of social stratification have used educational attainment, income (personal or household), and/or occupation as indicators of SES. Each of these captures a different dimension of social stratification and provides a partial indicator of resources available to the person. Some measures combine these indicators into a composite score. The resources associated with the various components of SES may directly or indirectly foster healthy psychological, social, and cognitive development. They may also buffer individuals from detrimental effects of adverse situations and events. Resources in each dimension operate through different mechanisms to affect outcomes.

*Education* is perhaps the most fundamental aspect of SES. Higher levels of education are associated with better economic outcomes (e.g., likelihood of employment, income, less financial hardship), more social and psychological resources (e.g., greater sense of control, more social support), and fewer health risk behaviors (e.g., less smoking, greater exercise; Ross & Wu, 1995). Elo and Preston (1996) showed that educational differences in mortality in the United States were

substantial and remained significant, although somewhat weaker, when adjusted for income, marital status, and neighborhood effects. Education has broad effects across multiple domains of life; it equips individuals with more advanced cognitive skills and greater knowledge, which are instrumental in achieving better life outcomes. However, if increased skill and knowledge were the only benefits of education, one would expect to find that each additional year of education contributed equally to improved outcomes, because each year presumably provides equal increments of knowledge and skills. This is not the case, however. The effects of education are discontinuous, with jumps in positive outcomes occurring at points in the educational process when degrees are conferred (Backlund, Sorlie, & Johnson, 1999). This so-called “sheepskin effect” suggests benefits of receiving a credential, apart from various skills and knowledge such receipt implies (Hungerford & Solon, 1987). These effects may accrue from the benefits of a credential when being judged by others. Alternatively, receipt of a degree may be a marker for characteristics such as perseverance that have implications for later achievement. Achieving higher levels of education also expands individuals’ social resources, providing broader social networks and shaping social norms and expectations to which they are exposed. The multiple effects of education require that both highest degree attained and years of education be assessed when measuring educational attainment.

*Income* is a second dimension of SES. Though correlated with education, the association is only moderate. There are examples of highly educated but relatively poor individuals, as well as of high-school dropouts who have become financial successes. Income provides access to goods and services that can benefit health and adjustment. The most obvious service to which higher income provides access is health care, including mental health services. Conversely, lack of money creates particular challenges for individuals and families and may be a source of

conflict and tension that can have adverse effects on mental and physical health. Unlike educational attainment, which does not change once one has been credentialed, income may fluctuate substantially. Analyses from the Panel Study of Income Dynamics show that about a third of people in the United States experience unexpected drops of more than 50% in the ratio of their income to their needs over an 11-year period (Duncan, 1988). Reductions in income may affect subsequent health status, but also may be affected by poorer health (Smith, 1999).

In addition to income, accumulated wealth and ownership of important assets, such as one's house and a car, also have been linked to better outcomes and may show independent associations (Kingston & Smith, 1997; Robert & House, 1996). As discussed below, wealth is a better indicator of socioeconomic position over time than is a single measure of income. It reflects intergenerational transfers as well as a person's own income and savings; greater wealth may buffer the effects of income fluctuations. While low income for any period of time is associated with poorer outcomes, evidence suggests that the effects of low income are more deleterious for those who have experiences over long periods of time, such as children growing up in conditions of chronic poverty (Aber, Bennet, Conley, & Li, 1997; Brooks-Gunn & Duncan, 1997). As noted in the introduction, differences in wealth between Whites and disadvantaged racial ethnic groups, such as African Americans, are substantially greater than are the differences in income between these groups (Altonji, Doraszelski, & Segal, 2000; Conley, 1999; Oliver & Shapiro, 1995).

*Occupation* provides information on other types of resources as well as demands. Work itself can be beneficial; those who are unemployed have a greater risk of physical and mental illnesses (for a review, see Jin, Shah, & Svobada, 1995). Although there may be selection effects for the "healthy worker," one can identify a number of benefits of employment. In addition to

financial rewards, work roles and work relationships provide expanded social networks and meaningful sources of identity and pride. These opportunities vary depending on the nature of the job, however. Higher SES occupations provide more challenge and also provide more opportunities for control over working conditions and use of a person's skills and abilities (Karasek & Theorell, 1990; Marmot, Bosma, Hemingway, Brunner, & Stansfeld, 1997). Lower SES jobs are generally more physically hazardous, less autonomous, more often involve shift work, and can be routine and monotonous.

Occupational status is not as easily measured as are education and income. There are competing scales that reflect different theoretical perspectives on which aspects of occupation are most important. The Registrar General's scale, widely used in Great Britain, orders occupations based on the degree of skill involved, ranging from unemployed, through unskilled and skilled manual labor, to professional (Stevenson, 1928). Some scales, such as the Hollingshead index, involve a weighting of occupations based on the average education and income of those in these occupations; others also include the prestige associated with specific occupations (Duncan, 1961). Some measures, such as those developed by Erikson and Goldthorpe in Great Britain or Erik Olin Wright in the United States, derive from a Marxian analysis and capture access to capital and production; they assess a person's power status and whether a person is an owner, supervisor, or worker, to name a few (e.g., Wright & Perrone, 1977).

The bottom line is that the various indicators of SES are not interchangeable. Each one assesses a different aspect of SES and reflects the intent and approach of the investigator. Even within a domain of social position, such as occupation, there may be multiple dimensions. Too few studies in psychology measure any of these variables. In general, when SES is measured,

studies assess one or more of these variables and refer to it as “SES.” But one should have a specific theory of why that aspect of SES should relate to the outcome of interest (Oakes & Rossi, 2003). Similarly, one should be careful about creating a composite measure. It is generally more informative to assess the different dimensions of SES and understand how each contributes to an outcome under study, rather than merge the measures.

#### *Additional Approaches to Assessing SES*

In addition to assessing education, income, and/or occupation, researchers have been examining additional dimensions of socioeconomic position. One approach has been to assess economic and material resources, particularly those that have long-term implications for the individual. Thus, as discussed above, measures of wealth have been added to measures of income. Material conditions and assets, such as car and home ownership, have also been assessed in some studies and have been shown to confer health benefits (Macintyre, Hiscock, Kearns, & Ellaway 2001).

In addition to these objective indicators of SES, recent studies have also examined the impact of *subjective perceptions of socioeconomic position*. These studies demonstrate that individuals can reliably report on where they stand in relation to others in terms of their SES. Just as self-rated health appears to be a powerful predictor of mortality, even when controlling for objective indicators of health status, individuals’ summative judgment of their social standing with regard to income, education, and occupation appears to be associated with their mental and physical health data. This suggests an important role for psychological processes in the pathways from SES to adjustment and health, and will be discussed in detail.

Finally, along with assessing SES at an individual level, researchers have examined *ecological* aspects at the level of the neighborhood and community, and even at the country

level. This work has shown that the socioeconomic characteristics of neighborhoods (e.g., percent unemployed, percent in poverty, percent with college degree) predict health of residents even when adjusting for their individual SES (Diez-Roux et al., 2001). In particular, living in a neighborhood characterized by concentrated poverty may leave residents especially vulnerable, whether because of the high rates of crime and disorganization or lack of access to more prosocial role models and less monitoring (Brooks-Gunn & Duncan, 1997; Evans, 2004; McLoyd, 1998).

Other research has shown that indicators of income distribution that reflect income inequality are related to mortality; countries with greater income inequality have higher mortality rates than those with more equitable distributions (Wilkinson, 1996), and the same is true at the level of states within the United States (Kaplan, Pamuk, Lynch, Cohen, & Balfour, 1996). However, it should be noted that there is controversy over the measurement and meaning of income inequality, and there are mixed findings (Kawachi, 2000).

#### Intersection of SES with Other Sociodemographic Factors

Socioeconomic status is one basis for social stratification in society. However, as discussed in the section on intersectionality, there are other bases as well, and these interact with SES in determining relative status, power, privilege, and outcomes.

The two most well documented factors that intersect with SES in determining relative status, power, privilege, and outcomes are gender and race/ethnicity. Each of these has implications for the attainment of socioeconomic position and for the meaning and measurement of SES.

### *Gender*

Compared to men, women in the United States are clustered in lower SES occupations. Women also have lower overall incomes compared to men, even at the same levels of education and occupation. This, in part, accounts for the relatively high rates of poverty among children living in single-parent mother-headed households. In addition, issues regarding income for women may also intersect more acutely with age, as women tend to live longer. The combination of fewer accumulated assets and longer life may make women particularly vulnerable in the later years.

The different position of women in society, historically as well as in the present, raises challenges as to how best to measure women's SES. Women are often defined more by their partner's socioeconomic characteristics (e.g., husband's occupation or income) than by their own. The Whitehall study of British civil servants found that female civil servants' health was more strongly related to their husbands' occupational level than their own. Household income may not confer the same benefits to husband and wife because many women do not have the same access to wealth within a marriage as do their husbands. It may also be harder to classify their occupational status because more women than men are out of the workforce for different reasons than men.

### *Race and Ethnicity*

The legacy of many generations of discrimination in the United States is the disproportionate representation of ethnic minorities in lower SES strata. These issues are especially acute for African Americans, for whom individual deprivation and poverty is compounded by residential segregation and has resulted in a greater proportion of Blacks living in concentrated poverty (Massey, 1990; Shapiro, 2004). One result is that children of color get a worse education both in

terms of fewer years of schooling and poorer quality of schooling than do White children. They also have fewer opportunities for employment and income. Poorer neighborhoods, in which people of color disproportionately live, provide less access to other resources, such as parks, good quality food markets, and social networks (Evans, 2004). African Americans are far more likely than other groups to have grown up in areas of concentrated poverty where these issues are especially acute. While 27% of African American youth and 13% of Latino youth grow up in neighborhoods characterized as “severely distressed,” only about 1% of non-Hispanic White youth do (O’Hare & Mather, 2003).

Although most older adults are not poor, there is a significant number of older Americans living below the poverty line – 3.4 million older persons – and an additional 2.2 million “near poor.” The minority aged experience poverty at a disproportionate rate: 21.9% of elder African Americans and 21.8% of elder Hispanics were poor in 2001, compared to 8.9% of older Whites. It is particularly noteworthy that almost half of older Hispanic women and African American women who live alone or with non-relatives are poor (U.S. Census Bureau, Poverty in the US, 2001).

Racial and ethnic differences in SES are also apparent in measures of wealth. Home ownership represents a significant source of intergenerational transfer of wealth in this country. Members of racial minority groups, especially African Americans, were barred from property ownership for a significant portion of this country’s history. And, even when it was allowed, until quite recently, it was difficult for African Americans to purchase homes in more desirable neighborhoods where appreciation was more likely (Shapiro, 2004). Williams, Williams, and Morris (2000) make the point that race plays a causal role in SES because African Americans have been discriminated against in education, access to occupations, and pay.

Socioeconomic status may also be especially difficult to assess among first-generation immigrants. In some cases (Vietnamese, Filipinos, first-wave Cubans), individuals with high levels of education immigrated to the United States for political reasons and earn a much lower income than is commensurate with their educational attainment. Conversely, some immigrants (e.g., Mexican, El Salvadorian) may enter this country with educational levels virtually unheard of in this country (no more than third or fourth grade education), but not uncommon in their country of origin. In addition, first-generation immigrants often live in ethnic enclaves, where economic assets may be pooled or shared. The immigration or acculturation paradox, whereby first-generation immigrants show better health than second-generation immigrants, who are actually wealthier, may be related to such factors (Franzini, Ribble, & Keddie, 2001; Rosenberg, Raggio, & Chiasson, 2005).

In addition to the more well-researched intersections of gender and race/ethnicity with SES, disability status and sexual orientation have implications for understanding SES as it affects different individuals and groups differently.

#### *(Dis)ability Status*

Individuals with disabilities comprise a disproportionate percentage of the unemployed, underemployed, and those living in poverty. According to researchers at Cornell University, the employment rates for people with disabilities are below 20%. Within the larger group of disabled persons, individuals who are blind and visually impaired experience unemployment rates that exceed 70 percent. According to the 2004 Harris poll, people with disabilities are nearly twice as likely as people without disabilities to have an *annual* household income of \$15,000 or less. In 2004, the poverty rate for working-age people (ages 21 to 64) with disabilities was 24.1%, as compared to 9.1% for working-age people without disabilities (2004 Disability

Status Reports, 2005). There are additional adverse socioeconomic effects of being a person with a disability and being a female, an ethnic minority, or both.

### *Sexual Orientation and Gender Identity*

Lesbian, gay, bisexual and transgender (LGBT) individuals often experience lower socioeconomic status than the general population, as well as being uninsured or underinsured". (Healthy People 2010: Companion Document for LGBT Health, 2001). This is due in part to the lack of economic benefits associated with legal marriage, including spousal insurance coverage, inheritance rights, and various forms of tax relief. This is particularly problematic for widowed LGBT elders who receive no social Security Survivor Benefits. In addition, members of the transgender community frequently face major barriers to obtaining or retaining any type of stable employment, with or without benefits. A recent survey of transgender individuals in the nation's capitol points out that 35% were unemployed and 64% had an annual income below \$15,000, and these bleak data on the state of transgender economic health are consistent with studies of other cities (Lesbian, Gay, Bisexual, and Transgender Health: Findings and Concerns, 2000).

### *Aging*

Although most older adults are not poor, there is a significant number of older Americans living below the poverty line 3.4 million older persons and an additional 2.2 million "near poor." The minority aged experience poverty at disproportionate rate: 21.9% of elder African-Americans and 21.8% of elder Hispanics were poor in 2001, compared to 8.9% of older Whites. It is particularly noteworthy that almost half of the older Hispanic women and African-American women who live alone or with non-relatives are poor (U.S. Census Bureau, 2001).

### Issues for Measurement

The intersection of SES with many different important personal attributes and group membership compound the difficulty of measuring the concept. As discussed, there is substantial confounding of minority racial and ethnic status with SES. Many of the differences in health between different groups are eliminated or substantially reduced when socioeconomic status is controlled for. Psychologists need to address both the joint and the independent effects of SES and race and ethnicity. To do this, psychologists need to develop measures that will be meaningful in all groups. The current measures of SES are relatively crude and may not have the same meaning among different groups. For example, some aspects of SES may confer fewer advantages for people of color. Because of poorer quality schools in neighborhoods where people of color are more apt to live, the same level of education may not carry the same benefits either in terms of the skills and knowledge attained or of social networks and social norms. A high school diploma from an elite prep school represents a different level of achievement and resources than a diploma from an inner-city high school; it also provides greater access to further education or a good job. In the domain of income, at the same income level, people of color have less accumulated wealth, have more people dependent on the income, and pay more for mortgages because of “redlining” practices of banks (Oliver & Shapiro, 1997). Thus, we cannot take the same level of education or income to be equivalent across groups; analyses within groups will be more meaningful than those across groups.

#### Other Confounding Issues: Geographic and Rural/Urban Residence

Measures of SES do not, at this point, take into account the cost of living in the geographic area within which an individual or family resides. Yet, an income of \$30,000 a year may feel very differently for a family living in New York City and one living in Peoria, IL (Liu,

2001).

In addition, there are important differences between urban poverty, which is more typical of ethnic minorities, and rural poverty, which is more common among White European Americans. The former is more likely to affect outcomes through factors such as crowding and stress-levels, while the latter may be associated with a different subset of mediators, such as educational and health care access, social isolation, and understimulation. Identifying differential effects of these different types of poverty may help us understand the mechanisms that underlie its effects. One study comparing a low-income rural and urban sample suggests that the types of stressors experienced differ, but parental responses to the strongest stressors in their ecology have similar consequences for their children's mental health (Saegert & Evans, 2004). However, population differences in their small samples indicate the need for larger, more representative studies of this issue.

#### Theoretical and Empirical Contributions From Areas of Psychology

Because SES is so pervasive and affects all aspects of individuals' lives, virtually every area of psychology is relevant to understanding SES effects and helping to address the resulting disparities. Below we give a sample of recent work from six areas. For each, we present relevant theories that help us to conceptualize how SES operates to affect health and well-being and empirical findings from the last decade of work.

##### *Contributions of Health Psychology to Our Understanding of Social Class*

There has been an explosion of research on health disparities associated with SES as well as with race and ethnicity. The first generation of research on socioeconomic determinants was stimulated by the Whitehall study (Marmot, Shipley & Rose, 1984), which showed increased mortality at each step down in occupational grade within the British civil service. These first-

generation studies showed that similar gradients existed in other countries and with a broader representation of the population. They established the universality of the gradient in industrialized nations and that it is shallower in those with greater equality and more safety nets (Adler, Marmot, McEwen, & Stewart, 1999).

Because all participants in the Whitehall study were employed and had access to health care, it was difficult to explain how the gradient occurred; the usual explanations of poverty and lack of access to health care would not apply. The second generation of research has been examining the mechanisms by which SES “gets into the body” to affect health. There are four broad categories. One pathway from SES to health is differential access to health care; although not central in the Whitehall population, it is salient in the United States, where the large numbers of uninsured are more likely to be unemployed or work in low SES occupations, have lower incomes, and have less education. However, health care deficiencies account for only a small portion of overall health (McGinnis, Williams-Russo, & Knickman, 2002), and thus explain a limited part of the gradient (Adler, Boyce, Chesney, Folkman, & Syme, 1993). A second pathway is through differential exposure to environmental hazards, including toxins, pathogens, and carcinogens; this has been captured in the “environmental justice” movement, which attempts to reduce disparities through policies that address practices, such as situating toxic dump sites near low-income and minority communities, and eliminate environmental hazards, such as lead exposure, which differentially affect residents of poor neighborhoods.

The remaining two pathways from SES to health involve more psychosocial issues and have been the focus of health psychologists. One pathway is through health behaviors. The single greatest determinant of premature mortality is behavior and lifestyle (Marks, McGinnis, & Russo, 2004 NO reference ), particularly smoking, diet, and exercise. The prevalence of each of

these behavioral risk factors increases as SES decreases. However, behavioral factors account for less than a third of the association of SES and health, leaving much of it unexplained. In addition, finding that health risk behaviors increase as SES decreases does not tell us why this happens— information which is crucial for interventions to reduce these disparities.

Increasingly, researchers are looking beyond these behaviors as an individual choice, to consider the environmental determinants (e.g., availability of recreational areas to exercise, cost and access to low-fat foods, targeting of cigarette advertising) (Macintyre, MacIver, & Soomam, 1993). Should this be Soomam as per reference?, 1993).

The fourth pathway from SES to health is through differential exposure to stress. Lower SES brings with it greater exposure to acute stress, as well as greater chronic stress. Health psychologists have studied psychophysiological responses to acute stressors and have documented effects that, if repeated over time, are likely to be health-damaging. The concept of “allostatic load” (McEwen, 1998) describes the chronic wear and tear on the body of repeated stress exposure, and empirical work has established that allostatic load is higher among lower-SES individuals, and, in turn, predicts morbidity and mortality (Seeman et al., 2004). Stressful and threatening environments allow fewer opportunities for control (Lachman & Weaver, 1998) and may also foster development of affective responses such as hopelessness, hostility, anger, and depression that have health consequences (Gallo & Matthews, 2003). Such environments may also foster behavioral responses such as chronic vigilance and attributions of negative intent, which may increase conflict and exact a physiological toll (Chen & Matthews, 2003).

While work continues on mechanisms, the third generation of work is looking more carefully at SES itself. This work is examining the functioning of each component of SES and how it relates to another. It is also looking more carefully at the meaning and implications of

these components (e.g., teasing apart the implications of more years of schooling versus degree earned as discussed earlier). This work is based in different theories of social class and social stratification and links health psychology to sociology and social epidemiology.

*Contributions of Social Psychology to Our Understanding of Social Class*

Social psychological and sociological research has contributed greatly to our understanding of how social class and inequality is perceived and how class privilege is manifested. Paralleling research on racism and sexism prejudice, a growing body of social psychological research focuses on classist prejudice, stereotypes, and discrimination (e.g., Bullock, 1995; Henry, Reyna, & Weiner, 2004; Lemieux & Pratto, 2003; Lott, 2002; Lott & Saxon, 2002). Research examining classist stereotypes and beliefs is significantly advancing our understanding of how class inequity is justified. This literature reveals deep-rooted belief in meritocracy and the perception of class as an earned rather than ascribed status (Weber, 1998). For example, research on attributions for poverty and wealth highlights the tendency of Americans to perceive both poverty and wealth as the result of personal or individual characteristics rather than structural forces (e.g., Feagin, 1975; Furnham, 2003; Kluegel & Smith, 1986; Cozzarelli, Wilkinson, & Tagler, 2001).

Other researchers are focusing on the behavioral dimensions of classism. Research examining interpersonal classism focuses on the discriminatory treatment of low-income and working-class people in "everyday" interpersonal interactions (e.g., interactions with health care professionals, teachers, case workers). This work reveals the stigma associated with poverty and considerable social distancing from those perceived to be "lower class." Research on institutional classism focuses on the relationship between stereotypes and attitudes toward social policy as well as the exclusion and mistreatment of poor and working-class people from dominant

institutions (e.g., education, the legal system). For instance, there is some evidence that Americans have more favorable attitudes toward programs that are viewed as serving the general population, as opposed to those specifically targeting the poor (Korpi & Palme, 1998). Indeed, there is a widespread, albeit erroneous, belief that "programs for the poor make poor programs." This effect is especially strong when programs are perceived as targeting poor people of color, poor women, or both. The stereotype of the "welfare queen" provides a good examination of how class, gender, and race may intersect in the popular media and public imagination (Gilliam, 1999; Limbert & Bullock, 2005; Neubeck & Cazenave, 2001). These images undermine support for policies that will differentially benefit the poor and reduce disparities (Katz, 1989).

*Contributions of Personality Psychology to Our Understanding of Social Class*

Relevant work in personality psychology examines whether differences in health outcomes that are attributed to SES are instead due to personality or other attributes that are confounded with SES. One attribute that has received substantial attention is intelligence. Countless studies have found that intelligence is related to the various factors that make up SES, namely income, education, and occupational prestige. But causal direction is unclear; controversy remains as to whether innate intelligence, sometimes referred to as the "g" factor, drives SES or whether SES affects intelligence (Gottfredson, 2003).

The strongest support for the hypothesis that intelligence, rather than SES, serves as the key driver for health outcomes comes from a longitudinal study in Scotland that found that intelligence measured in childhood predicted cancer, cardiovascular disease, and mortality in adulthood, even after controlling for SES variables (Gottfredson & Dreary, 2004). This relationship is hypothesized to result from the individual's health-related behavior. Greater intelligence may help people choose healthier behaviors, provide better self care when they are

ill, better comply with complex treatment plans, and avoid injury by more successfully navigating risk. Gottfredson and colleagues suggest that the relationship between SES and health outcomes is due to the fact that intelligence leads to both greater education and income and to better health care.

Conversely, there is also convincing evidence that SES may be the driver for intelligence. For example, lower SES is associated with poor nutrition, exposure to lead paint and other environmental toxins associated with poor neighborhoods, and home and school environments without rich opportunities for intellectual stimulation, which in turn have been shown to have a negative effect upon intelligence (Hart & Risley, 1995).

Another personality characteristic that has been associated with both health outcomes and SES is hostility and anger. Hostile attitudes are more common among lower SES individuals (Barefoot et al., 1991; Carmelli, Rosenman, & Swan, 1988) and among those raised in poor neighborhoods, which tend to be characterized by exposure to violence and aggression (Cunradi, Caetano, Clark, & Schafer, 2000; Wilson, Kirtland, Ainsworth, & Addy, 2004). The link between SES and the tendency to make negative attributions has been demonstrated in a study of adolescents who were shown short films of ambiguous and clearly negative situations and then interviewed about their interpretations. While there was no difference between adolescents from higher and lower SES families in interpreting the negative situations, youth from lower SES backgrounds were more apt to interpret the ambiguous situations as threatening. They also showed greater blood pressure and heart rate reactivity to the ambiguous situations than did adolescents from higher SES families (Chen, Langer, Raphealson, & Matthews, 2004).

Several prospective studies have found that prolonged levels of anger, or the tendency to react with hostility, in turn, were related to cardiovascular disease and mortality

(Koskenvuo et al., 1988; Shekele, Vernon, & Ostfeld, 1991). This line of research suggests that more negative social environments foster a hostile or angry personality style, which in turn contributes to poorer emotional and physical health.

In sum, there is some support for both directions of causality—personality contributing to SES and SES shaping personality. Because it is difficult to implement experimental designs in this line of research, the directionality debate is apt to continue for at least the foreseeable future.

#### *Contributions of Developmental Psychology to Our Understanding of Social Class*

Developmental psychologists have long been interested in SES, in large part because of the belief that children who do not have access to basic economic resources and assets are at high risk for negative developmental outcomes. As such, much of the work in this arena has focused on children and families in poverty. More specifically, developmental research has focused on how the education and income (and to a lesser extent, the occupation) of parents affect their children's educational outcomes, social competence, and physical and mental health (Bradley & Corwyn, 2002; Brooks-Gunn & Duncan, 1997).

Drawing from an ecological model of development, research suggests that these variables affect children via a number of mechanisms. The one most often studied is parenting practices (Shonkoff & Phillips, 2000). For example, McLoyd and colleagues (1998) have demonstrated that the myriad of stressors that affect lower income parents may foster a harsh parenting style, in which parents react more quickly and punitively to child misbehavior. The pathway from low SES to harsh/punitive parenting to less positive child outcomes has received consistent support from both cross-sectional and longitudinal research (Conger, R. Conger, K., & Elder., 1997; Morrison & Eccles, 1999). Other research suggests that low-income parents reproduce the

conditions of their jobs in their parenting, resulting in their allowing little leeway for misbehavior by their children. That is, parents who experience a work setting where unquestioned obedience to authority figures is expected and little independence of thought or autonomy is tolerated may incorporate these restrictions into their parenting styles (Kohn & Schooler, 1982; Mason, Cauce, Gonzales, Hiraga, Grove, 1994).

Other factors that mediate the impact of SES on development, such as adequate nutrition, access to health care and housing (Adler et al., 1999; Brooks-Gunn & Duncan, 1997) and exposure to cognitively stimulating materials and environments (Bradley et al., 2001; Hart & Risley, 1995), involve resources. Parental SES may also have profound effects upon children through the social networks to which their parents can expose them. Research on what is sometimes called collective socialization suggests that children benefit from the availability of prosocial and positive role models. Such individuals may also play an important role in monitoring children's behavior when parents are not around (Jencks & Mayer, 1990).

One especially good test of the relationship between poverty and psychopathology among children comes from the Great Smokey Mountain Study (Costello, Compton, Keeler, & Angold, 2003), which followed youth over an 8-year period. Halfway through the study, a casino opened on the Indian Reservation where many of the American Indian youth in the study lived. This created a natural experimental design on how income supplementation affects subsequent mental health. Results supported social causation, as opposed to social selection, for the development of oppositional defiant and conduct disorders, although not for anxiety and depression. Of the various mediators examined of this effect, parental supervision proved to be especially important; improved parental supervision among the families who moved out of poverty accounted for almost 80% of the effect of the changing poverty level. At the same time, it was a

minority of the families who were able to move out of poverty even with the supplemental income and increased job opportunities, and the positive effects occurred primarily in those families who were able to make that move. An important remaining question is what allowed some families to escape poverty while others did not (Rutter, 2003).

In sum, the evidence suggesting that poverty leads to psychopathology, rather than vice-versa, is becoming stronger, at least for children. Moreover, it does appear that these effects work through more proximal factors, such as parental behavior. However, as Rutter (2003) points out, the evidence for directionality of effect is far from conclusive. As he notes, there has been a general improvement in SES and social conditions in developed countries over the last few decades, but no concomitant improvement in mental health.

Although less-often examined, there is some work among developmental psychologists that examines the intersection of aging and SES. The link between these has shifted a great deal over the last five decades. For example, up through the 1960s, poverty was more common among the elderly than for young children, while the opposite is the case today. This generation of senior citizens is one of the wealthiest ever, however it is comprised mostly of a native-born White population. As they approach death, we are bracing for one of the largest intergenerational transfers of wealth in our history, and one which will exacerbate racial and ethnic disparities in wealth.

*Contributions of Community and Environmental Psychology to*

*Our Understanding of Social Class*

The subfields of community psychology and environmental psychology both developed as responses to concerns that academic psychology neglected the large structural factors that impinged on, guided, and limited individual psychological processes and

experiences. Although many of the interventions conducted and studied by community psychologists aim to ameliorate rather than change the consequences of poverty, the field was born of a wish to participate in more fundamental social change.

More than most subfields of psychology, community psychology has evolved an explicit focus on problems of privilege and power, as well as on unequal distribution of resources. For example, the work of Isaac Prillettensky (Prillettensky, 1997) has focused on the dynamics of power and oppression as they inform ecologically and psycho-politically valid community action research.

The environmental justice movement, which began in the 1980s, has also focused on issues of power and privilege in relation to where dumps and toxic waste sites are located (Bullard & Johnson, 2000; Lee, 2002). The evidence of co-location between hazardous waste facilities and low-income minority neighborhoods is quite strong (Bullard, 1990; Mohai & Bryant, 1992), as is the correlation between ambient pollutant and lead exposure and neighborhood race and income (Pirkle et al., 1998; Evans, 2004). A handful of environmental psychologists have also examined the effects of exposure to a range of environmental factors, including crowding and noise, both of which are more common in lower SES environments (see Evans & Kantrowitz, 2002 for a review).

Community-based participatory action research (CBPAR) addresses some of the issues of class difference discussed by above. CBPAR recognizes that professional researchers and practitioners have a place of relative privilege and seeks to develop methods to increase the voices of community members who have less power and privilege. It emphasizes community input to the framing of research questions as well as involvement in data collection, interpretation, and use (Horelli, 2002; Wiesenfeld & Sanchez, 2002).

Community psychologists have also studied how lower income communities organize to identify their shared goals and act to achieve these goals. For example, Speer and Hughey (1995) present a compelling analysis of the psychological and intergroup dynamics that facilitate the development of collective will and action and the processes of evaluation and further action that lead to success.

Along with developmental psychologists, community psychologists have followed the lead of sociologists by studying the consequences of concentrated poverty and its relationship to segregation, on the one hand, and individual competence and emotional well-being on the other. This work has documented how SES, measured at the community or neighborhood level, is associated with a range of educational and behavioral outcomes (Leventhal & Brooks-Gunn, 2000; Wasserman, Shaw, Selvin, Gould, & Syme 1988). Some of these effects are because of exposure to toxins, such as lead (Sargent, et al., 1995), but the most toxic elements in low SES neighborhoods, characterized by concentrated poverty, may be greater exposure to conflict, violence, drugs, and stress.

Most research on neighborhood or community-level SES and resources has focused on those living in very low-income urban settings. Little has been done to look at SES disparities across the whole range, to consider the hypersegregation of Whites and the affluent and that of minorities and the poor, or to examine the meaning and effects of SES in rural locales.

While community psychology and environmental psychology emphasize links between macrolevel environmental conditions and individual outcomes, for children, the key environment is the family, and parents are the primary carriers of environmental processes. Parents both protect their children from environmental hazards and expose them to others (e.g., parental smoking, interpersonal conflict). The resources available to parents to foster their

children's development and/or to avoid exposing them to hazards are determined in large part by the parents' SES.

Finally, it is worth noting that clinical and counseling psychologists have also demonstrated an interest in SES, as discussed in the next section. The focus of this work has not only been to develop an understanding of how SES affects individual behavior and functioning, but also on how to alter this link.

### Limitation and Gaps

As this document illustrates, although an interest in social class or SES has not been a central concern within psychology, our field has generated a great deal of relevant research. However, the bulk of this research has been conducted in a handful of areas. Most notably, while the subfields of developmental psychology, health psychology, and community/environmental psychology evidence a sustained interest in outcomes related to SES, interest in SES in other subfields has been sparser and less compelling. Even though research examining the effects of race/ethnicity and gender has shown substantial growth, we have not seen the same intensification of research focusing on class or SES in psychology as in these areas or as in other disciplines.

In addition, with the exception of the work by health psychologists who have more fully addressed the SES gradient, most psychological research on SES has largely focused on the effects of poverty upon individuals and families. There has been an almost exclusive focus on those at the very lowest level of the SES spectrum. As a result, we know very little about the working poor or about the experiences of the middle class, many of whom are struggling to maintain their standard of living (Newman, 1989). This focus underestimates the power of socioeconomic forces to affect well-being at all levels, even at the top. We also know very little

about the very wealthy, many of whom live in enclaves as segregated as some low-income neighborhoods. An exception to this is the work of Suniya Luthar, who has documented the increased risk of depression among women living in extremely wealthy areas and of substance use by their adolescent children (Luthar & Becker, 2002).

Research examining more biological aspects of psychology has also largely neglected SES, despite compelling reasons for believing that SES will affect functioning in many domains that involve biological processes. For example, living in the chaotic environments more typical of lower SES settings undoubtedly affects cognitive functions, including problem solving and memory among children, adults, and elderly people. Most of the research in this domain is examining early brain development and/or the limbic-hypothalamic-pituitary-adrenocortical system with a focus on stress processes (Nelson, 1994; Gunnar, Bruce, & Hickman, 2001), although some is looking at cognitive ability and decline in old age (e.g., Rabbit et al., 1995). Most of the work on elderly people has looked only at the effects of education, and most studies either ignore SES or treat it as a control variable rather than a variable of interest in itself. With health psychology as a noteworthy exception, the tendency to ignore SES among more biologically oriented psychologists is ironic, because much of the research on deprivation, outside of the economic realm, has focused on its impact on brain development and other psychophysiological markers of development.

#### SOCIAL CLASS: ITS IMPORTANCE FOR MULTICULTURAL PRACTICE IN APPLIED PSYCHOLOGY

In this report, discussion has addressed the connections between SES and social class with various aspects of psychological and physical well-being and health, personality factors, and development. Additionally, conceptual and definition problems for psychologists are

identified. But for some psychologists, the question of SES and social class in practice still remains. In this section, the report focuses on social class and classism as integral to application, practice, and training.

In much of the multicultural competency literature, culture, race, ethnicity, gender, age, disability status, and sexuality are often discussed. Missing in this discourse is a focus on social class (Brown, Fukunaga, Umemeto, & Wicker, 1996; Frable, 1997; Liu et al, 2004). Social class and classism are coconstructed variables similar to race and racism; that is, race is not meaningful without racism, and social class and classism must operate together, along with SES, to create conditions of inequality, marginalization, and oppression (Liu & Ali, 2005). Even though applied research generally suggests that social class has direct, indirect, and moderating effects on a number of psychological processes, an elaborate discussion of social class in applied psychology has not taken place. For that reason, this report argues that SES/social class, and the attendant concept of classism should be considered an important multicultural competency (Liu & Pope-Davis, 2003; Liu, Soleck, Hopps, Dunston, & Pickett, 2004). We tend to use the word social class instead of SES because applied psychology deals with relational phenomena stressing the group aspects of SES implied by the term social class. As a framework for this discussion, the authors use the *Multicultural Counseling Competencies* (Sue, Arredondo, & McDavis, 1992) and the *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists* (heretofore referred to as the *Guidelines*) (American Psychological Association, 2003), wherein psychologists are encouraged to develop their multicultural competencies to better work with clients. Although the Guidelines focuses mainly on race and ethnicity, by extension, psychologists are to be competent in the multitude of cultures, or intersectionality, which clients may bring to psychotherapy. Intersectionalities with

SES go beyond matters of race and culture and include ability status, sexual preference, age, and other differences. Specific guidelines related to these differences may also be useful, for example *The APA Guidelines for Psychological Practice with Older Adults*.

Finally, the authors provide recommendations on integrating social class into training programs and suggest other ways that psychologists can become aware of the importance of social class in their practice.

We define applied psychology as psychological practices that use theory and research to support and nurture positive human development and prevent, intervene, and ameliorate human problems across the life span. We do not specify programs or disciplines within psychology, but assume that this discussion of social class will have applicability to training programs in applied psychology across all areas of training and practice. We choose to refer to *clients* rather than *patients*, although we recognize that in many settings, these terms are interchangeable. Furthermore, we address the importance for applied psychologists to understand and to integrate social class and classism into their practices. Some applied psychology research is presented to provide a foundation for social class and classism's influences on many aspects of psychology practice.

Establishing an understanding and coherent conceptualization of social class, especially between the clinician and client, is an essential feature of developing a strong working alliance and relationship. The MacArthur Research Network on Socioeconomic Status and Health ([www.macses.ucsf.edu/Research Social](http://www.macses.ucsf.edu/Research%20Social)), for instance, has attempted to provide a subjective measure of SES. In this definition, SES is defined as a psychological feeling and comparison of self to others in the neighborhood, work, or larger community. Some literature uses SES and social class interchangeably, but researchers have typically used social class as a stratification

variable. Although this stratification conceptualization may provide a socioeconomic position, it is not fully objective. Gender and race influence these categories of analysis and make any assumption of objectivity difficult (Liu, Hernandez, Mahmood, & Stinson, 2006).

From the framework of multicultural competencies (Sue, Arredondo, & McDavis, 1992), social class and classism should be used to inform and moderate psychological practice and interventions. Psychologists are urged to consider the enormous applied research literature on social class to potentially modify their practice. Although beyond the scope of this report, applied research literature does exist for various populations, such as older adults (Arean et al., 2005), urban youth and career choices (Chaves et al., 2004), school-to-work transitions (Blustein et al., 2002), children and adolescents (Liu, Fridman, & Hall, in press; McLoyd, 1998), and HIV/AIDS patients (Wyche, 2005), to name a few. Similarly, psychologists need to comprehend how social class influences clients' and psychologists' perception of each other and their therapy relationship (Sladen, 1982).

Thus, the foundation of a strong therapeutic alliance and the ability of a psychologist to conduct effective treatment can be associated with social class issues and perceptions (Liu & Pope-Davis, 2003, 2005). For many psychologists, social class is a part of what is communicated to the client. For instance, what do psychologists communicate when describing their client's social class? That is, when a psychologist describes a client as "working-class" or "middle-class," what might the psychologist be assuming about the client and communicating to others? Additionally, in what ways is social class affecting the client? First, the social class group of the client reflects an amalgam of various criteria that constitute a social class category extending beyond income, education level, and occupation. That is, what are the social class-based structural factors (i.e., sociostructural factors such as legal, educational, and economic systems that marginalize and

oppress the individual) (Liu & Ali, 2005) in a client's environment that may relate to treatment outcomes (e.g., adequacy of health insurance, community resources)? Second, the social class group of the client may reflect the specific characteristics of middle- or working-class norms and values within a particular context or environment and may not generalize to other settings or geographic locations. For example, styles of personal interactions in the workplace may be inappropriate for a therapy session. Third, although social class is an important demographic descriptor, the psychologist may not fully understand how to apply a client's social class status into therapy, assessment, or interventions (Wyche, 1996, 2005). And only a few authors have attempted to apply social class into therapy (Hopps & Liu, 2006; Liu, 2002; Smith, 2005).

Psychologists should understand the importance of considering the interaction between objective and subjective social class in applied psychology. Trying to understand the connections and the limitations of each can help psychologists better work with clients. For instance, some research suggests that subjective experiences and interpretation of social class are as good, or in some cases better, predictors of a psychological outcome than objective indices. However, that is not to imply that class is itself the psychological mechanism that affects therapy outcomes nor that all lower SES clients have poor outcomes. Lachman and Weaver (1998) found that a high personal sense of control over one's situation tended to be related to psychological and physical well-being. Others have found that psychological stress related to poverty or job insecurity exacerbates mental and physical health conditions across the life span and creates fertile ground for concurrent or subsequent mental health problems such as depression, personality disorders, mood disorders, substance abuse, and suicide (Baum, Garofalo, & Yali, 1999; Gilman, Kawachi, Fitzmaurice, & Buka, 2002; Lorant et al., 2004; Murphy, Olivier, Sobol, Federman, & Leighton, 1991; Weich & Lewis, 1998; Xue, Leventhal, Brooks-Gunn, & Earls, 2005). Other research

supports the use of subjective assessments of social class and its relationship to perceived physical and mental health indicators (Adler, Epel, Castellazzo, & Ickovics, 2000; Ostrove, Adler, Kuppermann, & Washington, 2000). The disability experience is inextricably linked to disabled individuals' social class experience and the resulting quality of life (Banks & Marshall, 2005). Elderly persons' subjective evaluation of their social class compared to objective measures seems to influence their ability to handle disabilities later in life (Matthews, Smith, Hancock, Jagger, & Spiers, 2005). These findings are important for psychologists because the data suggest that clinicians may be able to access a person's social class worldview and experiences subjectively and phenomenologically rather than only assessing objective social class levels.

Psychologists should consider the intersection of objective and subjective/phenomenological issues related to social class: that is, the material issues (e.g., income, access to resources) and phenomenological and experiential issues (e.g., perception of being poor, experiences with classism) that may help explain a clinical concern of a client. For example, some have hypothesized various reasons for the gradient between social class, health, and mental health, wherein stress and distress are related to lower social classes (Srole, Langer, & Michael, 1963; Starfield, Riely, Witt, & Robertson, 2002). There are two possible theories. The social causation theory suggests that individuals experiencing the stress of being in lower social class groups are vulnerable to mental health problems (Beiser, Johnson, & Turner, 1993). The social selection theory suggests that individuals experiencing mental health problems are likely to be economically disadvantaged and/or have a downward social mobility resulting from problems in their social and occupational life (Wender, Rosenthal, Kety, Schulsinger, & Welner, 1974). Research suggests that there is evidence to support both hypotheses and that it is likely

that social class and mental health have more a complex relationship to each other. In trying to better understand the health gradient (Sapolsky, 2005), many health, lifestyle, and health behaviors have been considered (e.g., smoking, obesity). Although, there are important material issues, such as access and use of health care, recent research shows that this gradient is not simple or linear. Instead, researchers have suggested that psychological stress and the feeling and situation of being poor (e.g., vulnerability to disease, stressful occupation) play an important role in explaining the health gradient in addition to more commonly studied factors, such as access to health care (Adler, 1994; Marmot et al., 1991; North, Syme, Feeney, Shipley, & Marmot, 1996). Thus, for psychologists in mental health or hospital settings, assessing for psychological stress and providing supportive care may have important prophylactic health effects on the client.

Structural factors influence how social class is contextualized within an ecological framework that encompasses individuals, families, and groups. Some structural factors are housing quality, neighborhood safety, employment opportunities, occupational prestige, public transportation, ethnic diversity, local poverty rates, individual wealth, legal policies, and health insurance. These factors interact with the experience of social class and can promote mental health and influence treatment success. Applied psychology has not systematically studied how structural factors influence these outcomes. In other research areas, such as the HIV/AIDS literature, some attempt is made to move beyond assuming that race defines social class (Dievler & Pappas, 1999). For example, social class is related to riskier heterosexual behaviors in higher compared to lower social class women (Ickovics, 2003); and HIV treatment providers are perceived as discriminatory by lower class patients (Bird, Bogart, & Delahanty, 2004) and fatalistic toward educated, gay, White men (Steward, Koester, Myers, & Morin, 2005).

Beyond health research, other research shows that an individual's material condition or

situation does not necessarily lead to happiness (Burroughs & Rindfleisch, 2002; Csikszentmihalyi, 1999; Csikszentmihalyi & Rochberg-Halton, 1981; Dittmar, 2005; Kasser & Kanner, 2003; Nickerson, Schwarz, Diener, & Kahneman, 2003; Zavyestoski, 2002). This “upward mobility bias” (Liu, Ali et al., 2004) assumes that people are constantly seeking ways to ascend the social class ladder, and as a person moves higher in social class, the person is inevitably successful and happier even though that person may not be happier (Csikszentmihalyi, 1999; Csikszentmihalyi & Rochberg, 1981). Thus, social class bias also may work against those in higher social classes, wherein the psychologists may underestimate the severity of a particular problem or mood disorder. Finally, social class may be related to diagnostic and treatment biases such that lower social class clients receive more severe diagnoses and poorer treatment than higher social class clients (Garb, 1997; Wang et al., 2005; Whaley, 2004).

The extant research does illuminate a number of relationships between social class and interpersonal variables of interest to psychologists in applied settings. In brief, the literature on youth and families does suggest, for instance, that cognitive and interpersonal development among children and adolescents is negatively affected by social class disadvantage (Evans, 2004; McLoyd, 1998); there are differences in parenting practices by social class group (Hoffman, 2003; Lareau, 2003); psychosocial stressors exacerbate the material conditions of living in poverty (Sapolsky, 2005); increased aggression among boys is related to the mothers' low educational level and teenage pregnancy (Nagin & Tremblay, 2001); poverty exacerbates conduct problems among children (Dodge, Pettit, & Bates, 1994); an infant's health is negatively affected by poverty and low-income status (Duncan, Brooks-Gunn, & Klebanov, 1994); unemployment and work interruptions increase a mother's stress and depression and are related

to cognitive distress, lower self-esteem, and developmental delays among some adolescents (Conger, Ge, Elder, Lorenz, & Simons, 1994; McLoyd, Jayaratne, Ceballo, & Borquez, 1994); poor social competence is related to poverty status (Garner, Jones, & Miner, 1994); and experiences with violence increase as poverty increases (Ackerman, Brown, & Izard, 2004). The significance of low social class status and early deprivation is that children in these situations have a tendency to continually fall behind children who have not been exposed to deprivation and who are in higher social classes. Additionally, the effects of poverty may vary depending on when developmentally – at what age— poverty is experienced. For example, some evidence indicates that poverty during early childhood is likely to impact cognitive development; in adolescence, it leads to risky behavior (Duncan & Brooks-Gunn, 2000). While children from impoverished situations may make significant gains later in life, it is likely that the gap in achievement continually increases (Ceci & Papierno, 2005; Evans, 2004; Merton, 1998).

Psychologists also need to consider how social class is implicated throughout the life span of a person. For instance, in school settings, social class and classism may become salient concerns. Children teased because they do not wear the trendy clothes, have to ride a bus to school, or eat school-provided lunches are examples of social class and classism at work. But the problem, for instance in school settings, is the use of adult indices to infer a child or adolescent's social class (Liu, Fridman, & Hall, in press). For some, because social class is measured routinely by income, educational level, and occupation, children and adolescents do not have a social class. Yet Tudor (1971) found that children, even in the first grade, were able to distinguish between upper, middle, and lower social classes.

Finally, classism is one area often overlooked in applied psychology. Classism is not only a function of material conditions, both cause and consequence, but also an attitudinal variable.

Liu, Ali et al. (2004) encourage psychologists to conceptualize social class and classism as interdependent constructs much like race and racism. Researchers have yet to fully explore classism, but some evidence does suggest that the perception and experience of classism has negative psychological effects, such as depressing performance (Croizet & Claire, 1998) and increasing psychological stress (Sapolsky, 2005). Both Lott (2002) and Smith (2005) have addressed classism, which they defined as oppression and discrimination toward those in lower social classes. Although this definition captures one type of classism, Liu (2001) maintains this is only one form of classism, especially in psychotherapy. Instead, Liu and Pope-Davis (2003) suggest that upward classism (i.e., those considered elitists) and lateral classism (i.e., keeping up with the Joneses because the Joneses keep reminding a person of his/her material deficiencies) are equally important as downward classism (i.e., discrimination toward those perceived in a lower social class). Liu, Soleck et al. (2004) posit that internalized classism, or feelings of frustration, stress, and failure related to not being able to maintain one's social class, is another important social class experience. Liu and Hernandez (2006) have found internalized classism to be positively related to psychological stress and endorsement of materialism.

Additionally, there are factors important in our understanding of social class that provides a categorization of advantaged and disadvantaged status. These factors become important for researchers and clinicians to understand in trying to untangle the ways that social class influences behavior. Power is one factor. It is an important resource and can enhance social class influence. Feminist psychology has long argued that the analysis of power is a crucial element in understanding relationships between women, men, and minority group members (Worell & Johnson, 1997). Prestige is a factor that is associated with social class. Researchers usually do not assess prestige, but it can influence power and social class standing (Liu, Pickett, & Ivey,

2005). For example, a person's prestige can be diminished by a diagnosis of mental illness, alcoholism, or HIV/AIDS regardless of the person's social class. Social capital is another factor (Moss, 2002). Social capital refers to the aspects of a person's relations among individuals (the richness of social supports and social networks) that can facilitate goal attainment. It is a broad resource, together with other types of capital, such as financial or material, that can be supportive of social class status and social class role enactment (Wyche, 1996). Social capital often has the effect of reinforcing class boundaries and the reproduction of class, but it can also be employed by lower social class groups as means for advancing a more egalitarian agenda (Saegert, Warren, & Thompson, 2001; Warren, 2001).

Although this research review, albeit limited, does suggest a relationship between lower social class standing and increased exposure to violence and other debilitating and chronic stressors, much of the research focuses on the relationship between one or more objective indices of social class (i.e., income, education, and occupation) and an outcome variable, such as depression, stress, or psychological wellbeing. Much of the extant research addresses poverty and inequality, low-income, or disadvantaged status as related to negative physical and mental health outcomes. Grundy & Holt (2001) posit that focusing only on objective criteria for low social class may miss addressing large numbers of individuals who do not meet low social class criteria such as low income, but are instead living in a state of deprivation. Deprivation may be defined as a lack of material resources that retards the ability of the individual to participate in normal activities (Townsend, 1979). Indices of deprivation may be not having a telephone, a warm coat, or a cooked meal or not being able to buy a gift. Research suggests that combining an index of deprivation along with educational level, for instance, may be a good predictor for subjective health rating (Grundy & Holt, 2001).

Because social class and classism are suffused throughout psychology practice, psychologists practicing with traditional therapy may not serve clients well overall. Sue and Sue (1990) posit that clients who do not endorse middle-class values and traditional therapy expectations, such as verbal ability, timeliness, and psychological mindedness, may receive poorer treatment. Treating low-income individuals may also require adapting therapy. For instance, in one study among low-income minority women, results suggested that when child day care was offered, treatment adherence increased more than in high-income women (Miranda et al., 2003). The problem for many psychologists is the dearth of training information related to social class. In fact, much of the multicultural competency literature has discussed social class in parenthetical and cursory ways and has relegated social class along with other dimensions of diversity without much explication (Liu, 2001; Hopps & Liu, 2006; Liu, Soleck et al., 2004). Consequently, many psychologists may come away with the impression that social class has been addressed when it has not.

#### Multicultural Guidelines

Complicating the integration of social class and classism into psychological practice have been (a) the conflation of social class with race and racism (Fouad & Brown, 2001; Liu, Hernandez, Mahmood, & Stinson, in press); (b) the atheoretical use of social class (Liberatos, Link, & Kelsey, 1988; Oakes & Rossi, 2003); (c) the confusion between social class and socioeconomic status (Liu et al., 2004; Oakes & Rossi, 2003); (d) the nonlinear relationship between objective indices such as income, education, and occupation with subjective social class attitudes and worldview (Adler, Boyce, Chesney, Cohen, Folkman, Kahn, & Syme, 1994; Brown, Fukanaga, Umemoto, & Wicker, 1996; Lachman & Weaver, 1998); (e) the use of sociological indices to describe a psychological experience (Liu, Ali et al., 2004); and (f) the lack

of connection between social class and classism (Lott, 2002).

To address these limitations in social class and classism in applied psychology, Liu (2001) proposed an approach toward understanding a client's potential social class worldview. In the Social Class Worldview model (SCWM), Liu suggests that individuals exist within varied economic cultures (EC). That is, there are multiple middle-class cultures rather than one middle-class group: An individual in Des Moines, IA, may have a similar income, education, and occupation as someone living in Boston, MA, but the economic cultures present different expectations and demands on the individual. Consequently, to maintain one's social class standing within one's EC, one must meet these expectations. Liu speculates that an individual responds to these EC expectations by adapting his/her buying habits, social class behaviors (e.g., accents, etiquette), and lifestyle (e.g., job and vacation behaviors). The buying habits, social class behaviors, and lifestyle considerations constitute a person's worldview or how the person interprets the demands of his/her EC. To maintain his/her social class standing, the individual also participates in and experiences classism. Classism may take the form of upward classism (i.e., bias against those perceived to be of a higher social class standing), downward classism (i.e., bias against those perceived to be of a lower social class standing), lateral classism (i.e., keeping up with the Joneses), and internalized classism (i.e., feeling anxiety, depression, frustration for not being able to maintain his/her social class standing). Some evidence, for instance, has suggested support for internalized classism's function in psychological distress (Liu & Hernandez, 2006; Nelson, Englar-Carlson, Tierney, & Hau, 2006). Using the SCWM, Liu posits that social class interventions could help clients understand social class pressures and their own experiences with classism to develop insight and attitudinal and behavioral change. See appendix for an example of the SCWM for use with adult clients.

Furthermore, implied within the multicultural competencies is the importance of valuing and appreciating diverse cultures, peoples, and communities. But how do social class and classism fit within this rubric? As Liu et al. (2005) have suggested, psychologists are to appreciate and understand the diverse cultures within and between social classes and comprehend how classism shapes the values, worldviews, and behaviors of individuals. Psychologists are not encouraged to value classism anymore than they are encouraged to value racism. But similar to racism, psychologists understand how racial, ethnic, and cultural groups thrive within an environment of racism and discrimination. Similar to race and racism, psychologists need to realize how racism creates racial groups similarly to how classism is related to social class stratification and inequality. Thus, even though “blue-collar” workers and other manual laborers tend to experience extreme income inequalities when compared to white-collar workers, psychologists should also appreciate the culture of blue-collar workers. Thus, multicultural competencies are easily applicable to social class and classism.

Another feature of multicultural competencies is the explicit focus on social justice. Psychologists cannot only appreciate diversity and multiculturalism, but also must understand their role in diminishing racism, sexism, homophobia, ageism, ableism, and classism (Hopps & Liu, 2006; Speight & Vera, 2004; Toporek, Gerstein, Fouad, Roysircar, & Israel, 2006). To that end, psychologists are encouraged to examine their own social class biases and assumptions and to explore ways in which they may intervene within their community to address or decrease inequality. This may be pro bono work with clients who may not be able to afford counseling, treatment, or testing. Psychologists may also work at broader institutional, organizational, and societal levels to address social class and classism (Sue & Sue, 1990). Some of these recommendations will be addressed in a later section.

The *Guidelines* (APA, 2003) and multicultural competencies (Sue, Arredondo, & McDavis, 1992) generally identify three domain areas of competencies: (1) understanding the client's worldview; understanding one's own assumptions, values, and biases; and developing appropriate intervention strategies and techniques. Within each domain area are specific competencies of knowledge (i.e., factual information), beliefs and attitudes (i.e., sensitivity, conscientiousness, and awareness), and skills (i.e., actual skill sets or demonstrable proficiencies) (Sue et al., 1992). Using a similar format to Liu's (2005), the authors will outline some possible multicultural competencies specific to social class in applied psychology. These are recommendations and considerations, and this list is not meant to be exhaustive.

#### TOWARD A SOCIAL CLASS CONSCIOUS PSYCHOLOGY

Although psychology examines both the impact of psychological processes and external forces on outcomes, our disciplinary identification with individual and sub-individual psychological processes often relegates SES to a demographic trait, or at best a "social address." By taking individuals (or psychological and/or physical aspects of the individual, such as attitudes or brain regions) as the unit of analysis, psychology strives to develop general causal accounts of individual psychological processes. The theories, research methods, publications, and clinical practices of psychology emphasize internal and proximal processes, even when addressing the effects of larger social factors such as class. As such, the task of describing societal, economic, and cultural dynamics typically falls to other social sciences.

This focus on the individual pervades the intervention literature, distracting from thinking about interventions that would modify what Link and Phelan (1995) refer to as fundamental social causes (e.g., racism, classism). It is these fundamental or root causes and their impact on proximal processes, they argue, that undermine attempts to achieve equity. For

example, most behavioral public health interventions disproportionately improve the health of more privileged populations. Ceci (2005) offers evidence that the universal interventions psychologists participate in share the same fate. For example, Sesame Street was designed to help disadvantaged children enter first grade better prepared to learn. While it had this effect, children who were better off showed even greater gains in school readiness. This is not to diminish the importance of such interventions, but to illustrate the accrual of privilege and the difficulty of designing interventions capable of addressing the roots of structural inequality.

Psychology has provided rankings of social behaviors in ways that disadvantage and stigmatize people who are from poor and working-class groups. Developmental psychologists outline trajectories of so-called “normal” human development; clinicians develop diagnostic categories to distinguish between “normal” and “pathological” behavior (see Caplan & Cosgrove, 2004); and educational psychologists set standards for “inadequate,” “average,” and “superior” academic achievement and cognitive development. When we neglect or make invisible the class contexts of these judgments or the intersection of class with other markers of prestige and power, our research contributes to the social distancing and stigmatization of poor and working-class individuals (Lott, 2002).

The tendency for psychologists to distance themselves from poor and working-class people is reinforced by the very requirements of our field (e.g., advanced education) and the social status that being a “professional” confers. This distancing occurs at many points in the typical professional trajectory of a psychologist, from graduate admission, training, and development to career paths and accomplishments. The entry gates into the discipline are controlled by educational institutions, testing standards and practices, and access to social, cultural, and economic capital that facilitate advanced educational and occupational attainment.

Even those among us who grew up in poor or working or working-class families are by virtue of our current professional status now part of the middle class, thus separating us from the immediate concerns of poor and working-class groups (Lott, 2002). Consequently, psychologists, like many other middle-and upper-middle-class professionals, may unreflectively view the world from positions of greater prestige and power, contributing to the interpersonal and institutional exclusion of low-income groups. It is important to keep in mind that our role in these practices transcends the interpersonal. Psychology's institutional role in defining, setting, and measuring standards of behavior goes beyond the individual contributions of social distancing to the reproduction of social class and plays a structural part in the reproduction of class itself.

Some psychologists are challenging biases about what is considered "normative" by identifying, for example, different types of intelligences and the conditions, including socioeconomic contexts, under which abilities and skills may be developed to their highest potential (e.g., Sternberg, 2004). However, the more prevalent approach is to focus on behavioral, cognitive, and genetic explanations as to why disadvantaged groups receive lower scores on standardized tests and other traditional measures of intelligence. Deficit models dominate much of the psychological literature, whether the author's position leans toward explanations that emphasize genetic incapability to reach academic benchmarks (Herrnstein & Murray, 1994; Jensen, 1969, 1980). Deficit approaches, although typically used to blame the victim and argue against increased resources (see Herrnstein & Murray, 1994) More sophisticated and multilevel approaches to deficits in human development (Bronfenbrenner & Ceci, 1994), are not entirely inconsistent with conceptualizations of class that focus on unequal access to resources. They can undergird interventions that benefit poor and working-class individuals and families. Psychology has a long tradition of developing enrichment programs

that have often improved the lives of those who participated (e.g., Deutsch and colleagues' Institute for Developmental Studies early enrichment program and follow-up, 1971, 1983, 1985. More recently, Olds and his colleagues (2004) developed successful interventions with poor mothers whose children were at risk for pre-and postnatal difficulties. Such interventions can significantly improve the well-being of those whose lives are touched by them; at the same time, they do little to address classism or the fundamental causes of inequality at the societal level, which will ultimately limit the effectiveness of such interventions in reaching all those in need. This is not to undercut the significance of programs and interventions geared toward the provision of crucial short-term benefits, but to challenge psychology, as a field, to think broadly about how our work does or does not advance broad-based structural change and the strengths and shortcomings of our initiatives.

These tensions are explored more fully in Geronimus and Thompson's (2004) analysis of how theories positing normative patterns of human development and the social policies derived from them contribute to persistent, severe health disparities between African Americans and European Americans. Policies aimed at decreasing these inequalities are largely ineffective because they proceed from individual-level analyses of norms and behavior. Geronimus and Thompson identify three flaws underlying such policies and programs: developmentalism, belief in the "American Creed," and economism. Developmentalism rests on the premise of a "normal" developmental progression from supported dependency in childhood, adolescence, and young adulthood to independence and the formation of nuclear families in adulthood, through healthy independent aging with a brief period of dependency near the end of life. Among other biases (e.g., heterosexism), this view of the life cycle neglects any practical advantages or cultural preferences among low-income people and people of color for intergenerational

interdependence. Critical scholars treat this view of development, prevalent among psychologists as both researchers and designers of interventions aimed at decreasing social inequality, as an example of moral exclusion of the poor (Lott, 2002).

Geronimus and Thompson attribute universal theories of healthy life-cycle development to deep-rooted belief in the “American Creed” or the promise that equal rights and equal opportunity will allow people of merit to succeed and prosper. The lack of attention to and devaluing of the realities of low-income people’s lives lead even well-intentioned scholars and policy analysts to perpetuate these derogatory stereotypes in programs designed to remedy supposed deficits in character, development, and behavior by creating “middle class” opportunities for the poor. When the opportunities provided do not eliminate disparities in development and well-being, public opinion tends to attribute the failure to the attitudes, behaviors, and abilities of the poor. In the discipline of psychology, early childhood interventions, educational enrichment, and adult education and training provide examples of policies supportive of developmentalism and the “American Creed.” Economism is the third conceptual approach Geronimus and Thompson put forth for understanding disparities in health. They note that progressive social scientists critical of the universalism and cultural hegemony embedded in the other two approaches view economic redistribution as the primary remedy for class and race injustices. Yet, this approach, for all its merits, may neglect the cultural and social dimensions of racism and classism, the deeply entrenched nature of prejudice, and the psychological costs to stigmatized groups. This aspect of their critique makes explicit one of the roles psychologists can play in research on understanding and decreasing disparities in SES/social class.

These critiques of disparate life chances and their treatment in the psychological literature have important implications for theory and method, institutional practices, and policy and program advocacy. First, we are challenged to develop a stronger theoretical basis for understanding the relationship between social and economic structures and processes and individual behavior, development, and well-being. Second, we must assess how the institutional functioning of psychology as a discipline and a profession can avoid contributing to the overt and hidden injuries of social class. Third, we must broaden psychology's advocacy agenda beyond the promotion of programs and policies that exclusively focus on psychological health to include those that direct access to material resources, while remaining vigilant to the social psychological and cultural meaning of these policies and programs.

## RECOMMENDATIONS

### Task Force on Socioeconomic Status

Psychological research, education, practice and policy analysis have much to offer to address socioeconomic disparities in health, well-being and human development. Moreover, including a focus on socioeconomic status (SES) would improve psychological research and practice. These recommendations are not meant to be comprehensive but are a starting point. It is expected that the implementation of these recommendations will unfold over a number of years and will need to address new issues as they arise. With the aim of increasing psychology's contributions to eliminating social class based disparities and improving psychological research and practice, we offer the following recommendations:

1. **That APA establishes a continuing Committee on Socioeconomic Status (SES) and Social Class.** To assure that the recommendations that follow are implemented and to find and advance new and more successful approaches to understanding SES/social class and decreasing related disparities, the Task Force recommends that the American Psychological Association (APA) establish a continuing Committee on Socioeconomic Status (SES).

▪ *The mission of the Committee on Socioeconomic Status shall be to further the major purpose of the APA – “to advance psychology as a science and a profession and as a means of promoting health, education and human welfare” —by ensuring that issues of SES receive the full attention of the Association. The Committee will identify and act as a catalyst in the Association's efforts to address issues of SES and promote appropriate attention to SES in psychological research and practice. In this regard, the Committee shall: (a) collect information and documentation concerning SES; (b) promote scientific understanding of the roles of poverty and SES in health, education, and human welfare; (c) develop approaches to the*

*application of psychology that take into account the effects of SES on psychological development and well being; and (d) advocate for social policy that will alleviate or reduce the disparities between SES groups.*

- The Committee on SES shall report through the APA Board for the Advancement of Psychology in the Public Interest (BAPPI) and its supporting Office – the Office on Socioeconomic Status - will be housed within the Public Interest Directorate.

2. **That APA works to expand support for psychological research, education, practice and public policy addressing SES and social class.** APA is encouraged to work toward increasing funding opportunities for researchers interested in a wide range of issues related to SES/social class, including work drawing on intersectional frameworks. To this end APA is urged:

- To work to promote grant opportunities within and across different divisions and directorates, as well as externally with other potential funders (e.g., NIH, NIMH, HUD, NSF) and foundations
- To advocate for increased funds for research on SES/ social class and on its relationship to health, education, and well-being
- To identify streams of funding for innovative, less traditional areas of inquiry related to SES/social class such as strategies for improving interclass relations; factors that contribute to class-based collective action; the dynamics of social class identity; the attitudes and beliefs used to justify class inequality; the intersections of classism, racism, ageism, ableism, and sexism in the treatment of low-income individuals when seeking assistance from health professionals
- To identify and promote more postdoctoral opportunities for psychologists in these areas.

3. **That APA works to strengthen clinical practice through the integration of SES/social class.**

- Encourage applied psychology programs to establish practice opportunities in mental health centers, where students have access to diverse social class populations.
- Work with state associations to advocate for expanding ways to reach clients who do not have access to psychological services because of low income, lack of health insurance, or inadequate insurance coverage.
- Assist training clinics and programs with the development and periodic update of the community profile of their location. This would include population-specific data and structural factors that influence the community's health and mental health.
- Work with APA committees and interest groups (Aging Issues; Children, Youth & Families; Ethnic Minority Affairs; Lesbian, Gay & Bisexual Concerns; Office on AIDS; Public Interest Policy Office; Violence & Violence Programs; Women's Programs; and Work, Stress and Health) as well as the Practice Directorate, to address the way that SES/social class intersect with the needs and concerns of each group.

4. **That APA improves the quality and impact of psychological research on SES and social class.**

- APA is encouraged to implement the recommendations of the APA Resolution on Poverty and Socioeconomic Status, in particular, that APA "will recommend that where possible and appropriate socioeconomic status be identified for published reports of social sciences research." At a minimum, key aspects of SES would be assessed and reported for the sample and/or participants and when possible, included in key analyses. Researchers are also

encouraged to report the intersection of SES with gender, race/ethnicity, age, sexual orientation, and disability status.

- Researchers are encouraged to become better-informed about state-of-the-art approaches to conceptualizing and measuring SES and social class. This would include:

- \*theoretical and empirical approaches

- \*objective and subjective measures

- \*structural and individual measures

- \*quantitative and qualitative measures

- \*intersection with measures of rural/urban differences, gender, race/ethnicity, age, sexual orientation, and disability status

The Continuing Education Office could be instrumental in providing information on these issues.

- APA journal editors are encouraged to consider policies to increase the reporting of participant characteristics related to SES/social class. Just as it is now normative for editors to require reporting of gender and ethnicity, we urge discussion of mechanisms to assure inclusion of information on SES/social class of research participants.

5. **That APA encourages an increase in training and education in psychology related to socioeconomic status and social class.**

- APA's Education Directorate is encouraged to promote social class as a central dimension of the human experience and encourage class to be incorporated at all levels of the psychology curriculum. It is important that classism, in particular, be discussed as a major form of discrimination, along with sexism, racism, ageism, and heterosexism.

- APA should encourage and foster graduate training opportunities and continuing education workshops to provide researchers with the methodological skills to examine and address SES/social class, including mixed methods and participatory action research, as well as strategies for developing respectful relationships among researchers, participants, and community members.
- APA should encourage psychology departments to develop practicum and service learning opportunities. At the graduate and undergraduate levels, students should be offered the opportunity to see first hand the consequences of poverty; work with agencies and organizations that seek to reduce class inequality; and experience the shortage and shortcomings of the services that are available to the poor, and work toward social change.

**6. That APA continues advocacy efforts for social policies that improve health and well-being across the socioeconomic spectrum.**

- The Public Policy Office (PPO) and the Government Relations Office (GRO) of the Practice Directorate are urged to continue to advocate for increased access to high-quality, affordable health and mental health care for persons regardless of income. This would encompass provisions for increased access to mental health services for uninsured persons, as well as for parity in benefit coverage for physical and mental health disorders in private health insurance plans and in governmental plans, such as Medicare.

PPO is further encouraged to advocate for policies that reduce economic insecurity and class inequality. Extant psychological research provides a strong rationale for these actions.

- PPO is encouraged to continue advocacy for a just “safety net” that provides real protection against the harmful effects of economic insecurity (e.g. comprehensive unemployment programs, social security, welfare programs, financial assistance,

educational opportunity, and affordable and high-quality health care, housing, and child care, and other fundamental necessities.

- PPO is urged to continue to support federal policies that promote the employment status of people with disabilities, who are more likely to live in lower socioeconomic status households than people without disabilities. It is important that attention is directed to removing attitudinal and physical barriers in the workplace, as well as to providing supportive services (e.g., health insurance, income supplements, on-the-job supports, and tax incentives to employers) to facilitate the hiring and job retention of people with disabilities.
- PPO is encouraged to continue advocacy for interventions that support early childhood education. Strong research evidence shows that early and persistent deprivations in learning, education, and living standards negatively affect cognitive and emotional development in children. One way to moderate this negative effect is to support intervention efforts in school settings.
- PPO is encouraged to continue support for policies that increase resources for public education and access to higher education. Major educational reform is necessary to ensure that all public schools have the necessary funding to provide a high-quality education to all of their students. It is recommended that policies be developed to replace those that restrict access to higher education (e.g., welfare policies that restrict the number of hours that recipients can spend in school versus work activities).
- APA is encouraged to collaborate with other organizations and disciplines committed to economic fairness and social change. Our members, in turn, could work

collaboratively with community agencies and programs to influence local, state, and national initiatives that seek to level the socioeconomic playing field.

- APA is urged to develop mechanisms for addressing issues about psychological knowledge and poverty, adding global mechanisms such as the United Nations as one advocacy focus to increase understanding of SES/social class internationally.

**7. That APA fosters social class diversity and social class consciousness: “opening up” the field for the next generation of psychologists.**

- Psychology departments are encouraged to increase social class diversity among graduate and undergraduate students as we have sought to increase the percentage of women and people of color who pursue graduate work in psychology. APA scholarships, fellowships, and other financial awards for low-income students are crucial as is supportive mentorship for these students and those who are the first in their families to go to college. Outreach and targeted recruitment also are recommended.
- Community colleges are an important pathway to higher education and financial security for low income and ethnic minority students. APA is encouraged to support successful community college programs – those that increase the earning potential of low-income individuals and families, enhance occupational opportunities, and provide access to postsecondary education.

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APPENDIX

**Social Class Interventions.** The social class interventions are targeted toward the client's experiences of classism. Upward, downward, lateral, and internalized classism are the focus of the therapist. Through collaboration, the client is helped to gain:

1. Insight about their experiences of classism, their worldview, and the pressures they experience as a part of an economic culture.
2. Empathy by the therapist toward the client's classism experiences is important.
3. The therapist challenges the client's irrational cognitions about their social status and what they need to do to maintain or achieve a social status.
4. The therapist helps the client integrate the client's history with their current situation.
5. The client is encouraged to develop self-efficacy in coping and managing their situation.
6. The client is helped to identify situations in which certain feelings are tied to classism experiences.

**STEP 1:** Help the client identify and understand their Economic Culture

*Sample query:* Tell me what kind of pressure you feel/experience as you try to keep up with your friends.

*Identify:* Answers which touch on cultural, social, and human capital pressures/expectations.

**STEP 2:** Help the client identify the social class messages they receive(d) *Sample*

*query:* What would your parent(s)/peers say about your current situation?

What would your parent(s)/peers help you resolve your current situation?

In what ways are you acting to live out messages given to you by your parent(s)/peers?

Tell me about your peer group? Your support network?

*Identify:*

Answers which focus on strong/salient cultural socialization messages still running in the client's mind which drive the client's behavior and attitudes.

**STEP 2a:**

Help clients identify social class behaviors, lifestyles, and material possessions which are salient to them in their current situation.

*Simple query:*

Tell me how you imagine your life?

How would you ideally be spending your time?

what do you notice that others have that you may want or like to have?

What do you notice about how other people act/ behave that you like?

**STEP 3:**

Identify the client's experiences with classism and move toward developing an adaptive, realistic, and healthy expectation about themselves.

*Sample Query:*

Do people look down on you?

Do you look down on others that are not like you?

What do your peers expect from you to maintain your status with them?

What does it feel like for you when you can't keep up with your peers? What do you do?