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**Don't Ask, Don't Tell:
A hidden tool of oppression.
Single mother's beliefs,
media, stereotypes, and stigma.**

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of the requirements for the degree of

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Abstract

As a social construction at structural level, stigma exerts significant impact on the wellbeing of individuals, yet within the socio-cultural and political landscape stigma is utilised as legitimate form of social control with few mechanisms for limitation – despite links to discrimination and prejudice. Previous literature has found associations between discrimination and long term ill-health of those targeted, with relationships identified between system-justification (belief in the justness of society) and threat cardiovascular reactivity. Dominant mainstream media have been identified performing a significant structural role in the propagation of stigma. Single mothers are stigmatised and targeted by media and society, with a growing body of research reporting health disparities for them in poorer psychological and physical health outcomes. The aim of this study was to explore single mothers' system beliefs, views of media and their lived experience of stigma, whilst collecting contextual demographic and health data. Eleven women participated, watching mainstream media headlines with interviews conducted afterwards. A social constructionist orientation and thematic approach was employed to analyse the women's talk. Thematic analysis revealed a hidden culture single mothers recognised underlying injustices. Where “Don't Ask, Don't Tell” has previously been utilised to ease participation for stigmatised individuals, this was identified in this study as a discourse of dehumanisation. Single mothers illuminate this as strategic practice employed by media, society, and institutions to mutual benefit, perpetuating single mothers' oppression – irrespective of their adherence to neoliberal dogma.

Keywords: single mothers, stigma, media, system-justification, health

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I would like to dedicate this thesis to all single mothers struggling every day, 'presenting' for their children under difficult circumstances. You are courageous, amazing individuals.

It is by the exercise of courage and self-restraint and persistent effort that we shall win in this unequal contest (Militant Suffragette, Emmeline Pankhurst, 1908). (Jorgensen-Earp, 1999, p.71)

Table of Contents	iv
Abstract	ii
Acknowledgements.....	iii
CHAPTER ONE: Stigma and its importance.....	5
Defining stigma, discrimination and prejudice	6
Oppression and power	8
Media – mass transmission and generation	9
Health impacts of stigma	10
Factors affecting appraisal of stigma.....	13
Threat or challenge.....	15
CHAPTER TWO: The single mother	18
Media Representations	18
Unintended results?	21
Contrary to popular belief	23
Pathways to wellbeing.....	25
Health of single mothers.....	26
Redefinition and management.....	29
Current research aims and goals.....	34
Reflexivity	34
CHAPTER THREE: Methodology	18
Social Constructionism	18
Ethical considerations	19
Design.....	20
Participants and Recruitment	22
Procedure.....	26
Data analysis	27
CHAPTER FOUR: Results.....	29
THEME ONE: Stigma experience	29
Discourse of Dehumanisation – “Don’t Ask, Don’t Tell”	29
THEME TWO: System beliefs	45
Neoliberal hopes – “Don’t give up”	45
System Belief	51
THEME THREE: Management & modification.....	62
Empathic discourse of resistance – Passive Warriors.....	62
CHAPTER FIVE: Conclusion	72
References.....	80
Appendices.....	103
A. Figures.....	103
B. Tables	106
C. Forms	107
C.i. Participant information sheet	107
C.ii. Consent form.....	109
C.iii. Survey Questionnaire.....	110
C.iv. Interview Questions	114

CHAPTER ONE: Stigma and its importance

The rich history of stigma research illuminates its multidimensional nature as an interpersonal, socio-cultural, and political phenomenon affecting not only individuals, but society as a whole, with effects ranging over micro (individuals), meso (communities), and macro levels (structural and institutional). The processes involved in stigma are complex with relationships between psychological factors (social identity, beliefs, attitudes), physiological responses, and power dynamics (interpersonal, structural, and institutional).

Goffman (1963) explained stigma as besmirching the identity of an individual, in the form of social disapproval and categorisation as socially deviant, which disqualifies them from social acceptance – an elementary human desire (Shilling, 2003). Further, Festinger (1954) argued that within social comparison processes those in dominant positions attempt to change those who are thought to be deviant, through social influence in the form of stigma. Goffman (1963) argued that stigma was socially constructed and temporal in nature, in that stigma categories change over time, and spatially located in that stigma differs between cultures and ideologies. He thought social status was established through external sanctions that are enforced in law, by threat of socio-economic loss, and through public perceptions producing guilt and shame, which alters self-identity.

Conceptually, stigma is linked to discrimination and prejudice for those categorised as deviant or socially unacceptable (Phelan, et al., 2008; Yardley, et al., 2008). Evidence has emerged over recent decades of links to deleterious health outcomes for disadvantaged groups (Hatzenbuehler, et al., 2014; Corrigan et al., 2005; Lick et al., 2013; Lukachko, et al., 2014; Hughto et al., 2015; Krieger, 1999). Stigma influences mental health via increased rates of depression and anxiety (Hatzenbuehler, et al., 2008; Hughto, et al., 2015; Lick, et al., 2013; Corrigan et al., 2005); and physiological health for example in terms of increased rates of heart disease and premature deaths (Hatzenbuehler, et al., 2014; Lukachko, et al., 2014; Hughto et al., 2015). Stigma has also been associated with diminished well-being (Link & Phelan, 2001;

Wright et al., 2000); adverse life-style behaviours (Crocker et al., 1993; Richman & Leary, 2009; Hatzenbuehler, et al., 2008); reduced educational achievement, and lowered socioeconomic status (Link & Phelan, 2001). Societal costs include intergenerational poverty (Brand & Thomas, 2014), and an increased welfare burden to taxpayers (Contini & Richiardi, 2012), reducing social capital through diminished community cohesion and citizen participation in society. Taken together, this evidence demonstrates the importance of stigma as a topic of enquiry.

Despite widespread legislation to control discrimination, sexism, racism, and prejudice in westernized society, there are few effective limits on those who wish to utilize stigma for personal, socio-political, or economic benefit (Pincus, 1996). The introductory chapters of the thesis will discuss definitions of stigma, discrimination, and prejudice in order to understand how these processes operate. Following on from this, the thesis will examine how power dynamics are involved in these processes, and how mainstream media are implicated in propagating stigma of disadvantaged groups. I then turn to the impact stigma and discrimination have on health outcomes, and the relationship between beliefs and physiological responses to discrimination. In *Chapter Two* the focus is on single mothers: how they are represented in mass media, whether they are discriminated against, who they really are, health outcomes for this group, and how single mothers manage their identity. *Chapter Three* presents the study methodology. *Chapter Four* reports the results of the thematic analysis, while *Chapter Five* discusses the results.

Defining stigma, discrimination and prejudice

Social psychology researchers utilize the terms stigma, discrimination, and prejudice often interchangeably in that, these phenomena commonly occur together for disadvantaged groups through negative stereotypical evaluations and prejudicial attitudes leading to differential treatment. Discrimination is defined by Cardarelli and colleagues (2010) as being hassled or

prevented from doing things; being regarded as inferior in education, employment, housing, retail services, public spaces, and in laws or courts. Discrimination is distinguished as differential treatment of groups by individuals or social institutions (Williams & Neighbors, 2001). In contrast, prejudice is generally thought to relate to racism and ethnicity (Phelan, et al., 2008). For instance, Williams and Neighbors (2001) distinguish prejudice as attitudes or beliefs that are negative in relation to race. On the other hand, Phelan and associates (2008) conclude that prejudice and stigma are no different as both require scrutiny of social norms, domination, manipulation, and containment (Phelan, et al., 2008), that stigma and discrimination both include negative attitudes and beliefs that engender targeted, demeaning, and differential treatment. Phelan, Link and Dovidio (2008) viewed stigma, discrimination, and prejudice as “all part of the same animal” (p.365), as categorisations leading to negative interactions and loss of social acceptance. Indeed, some may argue that stigma precedes discrimination, racism and prejudice as the instigator of categorization.

Stigma, discrimination, and prejudice operate on individual (i.e. self-stigma), interpersonal (i.e. social abuse), structural (i.e. community practices), and institutional (i.e. law and policy) levels (Corrigan et al., 2005; Link & Phelan, 2001; Lick et al., 2013; Hughto, et al., 2015; Lukachko, et al., 2014; Pincus, 1996). Stigma is culturally constructed in that structural disadvantage operates within communities, politics, and institutions, and upon resources, infrastructure, policy, law, and justice (Krieger, 2013). For instance, individuals, media, society, and institutions generate a cultural corpus of values and attitudes (Pescosolido & Martin, 2015). Structural in nature, by reproducing societal norms and policies that reduce resources and opportunity (Hughto, et al., 2015), power must be exercised for stigma to occur (Link & Phelan, 2001). Thus, stigma is culturally constructed through the use of power, and feedback cycles within the socio-cultural environment, perpetuating stigmatizing values and attitudes. Since perception of the self as valuable and accepted is a fundamental psychological desire (Shilling, 2003), structural stigma is a particularly distressing phenomenon.

Stigma is complex and multi-faceted in nature. For the purpose of this study stigma is conceptualized as an overarching concept which coexists with prejudice and discrimination. Stigma operates through labels and stereotypes, intentional or unintentional, which generate differential treatment including reduced access to resources and exclusion of targeted groups from participation in society through social rejection processes at individual, community, structural, and institutional levels.

Oppression and power

Power dynamics and social dominancy are thus, inherently involved in the process and operation of stigma (Link & Phelan, 2001). Individuals, groups, and social order are defined, through psychological representations of 'being-perceived' as a collective categorization, but with tactical purpose (Bourdieu, 1990). Status symbols segregate the social world into categories with the aim to protect camaraderie of groups, and antagonism between them, in order to produce symbolic social capital (Goffman, 1951). Due to social meaning and class value reducing as difference between status groups weaken, symbolic group value is legitimated by the dominant class (Bourdieu, 1990). Further, Foucault (1982) argued that power dynamics function within socio-cultural systems through discourses and self-other surveillance as productive modification processes, in the form of disciplinary power whereby individuals come to discipline their own behaviour rather than through direct control (Foucault, 1982). Thus, social order is productive and action-orientated, through social practices, codes of categorization, and processes of disciplinary power, to increase the dominants' symbolic group value and perpetuate their own social existence (Bourdieu, 1990).

Stigma power is offered by Link and Phelan (2014), described as a social tool of exploitation and oppression, exclusion and control of individuals (Link & Phelan, 2014). Founded upon Bourdieu's (1987) conceptualisation of legitimised social class, stigma power

(Link & Phelan, 2014) is often hidden behind taken-for-granted or subtle power dynamics benefiting dominant society (Link & Phelan, 2014). Rather than using direct discrimination easily recognised, stigma power (Link & Phelan, 2014) is more efficiently undertaken at macro-level (Link & Phelan, 2014). The main goal is to keep people ‘in’, ‘down’ and ‘away’, operating to impede those stigmatized who resist by oppressing them into submission, while keeping others away as if to avoid wider contamination (Link & Phelan, 2014). Moral evaluation, norm enforcement, and consequent social exclusion through subtle and hidden socio-cultural power performance, effectively quarantines the stigmatised ‘in’ (Link & Phelan, 2014).

Structural stigma has been identified in mass media, though to some degree this is reported as reducing, however “...the public is still being influenced with messages about mental illness and dangerousness. ...Stories related to dangerousness often ended up in the front sections of newspaper, making them more visible to readers.” (Corrigan, et al., 2005, p.554).

Media – mass transmission and generation

Mainstream mass media such as newspapers and TV have been of interest to researchers of discrimination and stigma, because of their ability to shape public perception of social groups. Mass media operates like a viewfinder through which we observe and acquire understanding of socio-cultural systems (Corrigan, et al., 2004; Tyler, 2008). For instance, sensational reports of danger associated with mental illness create the perception that the mentally unwell are violent (Corrigan, et al., 2004). As a result, the media are considered structural players within society and are powerful contributors to the generation, transmission, and legitimisation of stigma. Media templates create frames of reference, a form of social ‘shorthand’ for public sense-making (Kitzinger, 2000). Templates are created through simplification and constraining alternative interpretations, through sensationalism and reiteration under the guise of reporting news (Kitzinger, 2000). As a functional mechanism in

stigma processes, media magnify stereotypes (Pescosolido & Martin, 2015), contribute to norm enforcement and the categorisation of deviant behaviour (Corrigan, et al., 2004; Pescosolido & Martin, 2015; Link & Phelan, 2014) which in turn can influence the justice system (Marriott, 2013) and public perceptions of responsibility (Sacks, 1996). For instance, Sacks (1996) found that the media produced and reproduced public anxieties about a ‘contaminating’ or ‘deviant’ sexuality which emerged within AIDS discourses (Sacks, 1996), reproducing and perpetuating power dynamics, and distracting public attention from identifying established inequalities (Sacks, 1996). Similarly, Marriott (2013) comments on the media influence on attitudes towards beneficiaries in New Zealand and Australia, where negative attitudes appear to outweigh seriousness of crimes and influencing conviction rates. Media representations amass ‘affective value’, becoming reality by circulating and reiterating stereotypes, and entering everyday sense-making and perceptions (Tyler, 2008). Mainstream media create conversations, communicate templates (Kitzinger, 2000), frames of reference (Goffman, 1974), and generate, reiterate and materialize socio-political categorizations, beliefs, attitudes, and emotions (Tyler, 2008).

Health impacts of stigma

There is a large body of research exploring the effects of stigma on self-esteem, self-concepts, and self-identity (e.g. Crocker and Major, 1989; Major, et al., 2007; Vass, et al., 2015; Franks and Marolla, 1976; Wright, Gronfein and Owens, 2000). Structural stressors such as discrimination can influence psychological distress for minorities through harmful thought processes such as hyper-vigilance (i.e. being on constant alert) and rejection sensitivity (i.e. the expectation of discrimination) (Lick, et al., 2013). However, there are contradictory findings. Franks and Marolla (1976) report that discrimination does not necessarily lower self-esteem while Crocker and Major (1989) argued that identification with an in-group increases self-esteem, using as an example the ‘Black is Beautiful’ movement.

On the other hand, Wright and associates (2000) found that mentally unwell patients' stigma experiences made them more likely to take on board negative feedback which led to lower self-esteem, while internalising stigma can lead to social avoidance, self-blame, guilt and poor recovery (Vass, et al., 2015).

Stigma can also impact health outcomes (Hatzenbuehler, et al., 2013; Lick et al., 2013; Lukachko, et al., 2014; Hughto et al., 2015; Krieger, 2012). Health effects range from lowered subjective wellbeing to increased morbidity and mortality (Hatzenbuehler, et al., 2014; Lick et al., 2013; Lukachko, et al., 2014; Hughto et al., 2015; Krieger, 1999). Stigma has been linked with psychophysiological changes in immune, autonomic, neuroendocrine, and cardio-metabolic systems (Hatzenbuehler, et al., 2014; Lick, et al., 2013); increased inactivity and obesity (Crocker et al., 1993), as well as increased smoking, drinking, and drug use (Richman & Leary, 2009; Hatzenbuehler, et al., 2008). Stigma produces negative affective processes in depression (Hatzenbuehler, et al., 2008; Link et al., 1999), anxiety and stress (Hughto, et al., 2015; Lick, et al., 2013; Hatzenbuehler, et al., 2008); altered blood pressure and hypertension (Anderson et al., 1989; James et al., 1984); heart disease and premature deaths (Hatzenbuehler, et al., 2014). Evidence is mounting that stigma, prejudice, and discrimination experiences are detrimental to health through psychological affective processes and dysregulation in physiological systems.

Social relationships and integration are important to longevity and health, with interpersonal instability, conflict and adversity speeding up pathophysiological processes, producing greater morbidity risk and earlier mortality (McEwen & Gianaros, 2010). Psychologically, stigma influences thought processes and behaviour, particularly self-efficacy and self-care, resilience, avoidance, hypervigilance, and rejection sensitivity (Hughto, et al., 2015, Lick, et al., 2013; Hatzenbuehler, et al., 2014). Chronic stress from financial hardships, future insecurity, and social exclusion all the impact risk of ill-health (McEwen & Gianaros, 2010) through psychophysiological dysregulation pathways.

Stigma is described as a direct stress inducer for minority groups (Hughto, et al., 2015; Hatzenbuehler, et al., 2013; Link & Phelan, 1995), and chronic stress may directly predict cardiovascular disease (CVD) (Schubert, et al., 2009). Worldwide, cardiovascular disease is a leading cause of mortality. CVD places an immense burden on societies worldwide and psychosocial stress plays a substantial role (32.5%), not far behind smoking (35.7%), in the development of heart disease (Wulsin, et al., 2012). Cardiovascular disease (CVD) is the leading cause of death for women worldwide (Oestreicher Stock & Redberg, 2012).

The cardiovascular reactivity hypothesis (Blascovich & Katkin, 1993) argues that excessive cardiovascular responses to psychological stressors may lead to greater risk for cardiovascular disease. Vascular reactivity (change in blood pressure) in particular, is associated with a higher risk for developing hypertension and CVD than cardiac reactivity (change in heart rate) (Townsend, et al., 2010). There has been a recent surge in research examining physiological reactivity in disadvantaged groups and the majority of this work has examined the effects of discrimination on psychophysiological processes, but stigma has not really been examined in this context.

Figure 1 shows the psychological influence on physiological systems of interest in this study, shaded in red.

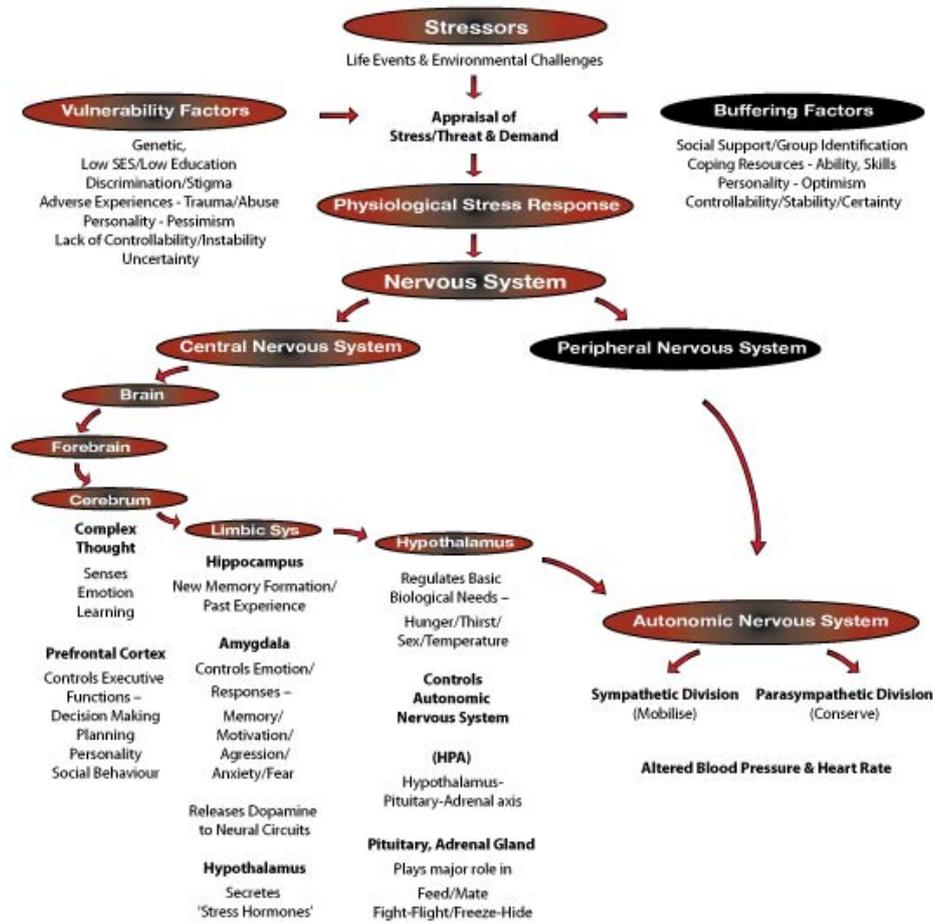


Figure 1. Psychophysiological pathways to the autonomic nervous system (Adapted from Sterling & Eyer, 1988; Sapolsky, et al., 2000; McEwen & Gianaros, 2011, p.432; Blascovich, et al., 1999; Holmes & Krantz, 2006, p.107; Saban, et al., 2014, p.260; Bhattacharyya & Steptoe, 2007.)

Factors affecting appraisal of stigma

Individuals' perceptions of stigma, morality, and beliefs are influenced by many factors including identity (Ashburn-Nardo, 2010; Stuber & Schlesinger, 2006), identification (Stuber & Schlesinger, 2006; Pescosolido & Martin, 2015; Ashburn-Nardo, 2010), culture (Weber, 1968, Pescosolido & Martin, 2015), economics (Kissane, 2012; McBride, et al., 2002; Weber, 1968), attributions (Major, Quinton & Schmader, 2003; Crocker & Major, 1989; Godfrey & Wolf, 2016) politics (Kay, Czaplinski & Jost, 2009), and world-view belief in legitimized ideologies (Jost & Banaji, 1994; Major, Kaiser, et al., 2007; Townsend, et al., 2010; Godfrey & Wolf, 2016).

World-views provide predictability, meaning, and control (Eliezer, Townsend, et al.,

2011), so disconfirmation of world-views can help explain responses to discrimination. Major, Kaiser, and associates (2007) developed worldview verification theory (WVT) encompassing self-verification (Swann, 1981) and cognitive dissonance theory (Festinger, 1957). Related to this is belief in a just world (Lerner, 1980), based upon the idea of deserving and order, utilized as a strategy of protection from injustice or negative thoughts, and engendering expectations of future success (Tomaka & Blascovich, 1994). For individuals who endorse belief in a just world, evidence of discrimination becomes threatening to their belief (Major, Kaiser, et al., 2007). Conversely, when individuals reject the idea that the world is just, perceiving discrimination to be rare becomes threatening, while evidence of discrimination validates their world-view and is less threatening (Major, Kaiser, et al., 2007). Intuitively, it seems that individuals ought to experience positive affect from positive events, however individuals experience anxiety and threat when their worldview is disconfirmed (Major & Townsend, 2012) irrespective of positive events. Ideologies provide guidelines for sense-making. For example, meritocracy is a self-perpetuating and status-legitimizing ideology which engenders the belief that inequality is fair and deserved (Townsend, et al., 2010; Major & Townsend, 2012; Jost & Hunyady, 2002; Major, 1994; Sidanius & Pratto, 1993). A meritocracy belief considers ability and effort to make one deserving of success (Lerner, 1980), implying those with high status deserve success and that the poor must be worthless and lazy (Tomaka & Blascovich, 1994).

A related concept is system-justification theory (SJT) (Jost & Banaji, 1994) which conceptualizes the effects of prejudice and discrimination using belief in the social system as research framework. SJT argues that the social system is legitimised through individual endorsement of culture, social dominance and hierarchy, via psychological processes in which individuals understand and explain social arrangements, perpetuating and maintaining them even at their own expense (Jost & Banaji, 1994, p.10). Originating from such theories as social dominance (Sidanius & Pratto, 1993), social identity (Tajfel

& Turner 1986), cognitive dissonance (Festinger, 1957) and Marxist-Feminist theory, system-justification beliefs engender legitimacy and stability of society (Jost & Banaji, 1994). SJT looks at broader causes than belief in a just world by considering how the existing system is needed and legitimated in the socio-political environment through culture, intergroup dynamics, and ideology (Jost & Hunyady, 2002). System-justification beliefs are tools utilised by dominant hierarchies to gain legitimacy through induced consensual endorsement, which becomes a socio-political construction for social control by and to the benefit of the dominant.

There is ongoing debate between WVT and SJT as to how threat functions for those rejecting the system, but both theories agree that those who endorse the system will feel more threat when belief is violated. However, system justification beliefs are more related to an individual's motivation to justify the system: the stronger the motivation for justice, the more injustice is seen as a threat (Eliezer, Townsend, et al., 2011). Research investigating beliefs and their health impact on disadvantaged groups is growing, with disturbing results.

Threat or challenge

Individuals make cognitive and affective evaluations of their available skills, abilities, or energy reserves when faced with demands. Threat and challenge appraisals are the conscious and unconscious judgements of the balance between the resources required to deal with demands and the resources available to cope (Townsend, et al., 2010). As perceived demands begin to exceed perceived resources, this generates stress and negative emotion (Tomaka & Blascovich, 1994). Stress and threat responses are related to specific situational demands. For instance, the uncertainty of unlearned tasks or the presence of strangers engender differing responses from the loss of a loved one or social rejection (Dickerson & Gruenewald, 2004). Shame in particular elicits a stronger cardiovascular response than anger (Dickerson & Gruenewald, 2004). Shame can be experienced as self-blame and personal

failure, doubt and uncertainty which reduce the perception of personal resources, resulting in more threat being experienced.

Challenge and threat responses are influenced by beliefs in a just world (Lerner, 1980). These beliefs are based on the notion of being deserving and that effort is rewarded in a consistent social system, so challenge is more likely experienced by those who believe the world is a just place (Tomaka & Blascovich, 1994). However, for individuals who believe the status system is fair and just, discrimination disconfirms this worldview and this disconfirmation generates threat responses arising from doubt or uncertainty, and can lead to negative self-esteem (Townsend, et al., 2010). On the other hand, being able to place the blame for negative feedback on prejudice reduces uncertainty and protects self-image, thus can elicit more challenge and anger (Townsend, et al., 2010).

Beliefs in a just world moderate subjective stress, performance and physiological reactivity through cognitive evaluation of challenge or threat (Tomaka & Blascovich, 1994). Justifying the legitimacy of the system as suggested in system-justification belief (SJB) operates in a similar way (Jost & Banaji, 1994). For instance, US Latina women with higher SJB displayed more threat reactions than those with lower SJB when interacting with a prejudiced White peer than with an unprejudiced one, while those with lower SJB were less threatened by a prejudiced White peer than an unprejudiced one (Townsend et al., 2010). Beliefs in a just world therefore can make the world seem less threatening but increase vulnerability to prejudice, whilst beliefs in an unjust world may reduce vulnerability to prejudice but increase distrust and doubt (Townsend, et al., 2010).

Social-evaluative concerns and social conflict generate changes in the cardiovascular system (Marin & Miller, 2013, p.962). Researchers have identified threat or challenge responses by measuring cardiac output, stroke volume, BP, HR, pre-ejection period, total peripheral resistance, and heart rate variability, using echo or electrocardiographic equipment. Challenge and threat cannot be identified with blood pressure and heart rate

measurement alone (Derks, et al., 2013) however, “[e]ach heartbeat at elevated blood pressure can take a toll on the arteries” (Williams & Neighbor, 2001, p. 806). Although measures of threat and challenge are beyond the scope of this project, cardiovascular measures are important in health research.

In the next chapter, I will discuss my participant group of single mothers: how they are represented in dominant mainstream media and whether discrimination occurs for them, who they are and how they are faring, system beliefs, the influence this exerts, and health outcomes for single mothers.

CHAPTER TWO: The single mother

Single mothers are one of the less studied stigmatised groups. Research with single mothers tends more towards investigating welfare burden, employment, ‘bad mothers’, socioeconomic status, low-education, teenage pregnancy, their children, and childcare topics, with some recent work in justice and health. However, there is limited literature available on media representations; beliefs of social systems, how single mothers see themselves, manage and perceive their place in the social world. This restricts perceptions of this group, often misleadingly, to being based upon taken-for-granted and thus, stigmatised assumptions.

A non-contextual description by the Ministry of Social Development (MSD) defines the sole parent (incl. fathers) as “a parent without a partner, living with one or more dependent children in a household with or without adult children or other adults” (MSD., 2010, p.11). However, accurate figures of how many single mothers there actually are, are difficult to ascertain. For instance, Brodsky and colleagues (2005) make the point that “the percentage of mothers who are single mothers at some time in their lives is higher than the percentage of single mother-led families at any point in time” (p.15). In saying this, to give some indication, slightly over 43% of New Zealand (NZ) parent families (469,290) are one parent families (201,804) with 84.2% headed by women (Statistics N.Z., 2014).

Approximately half of mothers have been a single parent at some point by 50 years of age, and a third of children have lived with a single mother for some period by 17 years old (MSD., 2010). One parent families with children increased by 4.2% since 2006 (Statistics N.Z., 2015). Consequently, though exact numbers are difficult to assess, statistics do show single mothers are a significant group, and increasing.

Media Representations

Dominant mainstream media commonly portray single mothers in a negative manner, reminiscent of ‘the undeserving’ who lack morality, echoing historical notions of ‘the fallen

woman'. Evolving with neoliberal discourses into irresponsibility, dependency, and abuse, single mothers are depicted by media as lazy, sexually promiscuous, bad mothers, drug addicts, and dishonest fraudsters. For instance, Metiria Turei's confession in 2017 of undeclared flat-mates over 20 years previously, to highlight single mothers' plight, engendered swift reprisal from the mainstream media, speedily erasing decades of public service and personal achievement, leading to her resignation as co-leader of the Green Party. Ferguson (2013) comments that media, "amplify the 'problem', using incendiary language and selective data, to reinforce welfare dependency and welfare fraud as 'real issues'" (Ferguson, 2013, p.2).

Media headlines which depict single mothers as immoral, dishonest, and criminal generate negative perceptions and encourage discrimination. Socio-cultural morality is propagated and translated to the public through media representations in the form of feedback cycles (Jarrett, 1996) in similar manner to self-fulfilling prophecies. For instance, Jarrett (1996) found that media images of African American women welfare recipients characterise them as rejecting the American work ethic in the US. Depicted in media images holding deviant work and family values encourages employment discrimination, inducing poverty, and the need to live in undesirable neighbourhoods, perpetuating the representation of 'ghetto welfare mother' (Jarrett, 1996), exacerbating discrimination in a vicious cycle of oppression. In NZ, the media headlines shown in *Figure 2* unnecessarily utilise 'solo mum' for sensationalistic effect, perpetuating perceptions as wasteful, distasteful, dishonest, and anti-social.



Figure 2 Use of 'solo mum' in NZ media headlines.

Media representations generate and perpetuate marginalisation through feedback cycles. Stigma power (Link & Phelan, 2014) can be seen in *Figure 3*, showing Metiria linked as ‘another’ by association ‘keeping her in’ the club of ‘lying’ solo mothers; a young woman is ‘sent’ back to work inferring she doesn’t want to work, ‘keeping her down’ through policy



Figure 3. Media examples of stigma power (Link & Phelan, 2014).

and regulation; while a warning to the public that the media-labelled ‘Queen of Green’ is back among them, ‘keeps people away’. Media campaigns are utilised to justify tough measures that infringe upon citizen rights. Choice of media headlines and images transmits underlying messages which are employed in the operation and process of stigmatising the targeted group, whether intended or not.

Further, media images and headlines produce and reproduce emotions. For instance, Tyler (2008) describes the manner in which the media can promote class abhorrence and how this becomes a characterization of the targeted group. The media are powerful communicators of meaning and understanding, (re)producing inequalities through repeating stereotypes, particularly when supported by influential groups (Turgeon, et al., 2014). While the advent of social and popular media has provided the vehicle for middle and higher social classes to voice their emotions, this has additionally created an economic inequality of access (Tyler, 2008) due to lower income groups’ lesser likelihood of being able to afford access. Lack of access due to poverty effectively silences disadvantaged groups’ ability to reply, reproducing and feeding back further social exclusion (Tyler, 2008).

Unintended results?

Evidence is emerging of single mothers experiencing inequalities in New Zealand institutions (Marriott, 2013; St John, et al, 2014; Dwyer, 2015). For instance, in the NZ justice system Marriott (2013) found 60% of welfare offenders received custodial sentences with average offence of NZ\$67,000 whilst only 22% tax offenders were given custodial sentences for average offence of NZ\$805,000. Marriott (2013) compares Australia and NZ on measures taken to control welfare fraud and tax evasion, reporting both countries have revised Social Security Acts, making statements such as ‘tackling welfare fraud’, whilst neglecting tax evasion (Marriott, 2013). Marriott comments on there being little justification for differing treatment considering tax evasion 11.4% (Tax Justice Network, 2011) and welfare fraud 0.01% (Ministry of Social Development, 2011). Marriott (2013) notes ‘tip-off lines’, data matching and investigations for benefit fraud but not for tax evaders. There has been data matching between MSD, customs and IRD for beneficiaries since 1991 (Office of the Privacy Commissioner, 2016), yet Phillip John Smith, on work release from a prison sentence for murder, pedophilia and defrauding IRD escaped to Brazil 2014 (proceeding through customs under his birth name) due to ‘lack of information sharing’ (Meng-Yee, 2016). Furthermore, NZ courts ruled in 2012 the ‘In Work Tax Credit’ system instituted to attenuate child poverty, is discriminatory by excluding beneficiaries’ children from receiving this assistance (Cotterell, et al., 2017; Joychild, 2013).

Further, over the span of nine years, the National Government in New Zealand intentionally demonized beneficiaries through sanctions, problematizing them through public condemnation and “by giving extensive publicity to the topic of benefit fraud” (Cotterell, et al., 2017, p.27). Although the recently appointed NZ minister for social development, Hon. Carmel Sepuloni, has announced a welfare overhaul (Office of the Privacy Commissioner, 2018) it is yet to be seen what this will achieve towards changing MSD culture which has developed over successive New Zealand National and Labour Party

governments. As Kingfisher and Goldsmith (2001) explain, in reforming the welfare system in the US to a more neoliberal philosophy, more emphasis was placed on prioritizing work above family, and finances above children. Similarly, in NZ Marriott (2013) comments that welfare procedures have metamorphosed from supporting those in need to demonizing them. Turgeon and associates (2014) argue that representations of single mothers as ‘the welfare queen’ and a ‘culture of poverty’ (Ferguson, 1984) are birthed in prejudice against dependent mothers, and perpetuated through welfare, economic, and political gender discrimination, with “discourses of difference” (Lamont & Molnar, 2002) utilized by welfare program managers in the US. Welfare managers tactically construct their talk to seem less discriminatory, whilst categorizing good and bad clients through ‘classtalk’ (Turgeon, et al., 2014). Within neoliberal political systems, the combination of gendered discrimination and welfare reforms in both the US and NZ (Kingfisher & Goldsmith, 2001), means that poor welfare mothers are being targeted (Brown, 1995). To date, there is little evidence to suggest the new coalition government in NZ will depart from the now entrenched neoliberal socio-economic philosophy.

Gender roles expose single mothers disproportionately to targeted legislation (Brodsky, et al., 2005), exacerbating sexism in society, producing systemic discrimination against single mothers (Brodsky & Day, 2002), which extends to victimization in communities. For instance, Mayhew and Reilly (2006) reported in New Zealand, compared to couple-parent families, sole parents experience high victimization in crime. Sole parents were most targeted at 50% greater risk than average (Mayhew & Reilly, 2006), with even greater risk for beneficiaries and renters. Morris (1996) reported higher levels of abuse occurring for sole parents. Similarly, Australian lone mother recipients (i.e. beneficiaries) are over three times more likely to experience rape, sexual molestation, serious physical attack/assault, to be threatened with a weapon or tortured than partnered mothers or non-recipients (Butterworth, 2003). Furthermore, single mothers are singled out as ‘open game’ by Destiny Church

(Nichol, 2017), while high interest loan companies and high-priced ‘truck shop’ suppliers specifically target beneficiaries (McAvinue, 2013). Additionally, single mothers may be experiencing discrimination in the housing market. For instance, in Canada, Lauster and Easterbrook (2011) found that single parents received significantly more negative responses from landlords compared to couples. Here in NZ, Jury and associates (2016) include a quote from their research into NZ women’s economic abuse, “[m]y landlord tried to make me leave because he didn’t want a single mum in the house” regardless of having her name on the lease, not her partners’, and paying rent on time throughout the tenancy (Jury, et al., 2016, p.18). Lauster and Easterbrook (2011) found that single mothers were 25% less likely to receive positive responses from landlords (even within zones where they were more represented), with more landlords requiring additional financial information from single mothers. The authors comment that broader disadvantages in social structures exacerbate discrimination of single mothers in housing. Francis Joychild (QC) comments, “beneficiaries are now perceived as the most discriminated against group in New Zealand society, more so than any racial group” (Joychild, 2013).

Contrary to popular belief

Although the common public perception may be that single mothers are teenage girls having multiple children out of wedlock to gain benefits, over half of single mothers have one dependent child compared to 38% of couples, and only 3.6% of single mothers have four or more children (Statistics NZ, 2014). Of single parents, half are 35-49 years of age and only 1.7% are under 20 (Statistics N.Z., 2014). While NZ has a high rate of teenage fertility compared to other OECD countries, teenage single mothers make up a very small proportion of single mothers in New Zealand. Brodsky and colleagues (2005) comment that the majority of single mothers have less than two children and “marriage break-down, not teenage pregnancy, is the main reason for single motherhood” (Brodsky, et al., 2005, p.43).

Many may perceive single mothers to be ‘lavishly raking in tax-payer dollars’, but the reality is starkly different. Although most have struggled in a tight economy over the last three decades, CPI adjusted ‘real’ income levels in New Zealand have increased by a quarter overall between 1983 – 2014, 9% for NZ superannuates and 32% for net average earnings, yet the Domestic Purpose Benefit (DPB) (i.e. single parents’ main benefit) reduced by 17% (Perry, 2014. p.83). More recently, in comparison to 2017 average household weekly wage and salary income (\$1,426), one parent households receive an average wage and salary income of \$498 weekly, however those who receive government transfer income (i.e. inclusive all government benefit types) get on average \$266 weekly (Statistics N.Z., 2017). Eighty percent of those in the lowest quintile income could not cover the cost of necessities (i.e. accommodation, food and clothing) (Perry, 2014). This was reflected in Perry’s (2017) comment that “[s]ole parent households have the highest housing stress” (Perry, 2017, p.60) Further, while the number of men on low incomes reduced, the number of women on low incomes rose (Perry, 2014). Between 2012 and 2017 WINZ hardship assistance for food and special needs grants have increased over one third for beneficiaries (MSD, 2017). The average household expenditure for rent is now over \$333 weekly and combined with rising costs for beneficiary households increasing 0.3%, three times the increase for all household groups (0.1%), increased hardship assistance is hardly surprising (Statistics N.Z., HLPI, June 2017). Single mothers are at seven times greater risk of being in the lowest income bracket, and six times more likely to experience four or more occurrences of financial hardship than partnered mothers (Crosier, et al., 2007).

The New Zealand population as a whole may have found the last few decades difficult economically, but single parents have experienced harsher economic burdens with less resources, while shouldering greater responsibility. Single mothers are the most socially and economically disadvantaged group in Western societies, with higher rates of poverty, financial hardship and social exclusion than other family or household groups (M.S.D.,

2010). Welfare policy restructuring since the 1980s has forced some women “either into low-wage jobs with horrendous working conditions and no benefits or into dependency relationships with men or prostitution” (Brodsky, et al., 2005, p.34), with some returning to abusive partners (Brodsky, et al., 2005). Traditional economic evaluation, based in unpaid childcare and household chores still permeates government policies obsessed with individual responsibility (Dwyer, 2015). “It is too simple and inaccurate to blame single mothers for their own poverty” (Brodsky, et al., 2005, p.5).

Pathways to wellbeing

There are broad and complex issues which hinder the upward mobility of single mothers that are not necessarily due to lack of effort. For instance, there are 30% less sole parent mothers in full-time employment than two parent family mothers (Statistics N.Z., 2017), while those unable to find employment increased from 8% (2006) to 13.5% (2013) (Statistics N.Z., 2014). Additionally, over twice the number of NZ women are underemployed (i.e. actively seeking more hours) compared to men (Statistics N.Z., June 2016), and single parenthood increases the probability of hourly employment (Clougherty, et al., 2011). MSD comment that single parents might not be able to find suitable pathways to employment (MSD., 2010) and Molloy and Potter (2014) argues that this results in undercounting single mothers’ efforts to gain work. Unemployment is more often due to childcare responsibilities, reduced available employment, or feeling discouraged (Molloy & Potter, 2014) than by choice of lifestyle. Further, despite education assisting single mothers to improve opportunities for upward mobility, under a quarter are participating in education (Statistics N.Z., 2014). In the US, welfare workers place beneficiary obligations above exam participation, with threats of being ‘cut-off’ (Jarrett, 1996). In NZ, cuts to the Training Incentive Allowance 2009 (NZPA, 2009) reduced assistance to single mothers wishing to further their education. Thus, imposed work obligations and diminished assistance all reduce

the likelihood of returning to education for single mothers, making this in some cases unsurmountable, but there is tentative hope that the coalition government will attenuate this.

However, it is crucial to have access to quality childcare that is safe, stable and affordable (Brodsky, et al., 2005). The Families Commission (2010) in NZ found some beneficiaries felt they had to secure work during school hours (Families Commission, 2010: 2006), nonetheless, part-time work, particularly during school hours, is difficult to gain (Families Commission, 2010; 2007). Additionally, there is some indication that single mothers are less likely to be given this work. For instance, compared to two parent-family mothers, only 55% their number of sole mothers were able to gain part-time and 44% flexible hours, 38% were able to have their child at work and 40% to work from home (Statistics N.Z., 2017). Similarly, compared to parents overall, employed sole parents experienced the largest reduction in flexible work hours at nearly 7% (1998–2009) even though flexible employment for an employed parent with unemployed partner increased 5% (Statistics N.Z., 2012). This may be due to public perceptions and less social support received. For instance, while 87% of parents without full custody report providing support for their children while not living with them, less than half pay child support payments; slightly under 22% provide childcare or childminding; and a mere 6.7% provide care for children ill or disabled (Statistics N.Z., 2012). Young and colleagues (2005) found that US lone mothers were four times less likely to have social support, and Cairney and associates (2003) that Canadian single mothers perceived less contact with family and friends and less social involvement. Single mothers in Australia reported over twice the rate of low social support than partnered mothers (Crosier, et al., 2007). Thus, single mothers who most need social support, part-time or flexible employment, are least likely to gain it.

Health of single mothers

There is a growing body of research reporting health disparities for single mothers in

terms of poorer psychological and physical outcomes including poorer health in later life (Berkman, et al., 2015; Sabbath, et al., 2015; Sarfati & Scott, 2001; Sperlich & Arnhold-Kerri, 2011; Butterworth, 2004; Young, et al., 2005). For instance, American working single mothers display the greatest risk of mortality compared to married mothers (Sabbath, et al., 2015). Hazard ratios for single mothers' mortality are noted to be over a third higher for long-term single mothers compared to long-term married mothers, and nearly double for single mothers who experience low job control in comparison to high control (Sabbath, et al., 2015). Sabbath and associates (2015) comment, "the stress of being a long-term single working mother for the majority of one's adult life has profound health consequences" (Sabbath, et al., 2015, p.117). US lone mothers were over three times more likely than partnered mothers to experience a CVD event (Young, et al, 2005). The single mothers found to be most at risk of CVD by Berkman and colleagues (2015) were those who were in prolonged single motherhood, divorced, or young, and those with 2 or more children. Lone mother recipients of welfare in Australia were nearly twice as likely to have a physical condition or disability barrier to employment (Butterworth, 2003). Further, a study comparing health impacts on performance of everyday activities showed NZ single mothers, median age 40-44, had a poorer physical score than 65-74 year olds (Worth & McMillan, 2004). It seems that single mothers are more at risk of ill-health than partnered mothers, have greater risk of physical barriers to employment, and experience faster physiological ageing.

Financial hardship and debt worry have significant impacts on mental health. For instance, positive associations are reported between moderate to severe mental disability and level of financial hardship for single mothers in Australia (Crosier, et al., 2007). Crosier and associates (2007) found that financial hardship accounted for 77% of the difference in prevalence of moderate to severe mental disorders between single mothers and partnered mothers (Crosier, et al., 2007). Cairney and associates (2003) report that social stressors have the greatest impact on the association between single mother status and depression (Cairney,

et al., 2003). In the US, the higher likelihood of single mothers in hourly employment is related to higher risk for hypertension (Clougherty, et al., 2011). Single mothers in hourly employment may lack equal opportunities for advancement, experience more harassment and discrimination at work, and have family responsibilities which expose them to cumulative stress effects (Clougherty, et al., 2011). Butterworth (2003) found Australian lone mother recipients were nearly three times more likely to experience depression, anxiety or substantial psychological distress, suggesting mental health problems for lone mothers were interrelated with hardship, social exclusion and stress of separation or custody issues. In NZ, single mothers are at greater risk for psychological distress with Tobias and colleagues (2009) finding that 43% of sole parents (compared to 19% of partnered mothers) met the criteria for a mental disorder including nearly a quarter for anxiety; 15% mood; and 5% suicidal ideation, all of which, double the rate for partnered parents (Tobias, et al., 2009; Sarfati & Scott, 2001). Sarfati and Scott (2001) found that NZ lone mothers were almost twice as likely to be on hypertensive medication.

Loneliness, social support, role conflict and socio-cultural factors have all been linked to higher risk for health adversity with evidence emerging for single mothers. For instance, German single mothers experience greater stress levels through loneliness, financial and child-related stress (Sperlich & Arnhold-Kerri, 2011). Family demands and conflicts with ex-partners significantly elevated their risk of depression (Sperlich & Arnhold-Kerri, 2011). In NZ, Tobias and colleagues (2009) found conflict of roles between provider and parent were related to suicidal ideation for sole parents and exacerbated health problems when dual-roles were under-appreciated (Tobias, et al., 2009). Sole mothers are more than twice as likely than partnered mothers to have suicidal thoughts (Tobias, et al., 2009). Greater levels of chronic stress were reported by Canadian single mothers compared to married mothers, with the likelihood of depression increasing as the rate of stressors increased (Cairney, et al., 2003). Butterworth and associates (2006) reported higher levels of hopelessness (i.e. negative

perceptions of the future and sense of ineffectiveness, with guilt of ineffective agency), learned helplessness and worthlessness for Australian welfare recipients (i.e. beneficiaries) in comparison to non-beneficiaries, and still five times higher even after adjusting for socioeconomic factors (Butterworth, et al., 2006). Intriguingly, Berkman and colleagues (2015) found social support was both protective and influential in psychological and physical health, reporting increased risks of ill-health in the US, Scandinavian countries and England, while Southern Europe or Hispanic groups in the US, where there was more emphasis on family solidarity, did not display any relationship to increased risks for CVD (Berkman, et al., 2015). And though Tobias and colleagues (2009) note that socio-economic position may account for much of the detrimental health effects for single mothers, they suggest “the stigma and discrimination associated with sole parent status could be health damaging, although there is little evidence for this in the literature” (Tobias, et al., 2009, p.143).

Redefinition and management

Stigmatized individuals use management tactics to cope with their social status, to smooth group interactions, ease negative identity, and improve their social position (Shapiro & Neuberg, 2008). Management of identity often conforms to social pressures as a practical attempt to match dominant social values (Shapiro & Neuberg, 2008). Socially creative strategies (Tajfel & Turner, 1986) are employed by disadvantaged individuals to re-imagine evaluations of themselves (Lalonde, 1992; Lemaine, 1974) and change the significance of attributions (Ellemers & Van Rijswijk, 1997).

How individuals attribute and manage identity is important for stigmatized groups' outcomes. For instance, positive psychological effects in children's attributions about poverty have been found in single mother beneficiary families with optimistic parenting styles, even in circumstances of dire financial distress (McBride, et al., 2002). The mothers' 'half-full' perspective, regardless of their poverty, encourages their children to have hope in the future

(McBride, et al., 2002). Conversely, social rejection implies not enough effort has been made or the person lacks the ability to be ‘deserving’. For instance, US women rejected by a man of higher status were found more likely to blame themselves, internalize the failure and regard themselves as ‘the undeserved’ (Major, et al., 2007). Meritocracy belief was associated with higher beliefs of pay entitlement in men, but women were more likely to believe they lacked merit and needed to work harder, internalizing this as a personal fault (O’Brien, Major & Gilbert, 2012). Another US study found with lower in-group status and greater system belief, lower self-worth and life fulfilment were experienced, and more attributions to individual fault were made (Ashburn-Nardo, 2010; O’Brien & Major, 2005).

Further to this, whether stigma is perceived as imposed or by choice is important. Controllable stigma, (i.e. viewed as stigma of choice, divergent from stigma imposed by ethnicity) can result in negative effects on self-esteem. For instance, the Protestant work ethic belief is based on the foundation belief that hard work and self-discipline makes someone ‘deserving’ and leads to success (Quinn & Crocker, 1999). This can result in evaluations that the obese are lacking in moral-fiber and self-discipline, or are more self-indulgent because they ‘choose’ to be this way. Additionally, according to Jost and Banaji (1994), stigmatized groups re-evaluate and reconstruct themselves to fulfil others’ judgements and expectations which perpetuate subordination. Quinn and Crocker (1999) found that belief in the Protestant work ethic increased both state and trait psychological distress for overweight women leading to lower self-esteem, depression, and anxiety. Single motherhood is often perceived as a ‘lifestyle choice’, thus stigma can be regarded ‘controllable stigma’. Ferguson (2013) comments that “[s]ingle motherhood and welfare dependency are depicted, somewhat contradictorily, as both a ‘lifestyle choice’ and a ‘social pathology’” (Ferguson, 2013, p. 2).

Management tactics of identity reconstruction, redefinition and changed significance have been observed with disadvantaged women in the US. Kissane (2012) found through ‘conspicuous constraint’ low income mothers (88% single mothers) performed identity work

and reconstructed their self-images as benevolent, dissociating and distancing themselves from other poor women they deemed to have less moral virtue. Rather than attribute poverty to systemic forces, they promoted a neoliberal policy of self-regulatory individual responsibility, demonstrating self-reliance, discipline and resilience, all foundations of neoliberal theory of the 'good' citizen (Kissane, 2012). There was no anger displayed at their status and indeed they did not "recognise the retrenchment of government provided benefits and the increasingly precarious nature of low-wage work" (Kissane, 2012, p.207). By redefining moral standards to requesting assistance only in genuine need (often desperate) whilst criticizing those abusing the system, the women established in-groups and out-groups within poverty, creating their own 'moral economy' which was consistent with neoliberal interests. Re-definition of moral standards, reconstructing identity to benevolence and 'conspicuous constraint' provided positive self-esteem for these women (Kissane, 2012).

Inducement and consciousness. System-justification belief (SJB) reduces the visibility of discrimination, making those who endorse the social system less aware and conscious of injustices in society. For instance, Major and associates (2007) found that Latino women in the US with higher meritocracy belief were less aware of discrimination of themselves or their group, and more likely to discriminate against other women, men and themselves (Major, Kaiser, et al., 2007; Shapiro & Neuberg, 2008; Major, Gramzow, et al., 2002; Barreto & Ellemers, 2015; Stroebe, et al., 2009). O'Brien and associates (2012) found in a US gender pay gap study that higher SJB prevents women from seeing discrimination and can result in depressed perceptions of entitlement (O'Brien, Major & Gilbert, 2012; Major et al., 2002; O'Brien & Major, 2005). Further, SJB implies that the gap in pay between men and women is deserved, and consequently, men must be better at the job than women (O'Brien, Major & Gilbert, 2012). Stereotypes maintain the legitimacy of the status quo, justifying the social system. 'System' refers to any social arrangement which justifies difference, including families, social groups or organisations, and so 'system' relates to any

hierarchical division of roles where stereotypes may serve an ideological purpose to maintain social arrangements (Jost & Banaji, 1994). Stereotypes rationalise economic positions, such as stereotypes of the working class as being incompetent and lacking intelligence, or of high status individuals as being reliable with ability and talent (Jost & Banaji, 1994).

Social and political structures generate stereotypes that lead people to categorise themselves on the basis of their role (Jost & Banaji, 1994). Gender roles for instance, make single mothers more likely to regard themselves, and be considered by others, as responsible for rearing children, while neoliberalist ideology demands individual responsibility. Single mothers may thus be more likely to take on board stereotypes, accept their status and hold themselves responsible for holding dual roles. These results are not inevitable, although Jost and Banaji (1994) comment that psychologists often underemphasise the importance of SJB and the degree to which the disadvantaged continue to explain and justify social systems which disadvantage them. However, not all single mothers endorse SJB and accept stereotypes. For instance, Godfrey and Wolf (2016) in the US explain that critical consciousness (Freire, 1970) occurs when “marginalized people learn to ‘critically read the world’ and attribute social problems and inequities to structural forces rather than individual factors” (Godfrey & Wolf, 2016, p.94).

Divergence occurs between worldview verification theory (WVT) (Major, Kaiser, et al., 2007) and system justification theory (SJT) (Jost & Banaji, 1994) because each theory focuses on differing motivation while making similar predictions (Eliezer, et al., 2011). When disadvantaged individuals do not endorse SJBs (Jost & Banaji, 1994), discrimination confirms their worldview but still threatens the need to endorse the system due to greater motivation to justify it for future hope. Consequently, threat is still experienced. *Figure 4* shows responses to perceived discrimination prevalence and how this effect occurs for low-status groups, with threat highlighted in red.

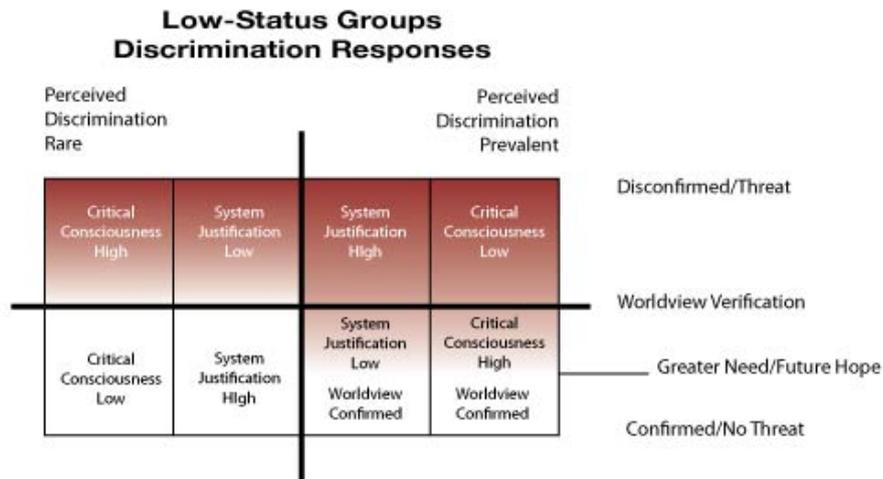


Figure 4. Low-status groups experience threat, even when worldview is confirmed due to greater need to justify the system in hope for the future (Adapted from concepts by Jost & Banaji, 1994; Major, Kaiser, et al., 2007; Eliezer, et al., 2011; Freire, 1970/73).

Rationalisation and contradiction. Critical consciousness (Freire, 1970) is hindered by motivation to justify the system. This is an important factor with discriminated groups (Godfrey & Wolf, 2016). Godfrey and Wolf (2016) explored links between critical consciousness (Freire, 1970/1973) and SJB, finding that justifying the system is advantageous for dominant groups but for the disadvantaged this can produce false consciousness (Freire, 1973). In the process of justifying the status quo, individuals are influenced by power dynamics of dominant discourses in legitimised ideologies (Foucault, 1972). False consciousness (Freire, 1973) occurs when individuals make incorrect attributions to dominant viewpoints in society by reproducing system interests rather than their own, such as in rationalisations denying injustice or exploitation. In this manner, SJB fosters a false consciousness in disadvantaged groups of their deserved low status in the social hierarchy. Nearly all Godfrey and Wolf's (2016) US participants attributed inequality to individual fault or not working hard enough. These attributions characterise high belief in the legitimised system. However, some participants displayed contradictory attributions, such as the successful being "raised by someone on top" though at the same time, "but you can work yourself up" (Godfrey & Wolf, 2016, p.100). Termed contradictory consciousness by

Freire (1970), this evidences retention of hope to improve their lot even when attributing poverty to structural factors.

By exploring individual attributions and system beliefs alongside ‘critical consciousness’ (Freire, 1970) these studies reveal the conflicts that occur in lower status women needing SJB for hope in the future, whilst recognising the importance of evaluating social systems that disadvantage them. Conflicts between attributions and beliefs create uncertainty, self-doubt and negative affect to self-esteem resulting in stress and threat responses. Thus, how single mothers attribute their status, and display SJB or critical consciousness can provide better understanding of stigma processes and their outcomes.

Current research aims and goals

The aims of this research are to gain a better understanding of single mothers and their contextually situated responses to stigma in mass media and society; to give voice to single mothers’ system belief and critical consciousness regarding social systems and their social identity. This research aims to add to the New Zealand literature by extending Godfrey and Wolf’s (2016) research on discrimination with low-income women in the US, to stigma experienced by New Zealand single mothers.

Reflexivity

Reflexivity of the researcher in social constructionist projects is significant to ‘knowledges’ gained. Knowledge is socially produced, always situated within historical, cultural, ideological and personal influence, by choice of, topic, participants, recruitment, research design, data collection, analysis, and reporting (Burr, 2003).

I am grateful for the safety net New Zealand social welfare has provided me in times of need, but having been raised with meritocratic beliefs, I have always viewed myself as a working mother and have always preferred being employed than beneficiary.

However, as a working single mother for nearly 20 years daily life was always rushed and continually challenged by childcare in dual-roles, and shadowed by low self-esteem, depression and later, anxiety. I did not become conscious of stigma and discrimination till my late 40s, internalising my failures as ‘not good enough’, regardless of achieving independence and home ownership, with little support from his father, or the government.

In 2014, while receiving a benefit due to studying, I was unexpectedly invited to go to Melbourne for the weekend to attend a friends’ family wedding. I didn’t actually feel I should go with assignments due shortly but agreed, due to pressure, no cost, and being in need of a break. Booking late Thursday night, by Friday at 10am I was on the plane and by Sunday at 8 pm I was home again. Monday morning, I received a letter from WINZ. My benefit had been stopped for leaving the country without notice. Phillip John Smiths’ escape to Brazil made media headlines shortly after this. Initially feeling shame at ‘being caught’, and surprised at not realising weekends were regulated too, this coalesced with previous epiphany in psychology of women surrounding power dynamics and oppression, transforming my shame into indignation in response to the incongruent juxtaposition of beneficiary surveillance beside the lack for convicts. As if pink-tinted sunglasses upgraded with Polaroids enabled my clearer vision, the experience cut through warm and comforting surfaces of system belief to reveal a cold secret depth to power dynamics, inspiring the question – on what standards of merit could I be judged more in need of surveillance than a murderer? Moreover, how did single mothers respond or had they not upgraded their sunglasses?

The importance of media involvement in stigma processes, and the significance of belief to stigma responses, became apparent during my literature review for this thesis. Revelation of interconnections merged with recently found health literature on threat perceptions and ill-health effects for single mothers. Thus, experiences established and research informed my choices for this thesis: choice of research topic, of participants, of research design, and of analysis.

CHAPTER THREE: Methodology

In this chapter I will discuss my epistemological orientation (i.e. theory of knowledge), and why I chose these particular methods. I describe the study design, methods of recruitment, and my participant group. I will discuss the study set up and procedure, measures utilised, analytic approach, and ethical considerations. But for now, I turn to epistemology and my theoretical approach.

Social Constructionism

Stigma is a socially constructed dynamic process of categorisation within social inter-relationships, and thus best understood from the epistemological perspective of social constructionism. Social constructionism is a theoretical approach which considers ‘truth’ to be negotiated understandings within situated contexts of multiple realities differing between individuals, cultures and eras (Gergen, 1985). Thus, subjective voices and contextual description become important. Social constructionists argue that we should be suspicious of taken-for-granted assumptions and truth claims, because versions of ‘knowledge’ are never complete but relative, constructed, and produced by people collectively participating in situated social processes (Gergen, 1985) and ‘shared vocabularies’ (Shilling, 2003). Thus, social constructionists attend to how language is constructed, what ‘work’ language is doing and its action-orientation, by considering systems of social meaning-making embedded within language, as situated function and performance of self-other positioning within dynamic social processes (Burr, 2003). Consequently, this research attends to analysing the women’s social views, allowing space for subjective voices on system beliefs alongside resistance, critical consciousness and contradiction, to provide person-situated context to enable further understanding of their subjective voices. Thus, this study approaches this project from a social constructionist perspective, while understanding this framework is but one of many methods to produce knowledge.

Ethical considerations

This research was given approval by the Massey University Human Ethics Committee (Southern A) on 23/09/2016. In this research, I addressed the following key ethical principles.

Informed and voluntary consent was addressed by full disclosure of goals and purpose of this research, what was involved, and that written consent would be needed from participants before participation. Anonymity and privacy were assured by use of pseudonyms throughout transcription and reporting. Exposure of participants to stigma stimulus was of concern to me. In this, I chose previously published images of lesser offense to avoid exposing participants to undue insult and confrontation. I considered this research to be of significant benefit to single mothers, with limited risk of harm in exposure to something that is commonly experienced in daily life.

In that some participants could be of Māori ethnicity, cultural sensitivity was required, and as I was concerned they may be experiencing ‘double-marginalisation’. I contacted Dr Natasha Tassell-Matamua, a cultural adviser at Palmerston North Massey campus and included her recommendations in the research design. Additionally, I discussed inclusion of an ethnicity question with her as I was concerned this may enable further stigmatisation of Māori participants. Dr Tassell-Matamua thought ethnicity could be included in the survey but that it ought not to be utilised in any form of analysis or reporting of results for any published material other than describing my sample in the thesis. By not including analysis of ethnicity in system-justification belief or attributions, no assessment of belief with ethnicity can be made from this research.

Design

This thesis focuses upon an interview that was conducted to explore single mothers' beliefs about social systems, responses to media representations of their group and their lived experience of stigma in society. However, greater description of the women's socio-psychological context was collected to explore factors underpinning their voices. For instance, because someone rejecting the social system might be perceived differently if complying with system demands or as a domestic violence survivor than someone who is not. Due to media involvement in stigma processes, media images and headlines were included to reproduce experience of media stigma exposure for this group and as prompts for the discussion that followed. Therefore, there were multiple components to this study, including;

- Survey questionnaire covering demographics, socio-psychological factors, system beliefs, and self-rated health
- Cardiovascular measurement
- Presentation of media images and headlines
- Individual interviews.

Due to the limitations of a Masters' thesis and a sample size too small to show statistical significance, cardiovascular measurement will not be discussed, but included for descriptive purpose. The interviews will be the focus of the discussion.

Questionnaire. Participants were asked their age; ethnicity, dependents, marital status, household income bracket, education, and employment, main reasons for single motherhood, how strongly they identified as single mothers: and how open they were about their status. The system belief questionnaire was based upon scales developed by Levin and associates (1998), adapted to New Zealand. Subscales included; system-justification; permeability (i.e. possibility of 'passing' from one group into another) (Ellemers, 1993; Hogg & Abrams, 1990); work ethic: and meritocracy. This was implemented as 16 items with four subscales rated on a 7-

point Likert scale from 1 (strongly disagree) to 7 (strongly agree). The final two questions of the subscales were reverse coded. Questions are shown in Appendix C.

Cardiovascular Measures. An automatic blood pressure monitor (Accutracker II02.09/03.02) was utilised to measure BP and HR. A cuff was fitted to the non-dominant arm of each participant to measure systolic and diastolic blood pressure, and electrodes were attached to the chest area to measure heart rate. Measurements were taken at 3-5 minute intervals throughout the 40-60 min study, inclusive baseline at beginning of study and 3min rest between presentations. Due to cardiovascular measures the participants were asked to refrain from drinking coffee and vigorous activity 2 hours prior to participation. Previous diagnosis of high blood pressure, obesity, cardiovascular ill-health or heart disease excluded participation.

Media Presentations. Two Power-point media presentations were shown to participants lasting 6min 30seconds each, including 39 media headlines and images set up as a slide show with 10-second intervals. No sound was included. Both worldwide and New Zealand headlines were required to give sufficient length to the presentation.

The stigma media presentation was designed to reproduce, as closely as possible, without interpersonal confrontation, a 'true to life' form of stigma experience with media images provided as normally occurring in daily life. Each image for stigma was chosen on the basis of negative representation of single mothers, however, care was taken to choose images which avoided unnecessary offense to them as a group. Two questions were asked for each image; does this represent single mothers negatively and is the term 'beneficiary', 'single', or 'solo' mother necessary or could the story have been told without using these terms? The neutral media presentation was designed to be emotionally neutral with images and headlines surrounding topics such as space or business. Neutral and stigma presentations' order was changed for each participant to avoid order effects, on a rotation of A or B participant.

Google was utilised as the search application, with the reasoning that all of the images were freely available and reflected a cross section of print media published online, and articles that would come up for any search made on ‘single mothers’ or ‘solo mums’. Thus, all potential participants were likely to have already viewed the images. Only articles published by dominant mainstream media outlets online were utilised.

Interviews. Qualitative interviews were conducted to provide in-depth insight into participants’ responses to media representations of their group and their social views. Interview questions were based upon the belief questionnaire for consistency across measures, but adapted to be open-ended to explore participant’s answers in more qualitative depth. Additional questions on poverty, stigma and the media were included to allow participants to voice their attributions and beliefs on these topics. A final open-ended question was included asking the participants if there was anything else they would like to say about their experience which they felt important to being a single mother. Questions are shown in Appendix C.

Participants and Recruitment

I defined a single mother on the recruitment poster as; “A mother, 18-60yrs with dependent children (full or shared custody), and not living with their father.” Recruitment was designed to be inclusive to enable a broad range and diversity of participants.

Recruitment was performed through community support services specifically for single parents such as Birthright, through Massey University Student Association Advocacy and a post-graduate emailing list, but was not displayed in WINZ offices or in retail spaces to avoid identifying participants. Many mothers were too busy, and had few resources for travel to take part. Starting recruitment in early November proved difficult with exam preparation, (only three of the women were students) shortly followed by holidays and thus, recruitment occurred from November 2016 – July 2017.

Eleven mothers took part in the study. I had only met one of the women briefly prior to the study. Four reported Māori ancestry with the remainder describing themselves as European or Pākehā. One of the mothers reported being in a new marriage but still identified as a single mother reporting sole responsibility for her own children in a blended family. *Table 1* shows system belief scores split at the mean, showing the women's higher and lower system beliefs, prior to watching the media presentations, demonstrating more of the women believe in permeability and least in meritocracy.

Table 1. Lower and higher system belief by participant

Belief	System-Justification	Permeability	Work Ethic	Meritocracy
LOWER	Mila Mary Kaha Gypsy Anne Elizabeth	Mila Samantha Kaha Anne	Mila Samantha Kaha Gypsy Sarah Janice	Mila Samantha Kaha Gypsy Sarah Mary Elizabeth
LOWER Belief N	6	4	6	7
HIGHER	Samantha Aroha Leah Janice Sarah	Gypsy Aroha Leah Janice Sarah Mary Elizabeth	Anne Aroha Leah Mary Elizabeth	Anne Aroha Leah Janice
HIGHER Belief N	5	7	5	4
Total N	11	11	11	11

Table 2 shows the demographic and socio-psychological data collected. The socio-psychological data demonstrates that these single mothers displayed strong identification and openness, with a high level of education and employment. Additionally, there was a high rate of domestic violence experienced reported within the group, and given as the reason for single motherhood. *Table 3* shows the self-reported health data collected, along with minimum, maximum and mean cardiovascular measurements taken throughout the study.

Table 2. Demographic, socio-psychological data

Participant	Age (mean 34.36)	Income	Dep	Marital Status	Education	Employment	Reason for single motherhood	Domestic/ Violence	Identification as single mother	Openness of single motherhood
Mila	36	20-25k	2	Separated	Degree	Employed/ Student	Other/Choice	DV	Somewhat	Not open
Samantha	37	25-50k	1	Single	Degree	Employed	Accidental/Choice	Protection	Strong	Very Open
Anne	33	25-50k	1	Married	Masters	Self-Employed/ Beneficiary/ Volunteer	Other			Very Open
Aroha	33	25-50k	3	Divorced	Trade Certificate	Employed	Divorced		Strong	Very Open
Leah	42	10-20k	1	Single	High School	Beneficiary	Alcohol/Drug Use /Choice	DV/ Protection	Strong	Very Open
Kaha	35	10-20k	1	Never Married	Tech. Certificate	Beneficiary	Separated/Choice		Strong	Very Open
Janice	42	50-70k	2	Married	Degree	Employed	Separated/Choice	DV	Strong	Very Open
Gypsy	43	50-70k	1	New Marriage	Degree	Employed	DV	DV	ID	Somewhat
Sarah	30	10-20k	1	Separated	Degree	Beneficiary	Separated		Not Really	Neither
Mary	23	25-50k	2	Single	High School	Student/Other Volunteer	Failed Contraception	DV/ Protection	Strong	Very Open
Elizabeth	24	10-20k	2	Other	No Qualification	Student/ Beneficiary	Child's Father In prison/Choice	DV/ Protection	Somewhat	Very Open

Table 3. Self-reported health, cardiovascular minimum and maximum measurements, and mean during study.

	Physical Health <i>Self-Report</i>	Mental Health <i>Self-Report</i>	Depression/ Anxiety Diagnosis Last 6mths <i>Self-Report</i>	Depression/ Anxiety Diagnosis Ever <i>Self-Report</i>	Smoking <i>Self-Report</i>	Presently On Anti- Depressant Medication <i>Self-Report</i>	Systolic Blood Pressure		Diastolic Blood Pressure		Heart Rate		Cardiovascular Mean <i>during study</i>		
							Min.	Max.	Min.	Max.	Min.	Max.	SBP	DBP	HR
Mila	Somewhat Good	Average	No	Yes	No	No	127	157	60	99	41	68	151	72	55
Samantha	Average	Average	No	Yes	No	No	71	125	41	78	74	87	107	58	78
Anne	Good	Somewhat Good	No	No	No	No	148	159	65	83	74	84	156	73	77
Aroha	Average	Good	No	No	No	No	71	151	40	73	19	70	112	49	60
Leah	Very Good	Somewhat Good	Yes	Yes		Yes	89	116	42	95	45	66	97	59	60
Kaha	Good	Average	Yes	Yes	No	No	89	116	42	84	67	84	105	63	75
Janice	Average	Somewhat Good	Yes	Yes		Yes	108	155	68	90	23	70	122	73	59
Gypsy	Poor	Somewhat Good	No	No	Yes	No	107	151	63	123	33	105	114	74	91
Sarah	Average	Average	No	No	No	No	106	129	69	89	60	76	113	78	66
Mary	Average	Average	No	No	No	No	83	127	48	85	62	94	107	65	69
Elizabeth	Poor	Somewhat Good	No	Yes	No	No	112	159	65	111	60	80	132	82	69

Procedure

The study room was set up with a comfortable low chair positioned to partially face the researcher and towards the computer screen for viewing presentations. I lowered my chair to similar height and placed a rug on the back of participants' chair to provide a sense of comfort. An artwork was chosen for its cultural reference, with permission given by artist Reina Cottier for use, to enable feelings of inclusion for participants of Māori descent. *Figure 5* shows how the study room was arranged.

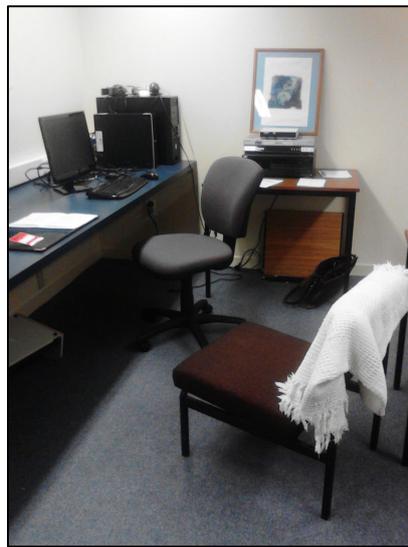


Figure 5. Study-room set up

I tended to 'meet and greet' participants at the psychology building entrance and informally welcomed them as they arrived with "Kia Ora" and warm handshake. I had an informal 'friendly chat' with each participant before commencing the study. Participants were fully informed of what was involved, that they could withdraw at any time without consequence, and did not have to answer any question they did not want to. They were advised their data would be identified through pseudonyms to protect their identities, ethnicity data would only be used for description of the sample, that all data collected would be kept for up to 5 years then destroyed, and only my supervisor and myself would have access to it. No caffeine or vigorous activity 2 hours prior was confirmed, and written consent was given before beginning.

At this point, monitoring equipment was attached, three baseline measurements were taken and the participants were then asked to complete questionnaires. Measurements were taken every 3mins thereafter. After presentations, with rest in between, interviews began. Interviews lasted 20-40mins with cardiovascular measurements taken every 3-5min throughout. On completion, monitoring equipment was removed, the participant was thanked, and given a \$30 voucher for The Warehouse. Refreshments were offered and participants were asked if they had any questions about the study. I answered any presented and wished the women well when they left.

Data analysis

The interview data were transcribed verbatim from voice-recordings by myself, to enable familiarity, in a simple and straight forward manner including emphasis and [pause], noting any [indistinguishable] talk, and replacing use of [names]. I then began analysis utilising Braun and Clarke's (2006) six phase thematic process.

After transcribing all interviews, I went over the data and began coding what the women were saying with a deductive approach, drawing from theoretical, ideological frameworks, and research of social constructionist orientation, noting constructs of positioning and ideology, utilising an 'interpretive and latent' (Braun & Clarke, 2012) method. Examining meaning below the data surface (Braun & Clarke, 2012), I noted comments which revealed endorsement, contradiction and resistance to system legitimation. Meaning was identified by recognising underlying messages conveyed or unconsciously expressed; and taking note of how the women utilised particular devices in their talk such as categorical and idiomatic devices, attributions and justifications, reiteration, rationalising, minimising, and hyperboles, pauses, and 'slips'.

Once completed, I went over the data again, adjusting some codes in light of meanings, and taking note of any social constructions that had become apparent. After revising all the

interviews for a third time, I then ‘clustered’ (Braun & Clarke, 2012) data into broad draft groupings in preparation for theme analysis, extracting quotes into separate files of data for stigma experiences, media, system beliefs, identity and management, modification, and resistance. Finally, I assessed the data set across the women to see how they talked about subjects as a group and what commonalities I could find. Themes were explored by recognising, across the data, those comments which supported others, common or shared understandings, and underlying lines of argument running through the women’s talk. The final themes were identified by ‘clustering’ commonalities of data as ‘unified features’ and ‘meaningful patterns’ across participants (Braun & Clarke, 2012). I now turn to discussing themes identified from this analysis.

CHAPTER FOUR: Results

In this chapter I discuss results found in the interviews. I begin with *Theme One* which focuses on stigma, negative media representations and stereotypes revealed through the women's talk. *Theme Two* focuses on how the women view and describe themselves, talk about pride and their openness as single mothers, and how their personal beliefs of the social system and critical consciousness relate to their identity and perceptions of stigma, media, society, and poverty. I then move on to *Theme Three* looking at how the women manage their social identity and how they have modified their attitudes or behaviour since becoming single mothers. But for now, I will relate how the women talk about stigma, media and society.

THEME ONE: Stigma experience

Discourse of Dehumanisation – “Don't Ask, Don't Tell”

Sarah: It's almost like that policy, don't ask, don't tell. If women are in bad or dangerous relationships or abusive relationships, it's almost like society is totally ok with you just keeping that to yourself and staying in it.

That Sarah is a lawyer no doubt explains the term 'Don't Ask, Don't Tell' coming to mind for her, echoing legislation behind US military policy. In 1993 Bill Clinton signed into law a compromise policy for the US Department of Defense, which lifted the ban against gay people in the forces and described how homosexual and bisexual recruits would be managed in the US military. The policy outlined that recruits would no longer be asked if they were gay and if they did not tell anyone their sexual orientation, they would not to be pursued or harassed. This policy would become known as 'Don't Ask, Don't Tell' or DADT. Though to a large extent the policy is noted as failing, with over ten thousand service people still discharged on grounds of sexual orientation, it has been reported the DADT Repeal Act 2010

has provided a positive effect on well-being of gay people in the US military (Chandler, 2015). Sarah's quote above, however, illuminate links she recognised between power dynamics and society's perception of single mothers. Sarah implied that society does not want to ask if mothers are in dangerous or bad relationships, that as long as they do not tell and stay in the relationship, there is no problem. Sarah continued to explain how stigma is then utilised by society as a mechanism of control to censure single mothers who do.

Sarah: But as soon as you remove yourself for your own safety and safety of your child and you become a quote, 'quite a drain on society', then it's like, 'Ohhh we've got the right to criticise you'.

Sarah inferred as soon as single mothers 'tell' asking for assistance, societal criticism is then authorised, warranting stigma. In so doing, society denies single mothers the human right to safety, autonomous agency from which to judge their situation, and condemns them for exercising their rights, asking for assistance. Albarello and colleagues (2018) discuss human rights as being the "explicit means of (de)humanization" (p.311). Sarah illuminated in these quotes a denial of lived experience, autonomous agency and psychological distancing functioning as a dehumanisation process embedded within a *'Don't Ask, Don't Tell'* discourse.

Some of the women recognised how society conceals stigma experienced by single mothers, judged 'outsiders' of the 'moral community', in a form of moral exclusion. Opatow (1990) discusses moral exclusion processes, how individuals internalise existing social order and (re)construct presumptions of others on the basis of their own 'moral community', by victim blaming and the psychological distancing of those constructed as moral 'outgroups'. Mary commented that stigma is still prevalent in society but people do not "*acknowledge it*" as if to deny it occurs. In a similar manner to subtle racism, occurring beside denials of racism (Augoustinos & Every, 2007; Pettigrew & Meertens, 1995). This is commonly

masqueraded as ‘just a joke’, and being less identifiable discrimination is hidden or misrecognised (Link & Phelan, 2014). And further, Leah inferred, that society conceals stigma intentionally.

Leah: I think it [stigma] probably would happen a lot but it's kept very quiet as well. The open public doesn't get to hear about it.

Leah utilised the term ‘*kept very quiet*’ implying a social awareness of illegitimacy surrounding stigma, de-legitimising it as an accepted social control mechanism, conveying the message ‘*Don't Tell*’ of stigma of single mothers.

The women’s voices elucidated this underlying discourse embedded within society as part of a dehumanising process, functioning to silence single mothers’ individuality, lived experience, and dignity.

When peoples’ humanity is invisible, they are no longer regarded as humans having the mental acumen, soul, or agency necessary to enter into the social contract. (Atuahene, 2016, p.801)

Atuahene (2016) discusses dehumanisation as “failure to recognize an individual’s or group’s humanity” (p.801). Dignity is described as bestowing equal value and rights to autonomous existence, not “under the authority of another” (Atuahene, 2016, p.801). By dehumanising, individuals are categorised as inferior in mental ability and autonomous agency, and as ‘sub-humans’ unable to participate in a social contract, usurping their human rights. According to Haslam (2006) dehumanisation comes in two forms: denying uniquely human characteristics, such as civility, refinement, morals, rationality and maturity in a vertical comparison with ‘lessor’ or ‘deficient’ humans, or, denying human nature characteristics such as emotional responsiveness, interpersonal warmth, cognitive openness, agency, individuality and depth, in a horizontal comparison distinguishing someone as not human and ‘automaton-like’ (Haslam, 2006, p.257).

Opotow (1990) describes the ‘exclusion-specific’ process of dehumanisation as “[r]epudiating others’ humanity, dignity, ability to feel, and entitlement to compassion” (p.10). This process was revealed in the women’s voices when recounting their lived experience of stigma, most obviously manifested within the welfare system. For instance, Mila, Samantha, Kaha, and Anne recognised and questioned injustice and incongruities they have experienced through Work and Income New Zealand (WINZ) contact. Mila talked about a “*penal welfare system*” transposing a system mandated to provide assistance to citizens in need, with a penal institution which withhold rights from the ‘guilty’. Mila described her experience of WINZ as,

Mila: You have to prove that you are not a liar...opposite of the justice system, assume you’re lying, you’re guilty until proven innocent in my opinion.

Mila implied the welfare system is antithetical to ‘justice’ suggesting single mothers’ democratic citizen rights to ‘presumed innocence’ and onus on prosecutors to prove guilt are reversed by WINZ. A case in point is an experience Mary related, when she told her case manager,

Mary: actually I got given heaps of stuff for a house. I just need a bond to move in, and she [WINZ case manager] was like, “Well I’m gonna need to see receipts.” WOW! She had thought I’d stolen everything.

Mary told the truth and only asked for what she needed, yet the WINZ case manager judged her guilty of dishonesty demanding she prove her innocence. This form of dehumanisation Mary and Mila related removes WINZ’s moral responsibility, (re)constructing ‘harmful behaviour’ in the form of ‘blaming and devaluing’ them as ‘undeserving’ and ‘expendable’, denying their “rights, dignity, and autonomy” (Opotow, 1990, p.2), and making them “eligible for harm.” (Opotow, 1990, p.13). Lack of equal human rights to fair and due process

of justice dehumanises single mothers, conveying the warning – ‘*Don’t Ask*’ for rights, it is acceptable to harm you.

The process of dehumanisation enabled by the power WINZ hold is underpinned by silencing single mothers’ diversity and failing to acknowledge their individuality. This is typically manifested when individuals are seen as inert, cold, rigid, fungible (i.e. as interchangeable commodities), lack of agency, and are likened to machines and objects perceived as ‘non-human’ (Haslam, 2006, p.258). For instance, Samantha only has contact with WINZ now due to needing childcare assistance which is available to all low to median income parents. Costs of childcare are difficult to manage, particularly on the modest income Samantha is receiving, so she claims assistance she is entitled to. Yet when she has to go into WINZ to access this entitlement, they treat her the same as those receiving a full benefit.

Samantha: Far out! I work really hard ... So I still feel when I walk in there [WINZ], that I'm a pain in your [WINZ] side... there's no incentive to go and better yourself.

Samantha implied that the lack of respect received from WINZ invalidates her efforts to be self-sufficient by working full time, which she finds discouraging. “Deindividuation” (i.e. anonymity in a group) (Opatow, 1990, p.12; Haslam, 2006) denies the efforts she has made. Further, Kaha stated, “*I have a real issue with ...there being just like a blanket approach if you are a solo mother...they kind of see me as they see all solo mothers*”. This ‘de-individuation’ (Opatow, 1990) exemplified in Samantha and Kaha’s voices, implies a WINZ culture denying that single mothers are individuals with dignity.

Discussing differences between status, labelling, and stereotypes the women talk of how categorisations function through power dynamics within society, conveying a sense of ‘Othering’ (Riggins, 1997). Stereotypes communicate differences as ‘Otherness’ (Riggins, 1997). ‘Othering’ is inherently associated with stigmatisation through reinforcing

stereotyping which “serves to portray particular social groups as homogeneous” (Lister, 2004, p.101; Pickering, 2001, p.204). For instance, Elizabeth commented,

*Elizabeth: ...it's just stigma against a group and collective of people.
Not actually seeing them as individuals...They're just putting them in
boxes and labelling them.*

Kaha stated, “I’m just kind of lumped in with whatever their one view is of this whole bunch of diverse people which I think is...wrong and judgemental”. For Kaha, this silences her individuality, incorrectly judging her as having stereotypical characteristics, dehumanising her. Individuals dehumanise groups into a ‘generalized other’ they want to psychologically distance themselves from (Haslam, 2006; Opatow, 1990). For instance, Mary inferred the powerful allocate individuals to be stigmatised stating,

*Mary: they could be someone amazingly talented...but no-one's
going to give them a chance because they've given them that stigma,
like “no, you're poor, you can't”.*

Mary implied an intentional illegitimate categorisation by society to obstruct opportunity. Lister (2004) discusses how “[o]thering legitimates ‘our’ privilege – rooted in superiority – and ‘their’ exploitation and oppression – rooted in inferiority” (p.102). Dichotomous categorisation as ‘deserving’ and ‘undeserving’ stereotypes impacts treatment from WINZ case managers with stigmatisation underpinning “dehumanization involved in Othering” (Lister, 2004, p.102). Stereotyping enables societal policies of Othering in – ‘Don’t Ask’ who they are, we already know.

Further, through value-loaded stereotypes and scapegoating, ‘fear of contamination’, victim blaming, and derogation occur (Opatow, 1990), generating unjust treatment and results for single mothers, which benefit ‘order, power and control’ (Lister, 2004; Pickering, 2001). For instance, Kaha understood there are ulterior motives of personal gain underlying

stigma processes of stereotyping, commenting, *“I know that [negative stereotyping by politicians] is really encouraged by the people that are wanting to ... get certain things from the system”*. This resonates strongly with the theory of stigma power (Link & Phelan, 2014), that the powerful use stigma to perpetuate their own position. Kaha used the term *“scapegoating”*, implying politicians use solo parents as a distraction from their own activity, while behind the scenes they are *“siphoning all this money and all their buddies not paying tax...”* (Kaha), giving the public someone else to blame instead of themselves. Kaha recognised this distraction with goal-orientated purpose,

Kaha: ...it works in their favour [be]cause, it keeps the attention away from actually more valid stuff.

Kaha continued that distractions serve to *“pit the average New Zealander against another average New Zealander”*. Here Kaha alluded to a ‘divide and conquer’ doctrine.

Emphasising the ‘included’ versus the ‘excluded’ as strategy which promotes the “minimalist policy response of ‘treating marginal people marginally’” and serves to leave structural divisions entrenched within society unexamined (Lister, 2004; Goodin, 1996). This infers motive for *‘Don’t Tell’* what we are up to – ‘look over there’, as an effective macro socio-political control mechanism.

Furthermore, this mechanism of distraction with the goal of ‘divide and conquer’ is effectively utilised through gender power dynamics. For instance, rarely are lack of child support payments, abandonment of mothers and children or violent partners mentioned. The women compared themselves to the different, yet similar out-group (Tajfel & Turner, 1986) of single fathers, concluding gender inequality. For example, Mila talked about silences.

Mila: [Y]ou don't hear anything about their contribution to the situation or how they haven't helped or how they've been difficult or made it harder.

Samantha discussed how much easier it is for fathers to walk away from their obligations, “*they don’t need to really disclose that they’re a father*” (Samantha), that it is easier to put the blame on a female than it is to “*see that there’s ...someone else’s responsibility involved...there’s another party*” (Samantha). Opatow (1990) talks of double standards, producing different moral codes and obligations for categories of people as part of moral exclusion processes (p.11). Indeed, most of the mothers talked about double standards as gender inequality, and Sarah connected patriarchy as an underlying causal explanation for lack of empathy for single mothers, stating,

Sarah: ... stigma happens because, I think we're still kind of led by this, like, male driven society.

Kaha pointed out that being a single mother is “*both expected of you and discouraged*” in contradictory societal expectations which resonates with Ferguson’s (2013) findings that single motherhood is incompatibly portrayed as a ‘lifestyle choice’ and ‘social pathology’ (Ferguson, 2013). Samantha utilised a natural discourse invalidating dual parental obligation: “[W]oman gives birth” so society thinks it is “*naturally*” her responsibility, “*that’s your job*” (Samantha). Janice implied society intentionally “*puts*” single fathers “*on pedestals*” while “*single mothers are substandard*” (Janice). Lister (2004) comments that traditional family structures and male privilege are under particular threat. Discourses dehumanising single mothers function through double standards of stereotypical moral codes embedded within systems of hierarchy and division of roles, serving the ideological agenda of maintaining existing arrangements and perpetuating legitimacy of the dominant patriarchy and the system (Jost & Banaji, 1994). As response to perceived threat to patriarchal domination a strategy of, ‘*Don’t Ask*’ of fathers’ obligations, is employed.

These mechanisms and strategies of dehumanisation are (re)constructed and (re)constituted through mass media representations. The women recognised how media

influences the public's perception of responsibility. It is not simply that women are responsible for childcare, the women recognised the systemic issue of social value placed on the role of mothering. For instance, Janice points out how negative media representations of single mothers are "*always about benefit*" and "*money for nothing*" (Janice) which conceals single mothers' societal worth and instead reiterates them as a liability. Kingfisher and Goldsmith's (2001) discussion of the neoliberal 'individual' based upon the 'white independent male' and the dependence and submission of women to the unpaid nurturing role of mothering supports this. Janice emphasised that society ignores the reality that mothering is actually a "*job*" (Janice). Lister (2004) discusses how "...both the (gendered) unpaid work of reproduction and care and community and voluntary activities are thereby discounted and effectively devalued and marginalised" (p.79). Janice inferred that the notion of 'unpaid mothering role' underlies negative media representations, as "*just trying to get a hand out*" (Janice), for something society deems unworthy of remuneration. Janice's comments resonate with Turgeon and associates findings (2014) that media representations serve to replicate existing stereotypes and inequalities (Turgeon, et al., 2014), which underpin gender inequalities embedded within neoliberal socio-economics from welfare receipt to the workplace – single mothers only have value if working yet, as stated earlier, this does not guarantee single mother's acknowledgement either. Mass media representations (re)iterate inferiority of single mothers to the public via the discourse of '*Don't Tell*' of single mothers' value.

Denial of human distinctions to single mothers' results in inequality (Bain, et al., 2009, p.801). Promoting 'emotionality of disgust' (Tyler, 2008) and revulsion, media represents the dehumanised single mother, "as ...filthy vermin who contaminate and corrupt, they are often viscerally despised" (Haslam, 2006, p.258), as being overtly sexual, coarse, and dishonest (Haslam, 2006). For instance, Gypsy talked of media representations echoing immorality discourses,

*Gypsy: ...leaving children at home. She becomes a working girl,
or single mum shop lifting.*

Samantha commented of the assumption, “*that you are promiscuous and ...you can't shut your legs*” evidencing a promiscuity discourse. Lister (2004) discusses the perception perpetuated by mass media of ‘dangerous classes’, (re)producing disgust and blame of women represented as ‘failed moral guardians’, ‘sexualised, and unmarried mothers’ (p.105). Elizabeth talked about public perceptions of drunken, complaining, sexualised mothers, reminiscent of the Elizabethan Poor Law (e.g. institutional categorisation as ‘undeserving’) and single mothers frightening ‘good men’ away,

Elizabeth: [p]eople think that all we do is like drink and...have sex with a lot of guys and always complain... “you don't know our life-story”.

The promiscuity discourse that judges single mothers is discussed by Tyler (2008) as ‘easy’, ‘fertile’, ‘temptresses’ luring men away with the promise of available sex. Lister (2004) comments on how British and the US media create ‘objects of fear’: “‘the feral child’ running wild ... ‘Brood mares’, ‘animals in the Government barn’ are among the animal epithets applied by US legislators to mothers on welfare” (Lister, 2004, p.112; Kushnick, 1999, p.160; Kingfisher, 2002; p.22). Further, Gypsy talked about New Zealand social attitudes reflecting a lack of sympathy for those who complain or speak about the difficulties they are experiencing as, “‘*Ohhh, harden up!*’ and *that sort of thing*” (*Gypsy*). The idiom of ‘harden up’ functions to silence individuals’ experiences of difficulty, as a victim-blaming ‘weak victim discourse’ suggesting the victim is at fault and needs to change, that the situation is “inevitable and enduring part of life that is essentially unchangeable” (Balanovic, et al, 2018, p. 53). Similarly, Gypsy implied this silences single mothers’ voices. These idioms, loaded meanings, and dehumanising discourses function through ‘*Don’t Ask*’ for dignity. You made

your bed so “harden up! And let’s not talk about it” (King, M, 2018; Kirwan, J & Thomson, M, 2010).

Most of the women recognised tactics the mass media utilise to propagate and perpetuate stigmatised representations of single mothers. For instance, Sarah implied the purposeful use of ‘media templates’ (Kitzinger, 2000) as frames of reference commenting “*I think it's negative and I think they kind of frame single mums as being a bit useless*” (Sarah). This dehumanises single mothers, becoming ‘shorthand’ for journalists, building momentum, through reiteration, misrepresentation, simplification, and minimal options which deny the mental ability to participate in the social contract (Atuahene, 2016). Sarah talked about how negative the words ‘single mother’ are, reminiscent of Foucault (1982): through the ‘effects of the word’ privilege is maintained for the benefit of the powerful. Aroha implied that single mothers are used by media to emphasise the group by de-individualising them,

Aroha: I think they probably...highlight a single mother...so they use single mother and then class them as a group as opposed to that individual.

Mary, Samantha, and Mila recognised that media influences stigma in the quest to sell their product, with or without evidence, with Mila commenting “*...solo mum does this, solo mum does that, ...its rife...I think the media really hams that up.*” Media ‘Don’t Ask’ if it could have been anyone.

Many of the participants commented on the lack of positive articles that show the effort and hard work single mothers put into their children on a day-to-day basis, their achievements and successes, but instead focus only on the negative. For instance, Elizabeth related that single mothers deserve more credit than they are given, and Kaha talked about the high proportion of media representation that are “*blame laden or degrading*”. Gypsy commented on media as, “*Definitely negative. I mean how often do you see a headline, ‘amazing single mum has conquered the world’*” And Samantha stated,

Samantha: [t]he other side isn't really put on there. Like single parent works her arse off and gets no congratulations or pat on the back...Where's that newspaper? It doesn't sell newspapers does it?

Lister (2004) comments on 'restricted voices and visibility' which pertain to single mothers' dehumanisation and moral exclusion silencing their voices and promoting representations as an individualisation of fault. This diverts the public from an "exploration of the wider structural context" (Lister, 2004), through the hidden and submerged "power of more dominant groups to define...Other" (Lister, 2004, p.123). To (re)construct single mothers as anything but 'beneficiaries', 'burdens' and 'other', would shatter a profitable, mutually beneficial and efficient illusion in the 'Don't Ask, Don't Tell' dehumanising discourse.

Negative Effects. Mass media methods of reporting on single mothers inspire negative affective responses in the women. For instance, Sarah related how sad these representations make her feel, as did Kaha. As consumers of media themselves "[s]hame and humiliation peel away self-esteem and negate the identity" (Lister, 2004, p.117, 119) activating higher BP and HR during emotional periods with greater negative affect or arousal (Kamarck et al., 1998). Gypsy related how "*heart-breaking*" it is that single mothers are "*not acknowledged for all the hard work we do*" (Gypsy). Mary referred to the media making jokes about single mothers, stating that it "*actually hurts*" (Mary). The women voiced negative affective responses with exposure to media representations as physical pain. MacDonald and Leary (2005) found evidence to suggest that both physical and social pain operate through common physiological pathways generating threat-responses, commenting "people are so vitally important to each other that social needs are ingrained in our very biology" (p.218). But additionally, negative representations of single mothers inspired anger in Kaha, Mary, Gypsy, and Elizabeth. Expressed anger can function to relieve physiological

responses to discrimination and worldview disconfirmation, eliciting more reactivity (Townsend, et al., 2010), but nonetheless, particularly when suppressed, anger is a negative affective response producing elevated blood pressure (Armstead, 1989). Rumination on injustice and suppression of anger predicts greater psychological distress (Hatzenbuehler, et al., 2009). Samantha found negative media representations “*really frustrating*”, with associations found between frustration and elevated heart rate (Yuan, et al., 2015).

Further, Samantha in her hesitation and reiteration revealed her doubt and uncertainty around people: “*But you can never be, you can never be too sure*”. Samantha implied that society knows stigma to be an illegitimate categorisation but she suspects individuals hold prejudicial attitudes privately. This inspires doubt and uncertainty around others. Majors and colleagues (2016) discuss how being ‘stigma conscious’ (i.e. expecting stereotypical rejection) and sensitive to rejection, anxious of interpersonal relationships and suspicious of prejudiced motives predicted increased threat and avoidance with increased feelings of stress.

On the other hand, Anne questioned why people place such importance on media reports. Terming them “*mindless morons*” (Anne), she cynically scolded those who do. Hart and Hope (2004) discuss how “cynical hostility confers increased risk of ill health by causing excessive exposure to multiple sources of stress” (p. 1578) in both life events and ‘internal’ “affective and cognitive stressors” (p.1578). However, Mary confessed that sensational media headlines work, to draw her attention, influencing her own judgement of single mothers “*not sometimes but a lot*” (Mary) despite being a single mum herself. Mary’s perception of not only her in-group membership but individual self-worth is compromised by the doubt, uncertainty, and contradiction media headlines engender.

Further to this, Mary commented on “*everyone arguing in the common section*” at university, indicating the social conflict these articles inspire. Social conflict has been found to generate CVR (Marin & Miller, 2013), debate produces threat responses (Nealey, et al.,

2002) more so for women than men (Troxel, et al., 2017). Women's vulnerability to social disapproval as a form of rejection sensitivity and hypervigilance for social acceptance increases central nervous system reactivity (Sauro, et al., 2001).

And yet many of the women said they could not give any example of discrimination indicating that those with higher system belief were less likely to be aware of discrimination of themselves or their group (Major, Kaiser, et al., 2007; Shapiro & Neuberg, 2008; Major, Gramzow, et al., 2002; Barreto & Ellemers, 2015; Stroebe, et al., 2009). For instance, most said they have either been well supported or that they could not give any example of discrimination. Of interest was that Janice utilised a socially creative strategy saying she has been better supported due to stereotyping, re-defining the significance of attribution (Ellemers & Van Rijswijk, 1997) to stigma as a positive effect. Even after viewing the stigma media presentation, many of the women did not voice recognition of exposure to articles and headlines in everyday life as personal experience of stigma.

Nonetheless, most of the women talked about experiences of altered inter-relatedness they linked with the stigma of single mothers. For instance, Anne, Gypsy, and Sarah referenced the gendered nature of employment discrimination against single mothers (Kingfisher & Goldsmith, 2001). Samantha's difficulty in acquiring rental accommodation resonates with Lauster and Easterbrook (2011) and Jury and associates' (2016) findings. Mila discussed how as soon as people find out she's a single mother, the way they speak to her and what they talk about changes, evidencing a societal perception and judgement of single mothers that alters the form of inter-relatedness she experiences.

Opatow (1990) discusses 'condescension', 'regarding others as inferior' and 'with disdain' in moral exclusion processes. Although Sarah acknowledged single mothers need help she voiced indignation at offers to 'mind her child', commenting, "*[i]t's almost like a little bit degrading... I don't have it written on my forehead that I need [you] to watch my kid for me all*

the time... I'm good like!" (Sarah). She perceives these as patronising assumptions, belittling her as incapable, not bothering to ask what she thinks she needs but telling her instead, resulting in lowered self-esteem keeping her 'down' (Link & Phelan, 2014). Further, Gypsy talked about colleagues assuming she was poor, and how on four occasions neighbours refused to believe she owned her house, automatically assuming she rented as a single mother. Lister (2004) discusses how two-thirds of welfare recipients do not admit their poverty. Gypsy implies her social worth was devalued, invalidating her efforts to succeed and threatening her social acceptance as being 'successful'. Threat to social acceptance conflict, low status and lack of respect for competence are associated with elevated CVR (Smith & Jordan, 2015).

Additionally, social isolation may increase blood pressure and be related to cardiovascular disease (Shankar, et al., 2011). Janice commented, *"it's hard to be an individual in a work environment because I've got commitments with the kids and it's hard to be a mum in the school environment because I've got work commitments so I fall between the cracks with everything in social groups..."* Isolation of lone mothers is evidenced by Cairney and associates (2003) and related to greater stress (Sperlich & Arnhold-Kerri, 2011). Lister (2004) discusses care responsibilities for lone mothers as a source for exclusion in employment and social integration networks, particularly when "long or unsocial working hours impede social and political participation outside the workplace" (Lister, 2004, p.91). Kaha talked about not having emotional support but avoids socialising, re-iterating its rareness, evidencing withdrawal from social interaction and 'daily indignities', indicative of stigma power keeping people 'in' (Link & Phelan, 2014).

Elizabeth stated she is *"persecuted...in a generalist view, for doing nothing but being a mother."* She implies merely by being a single mother, regardless of being honest or not, her worth as both mother and individual are silenced by a 'taken-for-granted' reprisal. Kelly and associates (2012) found participants reported lower "self-esteem,

belonging, control, meaningful existence and mood” (p.312) after ostracism and displayed greater arousal during exposure (Kelly, McDonald & Rushby, 2012). Janice stated the “*blended family, it's almost more acceptable than just being on your own*” and talked about mistrust of single mothers,

Janice: I think single mothers are feared by married couples...

“Ohhh yeah...you're single”, and they like, kinda like, retract...

Opotow (1990) points to “[f]ear of contamination” (p.10) as part of moral exclusion-specific processes resonating with ‘keeping people away’ in stigma power (Link & Phelan, 2014).

Due to these negative affective responses, some of the women showed signs of self-concealment, revealing the reverse effects of DADT. For instance, Mila now “*almost hide[s] the fact*” she is a single parent, with Samantha as men “*zero in*”, concealing their identity from men in particular, evidencing a form of self-imposed ‘*Don’t Tell*’, smoothing group interactions as a management strategy (Lalonde, 1992; Lemaine, 1974). Leleux-Labarge and associates (2015) found “self-concealment was positively associated with general psychological distress, anxiety, depression, and somatic symptoms” (p.49). But further, Anne recounted a conversation she had with a WINZ case manager relating,

Anne: I asked the people at WINZ how people are supposed to get ahead

in this situation. And they [WINZ] said, people who tell the truth don't.

Anne implied the WINZ case manager signalled ‘*Don’t Tell*’ the truth, because WINZ and society penalise those who do. The DADT discourse of dehumanisation engenders social conflict and incongruence, doubt and uncertainty, inspiring rejection sensitivity and self-concealment, producing feelings of ‘persecution’ and ‘exclusion’, anger, frustration, indignation, and sadness suggesting threat reactivity and negative affective arousal from social evaluative stress.

DADT may have been utilised to assist gay personnel in the US Defense Force to participate in the military and to reduce ill-effects of stigma they experienced. Nonetheless, for single mothers, *'Don't Ask, Don't Tell'* has become a tool of stigma power (Link & Phelan, 2014) to dehumanise them, removing their human rights as individuals with dignity and autonomous agency. DADT is delivered through media, society, and institutions for personal and socio-economic gain, perpetuating systemic inequality founded in gendered roles and strategies of 'divide and conquer' within a patriarchal society – functioning to silence and subjugate women. With this in mind, who are these single mothers then? I now turn to *Theme Two* giving voice to the women's belief of social systems and how they describe themselves.

THEME TWO: System beliefs

Neoliberal hopes – “Don't give up”

Neoliberalism is often thought of as a new version of liberalism removing limitations on the individual, and although neoliberalism is fundamentally a 'methodological individualism' the notion of 'individual' was based upon gendered understandings, aligned more with traditional sexual divisions of labour (Cahill & Konings, 2017). In New Zealand, neoliberal socio-economic policy was instituted by the Fourth Labour Government in 1984 as an answer to our economic woes, de-constructing Keynesian influences of social provision and protectionist policies, market constraints, union influences, and munificent welfare provision (Cotterell & Von Randow, 2016). The neoliberal agenda was taken up by the National government in 1990, but successive governments in either major parties have continued the neoliberal project to varying degrees.

A key dimension of the 'neoliberal agenda' was to alter attitudes from 'expectation' of citizen entitlements, towards 'aspiring' self-responsibility (Cotterell & Von Randow,

2016; Raco, 2009). Hackell (2016) discusses how the National government utilised media and timing of the Kahui child abuse trial in New Zealand as ‘mediatised construction’ of Māori to ‘re-script’ citizen attitudes towards an ‘insider’ and ‘outsider’ mentality promoting notions of the ‘good citizen’ in social normalisation processes of responsibility for care of children with new parental expectations. Neilson (2015) argues that neoliberalism produces: ‘ontological security’ (i.e. feelings of safety in material plenty and social solidarity), distracts from capitalist precarity with escapist consumerism, and how this evolves into disavowal and ‘backlash’ against ‘other’ groups, encouraged by the notion of self-sustainability, and discouraging ‘collective subjectivity and consciousness’ (Lukács, 1971). Alongside this sits the opposite extreme of ‘existential anxiety’ (i.e. a state of fear and dread of precarious life), ripe for exploitation (Neilson, 2015). With these theories and issues in mind, I return to exploring my single mothers’ talk of how they view society, their beliefs, and themselves.

Individualism. Capturing the individualism so fundamental to neoliberalism, self-reliance and independence features in the women’s voices. For instance, six of the eleven women are working (Samantha, Anne, Aroha, Janice, Gypsy, and Mila part-time while she studies). Anne is a self-employed psychologist and volunteers, as does Mary who is studying full-time, along with Elizabeth. So only three of the women were solely reliant on a benefit, being neither employed nor studying: Kaha, Sarah, and Leah. However, Kaha home educates her son full-time, Sarah is a qualified lawyer and wants to return to work part-time in the near future, and Leah pleads for an opportunity to prove her worth. Independence and self-reliance is shown in how the women viewed themselves. Janice preferred the genderless title of “*single independent person*”. Aroha favoured “*single independent woman*”. And Anne added “*strong independent woman*”, revealing her depth of self-sufficiency in the following comment,

Anne: I don't care what other people think...I just openly tell people...I already have my qualifications. I have my business. I don't need to get a job from someone else. I don't have to rely on anybody else. I just have to rely on myself... and even if people did make comments or judge me in any way, I wouldn't give a flying toss.

Those studying are increasing their skillsets, exemplifying individual values of self-expectation of self-improvement. For instance, even though Elizabeth placed emphasis on being with her kids she displayed individualism through self-exploration. *"Pretty much a mother. That's how I live my life...When I'm not with them, I'm trying to figure out who exactly I am and what I do."* Many of the women talked about doing well as a single parent, although generally these comments were made by the mothers who are working or already have a career. Mila described single motherhood as positive and *"not that bad so far"*, commenting that she has had more *"flexibility"* (Mila) over the last year since becoming a sole mother, implying a freedom and independence she has found in sole parental responsibility.

Personal Responsibility. Cahill & Konings (2017) relate how the focus of neoliberalism in the US was upon 'Personal Responsibility' which inevitably stigmatised single mothers due to perceived failings in traditional notions of the wife and mother. Humpage (2015) argues, that within public perceptions of responsibility, reciprocity, and community obligation there is potential for inclusion of social citizenship rights. In this manner, the women reciprocated within their community, as volunteers yet their community efforts are 'discounted and devalued' within expectations of gendered roles (Lister, 2004). President Reagan in the US attacked 'welfare queens' who supposedly led luxurious lifestyles paid for by hard-working Americans ostensibly to restrict welfare dependency, through portrayals of coloured women, who were represented as promiscuous and hyper-

sexed (Cahill & Konings, 2017). In New Zealand successive National governments encourage ‘othering’, ‘amoral familism’ (i.e. judging the ‘other’ as failing to act morally ‘like they do’) and disavowal, intentionally promoting ‘mediatised constructions’ to justify increasing coercive moral surveillance of parental responsibility (Hackell, 2016). So how did these single mothers view parental responsibility? Janice described herself,

Janice: I'm a single person. I'm an independent person. I'm a career [pause] I just like to say I'm mum so, not as in just, I'm just a mum, but that's all I ask myself as that's enough. To me, that's enough...I take a lot on as a single mother and I take the responsibility quite to heart, as it is a responsibility of a single mother.

Everything that's involved.

Janice paused on ‘career’ and changed focus to describing herself as a mother as if she realises she is sounding too independent. She continues,

Janice: ... at the end of the day, I'm still a mother whether I'm single or in a relationship. It doesn't really define how I treat my children. It's not changed the way I treat my children. They're still my people.

‘Single’ mother does not define her. The majority of participants identified themselves as mothers most importantly. However, when the women discussed what it means to be a single mother the conversation turned to the complexity of performing multiple roles.

Mila commented:

Mila: I don't think there's any appreciation, even from myself before I was a single parent, of how difficult it is on your own. How being responsible for everything from the shopping to the dishes, to the rubbish, to the lawns, to everything, to raising happy healthy kids, is all on the one parent.

Additionally, Sarah pointed out, generally these days the costs of providing necessities are from two incomes. Not only are single mothers responsible for the emotional and mental

nurturing as primary carer and all that entails, but also running a household in day-to-day management of physical necessities normally performed by two parents – all with fewer resources. Many of the women were not happy being ‘single mothers’ stating they would rather not be. For example, in Kaha’s disclosure, “...*it's definitely not something that I actively choose...it is a hard choice*”. Nevertheless, the burden of both provision and child care falls to single mothers through expectations of women’s dual responsibilities (Kingfisher & Goldsmith, 2001). As Jost and Banaji (1994) found, social arrangements that benefit the system are maintained, for instance, through gender roles and individual responsibility.

None of these women intended becoming single mothers. Indeed, seven of the eleven women reported domestic violence or need of protection as the main reason for their single parenthood, yet four of these additionally attributed ‘choice’. These were not easy decisions to make, yet they took personal responsibility for something arguably not their fault, for their children’s sake. For Janice it was “*unpopular*” but in the end it was “*in the best interests of the kids*”. Samantha stated she “*fought it for years*” but “*it wasn’t going to work*” so why stay “*just to not have a label...It’s a horrible choice to have to make*” (Samantha). And although Leah is struggling, she stated,

Leah: I’m proud of being a single mum for the hard decisions I’ve had to make [pause] for protection and safety of my son. Sometimes not so proud, just, I hate being a single mum [be]cause it’s really hard and exhausting... I know for me it was the best thing to do at the time and I wouldn’t change that decision.

Pride for these women, as a single mother, was founded upon their achievements, hard work they invest in bringing up their children alone, the self-reliance they have gained, and the difficult decisions they have had to make. Aroha stated she is proud because, “*I’m making it on my own.*” However, some altered the significance of the question by making a

point to say they were “*not ashamed*” (*Kaha*) or weren’t “*un-proud*” (*Mila*) suggesting deflection of perceived public assumptions they ‘ought to be ashamed’. Only Elizabeth expressed feeling pride of membership in the single mother group.

Elizabeth: Definitely. I think it’s so hard to be one, to do it by yourself ... I’m proud to be a single mother.

Nevertheless, the women took pride in doing the right thing for their children, assuming parental responsibility, and striving for self-sufficiency.

Resilience. Those in opposition to neoliberal policy often assume financial crises must re-direct the socio-economic political landscape and risk being blindsided by neoliberalism’s resilience (Cahill & Konings, 2017). However, Cahill and Konings (2017) point out that neoliberalism is founded upon the idea that “riskless existence is a fantasy” and demands “continuous adaptation to changing circumstances” (p.96). In this way, the women epitomise neoliberal resilience in their motivation to persevere, change and adapt. Nevertheless, despite many of the women largely succeeding, some have felt their efforts obstructed intentionally. For instance, Gypsy talked of, “*constant barriers ... thrown in their faces...like they don't want them to achieve.*” And even though Anne is now qualified, she related,

Anne: Don't give up... When I rang here to apply...I got told...not to bother because it would be too difficult...At every point they withdrew me from all of my papers and so I didn't get paid, so I'd have to sort that out. I didn't even get an interview for clinical... I had to get my own internship... I volunteered all along the way despite the fact that, that was really difficult and affected my grades.

When asked what the women thought was important about being a single mother, they described the role as “*the hardest job ever*” (*Gypsy, Leah*) with *Kaha* referring to it as

“relentless”. Gypsy added, “it’s all so gut wrenching. It’s like, we’re all people that are trying to better themselves and break cycles”. And although Mila has found some positives being a single mother, she talks about how it doesn’t matter how well organised you are, small things can throw out routines when “there’s only me to rely on to do that day to day stuff” (Mila). Elizabeth pointed to how people think “they’ve had kids so it’s up to them” but she explained it takes a “village to raise a child” (Elizabeth). Janice reiterated the absurdity of thinking women set out to get pregnant to “become” a single mother. Janice stated her driving force is hope of recognition. “The thing that probably motivates me is the fact that when the kids are maybe 27 they might see everything that mum’s done for them” (Janice). Aroha commented,

Aroha: I think that being a single mother and seeing your children grow up ...and people comment and say how lovely they are...how well behaved they are... that makes me happy and feels like I’m succeeding as a single mother.

Mila talked of worrying that her income as an administrator is not enough, limiting what she can give her children,

Mila: [w]hen you can't get ahead you then can't help your children to get ahead.

Resilience, perseverance and motivation to succeed are founded within the women’s parental responsibility and hopes for their children.

System Belief

Aroha: I don't think that New Zealand favours certain societies...I think everybody has a chance to succeed and do well in life...if you're poor you can rise to be rich. Definitely...I think they can. I just think that they need an open mind at what they

can achieve and possibly a positive influence in their life to think that way...obviously working [is] better [for] them financially, to better their life.

Aroha endorsed the system. Her measure of success is having achieved full time employment alongside fulfilling parental responsibilities, with future plans of home ownership. She drew from system doctrine for sense-making of a ‘Just World’ (Lerner, 1980) to legitimise the system. Aroha utilised her own success story as an argument to prove the system ‘legitimately’ works to benefit those who comply, and in the act maintains the existing arrangement using “*obviously*” (Aroha) as rationalisation or ‘stock device’ to legitimise system doctrine (Augoustinos & Every, 2007; Jost & Banaji, 1994). Her success validates her self-worth; she feels pride in her achievements and dismisses the idea that working could be anything but positive. Aroha prescribed individual responsibility albeit needing positive influences, and did not comment of the reduced family time or dual role conflicts other working mothers did. In her expectation that future advancement will eventuate system-justification belief provides her with predictability and control (Eliezer, Townsend, et al., 2011). Aroha is ‘secure’ in her status, disavowing systemic issues of oppression and attributing individual responsibility (Neilson, 2015).

Similarly, Janice in the highest income group, reported high belief in system justification, meritocracy, and permeability, and talked about getting ahead as being reliant on individuals’ attitude and effort thereby legitimising individual responsibility, albeit admitting it’s not always easy to change attitudes. She placed more emphasis upon personal than collective responsibility as a pre-requisite of success. However, Janice also emphasised the importance of culture, implying a ‘tall poppy’ syndrome (i.e. denigrating, demeaning or cutting down higher achievers to common level, to ‘normalise them’) (Pierce, et al., 2017; Peeters, 2004; O’Neill, et al., 2014; Mancl & Penington, 2011).

Janice: It's not always a culture that's ingrained in New Zealand society, but I do believe that if you're prepared to set yourself a goal and work towards that goal whether it be a little bit at a time...then you will achieve it and there is the potential to achieve it.

Both Janice and Aroha's system belief is founded upon neoliberal reward for 'aspiring, responsabilised, and autonomous agency' (Neilson, 2015).

Gypsy, also in highest income bracket, reported lower system justification belief in all but permeability. Recognizing social and material precarity in society can evolve into a more inclusive solidarity and collective consciousness (Neilson, 2015, p.195). Gypsy works supporting others, observing injustices, inspiring a more collective consciousness of disadvantage. She still reported a higher hope of advancement, although voicing critical consciousness, perhaps in order for her to effectively perform her role. Sarah reported the same belief as Janice, but makes more references to a human right to fairness and equality indicating more collective focus upon the concept of justice. Despite temporarily relying on welfare support, she is still hopeful of security through her skillset as a lawyer.

Although Anne displays lower hope in advancement and belief in the system, she placed priority on individuals' resilience and working hard in order for advancement to occur. Anne reported a high work ethic and meritocratic belief from a neoliberal perspective of reward for effort and determination. She utilised her experiences to show that perseverance against those who "*slam the doors in your face*" (Anne) can still win, exemplifying her own success as the 'clinching argument'. For those with 'appropriate motivation', outcomes are still dependent upon wealth, education, health, support networks and self-belief, with success producing justification of their beliefs (Neilson, 2015, p.196), but anger at the 'gate-keepers' may result, and can evolve into progressive politics (Neilson, 2015, p.196). Anne's motivation, education and success as psychologist justified her beliefs, she did not voice

contradictions, yet reports lower permeability and system belief, strongly voicing radical critical awareness and progressive politics (Neilson, 2015). Anne displays perseverance but her professional experience of injustices, life experiences, obstruction and continued need for assistance despite success has produced critical consciousness (Freire, 1970). Similarly, Mila who is both working and studying is upwardly mobile but displays critical consciousness and implied society has neglected community as an “*unrecognised*” (Mila) consequence of individualism, yet voiced contradictions and growing disillusionment (i.e. disrupted expectation, disappointment and frustrated illusion) (Barry, 2000). In contrast, Mary and Elizabeth, both studying, reported higher work ethic and permeability, maintaining a sanguine youthful hope of upward mobility from hard work in study. Elizabeth took an optimistic perspective understanding the power education holds:

Elizabeth: I think that if they really, really want to, they can through like, education and knowledge...Knowledge is power.

An interesting finding was that Samantha uses the Protestant idiom of “*scrimp and save*”, although higher education with lower income has produced a lower hope and disillusionment (Neilson, 2015). Nonetheless, Samantha still suggested people have to ‘want’ to advance implying a neoliberal belief, that those who are unsuccessful ‘choose’ this outcome, lack moral-fibre and self-discipline (Quinn & Crocker, 1999).

Samantha: There's a small factor of people that will be ok, and be able to drag themselves out of where they've gotten. Where they were unhappy with that.

Both Kaha and Gypsy utilised other countries for comparison in defence of New Zealand’s social system, with Kaha commenting:

Kaha: I try to be grateful for the fact that we do have a welfare system. Whether it's flawed or not.

Their defence of the system reflects contextualised performative responses at opposite ends of the income spectrum. Where a higher income bracket and profession may explain system defence for Gypsy, Kaha's system defence is due more to depending upon this 'safety net' to home school her child, requiring welfare support. Her defence of the system suggests this is out of need. Voicing accusation of a 'flawed' system however, reveals an acquired critical consciousness (Freire, 1973).

Aroha and Leah displayed two ends of the ontological security/existential anxiety spectrum (Neilson, 2015). Those experiencing the most difficult precarious employment may have to accept lowly and degrading or dangerous work. With lower education they may have little hope of advancement and may be suitable for exploitation (Neilson, 2015). Neilson points out, "[m]aybe such people are also sustained by the hope—despite their present reality—that things will change for the better" (p.197) inspiring a 'false consciousness' (Freire, 1973). Although Leah is struggling to find employment she still echoed neoliberal doctrine.

Leah: I think it comes down to people's own circumstances. Yes, there are people out there who deserve to be poor because... of their own previous actions...they can't be trusted. They're not reliable, so there's a consequence they have to live with... Some people do only have themselves to blame.

Leah reported higher system belief in all subscales despite struggling and voicing less hope of advancement being older with lower education. But Leah still emphasised her work ethic, even though not receiving a 'just reward'. While many of the women voiced that people need support, Leah stated that wealth ought to "trickle down" (a Neoliberal socio-economic term for wealth transferral from the rich to communities and the poor) while stipulating, only for the "genuinely" (Leah) deserving. She legitimised the system, denied discrimination and defended the system as treating her well, while placing responsibility on individuals'

previous actions, reflecting the ‘backlash’ and disavowal embedded within neoliberalism, supporting a system-justification belief, making Leah vulnerable to exploitation.

Negative Effects. There was a strong critical awareness displayed throughout the women. For instance, Anne cynically gave warning that the path to success is not going to be easy, “[l]ife sucks, so suck it up!” Kaha explained how power is utilised by the privileged as a tool of social control to protect their own position.

Kaha: It's not in a governments' best interest typically to encourage, or, raising a country of people that question things, because they will be held more accountable for their actions, and it will make their role less cruisy. So to just kind of spoon-feed people rubbish and have a system that just tells people to accept spoon-fed rubbish...it's just a perpetuation of that.

Kaha talked of witnessing the rich as ‘undeserving’: “*I see it over and over again actually, some really incompetent stupid rich people.*” Gypsy also implied that just because someone is poor does not mean they are lazy in her experience. Gypsy compared New Zealand with English classism, implying that prejudice of class, ethnicity or sex determines whether someone is rich or poor, not ‘deserving’.

Most recognised that with wealth and privilege comes favour. For instance, Samantha talked about privilege and recognition always going to the “*same people*”, implying the injustice of favouritism: those born to wealth are handed opportunity and lifestyle undeservedly, along with the psychological resources to achieve success. Samantha implied that workers often do not receive appropriate reward emphasising that she has to be “*very careful...and save every penny*” (*Samantha*), regardless of working hard. Elizabeth also talked about how deserving, hardworking people can be overlooked, having “*seen it happen*”, and Mary commented:

*Mary: I feel like more of the time it depends on who you know,
not what you know.*

Anne talked about the many expenses rich people can claim, which the poor cannot, relating her own experience starting a business. Samantha discussed that society does not appreciate the gap between groups and the difference that limitations can make, and that instilling fear and not encouraging risk-taking limits individuals' capacity to take up opportunity and be resilient to failure. Leah utilised reiteration to reference the greed of wealth, "...and some I think are just greedy as well, and they have money and they just get more money, and more money and are very selfish towards the lower side of society", reflecting a rising resentment. Even Janice alluded to the idea that the wealthy are blinded to the difficulties for the poor, suggesting a developing weakness in her beliefs. She commented,

Janice: [h]igher ending earners are a little bit oblivious to the struggles of the people that don't earn quite so much...They've had the luxury of having middle to upper class all their lives. They've never experienced ... having to go down to a food bank to feed their children... it's very hard to get out from the lower earnings and get to the middle or upper earning.

Whereas Mila and Mary talked about normalised schemas, Mary referred to the preference for social inclusion, that "[i]t's society's view on things...and a lot of people don't want to be like the minority. They want to be part of the majority... how they were brought up I guess" (Mary). Mary referenced the human desire for social acceptance, but alludes to society encouraging and perpetuating this through upbringing. Mila discussed how "everybody judges everybody...on their own yardstick". She explained that people evaluate others as if everyone is the same as them. Mila emphasised that judging the poor as having wasted their opportunities is mistaken. According to Major, Kaiser, and associates (2007) a "delegitimising" ideology may develop in stigmatised groups who repeatedly witness or

experience discrimination, and eventually come to the conclusion that status is biased and based upon favouritism rather than merit. To the degree that critical consciousness is evidenced with many of the women in the study, this is supported. However, although this can provide meaning as an alternative cultural worldview (Greenberg, et al., 1997) it may also result in hypervigilance and rejection sensitivity (Kaiser, Vick, & Major, 2006; Mendoza-Denton, 2002).

Neilson (2015) discusses how those with higher education, time and resources can keep up with local news of increasing precarity, which can develop into contradictory consciousness (Freire, 1970). Many of the women spoke from both system legitimacy and some form of critical consciousness (Freire, 1970), sometimes in the same sentence. For instance, Sarah struggled between system-justification and realities, finally admitting she was finding the question difficult to answer.

Sarah: I think that's true for some people, but then I think, that it's not true at the same time. I think that you can, if you put in the effort, you can get ahead financially, but I don't. This is really tricky.

Gypsy also struggled, oscillating between holding onto her belief that advancement is possible, thereby legitimising the system, and admitting doubt, even recognising she has contradicted herself.

Gypsy: Ohhh, I do think it's possible but it's not certain... it's definitely possible with a lot of hard work ...you're gonna have to climb thousands of barriers probably, but you have to be really, really determined that you can get to where you want. But I don't think that you can...No, I don't. I've probably just contradicted myself. No I definitely don't think it's a fair and equal society.

From a differing perspective, Mila pointed to success stories to de-legitimise the system insisting this is “still” a rarity and “not the rule” (Mila) but then back tracked, legitimising

the system by implying those who don't succeed have "no gumption" (Mila), echoing neoliberal dogma. She finally de-legitimised work ethic by adding that some hardworking never get ahead. Mary and Elizabeth, similar to Sarah, believed there is truth in both sides, vacillating between system legitimacy that the rich deserve reward and de-legitimising the work ethic. Mary commented, "I'd say half and half, [be]cause, I do know a lot of people who have worked hard and gotten to where they are, but then I do know a lot of people who have worked hard and are still in the same position, or even worse off." Elizabeth stated,

Elizabeth: So I think people who are rich, have worked their assess off, to get there for themselves...Some people have gotten it through inheritance...There are poor people who, are busting their assess to get somewhere, and then there are those who just sit around doing nothing, and just wreaking havoc on society.

Another interesting finding was that Leah made the 'slip' of confusing undeserved wealth as "no fault" (Leah) of their own and the 'fault of the poor' they lack wealth. Contradiction occurred, unconsciously transposing idioms. Doubt and uncertainty resulting from contradictory consciousness, and disconfirmation of worldview verification theory for those who endorse ideologies, and in system-justification theory for higher belief through disconfirmation, as well as for lower belief through induced need, have all been evidenced.

Self-belief. Negative effects to self-esteem were evidenced in the women's voices. For instance, even though Samantha has pride in her achievements and inferred that being a single mother has empowered her to achieve more, incongruently she knew it has limited her potential, stating "I feel like there's more" (Samantha). In Sarah's re-iteration there is a sense of insecurity, that she is trying to reassure herself that things will be ok. "So I truly believe that you know, he's going to be fine. I'm going to be fine. We already are fine" (Sarah).

Uncertainty about their future makes an appearance. Even though Sarah is young, highly educated with a bright future as a lawyer, she gave the impression of convincing herself, stating she *“truly believe[s]”* (Sarah), as if in a mantra, indicating that single motherhood has reduced her self-belief which she attempts to rebuild with positivity (Neilson, 2015).

Mentioning responsibilities overwhelmed Mary. *“Cause there’s heaps...Can we just pause for a second?”* The difficulty of role emerged, in Mary’s struggle. When Sarah was asked if she were proud, she replied *“No”* timidly, eyes welling with tears, and began apologising *“I’m so sorry...I didn’t mean to cry”* (Sarah). Later she continued, *“I’m proud of myself, but it’s just I feel insecurity about being like, ‘I’m a single mum’”* (Sarah). Sarah grappled with internal conflict between her belief in the commitment and investment she has made in her child and societal judgement of single mothers, in a form of disconfirmation of worldview (Major, Kaiser, et al., 2007). Group identification for Sarah exposes her to negative public perceptions of a stigmatised social identity so incongruent with her self-belief that doubt, distress and lowered self-esteem emerge (Major, Kaiser, et al., 2007, Ashburn-Nardo, 2010; O’Brien & Major, 2005; Quinn & Crocker, 1999).

Leah did not seem to recognise in her defence of the system, that she denigrates her own legitimacy as a beneficiary, self-stigmatising by judging the poor *“to blame”* (Leah) for their own poverty. Discussing the lowly rewards of previous employment, she commented, *“it was kind of depressing really, so that kind of had an influence on my own ability”* (Leah), indicating reduced self-belief of *“ability”* (Leah) rather than being discouraged by her employer. Leah stigmatised herself rather than attributing her poverty to systemic structures, internalising the failure (O’Brien, Major & Gilbert, 2012) and lowering her self-esteem (Major, Kaiser, et al., 2007, Ashburn-Nardo, 2010; O’Brien & Major, 2005; Quinn & Crocker, 1999). In light of Leah’s attribution to domestic violence for single motherhood, this

demonstrated the power that system-belief holds to engender false consciousness resulting in self-blame, which justifies the system at her own expense.

Hope. According to Butterworth and associates (2006) hopelessness is “entrenched negative expectations about the future” (p.653). Both Mila and Kaha displayed a sense of disengagement (Salomon & Jagusztyn, 2008; Miller & Kaiser, 2001). For Mila, her experience of domestic violence has perhaps disconfirmed her beliefs in a consistent social system (Lerner, 1980), evidenced by hopelessness creeping into Mila’s voice when she stated, “*you can try...you can be capable, but it doesn't guarantee success.*” Samantha accepted that for some, inability to rise is inevitable, as a normalised perspective of viewing the world. She implied it is hopeless for some:

Samantha: But there are people that, it's just a cycle and it will continue, because that's the way it is.

Sarah commented, “[*m*]y hopeful side would say yes, but I think reality is, is that no...I don't think people can just get ahead if they've come from a poorer background.” This suggests Sarah is attempting to hold hope yet voicing uncertainty garnered from knowledge of injustices. Leah clearly conveyed a sense of desperation in her voice, evidencing a rising anxiety of her precarity (Neilson, 2015). She implored,

Leah: [j]ust give me a trial...give me the opportunity to show that I can do something...And unless I'm given the chance, then I can't prove myself to someone. So it makes it really difficult.

And yet, despite this sense of disillusionment and hopelessness in some of the women’s voices, the greatest reported belief was permeability: none of these women had given up. Those on welfare still work, volunteer, study, plan to return to work, or simply plead for a chance to prove themselves. Even Mila and Kaha displayed a fundamental belief in

education, despite Kaha's form of dissension in home-educating her child. Mila still finds the drive and determination needed to strive for better through study. Their children are their motivation.

On the other hand, doubt and contradiction intrude regardless of beliefs. Some evidenced anxieties forming, Mary about the burdens involved, Sarah about internal conflict, and Leah displayed mounting resentment and anxiety. Even Janice, enjoying ontological security, still voiced some measure of critical consciousness. The least reported belief was in meritocracy. Only Aroha, Kaha and Anne's voices were confident in their socio-political orientations, if at opposing ends of consciousness and cynicism.

It is without doubt that the women as a group displayed system belief supporting Godfrey and Wolf's (2016) findings, if only through their perseverance, underpinned by self-identity, and their motivation for achievement. The women demonstrated independence, self-reliance, resilience and commitment to their children. These are all foundations of neoliberal theory which distinguish 'good citizens' (Kissane, 2012). Their hope is founded upon adherence to neoliberal dogma and need of future reward for their children, even in their struggle against the existential anxiety of precarity within neoliberal society. In their unanimous perseverance to comply, the women convey the message – *'I can, and I will'*.

THEME THREE: Management & modification

Empathic discourse of resistance – Passive Warriors

In order to understand how the women in this study manage their identity, it is helpful to describe modifications the women have made in the form of protective devices since becoming single mothers. For instance, Mila preferred the title "*sole parent*" because 'single' infers availability. She holds back information about her status in the company of men, intentionally restricting new relationships and reclaiming control, emphatically stating

her lack of interest, as *“not at all”*. Similarly, Aroha proudly stated, *“I don’t need no man!”*, in a form of empowerment through independence, disempowering both men and society. Janice stated she *“falls between the gaps”* in dual roles, so she *“sticks”* to her group in a restricted social reach, but stated she is happy to *“put herself aside”* (Janice), as if martyring herself to the cause, legitimising herself as a ‘good mother’ making ‘her’ choice, reclaiming control in the mothering role. Kaha talked about the emotional support she would like, yet avoids socialising, re-iterating its rareness. She commented, *“I live in a bit of a bubble, so I’m not often in social situations... Like I choose not to spend time with people who are dicks really. Very rarely in social situations, very, very, rarely”* (Kaha). Her reiteration may indicate an attempt to comply, but as a disruption of public perceptions by evidencing lack of social interactions as ‘her choice’, she reclaims control and redefines compliance as resistance. Samantha chooses not to bring *“someone else into the mix”*, protecting her children, and comments about self-imposed choices. Samantha presented herself as ‘good mother’, in conjunction with loss and sacrifice as legitimisation:

Samantha: ...it was a choice to give up drinking to, to give up smokes, to give up a lot of my life so that I could provide for [name]...I lost a lot of my friends. It was like no I can't do that anymore.

Samantha commented on learning to *“trust her own judgement”*, adding, *“... it has definitely become a choice”*. Samantha evidenced how self-imposed ‘conspicuous constraint’ (Kissane, 2012) in compliance with societal expectation, nurtured self-belief to trust her ‘good judgement’, empowering her to reclaim control and enabling resistance through self-discovery.

Revelation of insecurity in the precarity of single motherhood can revitalise the introspection required for personal growth. Elizabeth had become fascinated with New Zealand history, giving the impression of escaping into her books, but she admitted having to

overcome psychological obstructions, commenting “[i]t didn’t matter what happened” (Elizabeth), in order to begin this journey, yet ‘history’ does matter to her. Elizabeth implied needing to vanquish the past, in order to explore her own identity. However, she also referred to becoming a mum as “overnight...then single mother in three months” (Elizabeth) reflecting an immediate existential anxiety about single motherhood. Elizabeth recounted the anxiety she felt to get on a benefit as fast as she could as if implying going into ‘survival mode’ with loss of control. Sarah commented, “[i]t just slows things right, right down to snails’ pace.” Sarah felt pressure to alter her perceptions of the movement of time in order to accommodate a slower pace of life than she experienced as a lawyer, also in a journey of self-discovery. Both Sarah and Elizabeth made reference to perceptions of temporal change in the shock and revelation of becoming single mothers, demanding alterations to lifestyles but in this process enabling a discovery of self, strength and resilience.

Becoming single mothers altered not only how they viewed themselves but how they saw and experienced the world. A clear example of this process is exemplified by Mila. Mila preferred being the decision maker because it enabled opportunities to change plans, be more flexible and relaxed with her children than she felt in the relationship where “decisions were difficult” (Mila). However, this was accompanied by anxiety to “get things right” (Mila) being solely responsible implying an increased anxiety of parental obligation. Mila has become more “conscious” (Mila) of the limitations of being on an “administrators’ income” (Mila), so she is studying to increase the possibilities for higher salary. Mila admits however, becoming conscious she too had “subscribed” (Mila) to public perceptions of single mothers, only recognising this since becoming a single mother herself. Mila’s new found awareness of mistaken societal assumptions of single mothers intensifies her anxiety, displayed in the following exchange,

Researcher: It’s like you’re over compensating.”

Mila: "Definitely. So without even realising that, that's what I was doing. So making sure that I'm only taking money that I'm entitled to...I'm not going to defraud anybody. I'm not going to get kickbacks. I've been quite open about that.

The change in Mila's status has produced anxiety but also a critical consciousness by illuminating the mistaken perceptions of single mothers through self-awareness and introspection. These experiences, modified perceptions and behaviour displayed by the women are utilised as protective devices in self-preservation processes which can isolate the women further, but through introspection and increased self-awareness inspire more understanding of others.

Kaha: ...they are actually superhuman feats. That's not an average story for a reason. That's not because people are just lazy... if people were willing to look at what the other factors are, some of them might not be that convenient for people to admit to themselves...People are real people and how have they gotten to that place?

In Kaha's comment above she alluded to an inconvenient truth people are reluctant to admit, that social factors influence success and failure in society, reminding us there are 'real' stories behind status'. This knowledge of others is grounded within self-awareness of the inherent difficulty of succeeding and the many factors which limit, implying those without experience of this ignore these realities depending instead upon stereotypical judgements of 'other' in a form of wilful blindness. All of the women at some stage talked about the story behind people's circumstances, attempting to contextualise individuals. As an example, Aroha expressed concern for how individuals got to the situation reported in media articles: *"I think about the story not the classification, and what has actually happened, not*

that it's a single mother". She avoided her own association with an in-group by re-defining negative media representations to individual problems not her own, enabling space for empathy rather than placing blame on single mothers. This effectively allowed her to disconnect belief in the legitimacy of the system and doctrine blaming single mothers from her own group membership, and thus psychologically, save herself from self-stigma. Others expressed their empathy by voicing understanding and compassion for others, questioning factors and cycles involved in outcomes, propagating a balanced view, recognising desperation in people, or associating with their plight. Leah talked about how she felt when she sees articles about single mothers, *"if that situation is true, of what that single mum has done... that's what I find sad"* (Leah). And Anne questioned how this situation has evolved and what is behind single mothers' choices, commenting,

Anne: ...typically, have the risk factors to have had children early anyway so are more likely to have children and also more likely to be single mothers. And so, I wonder what's gone on in their lives, that's led them to this point.

Many of the women redirected discourses to counter 'myths' through giving alternate attributions and positive affirmation. For instance, Leah talked of those without options, *"...others are just forced into a decision, where they don't really have a choice but to be on their own really"* (Leah). Janice discussed whether an individual has the right upbringing. She commented that it *"[m]ight just be something that, that's all you know but not had the opportunity, have not had the guidance through their life"* (Janice). Gypsy referred to the *"true stats"* referencing realities of why women find themselves parenting alone, countering discourses of 'choice'. Additionally, the women redirected the conversation to the children, recognising it is never their choice. For instance, Sarah admonished discrimination of the

single mothers' children, and Janice said her *"heart goes out to their kids"*. Anne attempted to (re)direct attention to the children, imploring society, *"[i]f we focus on the fact that the money is for the children ... Just give them the opportunity to spend the money on the children"* (Anne). On the other hand, some utilised positive reinforcement and consideration. Samantha referred to single mothers as some of *"the most amazing people I know"*. Janice made a point of discussing a mum she has observed who is always *"presenting"* (Janice), fulfilling her responsibility to her children without support, attempting to validate her efforts, *"[s]o I like say, 'Hey mum, you're doing a great job!'"* (Janice).

But further, the women displayed an intersubjective understanding and 'knowledge'. For instance, Elizabeth expressed her understanding of mothers who turn to prostitution, even as she disassociated herself from this course of action. *"And even when mothers go to that extent where they use their body to bring money into the home... Like I personally wouldn't, but I can understand where that would come from"* (Elizabeth). Samantha deflected accusations of there being a 'single mother club', and stated she would never say single mothers were *"letting down the team"* (Samantha), understanding many are experiencing more difficult situations than herself. Although Janice stated she cannot condone some of the things single mothers do, she understands the desperation single mothers may experience in a mutual intersubjective 'knowing':

Janice: Whether it's your situation or under stress or tired. You've had a gutful you know. They might be snapping at the kids. They might have hungry children they can't feed. Society would look at that, as a bad mother ...they'd label in a way that's maybe not accurate given the situation. And I suppose, only a single mother can recognise another single mother under stress because they know what it's like.

Barriers to succeeding in society were talked about by many of the women in the form of resistance. For instance, Sarah pointed to burdens placed on single mothers restricting and damaging their careers and health. Sarah stated:

Sarah: [n]o-one takes the time to really think about, 'Ohhhh, what toll is this, this extra toll, actually taking on that mum?'

And Kaha talked about how life can simply become so difficult that individuals lose hope, give up, and turn to unhealthy coping mechanisms which perpetuate cycles of failure to advance. Mary spoke about opportunities single mothers are not able to take advantage of for lack of adequate childcare assistance. Janice pointed out that stress can influence an individuals' ability to make the right decisions, "*...in a situation with either poor mental or physical health or environmental stresses that make, that lead you to make decisions*" (Janice). Anne revealed her own difficulty as the child of a solo mother, distinguishing between opposing environments, emphasising the tougher conditions poor people experience:

Anne: Some people have sunshine and rainbows which make things so much easier. Other people don't, which makes things so much harder, in so many ways.

In the women's display of empathy for other single mothers, there were resonances with Beauvoir (1948). As Marso (2012) explains, Beauvoirs' ability was to retain the individual experience while considering broader politico-structural conditions which situate them at the same time. By describing the human condition through multiple realities, the inherent ambiguity of human existence is established, and collective political movement for freedom of all can emerge. However, this understanding of others' in the women's voices was not restricted to single mothers and their children. Regardless, of system belief and success,

Janice discussed the workers that get trapped: *“Sometimes you get stuck in the working poor, where you work and work and work and don't get up”* (Janice). Further, Gypsy defended:

Gypsy: That's probably a hard one with single fathers because I do think...they experience a lot of discrimination, probably, sometimes if not a little bit more than mums at times.

Their concern for others broadened out to all individuals, including different out-groups in difficult circumstances. Samantha stated, *“I see a person that needs help.”* Sarah idealistically reiterated her sense of justice, *“people should be kind and judge not, but it happens, people discriminate...It just shouldn't happen”* (Sarah). Anne talked about how societal judgements influence outcomes stating, *“...then you've gotta think about, you know, what are peoples' core beliefs about themselves? And if it's, you know, 'I'm worthless and useless' and people slam the doors in your face all the time, so why bother?”* While Leah reminds us that,

Leah: [p]eople make mistakes, but why always focus on the negative?... I think it's a bit unfair. They still deserve to be treated humanely, and be given a second chance.

Furthermore, some of the women discussed groups that may be experiencing disadvantage from multiple sources. ‘Intersectionality’, first described by Kimberle Crenshaw (1989), exposes the intersection of discriminatory practices in society and multiple marginalisation’s. Elizabeth reminds us of the multiple barriers and battles some have faced in New Zealand for a very long time commenting,

Elizabeth: [w]hen Māori women still stand today, and how they're still fighting for voices, for their voice to be heard... and how it's been like a battle for women against everybody.

In addition to this the women recognised that disadvantage of poverty can bring multiple marginalisation's, for instance disability, mental illness, abuse, and sexual orientation. In example, Sarah discussed how the poor are given fewer opportunities in life, and have greater difficulties to overcome than others, hindering their ability to take *"hold of them to get out of that"* (Sarah). Elizabeth said *"I've come from [a] background that a lot of poor people have come from."* Janice displayed understanding that contextual conditions give a distorted perception of the disadvantaged: *"Whether or not it's their situation, that's created an aura of uneasiness or maybe attitude, that can be perceived incorrectly, [be]cause of their situation"* (Janice). And Kaha questioned why oppressive cycles of poverty continue:

Kaha: And how is it that we live in a world, that's allowed them to most likely go through like generations of something, that's led to that being normal?

Mary referred to the difference between equality and equity, understanding that even though opportunity may be available to everyone, some are unable to benefit from it because they lack the resources to, stating that only the *"certain few are going to be able to get it"* (Mary). Elizabeth understood that many people have to *"start lower"* and *"claw their way up to get to an even keel"* (Elizabeth). Furthermore, both Janice and Samantha voiced feeling that New Zealand society is prejudicial. For instance, Janice commented, *"New Zealand is inherently racist and that's not just, Māori/European, it's Asian, Indian, immigration, disability, persuasion, don't wear the right clothes, don't look...there's lots of different discrimination you know. People are quite easy to point the finger. They're quite clicky."* And Samantha stated,

Samantha: If you're a Māori ...or Pacific Island single mother that you've double the amount of shit to climb over...and as much as we joke about it...you know the comedy about it, it's very real, it's very real.

From this critical awareness of disadvantage in society the women displayed an inter-

subjective understanding and invisible connection to those experiencing multiple marginalisation, echoing a 'knowledge' of 'intersectionality' (Crenshaw, 1989).

At face value the women's voices demonstrate an essentialist feminist position of the nurturing 'good mother' displaying empathy and caring. However, these women went further, seeing not only their own oppression but others': the poor, prostitutes, the disillusioned, abused and distressed, single fathers, and those of Māori descent, or of other cultures and 'ways of being' in the world. The degree to which the women evidenced critical consciousness indicated growing system delegitimising ideology resulting in cultural worldviews which could challenge neoliberal dehumanisation processes and 'justifying social change' (Major, Kaiser, et al., 2007; Sidanius & Pratto, 1999; Tajfel & Turner, 1986).

With these themes in mind, I will now discuss my conclusions, how these results differ from other research, their limitations, future research directions, and finally reflections on the research process.

CHAPTER FIVE: Conclusion

Within the voices of these single mothers a strong neoliberal orientation underlies much of how they construct their identity, and the manner in which they understand and make sense of the socio-cultural and political realm within Aotearoa, New Zealand, whether this be through their belief in system-justification (Jost & Banaji, 1994), work ethic and meritocracy, or specifically, through their need to believe for hope of future advancement (Jost & Banaji, 1994).

The strong undercurrent of independence, self-sufficiency, self-regulation, resilience, perseverance and determination was clearly evident in their compliance with neoliberal doctrine. Evidenced as ‘autonomous, aspiring, self-sufficient individuals’ the majority are not only travelling the path rather than talking about it, but many have arrived. Even so, for some of the women it was not only difficult to gain independence but some felt single mothers are actively discouraged and blocked.

The depth of parental responsibility emerged as a unified feature in their voices. The responsibility they assume is painfully evidenced in their shared understandings, the manner in which they construct their identity, ‘ways of seeing and being’ in the world, as the self-responsibilised in a neoliberal socio-economic landscape. Yet what defines them is the effort they invest in fulfilling their obligations, in their struggle in commitment to their children and provision for them. Not one of the women voiced any regret or wish to ‘walk away’ from this responsibility.

All the same, the undercurrent of concealment remained. Most of the women evidenced in some manner, how society conceals the responsibility they assume, the hard work they invest fulfilling dual-roles, and their achievements. The women understood they were represented as all the same, and not as individuals. Some expressed cynicism, and strongly de-legitimised the system expressing anger. Other affective responses included

disillusionment, resentment at the incongruity of empowerment and limitations of single motherhood with lack of just reward, and sadness likened to physical pain. Doubt and uncertainty, along with stigma consciousness suggested hypervigilance and rejection sensitivity (Kaiser, Vick & Major, 2006; Mendoza-Denton, 2002) are related to increased threat reactivity. All such responses may be linked to distress, anxiety, depression and physical health effects.

The women were aware that expectation of gender roles disproportionately targets and impacts single mothers, devaluing their mothering role and contribution. ‘Othering’ in stigma processes was identified embedded within welfare to work policies, social discourses, and media representations. The women recognised portrayals of them as exemplifying immoral sexuality and behaviour, in opposition to societal norms. They identified how mass media representations alter public perceptions. They were aware of derogation and disparagement as ‘inferior beings’ lacking mental ability. They resented being framed as ‘bad mothers’, ‘promiscuous’, ‘drunken’, ‘dishonest’, ‘useless’, ‘substandard’ fodder for journalists fleshing out the sexualised caricature of solo mum. The women were aware media utilise the term to sensationalise headlines for profit. Their talk revealed that through *‘Don’t Ask, Don’t Tell’*, single mothers are (re)produced as income-generating ‘sub-human’ distractions to the betterment of profit-margins, gender power dynamics and the powerful. Showing single mothers as succeeding, employed, hard-working, good mothers does not serve the interests of mass media, the welfare system, policy-makers, or the privileged, but would instead, re-instate single mothers’ human nature and unique human qualities, thereby, engendering their inclusion in the ‘moral community’ (Opatow, 1990), re-instating their human rights, and turning the public gaze elsewhere. *‘Don’t Ask’ who they are – legitimising their rights. ‘Don’t Tell’ of their value – who would we blame?*

In response. Empathy was utilised as a counter-discourse of resistance. As a weapon

against social exclusion and division within individualistic society, advocating for more relational, inclusive, caring and inter-dependent influences becomes powerful. In the act of managing their identity through self-awareness and introspection, the women modify their behaviour through ‘conspicuous constraint’, yet in their efforts to match dominant social values, self-protection becomes an act of revolution from within.

In re-defining the significance of social judgement the women asked how they got there? The high level of critical consciousness displayed by the women, coming with higher education, observations and lived experience as single mothers inspired greater inter-subjective understanding of others. Through renegotiating social identity from deviant to ‘benevolent’, displaying empathy for others, the women reconstructed their self-images as morally compassionate, elevating their sense of self-esteem. Modifications to the women’s social behaviour in some cases restricted their likelihood of forming new relationships, increasing and enabling (self)imposed social isolation, however, this additionally provided opportunities for introspection, nurturing self-awareness, reclamation, and empowerment. In doing such, they recognised justifications, attributions and rationalisations of background, mitigating factors and extenuating circumstances. The women redirected discourses, altered attributions, reinforced others with positive affirmation and asked questions in defence of the disadvantaged.

Manifesting as caring, compassionate and empathic, the women recognised the ‘intersectionality’ of double-marginalisation for Māori and Pacific Island single mothers and out-groups who experience discrimination from multiple sources. The women’s voices resound as an empathic counter discourse in challenge to system dogma, ‘othering’, ‘mediatised constructions’, and discourses which dehumanise them. The women reclaim control through compliance and self-protective devices, renegotiating their social identity to ‘benevolence’ empowering themselves as active, aspiring, self-responsibilised agents of

social change. By virtue of their mental solidarity and moral humanity birthed in adversity, education and critical consciousness the women (re)construct a compassionate neighbourhood in which to disrupt the neoliberal agenda from within by empathic resistance, of simply asking the inconvenient questions and telling systemic truths. As passive warriors of 'good faith' they convey the message, *'Don't Ask' us to deny our humanity.*

Differences. There were a number of differences from available literature that came to light in this research. For instance, where Kissane (2012) found that her participants did not display any anger at their status or identify the reduction in government support and the instability of low-wage work, in this project many of the women voiced some form of anger at how their status, stigma, media representations, and power dynamics obstructed their mobility, and how socio-cultural and political influences impacted their lives. Many spoke up against gender inequities, discriminatory societal practices and political perpetuation of oppression, voicing their consternation over the stress of hardship and adversity disadvantaged individuals experience. This was displayed through their critical consciousness of system inequities which was reflected in their insistence on asking questions. Aroha was the only participant who did not display some form of sadness, anger, resentment or frustration with stigma, media representations, societal structures, and government institutions.

When discussing pride only one of the women voiced having pride in her in-group of single mothers, in contrast to Crocker and Major's (1989) findings that stigma can produce in-group identification and pride, such as the 'Black is Beautiful' movements. When the women discussed pride they related this to their independence, achievements, hard decisions and efforts made. There was little evidence, despite most identifying strongly as single mothers and being very open about their status, for pride of their in-group membership.

While Turgeon and associates (2014) found welfare managers used “discourses of difference” (Lamont & Molnar, 2002) for those categorized as ‘generational’ or ‘situational’ clients, this research found no evidence for this. Indeed, many of the women in this project voiced their disappointment and frustration at the lack of recognition they were shown by WINZ and society, in failure to distinguish them for their hard work and efforts to be independent, the socio-environmental and person-situated factors legitimizing their claim to assistance, and from those who abuse the system or do not make the effort to be self-sufficient.

Limitations. As with all cross sectional studies, results are limited and can only inform of the group selected, of a particular section of the community explored, and cannot be generalised to the population. In this research project with only eleven participants, the results cannot describe the entirety of single mothers’ experiences. Further, a limitation was sample size, so no correlational results can be identified in this study.

Only single mothers were included in this research, with no single fathers approached. I would have liked to include fathers, but constraints of time and space did not allow this. Similarly, very few participants were beneficiaries and most were of European descent, which contradicted national statistical data, although this was of interest in and of itself.

As participants were exposed to media headlines, the study may be viewed as ‘priming’ the women. However, the design enabled subjective voices to be heard immediately after exposure to a stigma condition by reconstructing the experience of stigma in true to life form. In this way, the women were given the space for immediate response to something that often occurs with no opportunity to ‘vent’ frustration, sadness or anger. System belief was reported in the beliefs survey questionnaire before exposure as an

‘unprompted’ worldview response which was incorporated into the discussion of results to provide a balance of usually held belief and stigma responsive belief.

Finally, while the health survey and cardiovascular data were collected they could not be analysed within the scope of this study.

Future research. Research with this group would benefit from a broader diversity of employment, beneficiary, volunteer, studying, and ethnicity status for participants. Similarly, if future research could be conducted through Kaupapa Māori (i.e. by Māori researchers for the benefit of Māori) methodological framework, there may be insightful and positive gains to be made for understanding how decolonisation processes in the socio-cultural and political landscape of Aotearoa are intertwined with intersectionality for indigenous single mothers’ lived experiences of stigma.

Inclusion of single fathers would have enabled exploration as to whether fathers voiced similar thoughts on stigma as single mothers, and if indeed, they also experience stigma. Future research would gain insight into comparable and different experiences between mothers and fathers as single parents, and may provide intriguing data to be explored, for instance if stigma is against beneficiaries, single parents or only single mothers, influencing public perceptions, structural and institutional discriminatory practices. Additionally, it would be of interest to explore whether single fathers reveal DADT discourses embedded within their lived experience of sole parenthood, even if, of differing focus, or new forms of stigma discourses such as, possibly a ‘deficit’ masculinity in single fatherhood.

The high rate of single mothers who reported domestic violence or need of protection in this study as the main reason for single parenthood suggests there is a need of further research. This would benefit understanding and public awareness of the legitimate attributions behind social assistance for this group. The particularly negative psychological

impact violence has on survivors has been widely evidenced, however the added psychological burden of the lived experience of stigma as single mother and child, has had limited address in New Zealand despite the high rate of domestic violence statistics.

Additionally, although constraints restricted analysis of the cardiovascular measures conducted in this study, future investigation into CVR measurement with a larger sample size would be of benefit, since there is limited literature on this or on the long term effects on cardio health for single mothers.

Reflections. During the literature review for this thesis the broad scope and depth of research on the topic of stigma and more recent health impact on disadvantaged groups soon became apparent. In researching this topic, I found a wealth of literature to draw upon making it difficult to find focus for this study. The emergence of DADT and its importance in identifying mechanisms of oppression culminated in the decision to restrict discussion to the interview alone. Nevertheless, literature impressed and cemented an understanding of future benefits in cardiovascular research with single mothers.

I found this research project emotionally and psychologically draining as a single mother myself, having experienced stigma both as a beneficiary and as an independent working sole parent, and struggled throughout with a sense of hopelessness for single mothers' situated socio-political context. Notwithstanding, as this research unfolded, narratives of those attempting, or who had achieved, self-sufficient sole parenthood, impressed on me the courage and determination of these women, particularly relating to experiences of stigma, which evidenced 'superhuman feats' of 'presenting' and compliance to societal demand in extremely limiting and difficult circumstances. Their voices enabled my strength to complete this project and I feel immense pride and honour to provide a

strengths-based thesis to portray these amazing individuals. As a single mother, I am proud to identify myself as in-group member.

Nevertheless, it was difficult to find single mothers with resources and time in which to participate and who were also willing to voice their opinion on stigma. The question remains however, how can society tolerate and justify stigma as an acceptable tool for social control of those complying with socio-political and economic demands – or those in legitimate need of assistance? No individual or group ought to be exposed to such negative influences in an enlightened society, let alone vulnerable groups doing nothing more than attempting to rear children.

In light of legislated avenues to address discrimination, racism, sexism, and prejudice, the literature impressed the need for similar legal mechanisms to address stigma of groups, such as single mothers, and for social education on how widespread acceptance of stigma is in our society, by individuals, communities, social structures, and institutions of New Zealand, and of the negative psychophysiological effects stigma produces.

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Appendices

A. Figures

A.i. Psychophysiological pathways to the autonomic nervous system.

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A.ii. Use of 'solo mum' in NZ media headlines.

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A.iii. Media examples of stigma power (Link & Phelan, 2014)

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A.iv. Low-status groups experience threat, even when worldview is confirmed due to greater need to justify the system in hope for the future

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A.v. Study-room set up

B. Tables

<i>Table 1. Lower and higher system belief by participant.....</i>	<i>23</i>
<i>Table 2. Demographic, socio-psychological data</i>	<i>24</i>
<i>Table 3. Self-reported health, cardiovascular minimum and maximum measurements, and mean during study.....</i>	<i>25</i>

C. Forms

C.i. Participant information sheet



MASSEY UNIVERSITY
COLLEGE OF HUMANITIES
AND SOCIAL SCIENCES
TE KURA PŪKENGĀ TANGATA

Blood pressure, heart rate and social views of single mothers

Who is conducting this research?

Kia Orā, my name is Joanne McFadyen. I'm a single mother of a ten-year old boy and psychology student completing a Master's Thesis at Massey University. I'm exploring single mothers' views and beliefs, and blood pressure and heart rate while reading and viewing some media headlines.

What is research about?

This research aims to explore single mothers' views about the current social situation in New Zealand. The goal is to increase knowledge of single mother's ideas and views, and to explore how these are related to their blood pressure and heart rate. You are invited to take part in this research.

Who can take part?

To be eligible to take part in this study you need to be a single mother with dependent children (full or shared custody) and not currently living with your children's father, aged between 18-60 years and be fluent in English.

Due to heart monitoring, those who have previously been diagnosed with obesity, high blood pressure, cardiovascular ill health or heart disease cannot take part.

What's involved?

If you agree to take part in this study, we will arrange a time convenient to you during October or November that you are able to come to Massey University Palmerston North campus. I'm very sorry but we are unable to offer childcare during the study so you will need to arrange this. You are welcome to bring a support person with you. However, at particular points in the study it is necessary for them to wait outside to ensure that blood pressure and heart rate monitoring is the same for all participants during these parts. They can re-join you for the interview though. Participation will take around 1.5 hours of your time. Additionally, for those that do participate, you need to not drink any caffeine product or participate in vigorous exercise for 2 hours previous to taking part in the study. You will be asked to complete a short questionnaire with questions about you and your views on the social system in New Zealand.

During a short rest you will have blood pressure (BP) and heart rate (HR) equipment attached to your non-dominant arm (an automatically inflating cuff) and measurements will be taken. You will then view a presentation of some media headlines and images, whilst your BP and HR are measured. Then the interview will begin, lasting approximately 30-mins. You will be asked similar questions to the questionnaire to gain a better understanding of your answers. Your BP and HR will be measured at regular 3min intervals throughout. The interview will be digitally recorded so that I can type

it up later for analysis. After the interview the monitoring equipment will be removed.

Finally, you will be invited to have hot refreshments and a biscuit, and any questions you have will be answered. To thank you for your time you will be given a \$30 voucher to The Warehouse.

Pseudonyms will be used in analyses and reporting to protect anonymity. All participants will need to sign a voluntary, informed consent form. If at any point you feel distressed, you are welcome to leave without explanation or consequence.

What happens to the information?

All information will be treated as private and will be anonymised. You are welcome to receive a summary of the research findings. The data will be securely stored for five years and then destroyed.

All information given in the study will only be used in a thesis for psychology and potentially published in academic international journals.

What are your rights as a participant?

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- *decline to answer any particular question;*
- *withdraw from the study before analysis of data begins*
- *ask any questions about the study at any time during participation;*
- *provide information on the understanding that your name will not be used unless you give permission to the researcher;*
- *be given access to a summary of the project findings when it is concluded.*

Please feel free to contact the researcher or supervisor if you have any questions about the project:

Researcher: Joanne McFadyen

Email: [REDACTED]

Or email: [REDACTED] (if not using Massey email service).

Ph: [REDACTED]

Mobile: [REDACTED]

Research Supervisor: Professor Antonia Lyons

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This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern A, Application 16/50. If you have any concerns about the conduct of this research, please contact Mr Jeremy Hubbard, Chair, Massey University Human Ethics Committee: Southern A, telephone 04 801 5799 x 63487, email humanethicsoutha@massey.ac.nz.

C.ii. Consent form



MASSEY UNIVERSITY
COLLEGE OF HUMANITIES
AND SOCIAL SCIENCES
TE KURA PŪKENGĀ TANGATA

Blood pressure, heart rate and social views of single mothers

PARTICIPANT CONSENT FORM - INDIVIDUAL

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to the interview being sound recorded.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature:

Date:

.....

Full Name - printed

.....

Te Kūnenga
ki Pūrehuroa

Massey University, School of Psychology - Te Kura Hinengaro Tangata
PO Box 756, Wellington 6140, New Zealand T +64 4 801 5799 F +64 4 801 2796 www.massey.ac.nz

C.iii. Survey Questionnaire

Blood pressure, heart rate and social views of single mothers

For office use only

Participant: _____

Condition: A B

Below you will find a list of questions. Please provide the closest answer you can by either circling the response category, or writing your answer in the space provided. Please remember that you do not have to answer any question you do not want to.

Age: _____

Ethnicity: _____

Household income:

under \$10,000/ up to \$20,000/ up to \$25,000/ up to \$50,000/
up to \$70,000/ up to \$100,000/ over \$100,000

Number of household dependents under 18years (full custody): _____

Number of household dependents under 18years (shared custody): _____

Relationship of dependents under 18 years (**circle as many as apply**):

natural relation/ whānau/ adopted/ whāngai/ fostered/
grandchildren/ unrelated/ other _____

Number of household dependents over 18 years: _____

Relationship of dependents over 18 years (**circle as many as apply**):

grandparents/ parents/ whānau/ other _____

Current marital status (**circle as many as apply**):

married/ divorced/ never married/ separated/ de-facto/ single/ other _____

Highest qualification achieved (**circle as many as apply**):

high school/ trade or industry certificate/
technical institute certificate or diploma/ university certificate/ diploma/ degree/
post-graduate qualification/ masters/ doctorate/ other _____

Employment (**circle as many as apply**):

part or full time/ casual or contract worker/ self-employed/
 student part or full-time/ beneficiary/ unemployed/ non-beneficiary/
 volunteer worker/ other _____

Self-rated physical health:

very poor/ poor/ average/ somewhat good/ good/ very good/ excellent

Self-rated mental health:

very poor/ poor/ average/ somewhat good/ good/ very good/ excellent

Have you been diagnosed with depression or anxiety in last 6months? Yes / No

Have you ever been diagnosed with depression or anxiety? Yes / No

Smoker/Non-smoker:

(Smoker is defined as more than 1 cigarette per day on a regular basis)

Are you presently taking anti-depressant medication? Yes / No

Main reasons for single motherhood:

*choice/ abandonment/ divorce/ separation/ children's father died/
 children's father imprisoned/ whāngai/ failed contraception/ accidental/
 alcohol or substance use/ domestic violence/ protection/ assault/ Inter-
 generational/peer pressure/ other _____*

The next two questions ask about your experience of being a single mother.

“How strongly do you identify as a single mother?”

Not at all 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 Strongly

“How open are you about being a single mother, when meeting people in social or work situations?”

Not open at all 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 Very open

The next set of questions ask about your views on New Zealand society. Please indicate how strongly you agree or disagree with the following views circling ONE number that best represents how you feel using the following scale:

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
 Strongly Disagree Somewhat Neither agree Somewhat Agree Strongly
 disagree disagree nor disagree agree agree Strongly
 agree

1. "New Zealand is a just society where differences in status between groups reflect actual group differences."

Strongly disagree 1 2 3 4 5 6 7 Strongly agree

2. "Differences in status between groups are fair."

Strongly disagree 1 2 3 4 5 6 7 Strongly agree

3. "Differences in status between groups are the result of injustice."

Strongly disagree 1 2 3 4 5 6 7 Strongly agree

4. "It is unfair that certain status groups have poorer living conditions than other status groups."

Strongly disagree 1 2 3 4 5 6 7 Strongly agree

5. "New Zealand is an open society where individuals of any status can achieve higher status."

Strongly disagree 1 2 3 4 5 6 7 Strongly agree

6. "Advancement in New Zealand society is possible for individuals of all status groups."

Strongly disagree 1 2 3 4 5 6 7 Strongly agree

7. "Individual members of a low-status group have difficulty achieving higher status."

Strongly disagree 1 2 3 4 5 6 7 Strongly agree

8. "Individual members of certain groups are often unable to advance in New Zealand society."

Strongly disagree 1 2 3 4 5 6 7 Strongly agree

9. "If people work hard they almost always get what they want."

Strongly disagree 1 2 3 4 5 6 7 Strongly agree

10. "Most people who don't get ahead should not blame the system; they really have only themselves to blame."

Strongly disagree 1 2 3 4 5 6 7 Strongly agree

11. "In New Zealand, getting ahead doesn't always depend on hard work."

Strongly disagree 1 2 3 4 5 6 7 Strongly agree

12. "Even if people work hard, they don't always get ahead."

Strongly disagree 1 2 3 4 5 6 7 Strongly agree

13. "If people have the ability and make enough effort they almost always get ahead."

Strongly disagree 1 2 3 4 5 6 7 Strongly agree

14. "Most people who don't get ahead should not blame the system as it is their own lack of ability and effort that holds them back."

Strongly disagree 1 2 3 4 5 6 7 Strongly agree

15. "In New Zealand, getting ahead doesn't always depend on ability and effort."

Strongly disagree 1 2 3 4 5 6 7 Strongly agree

16. "Even if people are deserving, they don't always get ahead."

Strongly disagree 1 2 3 4 5 6 7 Strongly agree

C.iv. Interview Questions

Interview questions

In-group Identification:

Intro... “When women think of themselves they may regard themselves as mothers or women, as wives and girlfriends, or career women, as single and independent women or just as individuals for instance.”

1. “Can you please tell me some of the words you would use to describe yourself?”

Prompt... “For instance, many mothers are proud of the effort and hard work they put in that being a single parent requires, others may feel threatened by being recognised as part of the group ‘single mothers’.”

1.a. “Are you proud to be a single mother. Why or why not?”

For those not proud,

1.b. “Would you rather not call yourself a single mother. Why or why not?”

In-group Concealment:

Intro... When people first meet and they are sharing information about themselves with another, people will often begin with facts such as what they do or whether they have children, married etc.”

2. “What sorts of things do you say in these situations?”

Prompt... “For instance, sometimes people don’t always feel comfortable openly discussing being a mother or specifically, a single mother.”

2.a. “Would you normally hide the fact you are a single mother or avoid mentioning it, or would you openly tell new people?”

Attributions for poverty:

Intro... “Changes in social and economic policy in New Zealand have occurred over recent decades for single mothers, who generally suffer lower living standards than other groups. Several explanations for lower living standards in this group have been suggested.”

3. “Why do you think single mothers experience this?”

Prompt... “For instance, some people might say that single mothers choose their lifestyle and others that society is rigged against single mothers.”

3.a. “What do you think?”

Prompt... “Or for instance, some people might say that single mothers have only themselves to blame, and others that mothers’ sole parent responsibilities aren’t taken into account.”

3.b. “What do you think?”

Stigma

Perceived Stigmatisation:

Intro... “New Zealand society is regarded by kiwis and overseas people, as ‘giving everyone a fair go’.”

4. “How are single mothers treated in comparison to other similar groups do you think?”

Prompt... “For instance, other similar groups may be partnered mothers, other beneficiaries or single fathers.”

4.a. “What do you think?”

Prompt... “Or for instance, when someone feels they are being treated differently to others in a worse way, they may think they are being discriminated against.”

4.b. “Have you ever felt discriminated against as a single mother?”

4.c. Can you tell me about it?”

Attributions for stigma:

Intro... “Stigma is considered labelling and stereotyping of groups in a negative way that can lead to being treated differently or unfairly in everyday life, at work and education or in the community, by individuals and sometimes institutions like government departments.”

5. “Have you ever experienced it?”

If agreeing **5.a.** “Can you tell me about it?”

5.b. “Why do you think it happens?”

5.c. “How often do you think it happens?”

If not agreeing **5.c.** “Do you think it happens to others?”

Attributions for Media

Intro... “When the media, like newspapers or on TV, refer to a particular group frequently in a negative way, people can get negative ideas about that group.”

6. “What do you think the media representations are of single mothers?”

6.a. “Do you think media representations of single mothers are justified or not?”

Prompt... “For instance, when the media only shows single mothers being arrested for drug offences, child neglect, avoiding work or stealing from WINZ, people begin thinking that ALL single mothers are drug addicts, bad mothers, lazy and thieves.”

6.a. “How do feel when you see media representations of single mothers like you have seen in the presentation?”

System-justification belief

Work Ethic

Intro... “When people think about what you have to do to succeed and get ahead in the world, they usually think of having to work hard to succeed or that they have to be ‘favoured somehow’ and have few barriers to succeeding.”

7. “How do you feel about this? Can people almost always get what they want in New Zealand if they work hard? Why or why not?”

Meritocracy

Intro... “When people think about what is needed to succeed in getting ahead, they usually think of needing ability or putting in the effort, or that some don’t get ahead regardless having the needed ability or putting in the effort.”

8. “How do you feel about this? If people have the ability and make enough effort do they almost always get ahead in New Zealand? Why or why not?”

Legitimacy

Intro... “New Zealand is considered to have a fair and equal society where everyone gets a ‘fair go’.”

9. “What do you think?”

Prompt... “For instance, often people think that status groups, like being poor or rich, are because of differences in actual abilities and effort, and others because society favours some and not others.

9.a. “Do you think in New Zealand differences in status between groups reflect actual group differences? Why or why not?”

Permeability

Intro... “New Zealand is considered a free and open society where anyone can get ahead or rise in status from poor to rich for instance.”

10. “Do you think that individuals of any status can get ahead in New Zealand? Can you explain? Why or why not?”

Prompt... “For instance, whether you are a man or woman, Maori or European, rich or poor, it is possible in New Zealand society to advance or achieve a higher status.”

10.a. “Do you think advancement in New Zealand society is possible for individuals of all status groups? Why or why not?”

Overall

Intro... In these questions, I’ve asked you about identifying as a single mother, about poverty, stigma of being a single mother, media representation of single mothers, New Zealand society, status and equality.

11. “Is there anything else you would like to add or want to say about being a single mother?”