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Self-Stigma and its Association with Parental Stress among Single Mothers

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***Abstract**: Self-stigma is a psychosocial phenomenon that can occur in any individual or group possessing characteristics that are either explicitly or implicitly associated with socially endorsed negative stereotypes. Using a questionnaire-based survey, this study investigated the association between internalized stigma and parental stress among 174 Vietnamese women who self-identified as single mothers. The findings revealed that higher levels of internalized stigma were significantly associated with greater parental stress. Notably, neither financial conditions nor support from the child's father played a moderating role in this relationship. However, marital status emerged as a significant moderator. Women who had never been married or were legally married but self-identified as single mothers reported a stronger association between self-stigma and parental stress. The study also discusses its limitations and provides implications for future research on this topic.*

***Keywords:** Self-stigma, Single mothers, Lone mothers, Parental stress.*

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1. Introduction

Social stigma has been a prevalent phenomenon in any civilization, across time and space. According to Goffman (1963), stigma is a social construct, linked to the attribution of a particular attribute to an individual or group as negative. This attribute that is "deeply discrediting" and devalues the person who possesses it, transforming them from *a whole and usual person to a tainted and discounted one*. Goffman further posited that stigma does not lie in any specific personal attribute, but rather in the way society reacts to that attribute, thereby damaging the individual's "social identity".

A concept closely related to stigma and extensively studied in social psychology is self-stigma. The concept of self-stigma has been expressed through various terms, including internalized stigma, perceived stigma, or enacted stigma (Mittal et al., 2012). Self-stigma is defined as the process through which individuals internalize public stigma, absorb negative societal messages, and come to perceive themselves as what society stigmatizes (Vogel et al., 2007), even when they have not personally experienced such stigma firsthand (Corrigan et al., 2006). More specifically, Livingston and Boyd (2010) proposed that self-stigma is a subjective process embedded within sociocultural contexts, in which experiences or perceptions of adverse social reactions based on an individual's stigmatized identity often lead to negative self-perceptions, maladaptive behaviors resulting in identity change, and/or the acceptance of negative stereotypes. In this sense, an individual's self-stigma, based on a personal

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characteristic that they perceive as being viewed negatively by their society (either explicitly or implicitly), can lead to congruent negative emotions and anti-group behaviors directed against their own group. Studies have identified a wide range of populations susceptible to both social stigma and self-stigma, such as individuals with mental health disorders (Gärtner et al., 2022), immigrants (e.g., Berríos-Riquelme et al., 2025) and single mothers (Kim et al., 2024).

Corrigan and Rao (2012) proposed a four-stage sequential model describing the process of stigma internalization, or self-stigma, as follows:

Stage 1 - Awareness: Individuals in an undesired social situation (e.g., immigrants, people of different ethnicities, people with disabilities, law offenders) become aware of society's stigma toward their status. For single mothers, this awareness stage is associated with perceiving the lack of support or negative attitudes from others on account of their identity as a single mother. For instance, such negative attitudes may stem from the assumption that single mothers are less capable of providing adequate physical and emotional care for their children, or even from unsubstantiated judgments regarding the single mother's virtue, morality, or personality.

Stage 2 - Agreement: Individuals may come to agree that society's negative stereotypes about their group are accurate for the group as a whole. For single mothers, this is interpreted as accepting that the negative attitudes directed toward their group are reasonable and justified. For example, common parenting challenges faced by any parent, such as a child's disobedience or inappropriate behavior (e.g., lying, stealing money, or breaking rules), are often attributed to the child being raised in a single-mother household. In other words, the agreement stage reflects a generalized negative perception of an individual's socially disapproved attribute.

Stage 3 - Application: At this stage, individuals not only agree with society's negative attitudes toward their group but also accept that these stereotypes apply to their own situation. This means that single mothers may internalize these negative judgments in their everyday lives. For instance, when their child becomes ill, encounters academic or behavioral problems, or when financial hardship arises, they may attribute these difficulties to their own perceived inadequacy, believing that they are not good enough or capable enough to provide well for their child.

Stage 4 - Harm: This stage occurs when the internalization of stigma causes significant psychological harm to the individual, often manifested as feelings of shame, diminished self-esteem, and increased psychological distress. Among single mothers, this may be reflected in a tendency to feel hesitant, uneasy, avoidant, or to experience stress when discussing their personal circumstances.

An interesting aspect of Corrigan and Rao's (2012) self-stigma stage model is that the authors suggest the harmful consequences of self-stigma for the individual occur only when the person begins to apply public stigma to members of their own group (Stage 3) and ultimately internalizes it as a personal issue.

This study focuses on single mothers as the target population, which includes women raising children under conditions of never being married, being legally married but self-identifying as single mothers due to primary financial and childcare responsibilities, and women who are widowed or divorced. The present study does not aim to analyze the

psychological stages of self-stigma among single mothers. Instead, the main objective of this paper is to examine the relationship between self-stigma and parental stress among single mothers. The primary hypotheses are as follows:

Hypothesis 1: Self-stigma is positively associated with parental stress among single mothers.

Hypothesis 2: Marital status may moderate the relationship between self-stigma and parental stress among single mothers.

2. Research methodology

2.1. Participants and research procedure

The study participants comprised 174 single mothers, aged between 19 and 50 years, with a mean age of 30.33 years (standard deviation (SD) = 8.79). Regarding educational attainment, 32.8% of the participants had completed vocational or lower-level education, 50% had college or university degrees, and 17.2% had obtained postgraduate education. In terms of marital status prior to becoming single mothers, 37.9% of the participants had never been married; 35.1% were legally married (but currently living as single mothers); and 27% were either divorced or widowed. The majority of participants (80%) had only one child, while the remaining participants had two to three children, although this proportion was relatively small. The most significant proportion of participants were engaged in self-employed or freelance work (33.9%), followed by those working full-time (31.6%), part-time (17.8%), and those who were unemployed or homemakers (16.7%). The duration of being in single-mother status ranged from nearly 1 year to 17 years, with an average duration of 4.18 years (SD = 3.74). At the time of data collection, 40.8% of the participants lived solely with their child(ren), whereas 59.2% lived with their extended family, including their child(ren) and biological parents. Concerning the father's involvement in child-rearing, 19.5% of respondents reported that the father provided financial support, 6.9% stated that the father visited the child(ren) periodically, 28.7% indicated that the father shared parenting responsibilities, and 44.8% reported that the father did not fulfill any responsibilities toward their child.

Data collection procedure

Following the selection and translation of the measurement scales aligned with the research objectives and hypotheses, an online questionnaire was developed using KoboToolbox. It was then pilot-tested with 14 participants who met the sampling criteria to examine the face validity of the research instrument. Based on feedback from the pilot group and input from expert consultations, the questionnaire was revised and finalized. Subsequently, the research team conducted a large-scale online survey, distributing it across various social media platforms and targeted online forums dedicated to single parents, parenting, and child-rearing.

Although various recruitment methods, including sending personal messages, making phone calls, posting recruitment videos, and requesting shares, were adopted, the initial number of responses was only 28. To boost the response rate, the research team decided to offer a small symbolic gift to participants, which helped increase the number of responses to 53. Further strategies were implemented, such as consulting media experts, reaching out to social media influencers, and contacting well-known single mothers or individuals with large followings; however, these measures did not yield significant results. Ultimately, the research team launched an initiative titled "Book Reward for Survey Referrals". For each

valid questionnaire completed, the referrer was allowed to receive a book as a token of appreciation. This exchange-for-book program was widely disseminated and promoted thanks to the support of students from the University of Social Sciences and Humanities, Vietnam National University, Hanoi, as well as various social media influencers. Through this initiative, the research team successfully collected a total of 238 responses. After removing invalid responses, such as duplicated submissions or questionnaires with only a single answer option across all items, the final number of valid responses was 174 (representing a 73% valid response rate).

2.2. Research instruments

Self-stigma regarding the role of being a single mother was assessed using the Self-Stigma Scale developed by Mak and Cheung (2010) and adapted for use with concealable minority groups in Hong Kong. The scale consists of 39 items, each containing a blank space for an identity designation. Researchers can insert an appropriate identity into the blank space relevant to their study population (e.g., gay men, lesbians, immigrants, people of colour). For instance, the original scale item, "*I have negative feelings toward my identity as a...*", was operationalized in our study as: "*I have negative feelings toward my identity as a single mother*". The scale comprises three subscales: (1) Cognitive Subscale consisting of 19 items reflecting participants' thoughts about themselves in the role as a single mother (e.g., "*I cannot measure up to others no matter how hard working I am due to my identity as a single mother*"); (2) Affective Subscale consisting of 14 items expressing participants' emotional experiences related to their identity as a single mother (e.g., "*I feel despondent because I am a single mother*"); and (3) Behavioral Subscale consisting of 6 items describing specific behavioral responses among single mothers (e.g., "*I only befriend people who have the same status as I have*"). Participants rated their level of agreement with each item on a 4-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree). Higher scores indicate higher levels of self-stigma, and vice versa. The Cronbach's alpha coefficients were 0.91 for the overall scale, 0.92 for the cognitive subscale, 0.92 for the affective subscale, and 0.90 for the behavioral subscale. These coefficients indicate the reliability of the scale for use with this study population (DeVellis, 2017).

Parental stress was assessed using the *Parental Stress Scale* developed by Berry and Jones (1995). The scale consists of 16 items that capture various aspects of the parenting role. In this study, to suit the target population, all phrases referring to "parenting" were modified to "mothering" (e.g., "*I am happy in my role as a mother*"). The original version of the scale includes four subscales. However, in this research, since the objective was to examine the overall impact of self-stigma among single mothers on parental stress, parental stress was treated as a single composite variable rather than being analyzed across its individual dimensions. Participants rated their level of agreement with each item on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Before computing the composite parental stress score, negatively worded items were reverse-scored. A higher score on the scale indicates a higher level of perceived parental stress among participants, and vice versa. The Cronbach's Alpha coefficient for the entire scale was 0.88, demonstrating good internal consistency.

2.3. Data analysis

All data were analyzed using SPSS version 23.0. For both main scales, subscale scores were computed by calculating the mean of all items within each subscale. This approach allowed us to examine the differences in mean values across subscales within each scale.

The statistical analyses included descriptive statistics (calculation of percentages, means, and standard deviations) and inferential statistics (comparisons of means, correlation analyses, and regression analyses). In addition, regression analyses were conducted to examine the moderating role of sociodemographic variables using the Process macro version 4.3, with Model 1 applied to the dataset.

3. Results

Table 1 presents the results for the mean values, standard deviations, and the correlations among the main variables.

Table 1. Mean values, standard deviations, and correlations among variables (N = 174)

Variables	M (SD)	(1)	(1.1)	(1.2)	(1.3)
1. Total Self-Stigma score	*1.93 (0.63)*	-	-	-	-
1.1. Cognitive Self-Stigma	1.96 (0.63)	-	-	-	-
1.2. Affective Self-Stigma	1.94 (0.67)	-	0.89***	-	-
1.3. Behavioral Self-Stigma	1.77 (0.67)	-	0.89***	0.87***	-
2. Parental Stress	*2.32 (0.61)*	*0.60****	*0.58****	*0.59****	*0.52****

*Note: ***: $p < 0.001$.*

The results presented in Table 1 indicate several key findings, as follows:

Regarding self-stigma in the role of single mothers, the mean score for the overall scale (M = 1.93, SD = 0.63), as well as the mean scores for the cognitive, affective, and behavioral subscales, indicate that the participants' self-stigma levels were not high (mean scores ranged from 1.77 to 1.96 across specific subscales, and 1.93 for the overall scale). Nevertheless, differences in the mean scores were observed among subscales, with the cognitive (M = 1.96, SD = 0.63) and affective (M = 1.94, SD = 0.67) subscales showing higher scores than the behavioral subscale (M = 1.77, SD = 0.67). A more detailed examination using a Paired Samples T-Test revealed statistically significant differences in scores between the Cognitive and Behavioral subscales ($t_{(173)} = 9.03$, $p < 0.001$), and between the Affective and Behavioral subscales ($t_{(173)} = 6.50$, $p < 0.001$). These findings suggest that external behavioral expressions may not fully reflect the level of self-stigma experienced by single mothers. In other words, they may not conceal their circumstances, avoid social interaction, or restrict themselves because of their identity as single mothers. Such behavioral expressions may not accurately reflect their underlying thoughts and feelings. They may still experience feelings of anxiety or self-judgment when reflecting on their status as single mothers.

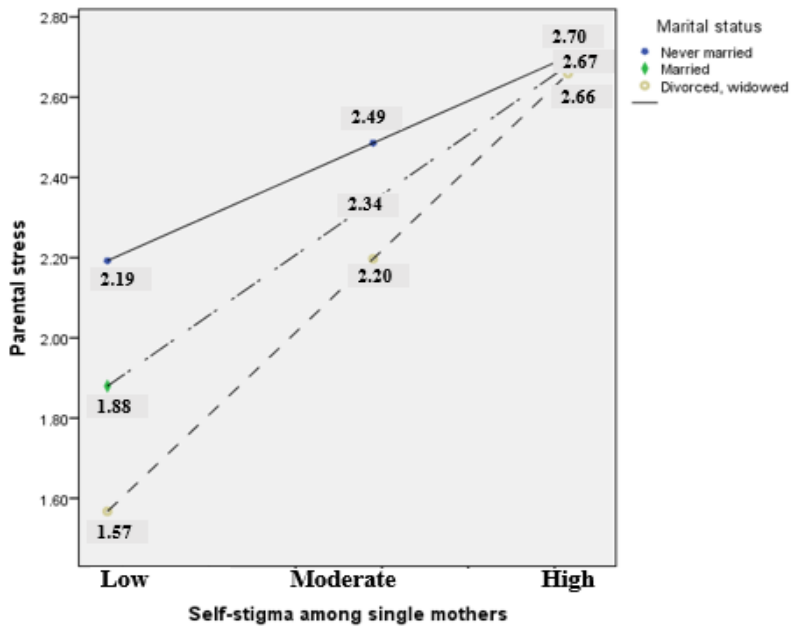
Regarding perceived parental stress, the total scale score indicated that participants experienced a relatively low level of stress ($M = 2.32$, $SD = 0.61$).

Regarding the relationship between self-stigma among single mothers and parental stress, the results indicated a moderate positive correlation between the two overall variables ($r = 0.60$, $p < 0.001$). This suggests that the greater the participants' tendency to stigmatize

themselves for being single mothers, the higher their level of parental stress, and vice versa. Finally, based on the hypothesis that higher self-stigma would be associated with greater parental stress, a simple linear regression analysis was performed to examine this relationship. The results showed that self-stigma in the role of being a single mother accounted for 35% of the variance in the increased level of parental stress ($R^2 = 0.35$, $p < 0.001$).

When examining the influence of sociodemographic variables in the relationship between self-stigma and parental stress, the results indicated that variables such as educational attainment, employment status (income-earner vs. homemaker, full-time vs. part-time worker), religious belief, and even the father's participation in shared child-rearing responsibilities did not have a significant impact on the relationship between self-stigma and parental stress. Only marital status appeared to play a moderating role in the relationship between self-stigma associated with being a single mother and parental stress (see Figure 1). The interaction between marital status and self-stigma explained 42% of the variance in parental stress, indicating an upward trend in parental stress as the level of self-stigma increased ($\beta = 0.22$, $t = 2.92$, $p < 0.01$, 95% CI: 0.07 – 0.37).

Figure 1. The moderating role of marital status in the relationship between self-stigma and parental stress (N = 174)



These results were statistically significant across all three groups of participants: the never-married group ($\beta = 0.38$, $t = 4.59$, $p < 0.001$, 95% CI: 0.22 - 0.55), the legally married but self-identified as single mothers group ($\beta = 0.60$, $t = 10.25$, $p < 0.001$, 95% CI: 0.49 - 0.72), and the divorced/widowed group ($\beta = 0.82$, $t = 7.75$, $p < 0.001$, 95% CI: 0.61 - 1.03). The results displayed in the figure indicate that, regardless of their marital status, participants who internalized high levels of stigma reported the highest parental stress scores. However,

more apparent differentiation was observed among women with low to moderate levels of self-stigma. In these two groups, divorced and widowed women reported significantly lower parental stress scores compared to those who were married but self-identified as single mothers, while the highest scores were found among the never-married women. These findings suggest that, within the overarching context of self-stigma, single mothers' marital status may either amplify or mitigate their parental stress.

4. Discussion

The objective of this study was to examine self-stigma among single mothers and its association with parental stress. Several notable findings are recorded as follows:

Regarding self-stigma among single mothers, although the overall findings indicated that participants' self-stigma scores were not high, a closer examination of the subscales revealed notable differences. Specifically, the mean scores of the cognitive and affective subscales were higher than those for the behavioral subscale. As previously noted, self-stigma occurs when individuals internalize public stereotypes about their circumstances (Corrigan, 2004). The observed difference, where the cognitive and affective subscales scored significantly higher than the behavioral one, can be interpreted from two perspectives. First, according to the model of the self-stigma process and its harmful consequences proposed by Corrigan and Rao (2012), these findings suggest that single mothers are aware of the social prejudices against their circumstances and, to some extent, agree with these perceptions. However, in behavioral terms, the self-reported results indicated that the behavioral expressions of self-stigma among participants were relatively low. In other words, there appears to be a discrepancy between their cognitions and behaviors regarding their identity as single mothers. This finding can be understood through the lens of cognitive dissonance theory (Festinger, 1957). Festinger posited that individuals are motivated to avoid or resolve cognitive dissonance due to the discomfort it creates, often by adopting defensive mechanisms such as avoidance, rationalization reduction, or minimizing its impact. We propose that the lower behavioral expression of self-stigma, compared to its cognitive and emotional manifestations, may represent a defensive mechanism aimed at mitigating its psychological impact. In this sense, participants may attempt to alleviate the discomfort of cognitive dissonance by downplaying the importance of stigmatization, for instance, by asserting that stigma is rare or by convincing themselves and others that everything is fine. In other words, for single mothers whose awareness of self-stigma may be emotionally distressing, their behavioral responses tend to convey composure and stability as an implicit declaration of "I am doing perfectly fine". However, during the course of this study, we observed that many potential participants declined to take part in this study with responses such as: "What is wrong with being a single mother?" or "Why is there a need to study single mothers?" or "Is there something wrong with that?". Naturally, from a research ethics perspective, every individual has the right to accept or refuse participation. Yet, the emotional reactions of some individuals who declined participation seemed to reflect a sense of discomfort when the research team "touched upon" the identity of "single mother". This may suggest that some single mothers deny or suppress the very issues they perceive and experience in their own lives. From another perspective, however, this result may also reflect single mothers' efforts to maintain stability in their lives. This means that although they may cognitively perceive certain negative social attitudes toward their circumstances, they behaviorally strive to preserve normalcy to avoid disruption in their daily lives. These findings further suggest that future research adopting qualitative

or mixed-method approaches, such as focus group discussions or in-depth individual interviews, could help uncover the underlying psychological dynamics hidden beneath these quantitative results.

Regarding the relationship between self-stigma and parental stress, the findings were consistent with the initial hypothesis, indicating that higher levels of internalized stigma were associated with greater perceived parental stress among the participants. Although to our knowledge, the specific link between self-stigma and parental stress among single mothers has not been extensively examined, previous research suggests that single mothers represent a population particularly vulnerable to psychological distress, with stress in social situations being one of the most common manifestations. For instance, Dor (2021) and Sartor et al. (2023) emphasized that single mothers have to face multiple challenges, including financial strain, limited social support, and the pressures of child-rearing-factors that may heighten feelings of overwhelm, isolation, and anxiety. When these negative emotions become intertwined with self-stigma, they can further exacerbate parental stress. Thus, identifying as a single mother itself carries the weight of socioeconomic and cultural conditions that women must confront. Within such circumstances, experiencing parental stress becomes almost inevitable. This finding also calls attention to the need for more comprehensive considerations, rather than focusing on a single aspect when studying, assessing, or providing support for single mothers experiencing parental stress.

Regarding the moderating role of marital status in the relationship between self-stigma and parental stress among single mothers, the findings indicated that the effect of self-stigma on parental stress varied across marital status groups. Among them, women who were divorced, separated, or widowed presented the highest regression coefficient, indicating that self-stigma had the strongest association with parental stress in this group. This finding suggests that, after experiencing marital breakdown, social prejudices such as “an incomplete family”, “a mother who could not keep the father for her child,” or “a divorced woman is a failure” may become deeply internalized and turn into a persistent psychological burden. In addition, the disruption of social and support networks following divorce may further heighten feelings of loneliness, thereby amplifying the impact of self-stigma on parental stress. Notably, women who were legally married but still self-identified as single mothers were also strongly affected by self-stigma. Living in a legally recognized marriage while bearing full childcare responsibilities alone may create a sense of internal conflict and incompleteness, arising from the dual experience of being stigmatized by others and internalizing an excessive sense of personal responsibility. This state of “single within marriage” makes them particularly vulnerable to social messages such as “a woman who fails to fulfill her role as a wife” or “one who cannot keep the family together”.

In contrast, never-married single mothers, although showing lower regression coefficients than the other two groups, exhibited the highest mean levels of parental stress across all three levels of self-stigma (low, moderate, and high). This finding suggests that these women may already carry multiple social risk factors, such as limited support networks and exclusion from “normative social scripts” about marriage, family, and sexual morality. According to Wiegers and Chunn (2015), never-married single mothers are often labeled as immoral, irresponsible, and even questioned about their parenting competence. Such prejudices not only increase the likelihood of self-stigmatization but also sustain high levels of stress even when self-stigma itself is not particularly severe. Similarly, Kim et al. (2023) observed that single mothers often experience a form of self-destructive shame when they internalize social prejudices. In

contrast, divorced women are more prone to feelings of guilt and failure. These emotional experiences serve as underlying mechanisms that reinforce psychological distress.

5. Conclusion

The contributions of the above findings can be viewed from several perspectives. From a research standpoint, these results may encourage future studies to explore further the underlying or interrelated psychological dimensions associated with self-stigma among single mothers, thereby broadening the understanding of this topic. From a practical perspective, these findings draw practitioners' attention to the potential dissonance between the "internal" (cognitive and affective dimensions) and the "external" (behavioral dimension) aspects of how single mothers perceive themselves. These insights may be particularly valuable for counselors and psychotherapists in helping single mothers to cultivate a more positive sense of self-worth, regardless of their actual life circumstances. Moreover, as discussed in the earlier section, the identity of being a *single mother* does not solely encompass the notion of "single motherhood" but is often intertwined with the weight of economic conditions as well as social and cultural norms and expectations that shape how this identity is experienced and perceived. In this study, the marital status or the reasons for becoming a single mother appear to differentiate the perceived levels of parental stress within this group of women. Specifically, even among those with low levels of self-stigma, it may still be important to provide support to help them overcome feelings of inferiority stemming from never having been married or experiencing emotional loneliness within their marriage.

The process of exploring the findings of this study has allowed us to identify several limitations that we hope to address in future research. One major limitation is the absence of qualitative methods, which restricted the research team's ability to provide an in-depth interpretation of the quantitative results. This limitation consequently constrained our understanding of the underlying psychological dimensions that may help explain the findings. Furthermore, the modest sample size and the use of convenience sampling may also pose obstacles to the generalizability of the results.

Reference

Berríos-Riquelme, J., Frías-Navarro, D., Vargas-Salinas, V. et al. 2025. Rejection, Stigma and Self-Esteem among South American immigrants in an irregular situation in Chile. *J. Immigrant Minority Health, 27*(5). https://doi.org/10.1007/s10903-025-01696-9.

Berry, J. O., & Jones, W. H. 1995. The parental stress scale: Initial psychometric evidence. *Journal of Social and Personal Relationships, 12*(3), 463-472. DOI: 10.1177/0265407595123009.

Corrigan, P. 2004. How stigma interferes with mental health care. *American Psychologist, 59*, 614-625. DOI: 10.1037/0003-066X.59.7.614.

Corrigan, P. W., Watson, A. C., & Barr, L. 2006. The self-stigma of mental illness: Implications for self-esteem and self-efficacy. *Journal of Social and Clinical Psychology, 25*(9), 875-884. https://doi.org/10.1521/jscp.2006.25.8.875.

Corrigan, P.W., & Rao, D. 2012. On the self-stigma of mental illness: Stages, disclosure, and strategies for change. *Canadian Journal of Psychiatry, 57*(8), 464-469. DOI: 10.1177/070674371205700804.

DeVellis, R. F. 2017. *Scale development: Theory and applications* (4th ed.). SAGE Publications.

Dor, A. 2021. Single motherhood by choice: Difficulties and advantages. *Journal of Educational and Developmental Psychology, 11*(1), 1-18.

Gärtner, L., Asbrock, F., Euteneuer, F., Rief, W., & Salzmann, S. 2022. Self-Stigma among people with mental health problems in terms of warmth and competence. *Front. Psychol, 13*. DOI: 10.3389/fpsyg.2022.877491.

Goffman, E. 1963. *Stigma: Notes on the management of spoiled identity*. Prentice-Hall.

Kim, A., Jeon, S., & Song, J. 2023. Self-stigma and mental health in divorced single-parent women: mediating effect of self-esteem. *Behavioral Sciences*, *13*(9), 744. https://doi.org/10.3390/bs13090744.

Livingston, J. D., & Boyd, J. E. 2010. Correlates and consequences of internalized stigma for people living with mental illness: A systematic review and meta-analysis*. Social Science & Medicine, 71*(12), 2150-2161. DOI: 10.1016/j.socscimed.2010.0.

Mak, W. W. S. & Cheung, R. Y. M. 2010. Self-stigma among concealable minorities in Hong Kong: Conceptualization and unified measurement. *American Journal of Orthopsychiatry, 80*, 263-277.

Mittal, D., Sullivan, G., Chekuri, L., Allee, E., & Corrigan, P. W. 2012. Empirical studies of self-stigma reduction strategies: A critical review of the literature. *Psychiatric Services, 63*(10), 974-981. DOI: 10.1176/appi.ps.201100459.

Sartor, T., Lange, S., & Tröster, H. 2023. Cumulative stress of single mothers-an exploration of potential risk factors. *The Family Journal, 31*(1), 88-94. https://doi.org/10.1177/10664807221104134.

Vogel, D. L., Wade, N. G., & Hackler, A. H. 2007. Perceived public stigma and the willingness to seek counseling: The mediating roles of self-stigma and attitudes toward counseling. *Journal of Counseling Psychology, 54*(1), 40-50. https://doi.org/10.1037/0022-0167.54.1.40.

Wiegers, W. A., & Chunn, D. E. 2015. Stigma and resistance: The social experience of choosing sole motherhood in Canada 1965 - 2010*. Women's Studies International Forum, 51*, 42-55. DOI: 10.1016/j.wsif.2015.05.001.