

# “When You’re in a Crisis Like That, You Don’t Want People to Know”: Mortgage Strain, Stigma, and Mental Health

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Between 2007 and 2010, foreclosure rates grew to unprecedented levels—from around 650 000 in 2007 to a record 2.9 million homes in 2010.<sup>1</sup> The recent home foreclosure crisis is also a health crisis.<sup>2–4</sup> In particular, recent studies have found that mortgage strain and foreclosure can lead to depression, anxiety, and poor mental health.<sup>5–7</sup> The material hardship and potential housing instability inherent to mortgage strain are themselves likely to be health demoting.<sup>6</sup> In addition, mortgage strain may threaten the pride and status that are associated with financial independence, and home ownership in particular, resulting in stigma.<sup>7</sup> These experiences of stigma may exacerbate stress associated with mortgage strain and contribute to poor mental health.

The relationship between stigma and poor mental health is well established and is likely to operate through several pathways.<sup>8</sup> For one, individuals may incorporate stigma into their identities, and this process of internalization can lead to emotion dysregulation, low self-esteem, and interpersonal problems, all of which can contribute to poor mental health.<sup>9</sup> Anticipation of stigmatization also may produce stress that confers a risk to mental health.<sup>10,11</sup> Active discrimination, or enacted stigma, can be another source of health-demoting stress.<sup>12,13</sup>

Mortgage strain is an example of a stigma that can be concealed. Concealable stigmas can result in unique stressors related to the challenges that individuals face in deciding whether and when to disclose their stigmatized identities and to vigilance and fear associated with the possibility of unwanted discovery.<sup>8,11,14,15</sup> Those who possess a concealable stigma may isolate themselves to avoid disclosure, and this concealment may prevent them from obtaining social support.<sup>8</sup> Social isolation is a well-established risk factor for poor mental health.<sup>16,17</sup> Likewise, social support is an important buffer to the relationship between stress and mental health.<sup>16,17</sup> This buffering role may be particularly important for the

**Objectives.** We analyzed experiences of stigmatization, concealment, and isolation among African American homeowners who were experiencing mortgage strain.

**Methods.** We conducted semistructured interviews between March 2012 and May 2013 with 28 African American homeowners in a northeastern US city who were experiencing mortgage strain. We coded all of the transcripts and reviewed data for codes relating to stigma, sharing information, social support, social isolation, and the meaning of homeownership.

**Results.** Our data showed that mortgage strain can be a concealable stigma. Participants internalized this stigma, expressing shame about their mortgage situation. Additionally, some participants anticipated that others would view them as less worthy given their mortgage trouble. In an effort to avoid stigmatization, many concealed their mortgage trouble, which often led to isolation. This stigmatization, concealment, and isolation seemed to contribute to participants’ depression, anxiety, and emotional distress.

**Conclusions.** Stigma may exacerbate stress associated with mortgage strain and contribute to poor mental health, particularly among upwardly mobile African Americans who have overcome significant structural barriers to home ownership. Reducing stigma associated with mortgage strain may help to reduce the health consequences of this stressful life event. (*Am J Public Health.* 2015;105:1008–1012. doi:10.2105/AJPH.2014.302400)

mental health of those who are experiencing a stressful life event such as mortgage strain.

Relative to White homeowners, African American homeowners were more likely to experience mortgage strain during the recent recession.<sup>18</sup> The pride associated with homeownership and experiences of stigma related to its threatened loss may be particularly pronounced for African American homeowners who have faced a long history of barriers to the acquisition of credit, property, and equity.<sup>19,20</sup> Prior to the 1970s, many African Americans were denied mortgages as a result of redlining, which designated many predominantly African American neighborhoods as ineligible for government-backed Federal Housing Authority loans.<sup>21</sup> Fair housing legislation expanded homeownership opportunities for African American homeowners but was followed by deregulation of the mortgage industry and an explosion of risky subprime lending that disproportionately targeted African American communities.<sup>22</sup> Many African American

homeowners who faced foreclosure during the recent recession were among the first in their families to own homes, having taken advantage of fair housing legislation in the 1970s or the expansion of risky alternative loan products in the 1990s.<sup>22</sup>

We analyzed data from 28 in-depth interviews that we conducted with working-class African American homeowners who were experiencing mortgage strain. We examined how mortgage strain may threaten positive identities associated with homeownership and manifest itself as a source of stigma. Stigma emerged as a prominent theme in our interviews, and our data suggest that stigma plays a role in the experiences of emotional distress, anxiety, and depression that have been reported among homeowners facing mortgage strain.<sup>7,23,24</sup>

## METHODS

This study took place in Locust Park (pseudonym), a working-class and almost exclusively

(97%) African American neighborhood in a northeastern city.<sup>25</sup> Locust Park is approximately 80% owner occupied.<sup>25</sup> Many of its residents are long-term homeowners who purchased their homes in the 1960s and 1970s from White homeowners who were moving en masse to the suburbs.

Locust Park's poverty rate is relatively low compared with other predominantly African American neighborhoods in the city, but fewer than 10% of its residents have a bachelor's degree, and the median household income is approximately \$40 000, about \$11 000 less than the national median.<sup>25</sup>

### Recruitment and Sample

A local mortgage counseling agency helped us to recruit an initial group of participants by sending recruitment letters to its former clients who resided in our study area (n = 19). We recruited additional participants through snowball sampling techniques (n = 9). Our sampling frame included Locust Park homeowners who were experiencing mortgage strain. This deliberately broad category included those who were currently behind on their housing payments (n = 14) and those individuals who had recently caught up on their mortgage payments but were still facing financial difficulties (n = 11). We also interviewed participants (n = 2) who had never missed a mortgage payment but were paying the mortgage at the expense of other basic necessities and were concerned about default. One participant had avoided default by taking out a reverse mortgage, which allows older homeowners to draw on their home equity and defer loan payments until they die or move out of the home.

The sample was entirely African American and included many older and long-term homeowners. It was also predominantly female, which reflects the overrepresentation of women among those experiencing mortgage strain.<sup>26</sup> Participants held or had held jobs in a range of service and blue-collar professions. They were nurses, certified nurse assistants, home health aides, line-order cooks, teachers, maintenance personnel, and factory workers. Nine participants were employed at the time of the interview, and an additional 13 were receiving Social Security benefits for either age (4) or disability (9). Table 1 describes the sample's demographics more fully.

### Data Collection and Analysis

We conducted semistructured interviews between March 2012 and May 2013, which covered broad themes related to residential history, buying and maintaining a home, securing a loan, navigating default, making ends meet, and neighborhood context. The interviews also included a short set of closed-ended questions about health, mental health, and health care.

Most interviews took place in participants' homes. Interviews lasted 1 to 4 hours, and participants were compensated \$50. The first author (D. E. K.) conducted 23 interviews, and the third author (A. C. B.) conducted 5 interviews.

Following a grounded theory approach,<sup>27</sup> our analysis was an ongoing process that co-occurred with data collection. We wrote thematic summaries after each interview and frequent memos about developing concepts. The concept of stigma emerged in this early review of the data after the first few interviews. In response to the emergence of this theme, we prompted subsequent participants about how they shared or concealed information about their mortgage trouble.

Once interviews were completed and transcribed, we used our memos and group discussion to collaboratively develop a codebook, which we then revised after applying it to a subset of transcripts. We then coded all of the transcripts according to this finalized codebook with ATLAS.ti software (Scientific Software Development GmbH, Berlin, Germany). The third author (A. C. B.) primarily conducted the coding and wrote frequent memos about coding decisions. The first author (D. E. K.) reviewed coding memos and coded transcripts, and discrepancies were discussed. For the analysis presented in this article, all 3 authors extracted and reviewed data for codes relating to stigma, sharing information, social support, social isolation, and the meaning of homeownership. We also reviewed full transcripts to contextualize these quotes within participants' broader narratives. Ongoing memo writing and group discussion during our review of the coded data allowed us to check our interpretations against one another and the data. We use pseudonyms when presenting our results.

### RESULTS

Our data showed how mortgage strain can act as a concealable stigma. Participants described how their mortgage trouble threatened

the pride and status that their homeownership conferred. They described feeling ashamed and embarrassed by their troubles, an indication that they had internalized the stigma of mortgage strain. Some participants anticipated that other people would view them negatively; in an effort to avoid this, they concealed their struggles. This concealment often created barriers to obtaining social support. These processes of stigmatization, concealment, and isolation seemed to exacerbate the emotional distress that accompanied participants' financial struggles.

### Mortgage Strain as Stigma

For many participants, mortgage strain seemed to endanger the dignity that accompanied their homeownership. For example, Carla Lyons, aged 50 years, who had recently caught up on her mortgage after a recession-related job loss led her to the brink of foreclosure, described becoming a homeowner as a "proud thing." She said, "Yeah, I mean it's just it's a symbol of independence, but it's just like, 'Okay wow, I can do it,' you know? I can do it, so that's how I felt, kind of triumphant, you know." When she lost her job and fell behind on her mortgage, this pride slipped away. She said, "When that happened, that was kinda like, wow, you're failing, so that's how . . . I kinda felt like I not only let me down, but my family, my older two kids who still kinda look up to me."

**TABLE 1—Sample Characteristics: Locust Park Homeowners Experiencing Mortgage Strain**

Characteristic	No.
African American	28
Female	23
Older than 50 y	18
In home > 30 y	11
In home > 10 y	18
Refinanced original mortgage	11
Employed	9
Receiving Social Security	
Retired worker	4
Disabled worker	9
Self-rated health poor or fair	13
Depressed (Physician Health Questionnaire-2)	13

Note. The sample size was n = 28.

Many participants were raised in rent-assisted households or public-housing projects and were the first homeowners in their families. The achievement of homeownership marked them as members of a deserving and financially self-sufficient middle-class, and mortgage trouble introduced a shame of dependency.

For example, Bria Johnson, aged 32 years, noted that it was hard to ask for financial assistance when she lost her job and was unable to pay her mortgage. She said, “My parents really made me an independent person, you know, and so the fact that I had to rely on assistance, that really—I think that bothered me more than anything else.”

Keith Stanley, aged 40 years, who at the time of the interview was facing foreclosure after losing his job, described a similar threat to his self-sufficiency using the word *embarrassed* to indicate a sense of shame and internalized stigma. He said,

It's embarrassing. It's very embarrassing. But, I mean, I know it is understandable [to have to rely on help from others], but it's embarrassing not to be able to provide like I'm used to.

Likewise, Nicole Lewis, aged 44 years, explained that as someone who was the “backbone” of a large family network, it was also “embarrassing” to have to ask other people for assistance when her husband lost his job and they fell behind on their mortgage. She said, “It was embarrassing not having and having to ask somebody to help me. That was the embarrassing piece right there. That was it in a nutshell. Havin' to ask for a helpin' hand.”

Other participants feared that people would judge them for their mortgage trouble; in other words, they anticipated stigma. For example, when asked why she hadn't told her live-in partner about the fact that her mortgage was in default, Nathalie Carson, aged 26 years, said, “He might think I'm irresponsible. I don't know what he might think of me.” Bria feared that her friends would view her differently if they found out about her mortgage trouble. She said,

Because people know that I'm like a no-nonsense—like if I say I'm going to do something, I do it, you know, so it's to kind of fall back on, you now, on that [her mortgage]. At the time, it was just awful.

Despite these expressions of shame and the anticipation of stigma, participants generally did not describe being actively stigmatized by

other people as a result of their mortgage trouble. However, several participants described being harassed and “dehumanized” by debt collectors. Although these interactions may have been driven by financial motives rather than stigma, these participants nonetheless described being treated as stigmatized others and without compassion or decency. These experiences contributed to emotional distress. As Alice Coles, aged 55 years, recounted:

I came home, and the phone was ringing off the hook. Pick up, people hanging up, and “you'd better pay this, you better pay that.” I went to bed and woke up, and I started crying, and I couldn't stop crying because I have always paid my bills.

### Concealment and Isolation

As is a common strategy when faced with a concealable stigma, many participants kept their mortgage trouble to themselves. Nicole, for instance, described the profound sense of isolation she felt during the months that she and her husband struggled to avoid foreclosure. She explained that while her friends and coworkers knew that she was “going through something,” they did not know what she was going through because she “wasn't letting nobody know [her] business.”

Carla echoed the guardedness and isolation that Nicole expressed. She explained,

I mean, I didn't really even discuss it with many people, you know? I have close friends, but I just have a small circle of friends that I kinda invite in, so I was just dealing with it by myself pretty much.

For a few participants, this guardedness contributed to a complete withdrawal from social relationships. For example, Missy Newell, aged 49 years, described herself as a “loner.” She said,

I stay in my room a lot. I really don't have any friends that I socialized with, and I don't go out a lot, and I'm always thinking about, “What if I don't have my home, I'm on the street.”

When asked whether she was always a loner, Missy explained, “It's new since the fear came in my life” (referring to her recent mortgage default). Likewise, Felicia Reed, aged 51 years, who was facing foreclosure at the time of the interview, explained, “I actually even stopped talking to people that I considered my friends. . . . [W]hen you're in a crisis like that, you don't want people to know.”

Shame and stigma were not the only reasons that participants kept their mortgage trouble to

themselves. In some cases, they did not want to burden friends and family members who were also struggling with financial issues. However, other participants kept their mortgage trouble a secret, even from those who could provide much-needed financial assistance. For example, Sandra Nelson, aged 58 years, explained that she did not tell her father about her mortgage trouble until 2 days before the house was to be sold at a foreclosure auction. At this point, she reached out to him, and he was able to provide her with funds to save her home. The desire to conceal a stigmatized situation, as described by other participants, may have contributed to the delay of her request.

### Stigma, Suicide, and Mental Health

Nearly half of our participants met the diagnostic criteria for depression on the basis of a validated 2-question screen (Physician Health Questionnaire-2). Additionally, experiences of hopelessness, anxiety, and insomnia were common in participants' narratives. Furthermore, 4 participants, without prompting, described having experienced suicidal thoughts while in the midst of their mortgage troubles. Our interviews suggest that stigma, concealment, and isolation contributed to these experiences of emotional distress.

For example, Nicole described how the stigma and shame that she felt during the period when she and her husband were unable to pay their mortgage contributed to her despair and suicidal thoughts. She said,

Really, I was so ashamed. I really felt like that, like harmin' myself so they can get the insurance money so that everything could be taken care of and that's a shame. No one should feel like that to hurt they self to take care of—to pay the mortgage.

For Alice, concealment and isolation seemed to exacerbate the emotional challenges of mortgage strain as she struggled to resolve her mortgage trouble with few sources of support. She explained,

Emotionally, I tell you, I wanted to kill myself. I wanted to blow my brains out, just an easy way to get out of everything, you know, because it was too much. *One person* can't handle a lot of things, and I'm telling you when you're under emotional stress, pain don't go away.

Several participants (including all 4 of those who described suicidal thoughts) turned to health care professionals to relieve the

depression and anxiety that they experienced. For some participants, therapy offered a way to obtain emotional support without having to disclose a predicament that was interpreted as stigmatizing. For example, as Missy said in regard to her decision to see a therapist, “I needed somebody to talk with that don’t know me.”

Carla also explained that seeing a therapist was helpful in both addressing her depression and alleviating some of the isolation that she was experiencing as she dealt with her mortgage trouble. She said of her counseling experience, “It was because I was able to get it out more than anything, you know? Sometimes it’s just internalized stuff, and that’s what I had been doing.”

Therapy may have been helpful for some, but other participants were reluctant to participate because of their anticipation of stigma. For example, recognizing that she was deeply depressed, Nicole got a referral for counseling but never went, instead relying on antidepressants provided by her primary care physician. She explained,

Sometimes you feel like you don’t wanna tell people what’s really goin’ on. I coulda’ went, but I was feelin’ like I don’t want nobody to know my business and stuff like that, which is why I didn’t go.

In this sense, stigma may not only mediate the relationship between mortgage strain and poor mental health but also act as a barrier to clinical intervention.

## DISCUSSION

Our respondents were keenly aware of the stigmatizing potential of mortgage strain—they internalized and anticipated it. The stress that they experienced as a result of this stigma likely had consequences for both their mental and their physical health.<sup>13</sup> Additionally, their management of this stigma through concealment likely contributed to the depression and anxiety that they experienced. Concealment itself is associated with unique stressors that can lead to poor mental health. For example, the challenges of negotiating disclosure and fears of unwanted discovery can lead to intrusive thoughts and mental fatigue.<sup>8,14,15,28</sup> Furthermore, participants described withdrawing from social connections as a way to conceal their mortgage trouble and avoid experiences of shame and embarrassment. As

a result, they likely reduced their access to social support, which is a well-established buffer to the effect of stress on depression.<sup>17</sup>

Many of our participants were upwardly mobile, having moved to Locust Park from poorer neighborhoods. Several were the first in their families to own homes. They prided themselves in their status as homeowners, and their mortgage trouble threatened this status. Even though many experienced mortgage trouble as a result of illness, recession-related job loss, and other factors beyond their control, many felt ashamed of their situation or feared that other people would judge them negatively. Although other aspects of their financial troubles such as unemployment also may have been stigmatizing, our data point to a distinct stigma associated with mortgage strain.

Our sample was entirely African American and predominantly working class. We do not know whether these experiences would be shared by other demographic groups. However, observations from other studies conducted among different populations also point to shame and embarrassment associated with mortgage strain, indicating that our findings may have broader implications.<sup>7,23</sup> Furthermore, the stigma surrounding mortgage strain may affect willingness to participate in studies such as this one.<sup>23</sup> If that is the case, stigma is likely to be more common in the broader population than among our participants. Future research that explores the prevalence of stigma among representative samples of at-risk homeowners will be an important addition to the literature.

Mortgage strain stigma may not be specific to African American homeowners, but the pride associated with homeownership and experiences of stigma related to its threatened loss may be particularly pronounced for African Americans given a long history of racial barriers to property acquisition.<sup>19,20</sup> Furthermore, understanding how African American homeowners experience mortgage strain has important implications for thinking about the social and economic determinants of health inequality. African Americans are at increased risk for mortgage strain as a result of societal structures that limit their wealth, threaten their health, and make them targets for predatory lending practices.<sup>20</sup> They are, as a result, more subject to the deleterious consequences of mortgage strain, including stigma.

In our study, the concealment of mortgage strain meant that participants often turned to public sources, rather than friends and family, when looking for ways to resolve their struggles. Although they often found legitimate sources of aid, they were also likely vulnerable to predatory scams that frequently target struggling homeowners.<sup>23,29</sup> Furthermore, the aid that participants found did not address their isolation and sometimes reinforced stigmatization by emphasizing the contribution of personal behaviors to mortgage trouble, such as lack of budgeting skills. Foreclosure prevention campaigns that counter this individualized framing by emphasizing the structural causes of this common experience (such as job loss and predatory lending) may help to reduce stigma and improve mental health. For example, Project No One Leaves<sup>30</sup> has taken on foreclosures in disadvantaged urban areas as a community-wide human rights issue and works to empower at-risk homeowners through grassroots organizing and legal education. Programs such as these that bring groups of distressed homeowners together may also help to reduce social isolation that can result from stigma. Support groups provided by respected community organizations, such as local churches, also may be a safe place for homeowners to share their stories and learn that they are not alone. ■

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## Contributors

D. E. Keene conceptualized the study and led the data collection, data analysis, and writing of the article. S. K. Cowan contributed to the conceptualization of the study, the analysis of the data, and the writing of the article. A. Castro Baker contributed to the data collection and analysis and provided comments on drafts of the article.

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## Human Participant Protection

This study was approved by the University of Pennsylvania institutional review board.

## References

1. RealtyTrac. *Year-End 2009: Foreclosure Market Report*. Irvine, CA; 2010. Available at: <http://www.realtytrac.com/landing/2009-year-end-foreclosure-report.html>. Accessed December 18, 2014.
2. Currie J, Tekin E. Is the foreclosure crisis making us sick? 2011. National Bureau of Economic Research, Working Paper No 17310. Available at: <http://www.nber.org/papers/w17310>. Accessed December 18, 2014.
3. Pollack CE, Pelizzari P, Alley D, Lynch J. Health concerns at mortgage counseling sessions: results from a nationwide survey. April 2011. Available at: [http://www.foreclosure-response.org/assets/foreclosure-response/Pollack\\_HealthConcerns.pdf](http://www.foreclosure-response.org/assets/foreclosure-response/Pollack_HealthConcerns.pdf). Accessed December 18, 2014.
4. Pollack CE, Lynch J. Health status of people undergoing foreclosure in the Philadelphia region. *Am J Public Health*. 2009;99(10):1833–1839.
5. Osypuk TL, Caldwell CH, Platt RW, Misra DP. The consequences of foreclosure for depressive symptomatology. *Ann Epidemiol*. 2012;22(6):379–387.
6. Alley DE, Lloyd J, Pagan JA, Pollack C, Shardell M, Cannuscio C. Mortgage delinquency and changes in access to health resources and depressive symptoms in a nationally representative cohort of Americans older than 50 years. *Am J Public Health*. 2011;101(12):2293–2298.
7. Nettleton S, Burrows R. When a capital investment becomes an emotional loss: the health consequences of the experience of mortgage possession in England. *Hous Stud*. 2000;15(3):463–478.
8. Chaudoir SR, Earnshaw VA, Andel S. “Discredited” versus “discreditable”: understanding how shared and unique stigma mechanisms affect psychological and physical health disparities. *Basic Appl Soc Psych*. 2013;35(1):75–87.
9. Hatzenbuehler ML. How does sexual minority stigma “get under the skin”? A psychological mediation framework. *Psychol Bull*. 2009;135(5):707–730.
10. Earnshaw VA, Chaudoir SR. From conceptualizing to measuring HIV stigma: a review of HIV stigma mechanism measures. *AIDS Behav*. 2009;13(6):1160–1177.
11. Major B, Gramzow RH. Abortion as stigma: cognitive and emotional implications of concealment. *J Pers Soc Psychol*. 1999;77(4):735–745.
12. Hatzenbuehler ML, Phelan JC, Link BG. Stigma as a fundamental cause of population health. *Am J Public Health*. 2013;103(5):813–821.
13. Link BG, Phelan JC. Stigma and its public health implications. *Lancet*. 2006;367(9509):528–529.
14. Pachankis JE. The psychological implications of concealing a stigma: a cognitive-affective-behavioral model. *Psychol Bull*. 2007;133(2):328–345.
15. Pennebaker JW. Confession, inhibition, and disease. In: Berkowitz L, ed. *Advances in Experimental Social Psychology*. Vol 22. New York, NY: Academic Press. 1989:211–244.
16. House JS, Umberson D, Landis KR. Structures and processes of social support. *Annu Rev Sociol*. 1988;14:293–318.
17. Berkman LF, Glass T, Brissette I, Seeman TE. From social integration to health: Durkheim in the new millennium. *Soc Sci Med*. 2000;51(6):843–857.
18. Rugh JS, Massey DS. Racial segregation and the American foreclosure crisis. *Am Sociol Rev*. 2010;75(5):629–651.
19. Coates T-N. The case for reparations: an intellectual autopsy. *The Atlantic*. May 22, 2014. Available at: <http://www.theatlantic.com/business/archive/2014/05/the-case-for-reparations-an-intellectual-autopsy/371125>. Accessed May 27, 2014.
20. Keene D, Lynch J, Baker A. Fragile health and fragile wealth: mortgage strain among African American homeowners. *Soc Sci Med*. 2014;118:119–126.
21. Newman K. Post-industrial widgets: capital flows and the production of the urban. *Int J Urban Reg Res*. 2009;33(2):314–331.
22. Williams R, Nesiba R, McConnell ED. The changing face of inequality in home mortgage lending. *Soc Probl*. 2005;52(2):181–208.
23. Ross LM, Squires GD. The personal costs of subprime lending and the foreclosure crisis: a matter of trust, insecurity, and institutional deception. *Soc Sci Q*. 2011;92(1):140–163.
24. Libman K, Fields D, Saegert S. Housing and health: a social ecological perspective on the US foreclosure crisis. *Hous Theory Soc*. 2012;29(1):37–41.
25. *2010 Census Summary File 1—United States*. Washington, DC: US Census Bureau; 2011
26. Wyly E, Ponder CS. Gender, age, and race in subprime America. *Hous Policy Debate*. 2011;21(4):529–564.
27. Corbin A, Strauss J. *Basics of Qualitative Research: Techniques and Procedures for Developing a Grounded Theory*. Thousand Oaks, CA: Sage; 1998.
28. Pennebaker J. *Opening Up: The Healing Power of Expressing Emotions*. New York, NY: Morrow; 1990.
29. Matthews A. To stop a predator: is a complete ban on for-profit foreclosure rescue operations the best way to prevent equity stripping? *Loyola Consum Law Rev*. 2014;1:1–2.
30. Hartigan N. No one leaves: community mobilization as a response to the foreclosure crisis in Massachusetts. *Harv Civ Rights-Civil Lib Law Rev*. 2010; 45:181–204.