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Financial Strain, Negative Interactions, and Mastery: Pathways to Mental Health Among Older African Americans

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Abstract

This study examines the impact of financial strain, social support, and negative interactions on depressive symptoms among African Americans and the role of mastery as a mediator in these relationships. Structural equation modeling and baseline data from the Americans' Changing Lives Study were used to test these relationships among a sample of African Americans aged 50 to 96 years (N = 583). Findings illustrate the mechanistic pathways whereby financial strain is associated with depressive symptoms. Moreover, the study findings give further credence to the notion that positive and negative aspects of social relationships are distinctive with respect to social status factors, financial strain, and their relationship to depressive symptoms. This research suggests that mastery is an important mechanism linking negative interaction to mental health. The collection of findings provide a number of provocative departures from research conducted primarily using White samples and identifies important areas of intervention with older African Americans.

Keywords

negative interactions; social support; mastery; mental health

Although a growing body of research has documented how negative social interactions (e.g., conflict, demands, and broken promises) and social support affect mental health status, there are two issues that deserve increased attention. First, this body of literature has offered much less by way of explanatory mechanisms. Specifically, missing from past empirical studies on negative interactions are the mechanisms that shape the conditions under which social support and negative interactions impact mental health. A second issue that deserves more attention involves the role of negative interactions among ethnically and racially diverse populations. For example, we know little about how negative interactions affect the health and well-being of older African Americans. The lack of studies on this topic among African Americans and other racial minority groups fosters an assumption that social theories and models are conceptually and functionally equivalent across diverse groups. Consequently, much of the work on this topic may not be generalizable to other racial or ethnic groups.

Despite the valuable and informative work that has been done in this area to date, there is added value in examining the heterogeneity within the older African American population. The important role of social networks for older African Americans has been particularly well documented in the gerontological literature (e.g., Dilworth-Anderson, 1992). This prior work provides important information about the composition (Chatters, Taylor, & Jackson,

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1985), function (Taylor & Chatters, 1986), and stability (Taylor, Chatters, & Jackson, 1997) of informal networks among older African Americans. However, less is known about how various social statuses, like income and education, differentially expose older African Americans to specific risk and protective factors that have important implications for their health and well-being (Lincoln, Chatters, & Taylor, 2003). Questions remain about the essential attributes of social relationships, how social networks respond to stressful situations, and the mechanistic pathways that lead to negative as well as positive outcomes among this population.

The purpose of this study is to examine the mechanisms that link psychosocial stress to depressive symptoms. Specifically, this study tests an integrated model linking financial strain, negative social interactions, social support, mastery, and depressive symptoms among a representative sample of middle-aged and older African American adults. Another goal of this study is to examine the role of mastery as a mechanism linking negative social interactions to depressive symptoms. In addition, the influence of social status on these relationships will be examined.

THEORETICAL FRAMEWORK

The process of social stress theory proposed by Pearlin and colleagues (Pearlin, Lieberman, Menaghan, & Mullan, 1981; Pearlin, Mullan, Semple, & Skaff, 1990) is a useful framework for understanding the interplay between stress, social relationships, and mastery and their influence on mental health status. The model posits that a broad array of social and psychological conditions combine over time to create a process of stress. Thus, the impact of stressors on mental health is a function of the social and social–psychological resources available. The current investigation proposes that social support and mastery are important resources that will mediate the deleterious effects of financial strain on mental health status. This model also highlights the role of social status factors in differentially exposing individuals to stress and the availability of resources that are important for mitigating stress.

Pearlin and colleagues' (1990) model also posits that the initial stressor gives rise to an accumulation of stressors (i.e., proliferation) that may be quite different from those faced earlier in the process. That is to say, financial problems can be an initial stressor that alone can cause psychological distress. This economic stress can then lead to or be exacerbated by additional stress in the form of conflict, demands from others (i.e., negative social interaction), or the withdrawal of support by network members, thus resulting in even more distress. Other personal resources like mastery that are left relatively intact during stressful times can potentially mediate the effects of financial problems and negative social interactions on mental health status.

AFRICAN AMERICANS AND DEPRESSIVE SYMPTOMS

Few studies examine depressive symptoms among African Americans exclusively. Most studies take a race comparison approach to compare and contrast the mental health status of African Americans to some other group, usually Whites. This approach may not reflect the heterogeneity within this population and may obscure important mental health differentials. However, these studies have produced important insights about the mental health status of African Americans. For example, studies typically report significantly higher numbers of depressive symptoms among African Americans compared to Whites. This pattern is observed in both age-heterogeneous samples (Amato, 1991; Jackson, 1997; Myers et al., 2002) and in samples restricted to older adults (Blazer, Landerman, Hays, Simonsick, & Saunders, 1998; Cochran, Brown, & McGregor, 1999; Fernandez, Mutran, Reitzes, & Sudha, 1998), although a few studies report no race differences (Gallo, Cooper-Patrick, & Lesikar, 1998; Husaini, 1997).

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One study that reported significantly more depressive symptoms for older African Americans than Whites found that racial differences persisted even after adjusting for demographic confounders like age, sex, education, and income (Skarupski et al., 2005). Results from this study also indicated that although depressive symptoms did not increase over time for older Whites, this was not the case for African Americans. Specifically, there was an increase in symptoms over time that resulted in a widening of racial differences in depressive symptoms over time even after controlling for SES.

AFRICAN AMERICANS, FINANCIAL STRAIN, AND NEGATIVE SOCIAL INTERACTIONS

Among African Americans, immediate and extended family have been documented as important sources of support (Dilworth-Anderson, Williams, & Cooper, 1999; Taylor & Chatters, 1986; Taylor et al., 1997). A strong identification with family members and a desire to exchange support is an important value for African Americans (Hill, 1999; Nobles, 2004) and has been attributed both to cultural factors as well as to the social, political, and economic circumstances and barriers faced by African Americans (Billingsley, 1992). Informal networks have demonstrated their effectiveness as sources of assistance, collective coping, and their ability to provide a variety of aid that is used to manage risk and adversity. Consequently, informal networks enhance the resiliency in African American families (Utsey, Bolden, Lanier, & Williams, 2007).

Daly and colleagues (1995) found that African Americans preferred coping strategies that were group centered—that is, family, community, and kinship networks—to deal with adversity (Daly, Jennings, Beckett, & Leashore, 1995). Broman (1996) found that, faced with stressful circumstances, African Americans identified informal help as one of the most common coping resources used for a variety of stressful situations, such as economic problems (88.9%) and interpersonal problems involving a spouse or family member (91.7%). Similarly, Neighbors and LaVeist (1989) found that among African Americans, informal network members were the main source of assistance when coping with financial difficulties.

Financial strain is a particularly important type of stressor that is experienced most frequently in later life (Chatters & Taylor, 1989) and has especially negative effects on health and well-being. Older African Americans are particularly vulnerable to financial strain because of their disproportionate levels of poverty compared to Whites (U.S. Bureau of the Census, 2005). The financial status of older adults invariably shapes the context of interactions with their social networks. Those who lack economic resources may have to rely more heavily on their social networks to meet their day-to-day needs. However, frequent support exchanges among network members also come with costs. Although research demonstrates the important buffering role of social support, there is also evidence that social relations may deteriorate in response to financial strain. The embarrassment or stigma associated with having financial problems or the inability to ask for assistance from others may cause older adults to withdraw from their social networks. It is also possible that network members withdraw their support from individuals who are in constant need of financial assistance. Krause (1991) reported that financial strain was associated with greater isolation from close network ties and more depressive symptoms among older adults. Findings from this study do not make it clear whether support declined because of the withdrawal by the respondent or by members of their social networks. However, findings do suggest that during times of financial difficulty, social support may not be available.

Negative social interactions might be relatively uncommon among more distal network members when few resources are transferred. However, they have been found to be fairly

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common among family members (Neighbors, 1997; Rook & Ituarte, 1999) and when extensive support is provided (Newsom & Schulz, 1998). Empirical evidence suggests that negative interactions within kinship networks (but not friendship networks) are associated with higher levels of depressive symptomatology (Reinhardt, 2001). African Americans, who have a higher proportion of kin in their social networks (Ajrouch, Antonucci, & Janevic, 2001) and smaller social networks (compared to Whites; Barnes, Mendes de Leon, Bienias, & Evans, 2004), may be more vulnerable to negative encounters. Neighbors (1997) found that roughly half of the personal problems experienced by African Americans were interpersonal in nature, and 83% of them directly involved family members (e.g., spouse, parent, child, sibling, and relatives). About one out of three (36%) of identified interpersonal problems explicitly involved conflict of some sort (e.g., marital problems, problems with children).

A more recent study by Lincoln and colleagues (2005) provides additional insight into the strains within the informal networks of African Americans. Findings from their study indicate that although support from kinship-based networks reduced the number of depressive symptoms, social support was less effective for mediating the effects of financial strain. The authors conclude that the particularly potent influence of financial problems on the receipt of social support may be a reflection of overtaxed networks that are unable to meet the financial needs of individuals. Respondents also reported experiencing negative interactions with relatives. However, unlike previous findings on the general population, these encounters had no impact on depressive symptoms.

Research among older African Americans highlights important points of divergence from studies on the general population as well as the distinct sociodemographic correlates of social support and negative interaction. Findings from a study by Lincoln, Chatters, et al. (2003) indicated that the informal social networks of older African Americans were generally supportive and that negative interactions with family and friends were rare occurrences (Lincoln, Taylor, & Chatters, 2003). The factors associated with social support and negative interactions were distinct. For example, women received more social support from relatives and friends but were no more vulnerable to experiencing negative interactions than were men. Married respondents were just as likely to receive social support as they were to experience negative interactions with their social network members. Parents and those of advanced age had fewer negative interactions with their social network, whereas respondents with more education reported more negative interactions. This distinctive set of correlates predicting social support and negative interactions suggests that they are separate social occurrences that exist simultaneously within the social networks of African Americans.

THE ROLE OF MASTERY AS A MEDIATOR

People with high levels of mastery may be better equipped to cope with difficult situations like financial problems (Mirowsky & Ross, 1990). Mastery and other related constructs, such as personal control and self-efficacy, can suppress the impact of stressful conditions by increasing the likelihood that individuals will engage in healthy coping behaviors. Specifically, older adults with a higher sense of mastery are more likely to feel that they can control their life circumstances and, thus, are more likely to engage in health protective behaviors (Ross & Mirowsky, 1999). Those who have successfully managed financial problems in the past, for example, are more likely to view their coping efforts as effective and may actually be more effective in their utilization of resources compared to their less successful counterparts. Later life is a particularly important time for maintaining a sense of mastery because of the number of social and personal losses experienced during this time. However, feelings of mastery decline with age (Wolinsky, Wyrwich, Babu, Kroenke, &

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Tierney, 2003). Older adults may experience several stressful life experiences, such as loss of a spouse, retirement, health problems, or changes in their living arrangements. Loss of an important coping resource, like mastery, to help deal with these stressors, leaves them vulnerable to depression (Nemeroff & Midlarsky, 2000).

Having one major coping resource is typically linked with having others (Hobfoll, 2001). Consequently, having a sense of mastery is likely to be linked with the availability of social support during stressful times. Specifically, receiving emotional support—that is, the feeling of being loved, cared for, and valued and the ability to count on others should the need arise—has an important psychological function and can potentially mitigate the loss of personal resources because of the aging process. Social support from loved ones creates confidence and security in one's network, which can empower individuals to take responsibility for their own life circumstances. During times of stress, social networks can promote health by influencing effective problem-solving behaviors and providing supportive interactions that prevent individuals from internalizing diminished views of themselves. Pearlin and colleagues (1981) found that social support was particularly effective in helping those who had lost a job avoid feelings of low self-esteem and mastery, which resulted in less depression. Smith and colleagues (2000) demonstrated that emotional support from family and friends was related to higher feelings of personal control, which, in turn, predicted better psychological well-being. Similarly, Bisconti and Bergeman (1999) found that social support exerted its influence on the health of older adults both directly and indirectly through perceived control. Despite the health-promoting properties of mastery and social support, both separately and interdependently, we know little about how mastery operates within the context of stressors like financial strain and negative social interactions. Even less is known about how feelings of mastery are influenced by social relationships among older African Americans.

RESEARCH QUESTIONS AND HYPOTHESES

The proposed model depicted in Figure 1 is a reflection of empirical findings and theoretical suggestions to date (e.g., Pearlin et al., 1981). Although the paths in the model suggest causality, the current investigation tests the extent to which observed variables can be predicted from the hypothesized model without consideration of the direction of the effects. The model suggests that financial strain will have direct effects on depressive symptoms but that social support, negative social interactions, and mastery will mediate these effects. Specifically, negative interactions are a type of stressor that will contribute to or exacerbate the effects of financial strain on depressive symptoms. Social support and mastery, however, will be beneficial for decreasing the number of depressive symptoms by offsetting (e.g., mediating) the negative consequences of financial strain and negative social interactions. It is also predicted that mastery will mediate the relationship between negative social interactions and depressive symptoms.

The process of social stress theory and prior research indicate that social status factors, such as income and education, are important in differentially exposing individuals to stress, in patterning the nature and extent of support from family networks, and the availability of personal coping resources. Accordingly, respondents with higher levels of socioeconomic status (SES; e.g., income and education) will be particularly advantaged with respect to mental health, economic, social, and personal resources.

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METHOD

DATA

The Americans' Changing Lives (ACL) study is a multistage, stratified probability panel survey of persons 25 years of age and older and living in the coterminous United States. Face-to-face interviews were conducted in 1986 (Wave 1), resulting in 3,617 completed interviews and a response rate of 67%. Blacks and persons aged 60 and older were oversampled at a rate twice that of Whites younger than 60. This data set includes 1,174 African American respondents. Most studies of older African Americans that are based on survey research generally have samples that have an age range that begins with 50 or 55. This is because of two reasons. First, there are very few publicly available data sets that have enough African Americans to do within-group analyses. This is particularly true for older African Americans. Consequently, starting at younger ages of 50 or 55 ensures a larger number of respondents and makes it possible to perform sophisticated within-group analysis among older African Americans. Second, empirical studies indicate that depressive symptoms are more frequent in midlife than in late life (see Blazer, 2003, for a review of this literature). However, studies of depressive symptoms among middle-aged African Americans are sparse (Miller et al., 2004). The focus on African Americans aged 50 and older in this study provides an opportunity to explore the prevalence of depressive symptoms in a group that spans middle and older age and to establish data that is comparable to information on the general population. Accordingly, the present analyses are based on the responses of 583 African American respondents aged 50 years and older. The average age is 66.42 years (*SD* = 9.28) and 66.9% of the respondents are women. Approximately 61% of the respondents are married, the average number of years of education is 8.85 (*SD* = 3.88), and the average annual income is $12,487 (*SD* = $15,045).

MEASURES

Table 1 presents the items used to develop the constructs depicted in Figure 1. The standardized factor loadings and measurement errors are presented next to each item. These estimates provide some information about the psychometric properties of the measures. The data in Table 1 indicate that individual factor loadings were moderate to high in magnitude, ranging from .301 to .863. Because summing or other weightings imposed will lose the subjective valence of the domains, all items were allowed to covary (e.g., were not summed).

Depressive symptoms—Six indicators were used to measure depressive symptoms, all of which were taken from the Center for Epidemiological Studies–Depression (CES-D) index (Radloff, 1975). Consistent with previous research (e.g., Krause, Herzog, & Baker, 1992; Li & Ferraro, 2005), 5 of the original 11 items were deleted because of confounding with other model constructs. Four items that reflect interpersonal relationships were deleted because they might be confounded with social support items. One item assessing "loneliness" was deleted because it loaded high on somatic factors. The remaining 6 items capture different domains of depressive symptoms and assessed the extent to which respondents felt depressed, did not feel like eating, felt like everything was an effort, felt sad, experienced restless sleep, and could not get going "during the past week." Item responses are coded 1 (*hardly ever*) to 3 (*most of the time*). A high score on these items indicates a greater number of depressive symptoms. Cronbach's alpha for these six indicators is .77.

Financial strain—Three indicators measured financial strain. These items assess whether older adults had difficulty paying their monthly bills (1 = *not difficult* to 5 = *extremely difficult*), whether they were satisfied with their current financial situation (1 = *completely* to

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5 = *not at all*), and whether respondents had money left over after paying their monthly bills (1 = *some money left over* to 3 = *not enough money*). A high score on these items reflects greater financial strain.

Social support and negative social interactions—Two indicators measuring social support from relatives and friends ask respondents the extent to which network members make them feel loved and cared for and are willing to listen to the respondent discuss worries or problems. Two indicators of negative social interactions with relatives and friends assess the extent to which they make too many demands and are critical of the respondent and what they do. Each item has five response categories, ranging from 1 (*not at all*) to 5 (*a great deal*), with a high score corresponding to more social support or negative social interactions.

Mastery—Four indicators were used to measure mastery. These items assess the extent to which respondents felt pushed around in life, that there is no way to solve their problems (1 = *strongly agree* to 4 = *strongly disagree*), felt pretty sure that things would work out as planned (1 = *haven't been sure* to 2 = *pretty sure*), and could carry out plans as expected (1 = *have to change plans* to 2 = *carry out as expected*). A higher score on these items corresponds to greater feelings of mastery.

Demographic variables—All analyses were conducted while taking into account the effects of age and education (coded continuously), income (10 categories), gender (1 = *female*; 0 = *male*), and marital status (1 = *married*; 0 = *other*).

RESULTS

DESCRIPTIVE STATISTICS

The means, standard deviations, and range for the study variables are presented in Table 2. Overall, supportive interactions (i.e., social support) occur with greater frequency than negative social interactions. Respondents report experiencing fairly high levels of financial strain and relatively high levels of mastery. Finally, respondents indicate having a moderate number of depressive symptoms.

To test the conceptual model presented in Figure 1, a structural equation model using LISREL 8.53 (Jöreskog & Sörbom, 2001) was estimated. Based on complete data for 583 cases, a covariance matrix for the study variables was created for input. Model parameters were estimated using the maximum-likelihood (ML) technique and evaluated using *z*-tests. Furthermore, several global statistics were used to evaluate the overall fit of the model to the data. Finally, to evaluate the adequacy of the proposed model, loadings for single indicators of exogenous constructs (e.g., sociodemographic variables) were set equal to one.

Both the parameter estimates and the goodness-of-fit summaries for the estimation of the conceptual model indicate that the conceptual model adequately represents the data. Specifically, Bentler's (1990) normed comparative fit index (CFI) of .965, Bentler and Bonett's (1980) normed fit index (NFI) of .933, and the goodness-of-fit index (GFI) of .949 are sufficiently greater than the recommended cutoff point of .90. Similarly, the root mean squared error of approximation (RMSEA) of .042 (90% confidence interval from RMSEA = .036, .049) is less than the recommended cutoff value of .05 (Browne & Cudeck, 1993). Finally, the standardized root mean square residual (SRMR) of .039 is less than the recommended cutoff value of .05 (Kelloway, 1998), thus supporting the basic model structure.

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Table 3 and Figure 2 present the completely standardized ML parameter estimates for the proposed model. A significant but moderate negative correlation between social support and negative social interactions with relatives and friends (β = –.245; $p < .01$) was observed, suggesting that supportive and negative exchanges are distinct domains of social relationships that occur concurrently. An examination of the direct, indirect, and total effects provides a comprehensive picture of the process by which the model components are interrelated.

MECHANISTIC PATHWAYS FROM FINANCIAL STRAIN TO DEPRESSIVE SYMPTOMS

The first goal of this investigation was to identify the mechanisms that link financial strain to depressive symptoms. Findings indicate that the overall influence of financial strain on depressive symptoms was significant (β = .351, $p < .001$; total effect). However, there was no direct effect of financial strain on depressive symptoms. In other words, financial strain appears to increase the number of depressive symptoms indirectly (β = .488, $p < .05$; indirect effect) by increasing negative interactions (β = .166, $p < .05$; direct effect) and diminishing feelings of mastery (β = –.395, $p < .01$; direct effect). Results also indicate that older African Americans who reported more financial strain received less social support (β = –.166, $p < .05$). However, there were no indirect effects on depressive symptoms associated with social support.

MASTERY AS A MEDIATOR OF THE EFFECTS OF NEGATIVE INTERACTIONS ON DEPRESSIVE SYMPTOMS

Earlier it was predicted that mastery would mediate the relationship between negative social interactions and depressive symptoms. Findings provide support for this hypothesis. Specifically, older African Americans who report experiencing negative social interactions with their relatives and friends had lower feelings of mastery as expected (β= –.425, $p < .01$; direct effect). Results also indicate that negative interactions have an indirect association with depressive symptoms via mastery (β = .483, $p < .05$; indirect effect). In other words, the relationship between negative interactions and depressive symptoms can be explained, in part, by the mediating role of mastery. The data revealed no significant association between social support and mastery or depressive symptoms.

Table 4 presents the coefficients for the effects of exogenous (i.e., sociodemographic) variables on the latent constructs. A few of the findings for the total effects for age and SES will be highlighted in this discussion. With respect to age differences, persons of advanced age report less financial strain and fewer negative social interactions with their relatives and friends, compared to their younger counterparts. Age is also associated with mastery and depressive symptoms, such that African Americans of advanced age report higher feelings of mastery and fewer depressive symptoms. Respondents who reported higher incomes had less financial strain, received less social support, and had fewer depressive symptoms. Persons with more education reported less financial strain, more social support, higher levels of mastery, and fewer depressive symptoms than their counterparts.

DISCUSSION

The current investigation addresses the need for studies that help us understand the mechanisms whereby stress and social relationships affect mental health among African Americans. One major finding was that mastery had an important mediating role in the relationship between negative interactions and depressive symptoms. This finding expands a variety of other studies that report detrimental effects of negative interactions on mental health status (Krause, 1995; Newson, Rook, Nishishiba, Sorkin, & Mahan, 2005; Rook, 1984). However, the present investigation moves beyond these studies by investigating the

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processes whereby negative social exchanges affect mental health in older adults. Specifically, findings support the stress proliferation hypothesis. According to this perspective, the initial or direct stressor not only contributes to the decline in mental health but also gives rise to secondary stressors; that is, stress proliferates across the various domains of one's life. So, within the context of this study, financial strain is associated with the quality of interpersonal relationships (e.g., low levels of social support and higher levels of negative interactions).

In the face of stressors, personal resources like mastery are important for maintaining health and well-being. However, it appears from the current findings that negative interactions with network members detract from mental health, in part, by threatening one's sense of mastery. Studies that conceptualize negative interactions as a type of stressor provide a framework for which to understand this finding. Fiore and colleagues (1983) suggested that it may be helpful to conceptualize unmet expectations of network support and negative input as stressful “events” also or as a form of chronic stress that adds to an individual's overall stress level (Fiore, Becker, & Coppel, 1983). Similarly, Krause and Rook (2003) suggested that negative interactions, if viewed within the context of the literature on chronic strains, can be conceptualized as stable or ongoing problems. Their work suggests that the belief that ongoing problems will continue unabated into the future may erode feelings of hope and optimism, which are important for the maintenance of health and well-being. It stands to reason that this explanation can be extended to other measures of the self-concept, such as mastery. Although the current investigation did not assess the chronicity of negative interactions, recent evidence suggests that negative interactions are, in fact, quite stable over time (Krause & Rook, 2003).

Current findings suggest that this work may be of particular importance for populations that are disadvantaged with respect to SES. For example, this representative sample of older African Americans reports fairly high levels of social support and mastery and relatively few negative interactions. However, they have relatively low incomes (less than $13,000 in 1986 dollars annually, on average) and low levels of educational attainment (less than 9 years). Despite the advantages of positive social relationships and feelings of mastery, these respondents are still susceptible to mental health problems primarily because of their low SES.

It is interesting to note that none of the sociodemographic variables influence the number of depressive symptoms without first being mediated by other model constructs. Thus, results highlight the mechanistic pathways whereby social status factors are associated with depressive symptoms as well as their role in differentially exposing individuals to stress and the availability of coping resources. For example, respondents with higher incomes received less social support. It could be that respondents who report more economic resources may be less likely to need social support. Taylor (1990) found that of 16.3% of African American respondents who did not receive support from their family members, 9.7% indicated that they never needed support. These respondents had close relationships with their family support network (i.e., frequent family interaction, close familial bonds) that resemble those of African Americans who receive support. However, they were more likely to have higher incomes compared to those who were more support-deficient (e.g., they needed but never received support).

Findings indicate that respondents with more education received more support and reported higher levels of mastery. Education may increase social support because of increased access to stable social relationships, especially marriage (Ross & Mirowsky, 1999). More specifically, education may promote supportive and equitable relationships because it helps individuals to understand and negotiate with each other. Education develops cognitive

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flexibility, which includes the ability to see more than one side of an issue (Kohn & Slomczynski, 1993). The education effect on mastery may reflect education's role as a tool for empowerment and as a countermeasure against penalties associated with being elderly and African American.

Why income is unrelated to feelings of mastery is unclear. However, this finding is consistent with the work of others (e.g., Bruce & Thornton, 2004; Shaw & Krause, 2001) who found that perceived control was unaffected by income. Findings do not suggest that economic resources are unrelated to feelings of mastery but instead suggest that education may be less variable, compared to income. Thus, education is a more reliable resource on which to base feelings of control over one's circumstances.

Additional findings of interest for social status factors indicate that age is associated with less financial strain and greater mastery. The finding that older adults report less financial strain is particularly interesting given that financial difficulty is typically anticipated among persons of more advanced ages (e.g., 65 years and older; Chatters & Taylor, 1989). The average annual income reported for study respondents is $12,487 (1986 dollars), with 62% of respondents having incomes less than the poverty threshold for a two-person household in 1986 (U.S. Census Bureau, 2005). However, the lack of financial strain reported by these respondents may be a reflection of expectations. Empirical evidence suggests that although older African Americans report fewer economic resources (compared to Whites), they are more likely to say that they are better off economically than expected, suggesting that criteria for assessing economic well-being may differ by race (Johnson, 1994). Observed findings may also be a function of the norms of social exchange among this population. Specifically, the reciprocal sharing of resources, information, and emotional support among social networks facilitates the well-being of African Americans. In the context of these study findings, limited economic means may not necessarily manifest in the form of financial stress for some older adults because of actual support received as well as the perception of tangible support within a framework of normative social exchange.

Findings for increased feelings of mastery with age are at odds with studies reporting declines in personal control and mastery with age, both cross-sectionally and longitudinally (Shaw & Krause, 2001; Wolinsky et al., 2003). Perhaps this finding can be explained by the pathways that link age to mastery. Specifically, age is associated with less financial strain and fewer negative interactions. So it appears that respondents of advanced age have higher levels of mastery because their self-concept is not significantly diminished by stress as a result of financial problems or conflict within their social network.

Several studies have found negative interaction to be more consequential for mental health than social support is beneficial. However, few studies have empirically identified the mechanisms whereby negative interaction is linked to mental health. This connection is an important consideration when designing interventions aimed at changing the nature of interaction within social networks. Findings from the current study have important implications for practice because they identify a subpopulation that is particularly at risk for depression as well as specific resources that can be targets of intervention. Specifically, the data suggest that older African Americans with less education and income are particularly at risk for depression because of the deleterious impact of their low SES on their social relationships. This finding has implications for interventions designed to reach populations that may be more difficult to reach and serve than those with more financial resources. In this case, it may be useful to incorporate church members or other non-kin family members into interventions (Taylor, Ellison, Chatters, Levin, & Lincoln, 2000; Taylor, Lincoln, & Chatters, 2005), such as counseling, family therapy, or social support interventions. The data also suggest that negative interaction is particularly harmful for mental health because it

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erodes feelings of mastery. Interventions focused on improving the quality of relationships between older adults and their family members may be particularly useful. Interventions designed to increase one's level of mastery are also important. However, limiting the exposure to negative exchanges or facilitating social skills that help older adults deal with interpersonal problems is an important area for intervention.

Interpretation of these findings should be considered within the context of the study's strengths and limitations. First, the cross-sectional nature of the data used for this study limits the ability to determine the temporal order of the constructs included in the model. For example, although the model suggests that social support and negative interactions precede depressive symptoms, depressive symptoms may actually distort perceptions of social relationships. Although previous longitudinal analyses support the temporal ordering of the relationships tested here (Rook, 2001), longitudinal analyses are necessary to make a determination of the causal order of the specific constructs examined in the present model. However, the overall goal of this investigation was not to establish causal relationships but rather, to highlight a set of relationships that provide some insight into the mechanisms whereby stress and negative interactions influence mental health. An appropriate next step would be to investigate causality using longitudinal data.

Second, there are acknowledged limitations associated with the ACL data set. The data used for this study were collected in 1986, which may raise some questions about the relevance of the study findings for contemporary African Americans. However, the strengths of these data far outweigh the limitations. For example, this data set is one of the richest available sources of information on the substantive topics of this investigation. Moreover, the ACL study includes sizable numbers of African Americans for which to test the conceptual model. The conceptual model tested using these data has theoretical and practical utility that is useful for future studies examining the mechanism whereby stress, social relationships, and personal resources affect mental health among African Americans.

Third, the lack of a mediating effect for social support (i.e., social support mediating the impact of financial strain) may be a reflection of the particular measure or number of items available in the ACL data set. This study focused on emotional transactions between network members. Social support researchers recognize that different stressful events require different forms of social support. Research findings show that well-intentioned support from family members, friends, and professionals can have unintended results and even cause distress to the recipient because of the lack of congruence with the individual's need (e.g., Neuling & Winefield, 1988; Rose, 1990). It is possible that another type of social support would have produced different results. For example, direct economic assistance (as opposed to emotional support) might mediate the impact of financial strain on depressive symptoms (Neighbors & LaVeist, 1989). Empirical evidence, however, suggests that emotional support is an appropriate dimension of social support for this investigation. Stressors that lead to internal attributions of failure or feelings of inadequacy are best buffered by social support that restores or maintains feelings of belonging and being loved and cared for (Cohen & McKay, 1984). However, it is important that future studies not only consider other types of support (e.g., material or financial support) but also use representative samples to gain a better understanding of the role of social support in the stress–health process.

Finally, the referent for the measures of social support and negative interactions may be limited. The social support and negative interaction questions are asked about relatives in general (excluding spouse), rather than specific family members. Respondents may receive support from some relatives but not from others. The multiplex nature of extended families among African Americans poses some challenges to the measures of social support and

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negative interaction. Furthermore, it is possible that positive relationships with others, such as friends, may offset negative relationships with family members. This hypothesis cannot be tested because of the aggregate nature of the social support items (e.g., relatives and friend items are combined).

Despite these limitations, the findings suggest a number of interesting avenues for future study. First, in keeping with the process of social stress theory, this work highlights the need to identify the sociodemographic factors and conditions under which specific types of stress lead to changes in social relations (both social support and negative interactions) among older African Americans. Additional studies of this type would allow us to examine the stress process within a context that is fully informed by social structure and to determine how social status factors shape both the experience of stress and the resources available to meet these challenges.

Current findings revealing that negative interactions are associated with declines in mastery contribute to the literature on how social and personal resources combine to influence the psychological state of older adults. Additional studies of how African Americans respond and adapt to stressful situations are needed, along with investigations that allow for the systematic assessment of the role of informal social networks and personal resources like mastery and other constructs of the self.

Finally, current study findings support previous efforts that identify positive and negative aspects of social relationships as distinctive. These analyses demonstrated that SES factors were associated with positive aspects of social relationships but that age was associated with negative interactions. Furthermore, the findings indicated that emotional support had limited predictive qualities, whereas negative interactions predicted mastery and depressive symptoms. By examining the distinctive and important role of social networks in the lives of older African Americans, future studies can gain important insights into social interaction processes, and how social networks contribute to mental health, and acquire a better understanding of the differential availability of social networks across social status.

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Figure 1.
Proposed Measurement Model of Financial Strain, Personal and Social Resources, and Depressive Symptoms

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Figure 2.
Estimated Measurement Model of Financial Strain, Personal and Social Resources, and Depressive Symptoms

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TABLE 1

Factor Loadings for the Proposed Measurement Model of Personal and Social Resources and Depressive Symptoms Among Older African Americans

Item Descriptions	Factor Loadings	Error Terms
η_1 Financial strain		
y_1 Satisfied with finances	.647	.581
y_2 Difficulty paying bills	.863	.255
y_3 Money left/not enough	.733	.463
η_2 Social support		
y_4 Feel loved and cared for	.622	.613
y_5 Willing to listen to problems	.859	.262
η_3 Negative interaction		
y_6 Make too many demands	.604	.635
y_7 Critical	.648	.581
η_4 Mastery		
y_8 Pushed around in life	.490	.760
y_9 Can't solve problems	.445	.802
y_{10} Life would work out	.301	.909
y_{11} Plan ahead	.436	.810
η_5 Depressive symptoms		
y_{12} Felt depressed	.692	.521
y_{13} Sleep was restless	.583	.660
y_{14} Everything an effort	.521	.728
y_{15} Didn't feel like eating	.481	.768
y_{16} Felt sad	.679	.539
y_{17} Couldn't get going	.635	.597

NOTE: Standardized factor loadings and error terms. $\chi^2(167, 583) = 341.485$; goodness of fit index (GFI) = .949; normed fit index (NFI) = .933; comparative fit index (CFI) = .965; root mean squared error of approximation (RMSEA) = .042; standardized root mean square residual (SRMR) = .039.

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TABLE 2

Dependent and Independent Variables for Personal and Social Resources and Depressive Symptoms: Ranges, Means, and Standard Deviations

Variable	*Range*	M	SD
Age	50-96	68.32	8.16
Income	$2.5K-$110K	$12,487	$15,045
Education	0-17	8.63	3.89
Financial strain			
Satisfied with finances	1-5	2.99	1.16
Difficulty paying bills	1-5	2.35	1.29
Money left/not enough	1-3	1.97	.76
Social support			
Felt loved and cared for	1-5	4.17	.99
Willing to listen to problems	1-5	3.80	1.19
Negative interaction			
Make too many demands	1-5	1.47	.87
Critical	1-5	1.60	.97
Mastery			
Pushed around in life	1-4	3.03	1.04
Can't solve problems	1-4	2.89	1.07
Life would work out	1-2	1.50	.50
Plan ahead	1-2	1.58	.49
Depressive symptoms			
Felt depressed	1-3	1.53	.63
Sleep was restless	1-3	1.72	.73
Everything an effort	1-3	1.64	.69
Didn't feel like eating	1-3	1.49	.66
Felt sad	1-3	1.50	.62
Couldn't get going	1-3	1.65	.67

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TABLE 3

Decomposition of Effects for the Model of Financial Strain, Personal and Social Resources, and Depressive Symptoms Among Older African Americans

	Causal Effects[a]		
Dependent Variable/Independent Variable	**Direct**	**Indirect (B)**	**Total (A + B)**
Social support (η_2)/financial strain (η_1)	–.166*	.000	–.166*
Negative interaction (η_3)/financial strain (η_1)	.166*	.000	.166*
Mastery (η_4)/financial strain (η_1)	–.395**	–.088*	–.482***
Mastery (η_4)/social support (η_2)	.104	.000	.104
Mastery (η_4)/negative interaction (η_3)	–.425**	.000	–.425**
Depressive symptoms (η_5)/financial strain (η_1)	–.137	.488*	.351***
Depressive symptoms (η_5)/social support (η_2)	.160	–.119	.042
Depressive symptoms (η_5)/negative interaction (η_3)	–.204*	.483*	.279*
Depressive symptoms (η_5)/mastery (η_4)	–1.137*	.000	–1.137*

[a] Standardized regression coefficients.

* $p < .05$.

** $p < .01$.

*** $p < .001$.

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TABLE 4

Completely Standardized Exogenous Effects

Endogenous Constructs	Exogenous Constructs				
	Sex[a]	Age	Income	Education	Marital Status[b]
Financial strain					
Direct	.038	–.286***	–.358***	–.126*	.057
Indirect	.000	.000	.000	.000	.000
Total	.038	–.286***	–.358***	–.126*	.057
Social support					
Direct	.075	–.092	–.179*	.109*	–.062
Indirect	–.006	.047*	.059*	.021	–.009
Total	.069	–.045	–.120*	.130*	–.071
Negative interaction					
Direct	–.026	–.204*	.158*	.090	.087
Indirect	.006	–.047*	–.059*	–.021	.009
Total	–.019	–.251**	.098	.069	.097
Mastery					
Direct	–.065	.080	.002	.289**	–.109
Indirect	.000	.215**	.087	.034	–.071*
Total	–.065	.295**	.089	.323**	–.180*
Depressive symptoms					
Direct	.050	.143	–.035	.167	–.032
Indirect	.083	–.252*	–.091	–.343*	.166*
Total	.133*	–.109*	–.126*	–.177**	.134*

[a] Sex is coded in the following manner: 0 = *male*; 1 = *female*.

[b] Marital Status is coded in the following manner: 0 = *married*; 1 = *other*.

* $p < .05$.

** $p < .01$.

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***$p < .001$.