

Taking It Like a Man: Masculine Role Norms as Moderators of the Racial Discrimination–Depressive Symptoms Association Among African American Men

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Men's depression is garnering increased scientific attention as researchers seek to resolve an oft-cited gender paradox in mental health.¹ That is, men in the United States are 4 times more likely than are women to commit suicide,^{2,3} yet have lower prevalence rates for major depression and other depressive disorders.^{4,5} Gender gaps in depression rates are also narrowing,^{6,7} and ongoing discussions challenge whether clinical diagnostic tools fully tap into men's experience and reports of depression.⁸ Amid increased attention, African American men's depression is rarely studied. For example, a recent review identified only 17 articles between 1980 and 2004 that explicitly examined depression risk factors among African American men.⁹ The authors noted several frequently cited risk factors for African American men's depression, including economic strain, maladaptive psychosocial coping, interpersonal conflicts, and racial discrimination.⁹ With notable exceptions,^{10–14} most extant studies were published before 2000, took a gender differences analytic approach, or failed to address sociodemographic variability in African American men's depression risk factors.

The scant and insufficient attention to depression among African American men is troubling, given this group's dramatic suicide rate increase among younger men^{15,16} and disproportionate premature mortality from diseases and intentional injuries with high depression comorbidities (e.g., cardiovascular disease, prostate cancer, human immunodeficiency virus/acquired immunodeficiency syndrome, and homicide).^{17–20} Coincidentally, depressed African American men are also less likely to schedule routine health examinations,²¹ have a usual source of care,²² or get recommended preventive screenings.²³ African American men's precipitously increased suicide

Objectives. I examined the association between everyday racial discrimination and depressive symptoms and explored the moderating role of 2 dimensions of masculine role norms, restrictive emotionality and self-reliance.

Methods. Cross-sectional survey data from 674 African American men aged 18 years and older recruited primarily from barbershops in 4 US regions (2003–2010) were used. Direct and moderated associations were assessed with multivariate linear regression analyses for the overall sample and different age groups. Models were adjusted for recruitment site, sociodemographics, masculine role norms salience, and general social stress.

Results. Everyday racial discrimination was associated with more depressive symptoms across all age groups. Higher restrictive emotionality was associated with more depressive symptoms among men aged 18 to 29 and 30 to 39 years. Self-reliance was associated with fewer depressive symptoms among men aged 18 to 29 years and 40 years and older. The positive association between everyday racial discrimination and depressive symptoms was stronger among men with high restrictive emotionality, but this moderated effect was limited to men older than 30 years.

Conclusions. Interventions designed to reduce African American men's depression instigated by racism should be life-course specific and address masculine role norms that encourage emotion restriction. (*Am J Public Health.* 2012;102:S232–S241. doi:10.2105/AJPH.2011.300485)

rates, depression-related health disparities, and near absence from the discourse surrounding the mental health gender paradox are key motivations for the present investigation.

Researchers generally attribute the mental health gender paradox to men's greater access to and use of lethal suicide methods.^{24,25} However, there is growing recognition that this paradox is also partly attributable to traditional masculine role norms, or shared expectations about culturally appropriate male behavior.²⁶ This attribution is rooted in evidence that some traditional masculine role norms compromise depression detection and help-seeking among men,^{1,27} thereby artificially lowering male depression rates. Traditional masculine role norms prescribe emotion restriction and self-reliance as appropriate male stress responses (e.g., “boys don't cry” and “take it like a man”) that are positively associated with self-reported

depressive symptoms and moderate stress–mental health associations among men.^{28–32} However, these associations are contingent on stressor type, and the salience and dimension of traditional masculine role norms assessed. Investigations found a positive association between depression and traditional masculine role norms encouraging competition, emotional control, stoicism, self-reliance, and avoidance of femininity.^{1,33–37} However, less is known about the association between traditional masculine role norms and depression among African American men, who confront unique everyday stressors and define masculinity differently than non-Hispanic White males.³⁸ To address this scientific gap, the present investigation focused on everyday racial discrimination, a biopsychosocial stressor³⁹ reported most often by African American men,^{40–42} and on 2 dimensions of traditional

masculine role norms most commonly associated with men's depression: restrictive emotionality and self-reliance.^{1,34,36,43,44}

Restrictive emotionality is defined as "having difficulty and fears about expressing one's feelings and difficulty finding words to express basic emotions."^{45(p176)} Masculine role norms encouraging restrictive emotionality instruct men to shut down or suppress emotion, an affect regulation strategy associated with greater depression^{46,47} and the exacerbation of stress effects on men's mental health.³² Masculine role norms encouraging self-reliance instruct men to cope independently with stress and, when endorsed in an unmitigated manner, are associated with less help-seeking and higher depression.^{27,35,37} However, this finding was limited to studies conducted among non-Hispanic White males. Research among African American men indicated that norms encouraging self-reliance were associated with fewer help-seeking delays and better psychological well-being.^{23,48} Because masculine role norms endorsement are contingent on men's race/ethnicity and relative social power,⁴⁹ a critical next step in this line of research is to determine if restrictive emotionality and self-reliance are directly associated with depression or if these masculine role norms exacerbate or diminish racial discrimination's effect on depression among African American men.

The present study took this next step and built on the mounting cross-sectional and longitudinal evidence linking racial discrimination to depression,^{50–58} and affirming racial discrimination as a uniquely depressionogenic stressor for African American men.^{9,10,13,14} Explicit emphasis was placed on racial discrimination manifested as everyday "microaggressions" or unconscious slights (e.g., being followed or treated suspiciously because of one's race)^{59–64} because these stressors are persistent, and theorists suggested they intersect with masculinity to place African American men at double jeopardy for negative mental health outcomes.^{65,66} This emphasis was further supported by the study of Clark et al.,³⁹ which theoretically proposed that gender explained some of the observed variability in mental health outcomes among African Americans exposed to racism. Depressive symptoms were the outcome of focus in this investigation

because they were more proximal indicators of mental health effects of long-term stress,⁶⁷ provided a good estimation of clinically relevant depression,⁶⁸ and were easier to assess in nonclinical samples.

Based on previous research, the first hypothesis was that everyday racial discrimination and restrictive emotionality would be positively, and self-reliance negatively, associated with depressive symptoms. Addressing the stated need for the identification of mechanisms linking racism to health,⁶⁹ the second hypothesis was that masculine role norms would moderate the association between everyday racial discrimination and depressive symptoms. Specifically, it was expected that the positive association between everyday racial discrimination and depressive symptoms would be exacerbated among men with higher restrictive emotionality and diminished among men with higher self-reliance. The third hypothesis was that the moderating role of restrictive emotionality and self-reliance in the everyday racial discrimination–depressive symptoms association would vary by age. Exploration of this hypothesis was supported by life course developmental frameworks⁷⁰ and expanded research detecting age differences in racial discrimination exposure,⁵⁸ traditional masculine role norms endorsement,^{71–73} and depression.^{6,74–77} It is rare for nationally representative data sets to include measures of masculine role norms, everyday racial discrimination, and depressive symptoms. Thus, each hypothesis was explored in a community-based sample of African American men.

METHODS

Data for the analyses were drawn from a cross-sectional study of African American men's health and social lives conducted in 3 independent waves from 2003 to 2010. Participants were recruited from 7 barbershops in Michigan, Georgia, California, and North Carolina (79.2%), and from 2 academic institutions (a community college in Southeastern Michigan and a historically Black university in central North Carolina) and an academic event (a 2003 conference for African American male law enforcement professionals in Miami, FL) (20.8%). Of the community college population 50% were male and

22% were ethnic minorities. The historically Black university student population was 77% African American and 33% male.

Participants were recruited using fliers, direct contact, and word-of-mouth. Barbershops were chosen as primary recruitment sites because they are trusted congregating spaces for African American men from various socioeconomic backgrounds, and have been successfully targeted in research studies and interventions with this population.^{78,79} Eight barbershops characterized as "high volume" businesses (i.e., having a wait time of 30–60 minutes and serving a minimum of 30 customers daily) were approached about participation. High volume shops were preferred because men could use their wait time to complete the surveys. Initial contact with barbershop owners was made in person or by telephone, and followed-up with a study brochure, copy of the survey, and consent forms, after which we obtained signed letters of support. One of 8 barbershop owners declined to participate in the study. We solicited and incorporated feedback from barbers into our final survey. Receptionists or barbers invited patrons to participate in "a study about African American men's health." Men aged 18 years or older and who self-identified as African American were eligible to complete the survey. Of the men approached in barbershops, 90% verbally consented to participate; most completed the survey during the wait time. The most frequently cited reason for nonparticipation was time constraint. All respondents received a \$25 gift certificate for a free haircut. In academic settings, we used similar procedures to recruit in places of high congregation (e.g., student unions, cafeterias, conference exhibit halls); 86% of the men approached completed the survey and received a \$25 gift card. The institutional review board approved all study procedures.

Measures

Everyday racial discrimination. The 18-item Daily Life Experience (DLE) subscale of the Racism and Life Experiences Scales⁶² was used to assess the frequency of self-reported everyday racial discrimination or microaggressions (e.g., being ignored or not given service). A mean score was computed from responses ranging from 0 ("ever") to 5 ("once a week or

more”). Higher DLE scores indicated more frequent everyday racial discrimination (Cronbach’s $\alpha = 0.95$).

Masculine role norms. Masculine role norms were assessed with 3 scales: the Restrictive Emotionality and Self-reliance subscales of the Male Role Norms Inventory⁴⁷ and the Masculinity Norms Salience scale, constructed from previous qualitative work on masculinity meaning among African American men.³⁸ The Restrictive Emotionality subscale is a 7-item measure that assesses traditional masculinity norms around emotion disclosure (e.g., “a man should never reveal worries to others”). The Self-reliance subscale is a 6-item measure that assesses traditional masculinity norms around autonomy and independent problem solving (e.g., “a man must be able to make his own way in the world”). For both the restrictive emotionality and self-reliance subscales, a mean score was computed from responses ranging from 1 (“strongly disagree”) to 7 (“strongly agree”). Cronbach’s alphas for these scales were 0.79 and 0.75, respectively. The Masculinity Norms Salience scale is a 9-item measure that assesses the importance of traditional masculinity norms (e.g., having power and courage) to men’s identity. Hammond and Mattis³⁸ developed this measure following a qualitative study of manhood meaning among African American men. Men were asked, “How important are the following characteristics (e.g., being strong, in control in a relationship, and independent) to your identity as a man?” and to rate responses on a scale ranging from 1 (“not at all important”) to 5 (“extremely important”). This measure was included because identity theorists proposed that salience determined one’s commitment to norms and the likelihood that they would be invoked during stress appraisal and response.^{80,81} A mean score was computed from the response options noted above (Cronbach’s $\alpha = 0.80$). Higher mean scores on each of the masculine role norms scales indicated more restrictive emotionality, self-reliance, and masculinity norms salience.

Depressive symptoms. A 12-item version of the Center for Epidemiological Studies Depression Scale (CES-D),⁸² a self-report scale developed for the general population, was used to assess depressive symptoms. The CES-D is widely used and validated among a variety of racial/ethnic groups.^{83–85} Responses ranging

from 0 (“rarely or none of the time”) to 3 (“most or all of the time”) were summed to create an overall continuous score. Possible scores ranged from 0 to 36, with higher scores indicating more depressive symptomatology (Cronbach’s $\alpha = 0.79$).

Sociodemographic and control variables. Sociodemographic variables assessed included age (18–29, 30–39, ≥ 40 years), education (\leq high school, some college, and college, graduate, or professional degree), marital status (currently married vs unmarried), annual income ($< \$20\,000$, $\$20\,000$ – $39\,999$, $\geq \$40\,000$), employment (employed full time or part time vs unemployed), and recruitment site type (barbershop vs academic institutions or events). Because general social stress was cited as a potential confounder of the discrimination–mental health relationship,^{86,87} it was assessed with a 15-item measure adapted from the African American Women’s Stress Scale.⁸⁸ This scale assesses the presence and intensity of neighborhood, economic, and role-related stressors (e.g., “living in a neighborhood with high crime, drugs, and fighting,” “trying to make ends meet,” and “being unable to afford necessities for your children”). A mean score was computed from responses ranging from 0 (“not at all stressful”) to 5 (“extremely stressful”) (Cronbach’s $\alpha = 0.92$).

Statistical Analysis

Simple bivariate analyses (χ^2 and analysis of variance) were first conducted to describe the sample characteristics and examine age differences in the study measures. The Bonferroni method was used to adjust all pairwise mean comparisons. Multivariate linear regression was used to examine the relationship between everyday racial discrimination, masculine role norms, and depressive symptoms. The main effects of everyday racial discrimination and masculine role norms were assessed to test hypothesis 1—that everyday racial discrimination and restrictive emotionality would be positively, and self-reliance negatively, related to depressive symptoms (Model 1). Interactions were assessed to test hypothesis 2—that restrictive emotionality and self-reliance would moderate the positive relationship between everyday racial discrimination and depressive symptoms (Model 2). The third hypothesis—that these moderated relationships would vary by age—was assessed by computing

interaction terms for everyday racial discrimination multiplied by restrictive emotionality and everyday racial discrimination multiplied by self-reliance for each age group (Model 2). Simple slopes and graphs were used to clarify significant interactions. All continuous predictor and control variables were mean centered. For both models, we adjusted for recruitment site type, geographic region, level of education, income, marital status, and general social stress. Multicollinearity was evaluated and found absent as evidenced by variance inflation factors values of less than 5.^{89,90} Data were missing for up to 5% of the variables, except for self-reliance (missing for 5.0%), general social stress (missing for 5.2%), and income (missing for 7.7%). Further analysis suggested that these values were missing at random. Hence, established multiple imputation procedures⁹⁰ were used to generate 5 complete data sets. Standardized parameter estimates and standard errors from these 5 data sets were examined independently and in aggregate. Because no notable differences between values in the imputed and original data sets were observed, results from the original data are presented. All statistical analyses were performed with Predictive Analytic Software Statistics (SPSS, Release 18; SPSS Inc, Chicago, IL)⁹¹ and evaluated with 2-tailed tests of significance using a 0.05 α level.

RESULTS

Table 1 provides the sample characteristics stratified by recruitment site type. Participant ages ranged from 18 to 79 years (mean [SD] = 32.0 [11.1]). Most men were unmarried, resided in the South and were employed at least part-time. Participant incomes and education levels were equally distributed across the sample. A higher percentage of men recruited from academic institutions were younger (18–29 years) than were those recruited from barbershops, were unmarried, reported completing some college, had incomes of less than \$20 000, resided in the North and had higher levels of depressive symptoms. More men recruited from barbershops resided in the South and reported higher masculine role norms around self-reliance. Study characteristics also differed by age (Table 2). More 18- to 29-year-old men were unmarried, completed some college, were employed, had

TABLE 1—Characteristics of the Study Sample by Recruitment Site Type: Masculine Role Norms as Moderators of the Racial Discrimination–Depressive Symptoms, United States, 2006–2009

Characteristics	Total (n = 674), ^a No. (%) or Mean ±SD	Barbershops (n = 534), No. (%) or Mean ±SD	Academic Institutions/Events (n = 140), No. (%) or Mean ±SD	<i>P</i> ^b
Age	32.0 ±11.1	33.2 ±10.7	27.5 ±11.6	<.001
Age, y				<.001
18–29	326 (48.4)	224 (42.1)	101 (72.1)	
30–39	180 (26.8)	11 (7.9)	169 (31.8)	
≥ 40	169 (24.9)	141 (26.1)	28 (20.0)	
Marital status				<.001
Married	175 (26.6)	157 (30.3)	18 (13.0)	
Unmarried	482 (73.4)	362 (69.7)	120 (87.0)	
Education				<.001
≤ high school	214 (32.5)	192 (36.8)	22 (16.1)	
Some college	247 (37.5)	164 (31.4)	83 (61.6)	
College, graduate, or professional degree	198 (30.0)	166 (31.8)	32 (23.3)	
Employment status				<.001
Employed	538 (82.0)	440 (85.1)	98 (70.5)	
Unemployed	118 (18.0)	77 (14.9)	41 (29.5)	
Annual income, \$				<.001
< 20 000	238 (38.4)	161 (32.9)	77 (59.7)	
20 000–39 999	192 (31.0)	171 (34.9)	21 (16.3)	
≥ 40 000	189 (30.5)	158 (32.2)	31 (24.0)	
Region				<.001
North	18 (2.7)	1 (0.2)	17 (12.1)	
Midwest	43 (6.3)	19 (3.6)	24 (17.1)	
South	498 (74.0)	401 (75.2)	97 (69.3)	
West	112 (16.9)	112 (21.0)	2 (1.5)	
Depressive symptoms (CES-D score)	11.24 ±5.9	10.91 ±5.8	12.50 ±6.50	.006
Everyday racial discrimination	1.75 ±1.2	1.71 ±1.2	1.88 ±1.2	.12
Masculine role norms				
Restrictive emotionality	4.01 ±1.1	4.05 ±1.1	3.88 ±1.2	.113
Self-reliance	4.77 ±1.1	4.84 ±1.1	4.50 ±1.0	.002
Salience	3.48 ±0.8	3.51 ±0.8	3.37 ±0.7	.69
General social stress	1.70 ±1.2	1.67 ±1.2	1.84 ±1.1	.136

Note: CES-D = Center for Epidemiological Studies Depression Scale.

^aThere were 674 respondents. However, there were missing data for some participant characteristics. Data on self-reliance, general social stress, and income were missing for 5.0%, 5.2%, and 7.7%, respectively. Analysis suggested that the data were missing at random.

^bComparisons are based on the χ^2 statistic for categorical variables and the *F* statistic for continuous variables.

incomes of less than \$20 000, and were southern residents. A higher percentage of men aged 40 years or older had a college, graduate, or professional degree, were employed, earned \$40 000 or more, and resided in the North. Mean CES-D scores were higher among 18- to 29-year-old men than among men in all other age groups ($P < .001$). Men aged 18 to 29 years also reported more frequent exposure to everyday racial discrimination ($P = .002$) and had higher masculine role norms encouraging

restrictive emotionality than did men aged 40 years or older ($P = .04$). Mean general social stress scores were lower among men aged 40 years or older than those reported by men aged 18 to 29 and 30 to 39 years ($P < .001$).

Table 3 displays results from the age-stratified multivariate linear regression analyses investigating the association between everyday racial discrimination, masculinity norms, and depressive symptoms adjusted for recruitment site type, geographic region, level of education,

income, marital status, and general social stress. Consistent with hypothesis 1, men in the overall sample who reported more frequent everyday racial discrimination and higher masculine role norms encouraging restrictive emotionality reported more depressive symptoms (higher mean CES-D scores), whereas men reporting higher masculine role norms encouraging self-reliance reported less depressive symptoms (Model 1). Restrictive emotionality was not significantly associated

TABLE 2—Characteristics of the Study Sample by Age: Masculine Role Norms as Moderators of the Racial Discrimination–Depressive Symptoms, United States, 2006–2009

Characteristics ^a	Aged 18–29 Years (n = 325), No. (%) or Mean ±SD	Aged 30–39 Years (n = 180), No. (%) or Mean ±SD	Aged ≥ 40 Years (n = 169), No. (%) or Mean ±SD	<i>p</i> ^b
Marital status				< .001
Married	31 (9.7)	69 (40.1)	75 (45.5)	
Unmarried	290 (90.3)	103 (59.9)	90 (54.5)	
Education				< .001
High school or less	105 (32.6)	60 (34.5)	49 (29.9)	
Some college	148 (46.0)	57 (32.8)	42 (25.6)	
College, graduate, or professional degree	69 (21.4)	57 (32.8)	73 (44.5)	
Employment status				.013
Employed	249 (77.6)	148 (85.5)	142 (87.1)	
Unemployed	72 (22.4)	25 (14.5)	21 (12.9)	
Annual income, \$				< .001
< 20 000	170 (55.2)	43 (25.4)	24 (16.9)	
20 000–39 000	91 (29.5)	61 (36.1)	41 (28.9)	
≥ 40 000	47 (15.3)	65 (38.5)	77 (54.2)	
Region				< .001
North	4 (1.2)	2 (1.1)	12 (7.2)	
Midwest	26 (8.0)	8 (4.4)	10 (6.0)	
South	261 (80.1)	135 (75.0)	101 (60.5)	
West	35 (10.7)	35 (19.4)	44 (26.3)	
Depressive symptoms (CES-D score)	12.73 ±5.9	10.83 ±5.3	8.68 ±5.74	< .001
Everyday racial discrimination	1.87 ±1.2	1.75 ±1.1	1.48 ±1.2	.002
Masculine role norms				
Restrictive emotionality	4.06 ±1.1	4.11 ±1.2	3.82 ±1.1	.042
Self-reliance	4.67 ±1.1	4.85 ±1.1	4.89 ±1.1	.065
Salience	3.51 ±0.7	3.48 ±0.7	3.39 ±0.8	.298
General social stress	1.86 ±1.2	1.72 ±1.2	1.34 ±1.1	< .001

Note: CES-D = Center for Epidemiological Studies Depression Scale.

^aThere were 674 respondents. However, there were missing data for some participant characteristics. Data on self-reliance, general social stress, and income were missing for 5.0%, 5.2%, and 7.7%, respectively. Analysis suggested that the data were missing at random.

^bComparisons are based on the χ^2 statistic for categorical variables and the *F* statistic for continuous variables.

with depressive symptoms among men aged 40 years or older, and self-reliance was not significantly associated with depressive symptoms among 30- to 39-year-old men. All other study variable relationships were fairly similar between the overall sample and different age groups. Partial support was found for hypothesis 2—that restrictive emotionality and self-reliance would moderate the relationship between everyday racial discrimination and depressive symptoms (Model 2). The interaction between everyday racial discrimination and restrictive emotionality for the overall sample was significant (Figure 1a). The positive relationship between everyday racial discrimination and depressive symptoms was

more pronounced among men with higher restrictive emotionality. Hypothesis 3, that the moderating role of masculine role norms on the everyday racial discrimination–depressive symptoms relationship would differ by age, was also partially supported. The positive relationship between everyday racial discrimination and depressive symptoms was more pronounced among men with higher restrictive emotionality in the 30 to 39 years and 40 years or older age groups (Figure 1b and 1c). Self-reliance did not moderate the relationship between everyday racial discrimination and depressive symptoms in the overall sample or in the different age categories.

DISCUSSION

The present study among community-dwelling African American men fills a critical gap in men's depression research and adds important insights to the scientific discourse around the gender mental health paradox. The study hypotheses were generally supported, as indicated by the 3 main findings. First, more frequent everyday racial discrimination was associated with more depressive symptoms in every age group after controlling for general social stress, masculine role norms salience, socioeconomic status, and demographic factors. Second, higher restrictive emotionality was associated with more depressive symptoms

TABLE 3—Associations Between Everyday Racial Discrimination, Masculine Role Norms, and Depressive Symptoms among Community-Dwelling African Americans: United States, 2003–2009

Characteristic	Total Sample (n = 674), B (SE)	Aged 18–29 Years (n = 325), B (SE)	Aged 30–39 Years (n = 180), B (SE)	Aged ≥ 40 Years (n = 169), B (SE)
Model 1				
Intercept	15.84*** (0.76)	15.98*** (0.97)	16.08*** (1.82)	10.39*** (1.49)
ERD	0.23*** (0.19)	0.23*** (0.27)	0.21** (0.41)	0.23** (0.39)
Masculine Role Norms (restrictive emotionality)	0.21*** (0.24)	0.21** (0.36)	0.28*** (0.45)	0.18 (0.49)
Masculine role norms (self-reliance)	-0.23*** (0.24)	-0.25*** (0.34)	-0.17 (0.50)	-0.29** (0.49)
Masculine role norms (salience)	-0.02 (0.27)	0.02 (0.41)	-0.05 (0.51)	-0.08 (0.52)
Adjusted R ²	0.38***	0.34***	0.28***	0.34***
Model 2				
Intercept	15.64*** (0.76)	15.92*** (0.97)	16.18*** (1.73)	10.09*** (1.51)
ERD	0.22*** (0.19)	0.22*** (0.27)	0.19* (0.39)	0.29** (0.41)
Masculine Role Norms (restrictive emotionality)	0.22*** (0.24)	0.21** (0.36)	0.30** (0.42)	0.24* (0.51)
Masculine role norms (self-reliance)	-0.24*** (0.24)	-0.24*** (0.35)	-0.19 (0.49)	-0.32** (0.50)
Masculine role norms (salience)	-0.03 (0.27)	0.00 (0.41)	-0.02 (0.49)	-0.07 (0.51)
ERD × restrictive emotionality	0.11* (0.18)	0.04 (0.28)	0.19* (0.35)	0.21* (0.38)
ERD × self-reliance	-0.05 (0.19)	-0.11 (0.30)	0.13 (0.39)	-0.14 (0.37)
Adjusted R ²	0.34***	0.34***	0.35***	0.36***

Note: ERD = everyday racial discrimination.
*P < .05; **P < .01; ***P < .001.

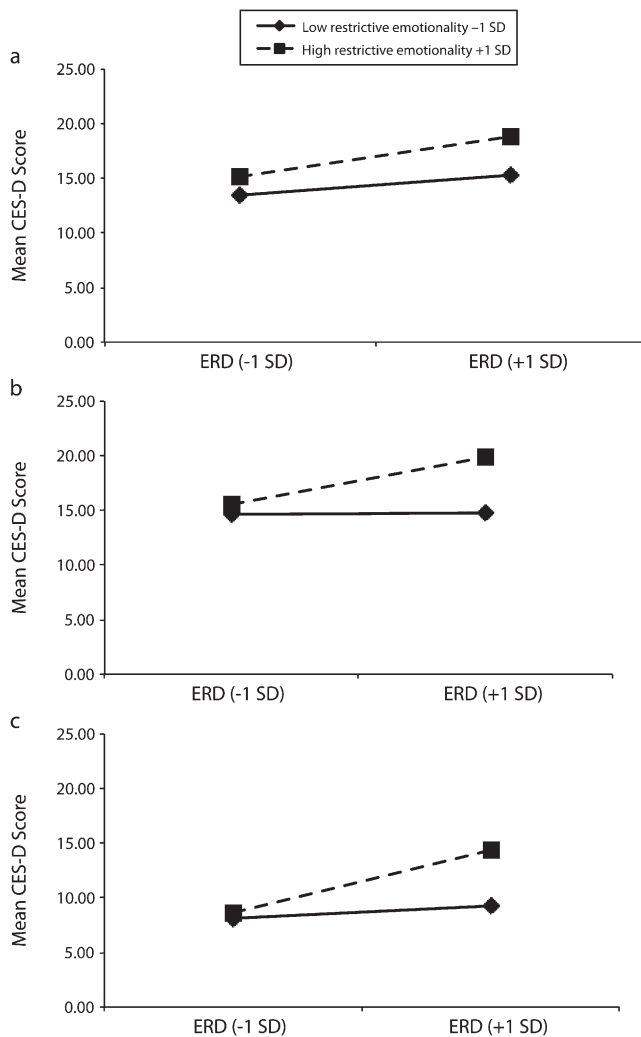
among men aged 18 to 29 and 30 to 39 years; self-reliance was associated with less depressive symptoms among men aged 18 to 29 years and 40 years or older. Third, the positive association between everyday racial discrimination and depressive symptoms was stronger among men with high restrictive emotionality, but this moderated effect was limited to men in the 30 to 39 years and 40 years or older age groups.

The study findings add to the substantial body of literature linking racial discrimination to depression^{9,10,13,14,50–58} and further advance the early proposition in the study by Clark et al.³⁹ that gender is an important mechanism linking racial discrimination to poor African American mental health. To my knowledge, this study was the first to empirically test this proposition among African American men by examining the mechanistic function of masculine gender role norms. Testing this proposition broadens the evidence-base documenting associations between traditional masculine role norms and men’s depression.^{28–32} As expected, higher restrictive emotionality was significantly associated with more depressive symptoms.

However, this association was limited to men in younger age groups (18–29 and 30–39 years). The positive association between restrictive emotionality and depressive symptoms might be a consequence of “post-suppression rebound effects”²⁴ or the increases in the salience, memory, and cognitive accessibility of negative emotions noted to follow emotion restriction attempts.^{92,93} Men were not asked about their use of emotion restriction in response to everyday racial discrimination. However, the simultaneous assessment of masculine role norms salience and its positive correlation with restrictive emotionality ($r = 0.24$; $P < .001$) provided a good indicator of the importance placed on these norms by participants and their likelihood of enacting them in response to this stressor.^{80,81} Future studies will want to directly assess this probability.

The more depressive symptoms detected among younger men with high restrictive emotionality in the sample was consistent with previous research,^{6,27,71–77} but was somewhat inconsistent with data indicating that younger men had a harder time suppressing thoughts and emotions than older men.⁹⁴ Younger men in the sample might value high restrictive

emotionality, but strained to adhere to this masculine role norm because of developmental limitations in affect regulation. Masculine role strains and conflicts are fairly robust predictors of diminished psychological well-being among men.⁴⁵ Similar to previous studies,^{36,95,96} self-reliance was associated with fewer depressive symptoms, but only among men aged 18 to 29 years and 40 years or older—periods when the need to obtain and sustain independence are heightened.^{97,98} It was unclear why self-reliance was not associated with fewer depressive symptoms among men aged 30 to 39 years. Emerging (18–29 years) and older adulthood are periods marked by a heightened concern with being perceived as self-reliant.^{6,7} Such concern might have led younger and older men in this study sample to prioritize displaying greater sense of mastery and control, which in turn diminished reported depressive symptoms. Researchers found age differences in the relationships between greater sense of mastery or control, discrimination, and depressive symptoms among African American men.⁸ Self-reliance was also associated in previous research with greater use of more adaptive



Note: CES-D = Center for Epidemiological Studies Depression Scale; ERD = everyday racial discrimination.

FIGURE 1—Restrictive emotionality as a moderator of the association between everyday racial discrimination and depressive symptoms among African American men (n = 674): Masculine Role Norms as Moderators of the Racial Discrimination–Depressive Symptoms, United States 2006–2009.

coping strategies.⁹⁹ Thus, the current finding might indicate age differences in the use of independence-enhancing coping repertoires.

The study found partial support for the moderating role of masculine role norms. After final adjustment, only restrictive emotionality emerged as a moderator, indicating that this masculine role norm exacerbated the positive association between everyday racial discrimination and depressive symptoms. This moderated association was significant only for men in older (30–39 and ≥ 40 years) age groups for a few potential reasons. First, this more

pronounced association might reflect psychological lag effects of older men's emotion suppression across the life course. Second, this association might be an artifact of cohort differences in men's past exposure to more overt racial discrimination. Older men likely lived during times when overt racial discrimination was more commonplace, and African American survival hinged on "cool pose"¹⁰⁰ or restricted emotional displays. Greater commonplace exposure to overt racial discrimination and the emotional legacy of cool pose might have led older men in the sample to trivialize

everyday racial discrimination, but experience more "post-suppression rebound effects" (i.e., depressive symptoms) in its aftermath. African American men with higher restrictive emotionality also have a more difficult time dispensing with the negative effect associated with everyday racial discrimination.¹⁰¹ Therefore, the current finding implies that the more pronounced positive association among highly emotionally restrictive older men was also a consequence of holding onto everyday racial discrimination. A competing perspective suggests that emotion restriction is not uniformly pathogenic, and that the capacity to flexibly suppress or express emotion is more critical in facilitating positive adaptation to psychosocial stress and reducing the probability of depression.¹⁰² Embracing this perspective implies that under some conditions, African American men's decisions to restrict emotions in the face of everyday racial discrimination might be psychologically beneficial. Eighteen- to 29-year-old men in the sample had the highest mean everyday racial discrimination. Thus, the nonsignificant moderation effect was somewhat equivocal. However, it is plausible that younger African American men in the study endorsed restrictive emotionality in general, but did not invoke this norm in the face of everyday racial discrimination. Researchers should seek to determine the circumstances under which restricting emotions associated with everyday racial discrimination engender psychological benefits for African American men.

Limitations

The present study had some notable limitations. Cross-sectional studies limit the ability to confirm the directionality of detected associations. For example, the positive association between everyday racial discrimination and depressive symptoms in this study might indicate a tendency for more depressed individuals to report more discrimination. Recent longitudinal investigations^{52,103} suggest this temporal ordering is less plausible. Longitudinal examinations among African American men would help to clarify the directionality of these associations. Use of self-reported data might have introduced bias. Given the stability in the estimates after post hoc sensitivity analysis adjusting for social desirability,¹⁰⁴

concerns over reporting biases were minimal. Although the sample was demographically similar to the US population of African American men, it was not nationally representative.^{105,106} Thus, these findings might not be generalizable. This study did not assess or account for the potential role played by sexual orientation. Previous research indicated that both reports of everyday discrimination, depressive symptomatology, and masculine role norms varied by sexual orientation.^{107,108} Future studies should address the interplay between these factors among African American men. Although the CES-D was widely validated among racial/ethnic group members,⁸²⁻⁸⁵ studies found the measure to exhibit some bias when used among African Americans.¹⁰⁹⁻¹¹¹ Similarly, studies indicated that men in general might be less likely to endorse internalizing items (i.e., crying) that appeared on the CES-D.^{1,34} Further measurement development is needed to derive depression scales that are more sensitive to patterns of symptom endorsement among men and racial/ethnic minorities.

Conclusions

Despite these limitations, there were important study strengths. First, this study identified masculine role-specific risk factors for depression among a nonclinical sample of African American men. Second, by illuminating age differences, the present study produced important leads about life-course variability in African American men's depression, endorsement of traditional masculine role norms, and everyday racial discrimination exposure. These leads could inform interventions designed to improve socio-emotional competence among African American males as they make critical life transitions. Future studies should explore whether African American men's tendency to "take everyday racial discrimination like a man" helps to explain how this biopsychosocial stressor gets beneath the skin and is critical to generating health disparities among African American men. ■

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Human Participation Protection

This study was approved by the institutional review board of the University of North Carolina at Chapel Hill. Survey respondents gave informed consent before participating.

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