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Discrimination, Mastery, and Depressive Symptoms Among African American Men

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Abstract

Purpose—This study examines the influence of discrimination and mastery on depressive symptoms for African American men at young (18–34), middle (35–54), and late (55+) adulthood.

Method—Analyses are based on responses from 1,271 African American men from the National Survey of American Life (NSAL).

Results—Discrimination was significantly related to depressive symptoms for men ages 35 to 54 and mastery was found to be protective against depressive symptoms for all men. Compared to African American men in the young and late adult groups, discrimination remained a statistically significant predictor of depressive symptoms for men in the middle group once mastery was included.

Implications—Findings demonstrate the distinct differences in the influence of discrimination on depressive symptoms among adult African American males and the need for future research that explores the correlates of mental health across age groups. Implications for social work research and practice with African American men are discussed.

Keywords

African American men; depressive symptoms; discrimination; mastery

African American men are exposed to a number of stressors (Rich, 2000; Watkins, Green, Rivers, & Rowell, 2006; Watkins & Neighbors, 2007; Williams, 2003) that increase their vulnerability for poor mental health. Age group differences with respect to mental health outcomes are indicative of mental health over the life course, particularly since studies that link African American men's mental health to the circumstances of their youth are rare (Hill, 2000; Mizell, 1999a, 1999b) and few studies report normative patterns within age-linked life stages (Bentelspacher, 2008). With the exception of studies on adolescents and older men, African American men across different adult life stages are frequently clustered together, making it difficult to draw conclusions about specific age group differences given the variations in samples, research methods, and measures (Gary, 1985; Gary & Berry, 1985; Watkins et al., 2006). To advance knowledge in this neglected area, the current study uses a

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nationally representative sample to examine the influence of discrimination and mastery on depressive symptoms among African American men at young, middle, and late adulthood.

Discrimination and the Mental Health of African American Men

Discrimination, while harmful for most African Americans, has especially deleterious effects for African American men (Utsey, 1997; Williams, 2003; see Williams & Williams-Morris, 2000 for an overview of how racism affects the mental health of African Americans). Discrimination significantly influences the psychological health of African American males and is predictive of a number of deleterious health outcomes such as stress, heart disease, and subsequent chronic diseases (Krieger & Sidney, 1996; Pierre & Mahalik, 2005; Pierre, Mahalik, & Woodland, 2001; Pieterse & Carter, 2007; Utsey, 1997). Adult African American males are at disproportionately greater risks for poor mental health outcomes due to discrimination (Williams, 2003), particularly since prejudice and discrimination can generate rage, anger, frustration, bitterness, resentment, grief, and despair over time. Individually, or collectively, these emotions can result in the onset of grief-related diseases among African American men, such as depression (Utsey, 1997).

Community-based samples (Sellers, Bonham, Neighbors, & Amell 2009; Utsey, 1997; Utsey & Payne, 2000; Williams, Neighbors, & Jackson, 2003) and nationally representative samples (Brown et al., 2000) have provided evidence supporting the considerable impact of discrimination on the mental health of African American males. For example, the social and environmental context that is associated with higher socioeconomic status among African American men may buffer some of the adverse effects of racism and discrimination on mental health outcomes (Watkins, Walker, & Griffith, 2010; Williams, 2003). African American males, particularly those in urban areas, disproportionately confront the stressors of poverty and discrimination, which are related to depression, hopelessness, and low life satisfaction (Williams, 2003). Gary and Berry (1985) found that African American males under 30 years of age, and under a series of stressful life events, are more likely to have depressive symptoms than older African American males. High depression scores may be the result of a combination of several factors, such as discrimination, psychosocial coping, and socioeconomic status/income (Watkins et al., 2006).

For many African American males, the reality of discrimination results in challenging and unpleasant life course experiences compared to those described by the mainstream society. Oftentimes, discrimination results in African American males having to endure a range of challenges and role performances that lead them to create alternative lifestyles (Payne, 2006). The intersection of debilitating forces, such as discrimination, oppression, and poverty, mean that African American males may lack the resources and opportunities needed to recognize their true potential (Hattery & Smith, 2007) and address the challenges associated with their mental health.

Mastery and the Mental Health of African American Men

A sense of mastery has been associated with a number of positive outcomes, such as life satisfaction, educational attainment, occupational status, and improved mental health and psychological well-being (Aneshensel, 1992; Blash & Unger, 1995; Ellison, 1993; Mirowsky & Ross, 2003; Mizell, 1999a, 1999b; Pearlin, Lieberman, & Menaghan, 1981). Likewise, high levels of mastery have been linked to the ability to cope well with the hardships of life (Pearlin et al., 1981). Previous studies have explored factors that lead to psychological distress and poor mental health among African American males and have included a sense of mastery over one's environment, gender-related social roles, and masculinity (Pierre, Mahalik, & Woodland, 2001). Mastery of appropriate age-related tasks and successful resolution of conflicts can largely influence the healthy development of

African American men (Bowman, 1989; Watkins, IN PRESS). Similarly, as men progress to and through adulthood, the mastery of gender-specific responsibilities (i.e., caregiver, financial provider) may influence their mental health outcomes.

Few studies have examined the influence of mastery on depressive symptoms among African American men (see Jang, Borenstein, Chiriboga, & Mortimer, 2005; Mizell, 1999a, 199b; Weaver & Gary, 1993, 1996 for exceptions). Yet, a strong sense of mastery, or an individual's perception of their ability to control their environment, is protective against the development of depression and other mental disorders among African Americans (Baker, 2001; Jang et al., 2005; Kessler et al., 1994; Williams & Collins, 1995). For African American men, individual adult achievement and mastery are even more protective against adult depression than influences such as selfesteem and number of parents in the household during adolescence (Mizell, 1999a, 199b). A greater sense of mastery in African American males may also be protective against depressive symptoms as they age (Mizell, 1999b; Weaver & Gary, 1993; Williams, 2003). For example, in a sample of older African American men, Weaver and Gary (1993) found that those who reported moderate levels of mastery subsequently reported lower depressive symptoms. Since the sadness associated with depression is characterized by a greater intensity and duration and by more severe symptoms and functional disabilities than normal, greater knowledge of the risk factors that influence depressive symptoms among African American men of different ages can increase our understanding of ways to intervene and prevent poor mental health across the life span.

Purpose of the Study

We proceed in an attempt to learn how discrimination and mastery are associated with African American men's vulnerability to depressive symptoms at young (18–34), middle (35–54), and late (55+) adulthood. Our study contributes to research in this area in two important ways. First, it uses a large, nationally representative sample of African American men from across the United States, allowing for the representation of three distinct age groups (i.e., young, middle, and late adulthood). Second, it uses the same methods and measures across age groups, so that the correlates of mental health can be identified and compared across different age groups of African American men. Since this study uses cross-sectional data, we do not attempt to examine discrimination and mastery by suggesting a possible trajectory of mental health over the life course for the African American men in our sample. Rather, we aim to perform a unique appraisal of the influence of discrimination and mastery on depressive symptoms in African American men, collectively, then across three adult-linked life stages, defined by our method of grouping African American men into chronologically adjacent age categories.

Method

Sample

The National Survey of American Life (NSAL) is an ideal data-set to explore the effects of discrimination and mastery on the depressive symptoms for African American men (Jackson et al., 2004). The most comprehensive study of mental health and mental disorders among Americans of African descent ever conducted (Jackson et al., 2004), the NSAL is part of the National Institute of Mental Health's Collaborative Psychiatric Epidemiology Surveys (CPES), which also includes the National Comorbidity Survey Replication (NCS-R), and the National Latino and Asian American Study (NLAAS; Colpe, Merkiangas, Cuthbert, & Bourdon, 2004). The NSAL data set contains detailed measures of health, mental disorders, distress, social conditions, stressors, neighborhood conditions, as well as social and psychological protective and risk factors (Jackson et al., 2004) and has a nationally representative sample of African Americans and Caribbean Blacks in the contiguous United

States. The NSAL sample includes 3,570 African Americans, 1,621 Caribbean blacks, and 891 non-Hispanic Whites, for a total sample of 6,082 respondents aged 18 and over. Given the complexity of studying culture and gender, particularly for African Americans (Jackson, 1993), we restricted our attention to African American men (n = 1,271) and did not include African American women or men from the other ethnic groups.

Erickson's (1963) psychosocial model of development suggests that adult males of all races move through sequential stages during the life cycle, including early adulthood, middle adulthood, and old age or late adulthood. Thus, considering the African American male life expectancy of 68.8 years (National Center for Health Statistics, 2005) and to maintain consistency with prior studies on African American men, the respondents for the current study were categorized into three age-linked life stage groups. Groups were "young," ages 18 to 34 (Roy, 2006; Watkins & Neighbors, 2007); "middle," ages 35 to 54 (Griffin, 2000; Roy, 2006); and "late," ages 55 and older (Love & Love, 2006; Utsey, Payne, Jackson, & Jones, 2002).

Measures

Sociodemographic variables—Income was measured by respondents' reported household income in U.S. dollars in the year prior to the interview and was divided into four groups: less than or equal to $17, 999; between $18,000 and $31,999; between $32,000 and $54, 999; and greater than or equal to $55, 000. Respondents reported level of education achieved using four categories: "some high school," "high school diploma," "college degree," and "graduate/professional degree." Respondents' employment status was classified as "currently employed," "unemployed," or "not in the workforce." Respondents were considered unemployed if they did not have a job and were actively seeking employment while respondents who reported that they were not working and were not actively seeking employment were coded as "not in workforce." Marital status information was collected using four categories: "married," "had a partner," "separated/divorced/ widowed," and "never married."

Everyday discrimination—The everyday discrimination scale (Williams, Yu, Jackson, & Anderson, 1997) is a subtle, 10-item measure of perceived discrimination that does not probe respondants to think about race, which eliminates cues to prejudice prior to responding to the questions (Deitch et al., 2003). Instead, it assesses chronic, routine, and less overt experiences of discrimination that have occurred in the past year. This measure has been correlated with measures of institutional racial discrimination and interpersonal prejudice (Hughes, 2003; Krieger, Smith, Naishadham, Hartman, & Barbeau, 2005). Therefore, we used it to capture racialized discriminatory experiences that are often part of the life experiences of the African American men in our sample. The stem question is "In your day-to-day life, how often have any of the following things happened to you?" Response items include "People act as if they think you are dishonest" and "You are followed around in stores." The Likert response scale for frequencies ranged from 1 (*never*) to 6 (*almost every day*), (α = .86). Higher scores indicate a greater number of events that occurred in the previous year, regardless of the frequency for each event.

Mastery—Mastery reflects a sense of control over the environment that may facilitate positive mental health. Mastery was assessed using Pearlin's Mastery Scale, a 7-item measure that uses a 4-point agree–disagree format to assess personal mastery (Pearlin et al., 1981). Scale items such as "Sometimes I feel that I'm being pushed around in life" and "I can do just about anything I really set my mind to" evoke responses ranging from 1 (*strongly agree*) to 4 (*strongly disagree*). The response scale was reversed so that higher scores suggest that respondents have a higher sense of mastery. The scale has been used to

assess control of one's life and has been widely used in health research. Cronbach's alpha (α = .72) indicated internal consistency with the mastery measure.

Center for the Epidemiological Studies-Depression (CES-D)—Twelve items from the CES-D scale (Radloff, 1977) were used to measure depressive symptoms among respondents. The 12-item measure (Roberts & Sobhan, 1992) is based on the original 20-item measure and assessed the extent to which respondents had trouble keeping their mind on tasks, enjoyed life, had crying spells, could not get going, felt depressed, hopeful, restless, happy, as good as other people, that everything was an effort, that people were unfriendly, and that people dislike them in the past 30 days. Responses were coded between 0 (*rarely or none of the time*) and 3 (*most of the time*). Although there are mixed findings with regard to using the CES-D with African American men (Love & Love, 2006), comparable results have been found between African Americans and other ethnic racial groups (Roberts, Chen, & Solovitz, 1995). Cronbach's alpha (α = .76) suggested that there was internal consistency for our sample.

Analysis Strategy

The means and standard errors are included to represent the univariate distributions of the study variables. In order to test whether discrimination predicted depressive symptoms for African American men beyond other sociodemographic variables, we ran three sets of regression models. For the first two models, we were interested in seeing the total effects of discrimination and mastery on depressive symptoms. In the first model, we tested discrimination effects on depressive symptoms controlling for employment status, marital status, education, and household income. For the second model, we tested mastery effects on depressive symptoms controlling for employment status, marital status, education, and household income. The combined effects of discrimination and mastery on depressive symptoms were tested in the third model, controlling for potential confounders such as employment status, marital status, education, and household income. Data used for these analyses are weighted to correct for unequal probabilities of selection, nonresponse, and for population representation across various sociodemographic characteristics (Heeringa et al., 2004). All analyses were run using SAS 9.1 (SAS Institute, Cary, North Carolina) and Stata SE version 9.0 software (StataCorp, 2005, College Station, Texas), which are both capable of handling the complex clustering and stratification of the NSAL.

Results

The sample characteristics are presented in Table 1. There were 1,271 African American male respondents: 404 men in the "young" adult group, 567 in the "middle" adult group, and 300 in the "late" adult group. Most respondents had an average income between $32,000 and $54,999 and the majority reported having at least completed high school (39%). Approximately 40% of the respondents were married and 71% reported that they were employed at the time of the interview. On average, more men in the middle adult group had attained the highest education, with approximately 27% of them having completed a college degree. Men in the middle adult group also reported the highest rate of employment (81%) while men in the late adult group were more likely to be married (52%) than men in the young and middle adult groups. Men in the late adult group also reported lower discrimination, mastery, and CES-D scores than men in the young and middle groups.

Table 2 presents the effect of discrimination on depressive symptoms for African American men across the three age groups controlling for employment status, marital status, education, and household income. We found that even when controlling for the sociodemographic variables, discrimination was a statistically significant predictor for depressive symptoms

overall ($B = 0.101$, $SE = .0337$, $p < .01$). However, when the tests were run for the three age groups, statistically significant results were found for only men ages 35 to 54 ($B = 0.208$, $SE = 0.056$, $p < .001$). Table 3 presents the influence of mastery on depressive symptoms for African American men across the three age groups and controlling for employment status, marital status, education, and household income. We found mastery to be statistically significant for all African American men at the $p < .001$ level, indicating a strong negative association between mastery and depressive symptoms for African American men in our sample.

Table 4 presents the influence of discrimination and mastery on depressive symptoms for African American men across three age groups controlling for employment status, marital status, education, and household income. Similar to the results presented in Table 3, mastery remained statistically significant when discrimination was added to the model. However, the age group analysis showed that discrimination was statistically significant for only African American men between the ages of 35 and 54 ($B = 0.146$, $SE = 0.0417$, $p < .01$).

Discussion and Implications for Practice

The purpose of this study was to examine the influences of discrimination and mastery on depressive symptoms among African American men using a recent, nationally representative sample. Our examination of African American men at young, middle, and late adulthood is unique in that few, if any previous studies have reported comparative levels of depressive symptoms for African American men across adult age-linked life stages, exclusively. As a result, we are restricted to comparing our findings to those that report specific gender differences, those from adolescent and young adult African American men, and those from older samples of African American men. Overall, we found that African American men who were 55 years of age or older reported lower discrimination, CES-D, and mastery scores than men who were between the ages of 18 and 54. This finding could suggest that although older African American men experience fewer bouts of discrimination and CES-D, they are unable to reap the benefits of perceived mastery like their younger counterparts. Our findings add to those of previous studies that found significant associations between depression and income, stressful events, illness, mastery of the immediate environment, and self-rated health for older African American men (Weaver & Gary, 1993).

Our findings suggest that mastery may be protective against depressive symptoms for African American men across the life span. These findings highlight the significance of mastery in the lives of African American men and support the findings from previous studies (Jang et al., 2005; Mizell, 1999a, 199b; Weaver & Gary, 1993, 1996). Consistent with other studies, we found that younger African American men who scored high on the mastery scale were at lower risk for depressive symptoms (Mizell, 1999a). We also found that older African American men's mental health tends to be most affected by their perceived sense of mastery (Weaver & Gary, 1993). The findings from our study, corroborated by those of others, suggest that regardless of life stage, a sense of mastery is an important predictor of positive mental health for African American men and deserves further inquiry. From our findings, we suspect that including mastery in mental health interventions would prove to be advantageous for all African American male clients, particularly those in late adulthood.

Combined with the innumerable stressors that influence their daily lives, African American men experience challenges associated with the effects of discrimination on their mental health. When the effects of discrimination on depressive symptoms were examined, we found no statistically significant association between discrimination and depressive symptoms for African American men between the ages of 18 and 34 as well as those who

were 55 years of age and older. However, for African American men ages 35 to 54, discrimination was a statistically significant predictor of depressive symptoms, despite controlling for household income, education, and marital status. One interpretation of these findings is that when African American men reach middle adulthood, they are more likely to encounter discrimination or experience noxious encounters in their workplace and social settings, thereby, threatening their mental well-being. African Americans contend with numerous stressors related to overt and covert discrimination manifested in many forms, including racial residential segregation, diminished returns for investments in social and cultural capital, and limited advancement in occupational settings due to racialized glass ceilings (Cole & Omari, 2003; Williams, 2003). Perhaps, the mental health effects of social incongruence coupled with chronic exposure to discrimination are amplified for African American men during middle adulthood. We also found mastery to be protective against depressive symptoms for African American men who encounter discrimination, except for those ages 35 to 54. Middle adulthood appears to be a unique life stage for African American men with regard to depressive symptoms, particularly as chronic role strains faced by adolescent and young adult males can translate into severe provider role strains when they reach middle adulthood (Bowman, 1989; Williams, 2003). The path coefficient from discrimination to depressive symptoms would be useful to further this area of research; therefore, next steps in this analysis would be to run a Sobel test to examine the mediating effects of mastery on the path between discrimination and depressive symptoms. Additional next steps involve proposing other determinants that could potentially influence depressive symptoms in African American men and exerting greater effort toward understanding within and between group differences.

Despite the strengths of this study, there are limitations that must be considered when interpreting the results. As noted, depressive symptoms were only measured at one point in time, and the cross-sectional design of the study does not permit an analysis of the respondents' development or the presence of depressive symptoms over the life course. As a result, we can only speculate about the mental health of respondents before and after the data were collected. If we were able to study the differential effects as a function of time since occurrence of life events, we may have been able to document variations in both initial impact and in the periods following the event. In such a case, these effects would most likely vary depending on the event and the age of exposure. Thus, we are limited in our ability to understand the causal pathways and mechanisms through which certain psychosocial processes influenced the mental health outcomes of our respondents. Unfortunately, longitudinal data on African American men are rarely available; therefore, cross-sectional studies are frequently used to report normative patterns within life stages and force us to draw conclusions about psychosocial correlates of mental health outcomes among men at different developmental stages. These correlates may vary depending on whether men are in early adulthood, beginning to crystallize a sense of identity and transition into more responsible adult tasks; in middle adulthood where additional stressors of employment, family, and financial concerns tend to unfold; or in late adulthood that brings with it periods of disengagement from employment, some personal relationships, and often feelings of uselessness (Bowman, 1989). Methodologically, it is difficult to draw conclusions across studies of African American men, given the limited samples measures. Future studies should consider collecting longitudinal data about the experiences of African American men, as this will help create strategies necessary for informing mental health interventions.

Another limitation is the influence of generational differences on the mental health of our respondents. For example, we cannot assume that the social and environmental indicators that influence the depressive symptoms of our young adult men (who grew up during the 1980s and 1990s) are comparable to those that influence the depressive symptoms of our late adult men (who grew up during the 1940s and 1950s). The sociohistorical experiences

shared by each age-linked group may have collectively influenced their responses and may have resulted in the development of psychological resilience and strength that are frequently characteristic of African Americans (Mills& Edwards, 2002). Increased knowledge of the risk and resiliency factors that influence the mental health of African American men at different age-linked life stages is needed to inform age-appropriate, gender-specific, and culturally sensitive research. Despite these limitations, the study sample, methods, and findings provided a unique opportunity to examine the mental health of African American men at three distinct age-linked life stages and to propose next steps in this research.

Our findings imply the need for a focus on prevention at early adult life stages and intervention at all adult developmental stages for African American males. Early prevention and successful intervention efforts are essential to improving and maintaining the mental health of African American males because, if implemented, threatening social determinants at young adulthood could potentially have less of an impact on their mental health later in life. Empirical examinations of the buffering effects of potentially damaging factors are needed and could be highly informative to clinicians working with African American males. One strategy may be for mental health service providers to assess the needs of African American males at different life stages and tailor health promotion and disease prevention programs specifically to their needs at those respective life stages. For example, determining why African American men in late adulthood experience fewer depressive symptoms than those in young and middle adulthood should be the focus of future social work practice efforts. The strategies used by older African American men to maintain their mental health should be assessed for relevance and applicability to African American men at younger developmental stages. Is it just living long enough or are there specific strategies that older African American men use to maintain lower depressive symptoms than their younger counterparts?

Although this study focused on the depressive symptoms of specific age-linked life stage groups, a life course perspective on African American men and mental health may be important when considering strategies for targeting mental health promotion and prevention efforts. Rich (2000) suggested programs that consider the social construction of manhood, empower young men to care for their health, and provide access to health care services in order to improve the health of African American men. For African American men in middle adulthood, efforts should focus on prevention measures that address racism, both individually and collectively. The development and implementation of programs that focus on mastery of their environment will also benefit their mental health at this stage. A succession of negative life events and pressing economic hardships may mean that older African American men require a level of attention that differs from that of their younger counterparts. Positive mental health for older men may require integrity and the ability to cope with despair based on their earlier life experiences, including successes and failures (Bowman, 1989). Therefore, African American men in late adulthood may benefit most from programs that focus on health care and social services, including income and retirement services and those that enhance self esteem.

Age, gender, race/ethnicity, and culture all play a role in the types of messages men receive and to what degree those messages result in behavior changes. Considering these factors will enable service professionals to design programs that are more adept to the needs of African American men. Due to the disparate number of African American males who receive mental health services, these groups do not fully benefit or contribute to advances that have been made toward the improvement of the nation’s mental health. One of the most disconcerting facts is that the burden of mental disorders among people of color is ever increasing. Populations are growing and as a result, are experiencing greater inequality of income and economic opportunity. Social and economic inequalities lead to an increased exposure to

racism and discrimination, violence, poverty, and a lower sense of mastery- all factors that take a toll on the mental health of African American men.

This study examined the influence of discrimination and mastery on depressive symptoms of African American men at young, middle, and late adulthood in an effort to better understand how social determinants affects the mental health and well-being of African American men across adult age-linked life stages. Future studies should continue to examine the impact of African American men's lived experiences and incorporate important social determinants that influence their lives, such as socioeconomic status, successful life transitions, gender role socialization, and the conformity to masculine norms. Strategies to improve African American men's psychological resilience to risk factors are needed, and more focused research and service efforts can help inform strategies to promote their positive transitions and mental health trajectories.

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Table 1

Descriptive Characteristics of the African American male sample[a] (*n* = 1,271)

	All Men		Young		Middle		Late	
	%	Frequency	%	Frequency	%	Frequency	%	Frequency
Age group			31.79	404	44.61	567	23.60	300
Household income								
≤$17,999	23.28	347	23.14	97	18.37	124	34.68	126
$18–$31,999	23.16	307	25.82	111	20.84	121	23.74	75
$32–$54,999	28.29	353	29.62	126	29.95	172	22.17	55
≥$55,000	25.27	264	21.42	70	30.84	150	19.40	44
Education level								
Some high school	23.22	320	18	70	20.11	113	39.62	131
High school	39.45	497	47	190	38.49	223	28.9	78
College	22.88	284	21.49	91	26.78	147	16.83	44
Grad or professional	14.45	170	13.46	50	14.6	76	15.45	39
Employment status								
Not in workforce	19.82	276	8.38	28	10.35	65	62.19	183
Unemployed	8.76	104	12.86	52	8.16	44	2.8	8
Employed	71.42	887	78.75	324	81.49	458	34.99	105
Marital status								
Married	40.05	444	23.64	91	47.67	229	52.79	124
Partner	9.37	108	11.92	46	10.26	54	2.75	8
Sep/div/widow	20.13	324	4.62	18	24.55	166	37.69	140
Never married	30.45	392	60.35	249	17.52	118	6.77	25
	Mean	*SE*	Mean	*SE*	Mean	*SE*	Mean	*SE*
Discrimination	4.33	0.18	4.540	0.274	4.597	0.267	3.352	0.203
Mastery scores[b]	3.37	0.021	3.44	0.027	3.342	0.029	3.304	0.046
CES-D scores[c]	6.15	0.23	6.75	0.28	6.02	0.31	5.34	0.41

Note.

[a]The percents, means, and standard error are weighted but the *n*'s are unweighted.

[b] Mastery score range is 1–4.

[c] CES-D score range is 0–36.

Table 2

Discrimination Effects on Depressive Symptoms for African American Men Across all Age Groups

	All Men[a] (*n* = 1,203)		Young (*n* = 394)		Middle (*n* = 531)		Late (*n* = 278)	
Model 1	***B***	***SE***	***B***	***SE***	***B***	***SE***	***B***	***SE***
Discrimination	0.101**	0.0337	−0.017	0.055	0.208***	0.056	0.086	0.074
Intercept	7.894***	0.8545	8.181***	1.489	5.875***	1.244	7.128***	1.262
R^2	0.086		0.052		0.117		0.17	
df	34		34		34		32	
F (Model)	16.79***		3.9***		8.79***		3.47**	

Note.

[a]The “All men” model controls for age, employment status, marital status, education, and household income. The “young,” “middle,” and “late” age group models control for all sociodemographic variables except age.

*$p < .05$.

**$p < .01$.

***$p < .001$.

Table 3

Mastery Effects on Depressive Symptoms for African American Men Across all Age Groups

	All Men[a] (*n* = 1,208)		**Young (*n* = 396)**		**Middle (*n* = 534)**		**Late (*n* = 278)**	
Model 2	***B***	***SE***	***B***	***SE***	***B***	***SE***	***B***	***SE***
Mastery	−3.731***	0.309	−3.708***	0.440	−3.99***	0.513	−3.19***	0.561
Intercept	20.388***	1.298	20.86***	2.56	22.87***	2.98	20.86***	2.799
R^2	0.24		0.19		0.26		0.29	
df	34		34		34		32	
F (Model)	29.49***		11.21***		24.35***		5.86***	

Note.

[a]The “All men” model controls for age, employment status, marital status, education, and household income. The “young,” “middle,” and “late” age group models control for all sociodemographic variables except age.

*$p < .05$.

**$p < .01$.

***$p < .001$.

Table 4

Discrimination and Mastery Effects on Depressive Symptoms for African American Men Across all Age Groups

	All Men[a] (*n* = 1,271)		Young (*n* = 404)		Middle (*n* = 567)		Late (*n* = 300)	
Model 3	***B***	***SE***	***B***	***SE***	***B***	***SE***	***B***	***SE***
Discrimination	0.0420	0.0310	−0.056	0.0512	0.146**	0.0417	0.002	0.0780
Mastery	−3.585***	0.3015	−3.606***	0.4562	−3.639***	0.4413	−3.209***	0.5714
Intercept	19.727***	1.333	20.708***	2.211	17.405***	1.5904	17.161***	2.2200
R^2	0.23		0.195		0.26		0.29	
df	34		34		34		32	
F (Model)	26.5***		12.0***		23.12***		5.35***	

Note.

[a]The “All men” model controls for age, employment status, marital status, education, and household income. The “young,” “middle,” and “late” age group models control for all sociodemographic variables except age.

*$p < .05$.

**$p < .01$.

***$p < .001$.