

Editorial

Psychosocial Influences of African Americans Men's Health

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Black men exhibit the highest mortality rate and the worse health profile compared to other racial/ethnic groups of men (Kochanek, Murphy, Xu, & Tejada-Vera, 2016; Thorpe, Duru, & Hill, 2015; Thorpe, Richard, Bowie, LaVeist, & Gaskin, 2013). The health and well-being of Black men is produced from an extremely intertwined set of relationships between individual, behavioral, social, and structural factors that have been endured across the life course (Thorpe, Duru, & Hill, 2015). While several factors have been shown to account for Black-White differences, including health care access (Williams, 2003), poverty and socioeconomic conditions (Williams, 2015), and health behaviors (Thorpe, Wilson-Frederick, et al., 2013). Psychosocial factors are key determinants of Black men's health and health behaviors (Xanthos, Treadwell, & Holden, 2010), yet there is a paucity of research focused on the impact of psychosocial factors on Black men's health and well-being (Hammond, Matthews, & Corbie-Smith, 2010; Williams, 2015). An understanding of psychosocial factors is critical to adding the growing body of evidence and perhaps paving the way for intervening to extend healthy life span in this understudied population.

The editors of this special issue of *Journals of Gerontology Psychological Sciences* were charged with soliciting for publication articles that would examine a variety of psychosocial factors that impact Black men's health across the life course. The collection that was amassed provides readers with manuscripts that represent the diversity of academic disciplines, perspectives, and models that cover the array of blossoming lines of research on this topic.

In the first article, Brown and Hargrove (2017) examined the cumulative effects of stressors, the direct effects of psychosocial resources on health, and the stress-moderating effects of psychosocial resources that undergird older

Black men's self-rated health using data from the Health Retirement Survey (HRS). They reported that individual and cumulative stressors were associated with reporting of poor self-rated health. However, mastery and optimism have a protective relationship against poor self-rated health among a nationally representative sample of Black men 51–81 years of age in the HRS. Findings also indicated that prayer buffered the adverse impact of trauma on self-rated health. This work underscores the importance of better understanding the sources of individual differences in health among Black men.

Next, Nguyen and coauthors (2017) sought to determine if church-based social support provided protective effects on the relationship between discrimination and serious psychological distress (SPD) across the life course. Using data from the National Survey of American Life, the investigators found that the relationship between discrimination and SPD was moderated by high levels of church based social support. These findings highlight the role of the church as a potential resource for men that can provide benefits as they relate to discrimination and SPD.

In the third article, Wheaton and colleagues (2017) examined the association between major and everyday discrimination and depressive symptoms. In addition, they sought to determine if the relationship varied by age. Using data among Black men in the Nashville Stress and Health Study, these authors reported that the type of discrimination and its relationship with depressive symptoms varied with age. The findings provide evidence that the impact of discrimination on mental health changes across the life course for Black men and points to the importance of age appropriate therapies are necessary to address depression in this underserved population.

The fourth article by [Gayman and colleagues \(2017\)](#) used the stress process model to identify factors for depressive symptomatology among Black men in Miami, FL. Linked to neighborhood level Census tract information. These investigators found a myriad of psychosocial factors including family support, mastery, self-esteem, chronic stressors, and daily discrimination were associated with depressive symptomatology. In addition, mastery and self-esteem mediated the relationship between neighborhood income and depressive symptoms, whereas family support buffered the between chronic stressors and depressive symptoms. These findings support the notion that the stress process model is a useful framework to identify factors and potential mechanisms that can be leveraged in future health promoting strategies and interventions for Black men.

In an article by [Mitchell and colleagues \(2017\)](#), data from the National Alzheimer's Coordinating Center on older Black men and their companions was used to understand the role of frequent contact with significant others had on health benefits. These authors found that frequency of contact might have adverse effects on anxiety and sleep disturbances. In attempt to reduce the possibility of reverse causality, their findings require additional research on health outcomes and the timing and duration of contact with companions of older Black men to elucidate the source of these interesting findings so that a deeper understanding of the impact relationships on well-being and physical health.

Next, [Griffith and colleagues \(2017\)](#) sought to determine how older Black men's views of health and the idea of successful aging were related to each other through semistructured interviews of older Black men. The findings emphasize that there is an interesting yet expected interrelationship between health and successful aging among this population. This finding is a starting point for unlocking potential opportunities for future health promoting strategies and interventions such as health and health behaviors that are unique or how positive attitudes contribute to health in the face of stressors or economic disparities.

[Latham-Mintus and coauthors \(2017\)](#) sought to understand if the race differences in healthy aging vary by mastery. Using data from the HRS, these authors reported that mastery impacted healthy aging different for older Black and White older men. High levels of mastery did not translate to healthy aging among Black men. This work underscores the need to further understand the complicated set of interrelationships among psychosocial influences in older Black men.

The final article by [Clay and colleagues \(2017\)](#) examined the relationship between multimorbid conditions and physical and mental health related quality of life (HRQOL) among Older Black men in the University of Alabama at Birmingham Study of Aging. These authors found that higher scores on measures of metabolic syndrome, chronic obstructive pulmonary disease and heart disease factors were

associated with lower scores on physical related HRQOL. They did not observe any health conditions to be related to mental health dimensions of HRQOL. The findings underscore the importance of examining multimorbid conditions on physical health dimensions of HRQOL among older Black men in the South.

In summary, these articles reflect the impact of psychosocial factors on a variety of health indices. They represent a tantalizing set of investigations that provide insight into Black men's health. For example, discrimination, a key psychosocial factor among people of color, but these relationships seem particularly important in Black men and account for a significant amount of variability in their health. Yet Black men tend to exhibit resilience and use of coping resources. The articles in this special issue make key contributions to informing potential approaches to improving our understanding of Black men's health. Black men have the worst health profile compared to other races and genders but it appears that all news is not bad news. The strengths that Black men demonstrate should be used as leverage in improving recruitment and the design of interventions to improve their overall health. The next generation of studies should consider how psychosocial factors impact biological and genetic factors to drive the course, status, and disparities in health and health behaviors found in Black men ([Thorpe & Halkitis, 2016](#); [Whitfield, 2010a, 2010b](#)).

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Conflict of Interest

None reported.

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