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Racial variations in the effects of structural and psychological factors on depressive symptoms: A structural equation modeling approach

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Abstract
Despite the greater exposure to risk factors for psychiatric distress, African Americans in the United States have similar or lower rates of common psychiatric disorders compared to Whites. This paper assesses whether the effects of structural and psychological resources on depressive symptoms vary by race. Findings from the National Survey of American Life show that while income matters more for Whites, education is a stronger predictor of mental health among African Americans, and its effects are mediated by mastery and self-esteem. These findings shed light on the epidemiology of depression and identify significant mental health resources among African Americans and Whites.

Introduction

Despite well-documented risk factors for psychiatric symptoms (e.g. poverty, poor physical health, discrimination), African Americans in the United States (U.S.) have similar or lower rates of common psychiatric disorders compared to Whites (Kessler et al., 1994; Kessler, Chiu, Demler, & Walters, 2005; Breslau et al., 2006; Williams et al., 2007). The paucity of empirically supported explanations for this "paradox" is an obvious gap in the literature. Identifying the mechanisms that explain it is a central step in understanding how individuals belonging to these race groups become vulnerable to, or are protected from common mental health problems. This study assesses whether the effects of structural and psychological resources on depressive symptoms vary by race. It explores the possibility of racial differences in the effects of income and education on depressive symptoms, and the mediating effects of self-esteem and mastery in the relationships between income and depressive symptoms, and education and depressive symptoms.

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Structural and psychological resources in the stress process

The stress process model has been a prominent theoretical perspective in understanding differences in the risks of mental health problems. According to this framework, variability in mental health outcomes is due to differential exposure to stressors, and differential levels of access to, and use of coping resources (Pearlin, Menaghan, Lieberman, & Mulla, 1981; Pearlin, 1989, 1999). Different stressors may require different kinds of resources or a combination of resources. The presence or level of one resource may enhance the impact of another. Therefore within this framework, several combinations of stressors and resources are associated with any particular mental health outcome (Longest & Thoits, 2012; Thoits, 1994). Structural resources are resources that directly influence social status or social position. The most researched structural resources that are relevant to mental health are income and education (Roxburgh, 2009; Ross, 2006; Rosenfield, 2012; Hudson, 2005; Schnittker, 2012). These resources limit exposure to stressors, or provide the material capacity to deal with stress. Psychological coping resources such as mastery and self-esteem also buffer the negative effects of stressors on mental health (Brekke & Long, 2000; Donnellan, Trzesniewski, Robins, Moffitt, & Caspi, 2005; Fischer & Fischer, 1999; Mann, Hosman, Schaalma, & Vries, 2004; Rosenfield, Lennon, & White, 2005).

Also known as personal control, mastery "concerns the extent to which one regards one's life-chances as being under one's own control in contrast to being fatalistically ruled" [20:5]. Mastery may affect mental health in several ways. It may determine the level of exposure to stressors or selection into stressful events. Given that mastery mostly results from past experiences, a person who possesses a strong sense of mastery is more likely than others to anticipate and avoid certain stressful events. Mastery may also affect the degree to which stressors are perceived as problematic. For example, surviving previous stressful circumstances and learning different coping skills may increase threshold of reactivity to new stressors and reinforce motivation to triumph (Shanahan & Mortimer, 1996). When stressors cannot be avoided, individuals with high mastery are able to engage in rigorous problem-solving, and can believe in their ability to resolve or overcome difficulties caused by stressors (Turner & Avison, 1992, 2003).

There is strong evidence that mastery, or a strong sense of control is associated with lower depressive symptoms and is beneficial to mental health (Caputo, 2003; Kessler, Turner, & House, 2010; Mirowsky & Ross, 1990; Pudrovska, Schieman, Pearlin, & Nguyen, 2005; Ross & Mirowsky, 1989; Rosenfield & Mouzon, 2013; Schieman & Turner, 1998; Turner & Lloyd, 1999; Taylor & Stanton, 2007). Research regarding racial differences in mastery varies with socio-demographic factors. Generally, racial minorities are hypothesized to have a weaker sense of control compared to Whites (Mirowsky & Ross, 1990; Mirowsky, 1995; Mirowsky, Ross, & Van Willigen, 1996). While one study found this to be consistent across age groups (Shaw & Krause, 2001), another found mastery to diminish with age among Blacks but not among Whites (Bruce & Thornton, 2004). While Black men with higher educational attainment and income tend to have an increased sense of mastery (Mizell, 1999a, 1999b), there is also evidence of a strong income effect on mastery for Whites, not for Blacks (Bruce & Thornton, 2004). Among Blacks, perceived control seems unaffected by changes in income but sensitive to changes in personal support networks (Bruce & Thornton, 2004). Although these studies do not put forth specific mechanisms, it is fairly obvious that social location and structural resources contribute to how individuals and groups appraise their ability to control their life circumstances, hence their mental health.

Structural resources are associated with self-esteem (Gecas & Seff, 1990; Thompson, Thomas, & Head, 2012). A common definition of self-esteem is "the evaluation which the individual makes and customarily maintains with regard to himself or herself: it expresses an attitude of approval or disapproval toward oneself" [41:301]. First, people with positive self-esteem are more likely to be of higher socio-economic status (SES). As a result, they are less likely to be exposed to stressors. Second, high self-esteem can increase resilience and the ability to resolve noxious circumstances (Gecas & Seff, 1990; Gray-Little & Hafdahl, 2000; Rosenfield et al., 2005; Twenge & Crocker, 2002; Turner & Roszell, 1994). In general, research has constantly demonstrated that self-esteem is important for good mental health (Donnellan et al., 2005; Davidson & Strauss, 2011; DuBois & Flay, 2004; Fischer & Fischer, 1999; Mandara, Gaylord-Harden, Richards, & Ragsdale, 2009; Wilbum & Smith, 2005). Theoretically, for self-esteem to help explain the race paradox in mental health, Blacks should have higher self-esteem than Whites. Self-esteem might also explain this paradox if its effect on mental health is stronger among Blacks than among Whites. For example, the level of self-esteem necessary to buffer the negative effect of common stressors on mental health might be lower for Blacks than Whites. Blacks can consider their experience of stressors to be a pervasive product of racial marginalization in the U.S. such that minimal levels of self-esteem given their social conditions relative to Whites may have stronger protective effects on their mental health.

In a comprehensive review, Porter and Washington (1979) argue that the prevailing assumption of lower self-esteem among Blacks based on their lower social position has not been empirically supported, or at least, the results were inconsistent. Later analyses of both empirical and theoretical works on Black self-esteem challenged the notion that self-esteem for Blacks was shaped by their social position through social comparison or reflected appraisal. In spite of their disadvantaged position, and frequent negative appraisal from non-Blacks, researchers found Blacks to have the same or better self-esteem compared to Whites (Jackson & Lassiter, 2001). For example, a positive association between ethnic identity and individual self-esteem exists, and this association is stronger among Blacks than Whites (Gray-Little & Hafdahl, 2000; Twenge & Crocker, 2002; Porter & Washington, 1979; Goodstein & Ponterotto, 1997). In addition, the relationship between higher SES and greater self-esteem is stronger for Whites than Blacks, and for Blacks, self-esteem increases with age regardless of SES (Gray-Little & Hafdahl, 2000; Twenge & Crocker, 2002). It is therefore reasonable to speculate that both mastery and self-esteem among Blacks may not be reliant on SES to the same extent as among Whites, and that the strength of the relationships between SES and mental health, mastery and mental health, and self-esteem and mental health may vary by