The Use of Social Support Among African American Men and Women and Its Effect on Depression

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Mental health researchers have placed a lot of emphasis on the importance of informal social support resources and the effect on mental health outcomes among African Americans to help explain the low rates of mental disorder among this population (Cockerham 2006; Tausig, Michello, and Subedi 2004; Brown, Sellers, Brown, and Jackson 1999). It has been hypothesized that informal social support resources (family, friends, partner/spouse, etc.) used by African Americans (Taylor, Chatters, and Jackson 1997; Neighbors 1985; Stack 1974) buffers/reduces the effect of stress and distress on mental health (Pearlin 1999; Taylor, Hardison, Chatters 1996). In this study I combined the National Comorbidity Survey (NCS) and the National Comorbidity Survey - Replication (NCS-R) data sets to investigate the influence that relatives, friends, partners/spouses, and religious involvement have on levels of depression among African American men and women. I found that there is not much of a gender difference in the experiences of social support among African American men and women. I also found that for the most part social support has the same effect on depression for both African American men and women. Finally, there are no substantial gender differences in the way social support buffers stress for African Americans.
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CHAPTER 1
Introduction

Statement of the Problem

For the last 15 or so years, many mental health researchers have undertaken studies that focus on the use of social support resources among African Americans and non-Hispanic whites and explore the effects of such support on mental health issues within the target groups. With reference to the former group, such researchers have emphasized the importance of social support resources to mental health because they are puzzled by findings that suggest African Americans have similar or lower overall rates of mental disorder than do non-Hispanic white Americans (Cockerham 2006; Tausig, Michello, and Subedi 2004; Brown, Sellers, Brown, and Jackson 1999), especially when one takes into consideration such factors as “age, income, education, and gender” (Ruiz 1990:60). For example, a recent study concluded that lifetime major depressive disorder is more prevalent among non-Hispanic whites than among African Americans, while 12 month estimates of major depressive disorder are similar for both groups (Williams, Gonzales, Neighbors, Nesse, Abelson, Sweetman, and Jackson 2007).

Mental health researchers are puzzled by such findings because it has been hypothesized and shown that repeated exposure to stress increases overall physical and psychological distress (Aneshensel 1999; Pearlin 1999; Haines and Hulbert 1992; and Pearlin, Lieberman, Menaghan, and Mullan 1981), a fact that is in turn directly related to increasing incidence of mental disorders (Pearlin
Prior research thus suggests that given the stress and distress associated with the disadvantages African Americans face in this society, higher rates of mental disorder should exist in that group than among non-Hispanic whites (Cockerham 2006; Horwitz and Scheid 1999). To support such findings, U.S. Census Bureau (2000) statistics show that African Americans have high rates of poverty and unemployment. When compared to whites, African Americans generally work in lower status jobs (clerical/service) and face disadvantages within the housing and educational sectors. Furthermore, Thomas and Hughes (1986) found that for more than 10 years African Americans consistently scored lower than non-Hispanic white Americans on well-being and quality of life measures. The authors also concluded that the quality of life among African Americans greatly impacts their psychological well-being (Thomas and Hughes 1986). As a result, it would seem unlikely that African Americans would have lower rates of stress and mental disorder than Non-Hispanic white Americans. However, mounting evidence contradicts such a presupposition.

History provides us with some insight into the puzzle. As a result of being systematically and historically denied or given limited access to more formal services, African Americans have tended to rely for assistance on family, friends, and community members (Mays, Caldwell, and Jackson 1996, Quadagno 1994). Could the resulting social support network have some impact on the positive resolution of mental health issues within the African American community? In order to answer this question, researchers have begun to explore in earnest the impact social support might have on the group’s psychological well-being.
According to Thoits (1995), researchers have long believed that social support both decreases psychological symptoms and buffers the impact of negative life events and chronic problems. Therefore, researchers have begun to hypothesize that the informal social support resources (family, friends, partner/spouse, etc.) used by African Americans (Taylor, Chatters, and Jackson 1997; Neighbors 1985; Stack 1974) indeed buffers or reduces the effects of stress and distress on their mental health (Pearlin 1999; Taylor, Hardison, Chatters 1996).

**Purpose of Study**

This study will compare the use of informal social support resources by African American women to that of African American men. More specifically, I will investigate the influence that relatives, friends, partners/spouses, and religious involvement have on levels of depression among African American men and women.

Much of the literature focuses on the benefits of informal social support for the African American population in general, and for African American women in particular. However, when prevalence estimates for both lifetime and 12 month major depressive disorder were measured, it was discovered that African American women exhibited significantly higher estimates of lifetime and 12 month major depressive disorder than did African American males (Williams, et al. 2007). The question to be addressed is why such a difference exists. This study will consider one possible answer: females use informal support resources differently than do males.
Importance of Study

This study is important because it attempts to fill noticeable gaps in the literature pertaining to race, gender, social support, and mental health. Generally, such literature focuses on the social support resources of non-Hispanic whites, and women in particular. As a result, it has largely neglected studying differences in informal social support use between African American men and women, as well as the effect such support resources have on mental health. The current study will address these gaps. As such, the research can have important implications for mental health practitioners who want to develop more culturally competent and diverse treatment programs to help treat depression within the African American community. Such advancement is particularly imperative due to the fact that many African Americans do not seek out or adhere to formal mental health treatments (Neighbors, Caldwell, Williams, Nesse, Taylor, Bullard, Torres, and Jackson 2007, Williams et al. 2007).

Study Format

Chapters two and three of this study review the general literature on the relationship between social support and mental health. More specifically, in these chapters I will explain the conceptualization of social support, including its structural and functional aspects, and the important demographic factors that impact supportive relationships (class, gender, marital status, and race) and their effect on mental health. Additionally, I will identify gaps in the literature relative to the conceptualization, structure, function, and demographic variables and identify the gaps that will be addressed by my own research. Also, Chapter 3 delves into
the African American preference for informal social support networks by viewing it for context through a historical lens.

Chapter four describes the methodology for the study — more specifically, the data set, variables, and data analysis strategies. In chapters five, six, and seven, I present the data and draw conclusions pertaining to the use of informal social support and its effect on their mental health. Finally, in Chapter 8, I will discuss the implications of my research as it pertains to the relationship between informal social support networks and depression in general and, in particular, informal social support networks and depression among African Americans. The study concludes with a discussion of limitations and suggestions for future research.
CHAPTER 2
Social Support and Mental Health: A Review of the Literature

This chapter provides an overview of the literature pertaining to the effects of social support networks on mental health. It begins with a general definition of “social support” and then discusses its structural and functional aspects.

Conceptualization of Social Support

Social support has been conceived of in many different ways and defined with varying levels of precision. For example, informal social support is vaguely defined as *unstructured assistance gleamed from interpersonal relationships* (Griffith 1985; Taylor and Chatters 1986; Krause 1990) to deal with issues (Turner and Turner 1999). In an equally broad manner, Chadiha, Darkwa, and Berg-Weger (1996) define the concept as *unpaid and not administered by a professional or an agency*.

On the other hand, Lin, Ensel, Simeone, and Kuo (1979) provide a more precise definition by stating that social support is “assessable to an individual through social ties to other individuals, groups, and the larger community” (Lin, et al. 1979:109). Thoits (1982) further specifies that individuals rely on their social support systems for “socioemotional aid, instrumental aid, or both” (Thoits 1982:148). Thoits (1982) further suggests that social support is a multidimensional construct. The variety of these definitions suggests that when one undertakes research on the subject of social support, one must work carefully through a myriad of components and variables.
**Structural Aspects of Social Support**

The *structural aspect* of social support refers to factors that influence those one might list as belonging to one’s social support network and the strength of those social ties. Structural aspects have been widely studied and involve many factors, such as the strength of contacts, issues related to symmetry and reciprocity within social support networks, socio-demographical characteristics, and ties between friends and family. Understanding the factors that influence these structural components proves important because strong ties present more opportunities for support (Haines and Hulbert 1992:264).

Lin, Ye, and Ensel (1999) examined three structural elements of social support and found that factors such as “belonging, bonding, and binding” affected mental health outcomes because they helped determine the *strength of relationships*, a result that can in turn lead to even more opportunities for support. More specifically, because they made individuals feel more comfortable about accessing support, strong ties could work to reduce the prevalence and duration of depressive symptoms (Lin, Woelfel, and Light, 1985; Beggs, Haines, and Hulbert, 1996). Strong ties also were defined as intense and frequent interactions with those who shared “similar attitudes, values, and lifestyles” (Lin, Woelfel, and Light 1985:260). Furthermore, in older adults, strong resources reduced the amount of general stress they experienced (Norris and Murrell, 1984). Moreover, factors such as “density, diversity, and sizes of networks affect exposure to stress, access to social support, and distress” (Haines and Hurlbert 1992:254).
Researchers have also found components related to *reciprocity* and *symmetry*\(^1\) to be important in understanding the structural aspect of social support networks (Thoits 1982). Reciprocity is defined as the fair exchange of social support (Grey and Keith 2003), while symmetry occurs when both the provider of support and receiver of support share similar values and life styles (Lin, Woelfel, and Light 1985). Such sharing strengthened the supportive relationship because the respondent felt that they led to a mutual understanding (Lin, Woelfel, and Light, 1985). Furthermore, similarities with regards to age, education, and occupational status also helped reduce depressive symptoms between helper and recipient.

Gray and Keith (2003) define symmetry in a slightly differently manner, as the balance between problematic and supportive aspects of social support. In assessing symmetry issues pertaining to the social support resources of African American women, Grey and Keith (2003) found that subjects reported less depression when there was a balance between problematic and supportive relationships with family and friends.

Additionally, *sociodemographic characteristics* such as gender, age, class and race have been shown to affect on the structure of social support networks (Marsden 1987; and Moore 1990). Structural differences exist between men and women pertaining to factors that affect their use of such networks. For instance, while men usually develop more extensive networks (Belle 1982; Umberson, et al. 1996), the networks created by women tend to be more intense

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\(^1\) The conceptualization of symmetry and reciprocity as it pertains to social support and mental health is still in its developmental stages and might not have the same meanings as in other disciplines.
and to involve greater investment. Moreover, after analyzing data from the Fischer’s 1977-78 *Northern California Community Study*, Haines and Hulbert (1992) found that women who have larger networks reported higher levels of distress than did men and were more responsive to events within their networks (Haines and Hulbert 1992). They hypothesized that networks require more time, energy, and resources for women than they do for men (Haines and Hulbert 1992).

Another difference between the support networks of men and women is that those of the former provide more instrumental assistance, whereas those of the latter allow for a more intimate interaction, from which women assume greater benefit (Umberson, et al. 1996). Furthermore, when faced with serious personal problems, African American women were more likely than their male counterparts to seek informal social support (Neighbors and Jackson 1984). Chatters, et al. (1989) also found that African American men were more likely to seek assistance from their brothers and fathers, while women were more likely to seek assistance from their sisters.

Socio-demographical factors such as age and socioeconomic status also impact the structure of social support networks (Thoits 1982a; Turner and Marino 1994). Turner and Marino (1994) found that network size appears to decline with age but increase with socioeconomic status. As people age, they tend to lose the support system they once had and become more isolated socially (Jackson and Neighbors 1996). African Americans aged 55 years and older reported seeking less informal assistance than those who were 54 and younger (Greene,
Jackson, and Neighbors 1993). Greene, et al. (1993) also found that African Americans who were 75 years and older were even less likely to seek assistance than persons who were between the ages of 55 and 74. On the other hand, the size of one’s network increases with socioeconomic status because a rise in status brings with it more resources with which to build and maintain social networking connections (Jackson and Neighbors 1996).

Much research also has focused on factors that determine the involvement of family and friends in particular types of informal social support networks (Hoyt and Babchuck 1983; Dean, Kolody, and Wood 1990; Beggs, Haines, and Hulbert 1996). Researchers report that family members or kin prove particularly important to informal networks (Hoyt and Babchuk 1983; Haines and Hulbert 1992). More specifically, Beggs, Haines, and Hulbert (1996) found that in general networks that were larger, less diverse, and contained more family members provided more informal support. However, not all primary family members are important to the structure of one’s support network (Hoyt and Babchuk 1983). For example, according to Hoyt and Babchuk (1983), “age, category of kin, stage in the life cycle, frequency of contact, and gender” seem to be more salient in understanding the choices people make about family members being included within one’s informal social support network (99).

Hoyt and Babchuck (1983) further found that when family members are involved in social networks, they are ranked in the order in which they most effectively serve as confidants. For example, family members on the level of “procreation” were singled out as primary confidants, followed by family of
“orientation,” and finally extended family members. Dean, Kolody, and Wood (1990) also found that among the support networks of the elderly ranking differences also exist. For instance, the spouse is considered to be most important, with friends ranking second, and adult children coming in last place (Dean et al. 1990).

**Functional Aspects of Social Support**

The *functional* aspect of social support networks refers to the assistive services provided by the helper to the recipient. Emotional and instrumental assistance clarify the functionality aspect of social support (Thoits 1982) and are generally important in understanding the relationship between such support and mental health. According to Thoits (1982), *emotional support* can be defined as “affection, esteem or approval, belonging, identity, and security” (Thoits 1982:147). Jacobson (1986) further describes emotional support as “behavior that fosters feelings of comfort and leads an individual to believe that he or she is admired, respected, and loved, and others are available to provide caring and security” (252).

*Instrumental support* is conceptually different from emotional support because it is considered to be more tangible (Thoits 1982; and Jacobson 1986). This form of support is generally defined as “goods and services that help solve practical problems” (Jacobson 1986:252), and it involves such components as assistance with family responsibilities and financial support (Thoits 1982). As categories of assistance, emotional and instrumental support are neither mutually exclusive nor unrelated.
Additionally, researchers have been examining the functionality of both perceived and received social support and the effect these two components have on mental health (Wethington and Kessler 1986; and Thoits 1995). More specifically, researchers seem to be interested in the degree to which someone receives and/or perceives emotional and instrumental assistance and the link between this perception and mental health outcomes. Mitchell and Moos (1984) define *perceived support* as the “degree to which one feels that support is available and adequate” (448). More specifically, Thoits (1995) states that research tends to focus on the notion that from significant others love, sympathy, understanding, esteem, and value are attainable.

The majority of the literature supports the conclusion that perceived support impacts mental health more so than does received support because recipients find comfort in knowing that such support is available when necessary (Kessler and Mcleod 1985; Whethington and Kessler 1986). For example, when Wethington and Kessler (1986) investigated how perceived and received assistance affected mental health, they discovered that the perception of social support had more impact than did received support. Felton and Shinn (1992) argue for studying perceived report in whole groups or communities, rather than among individuals alone, because group organizational structures such as churches and senior citizen centers could have high levels of influence.

*Received support*, defined as actual goods or services received from one’s social support network (Thoits 1995), is found to have a lower level of impact than perceived support on mental health (Kessler and Mcleod 1985; and
Whethington and Kessler 1986). However, this does not mean that received support cannot provide researchers with an understanding of the connection between social support and mental health. For instance, focusing on how socio-demographic variables—such as class, gender, marital status, and race—affect the reception of social support can also lead to an understanding of how one perceives the availability of support (Neighbors and Jackson 1984, Moore 1990, Waite and Harrison 1992, Turner and Marino 1994).

**Social Support and Mental Health**

The “stress process” model posits that stressors, moderators, and outcomes are three main components that explain the link between social support and mental health (Pearlin 1999). This model suggests that the extent in which an individual experiences a mental disorder or emotional distress depends upon whether he or she has access to and utilizes coping mechanisms, social support, and mastery. More specifically, when stress is present, resources such as social support could buffer the effects of stress on psychological outcomes (Pearlin, et al. 1981).

According to the model, stress is defined as “any type of condition which can upset the adaptive capacity of the individual” (Pearlin 1999: 79). Stressors are usually conceptualized on a continuum: on one end life-event stressors; on the other, chronic stressors. Life-event stressors are distinct events that have a relatively clear onset and offset (Wheaton 1999). Conversely, chronic stressors do not have a clear onset and are relatively enduring situations without a clear ending point.
Moderators, the second component in the stress process model, buffer the harmful effects that stressors have on mental health and include such components as coping, mastery, and social support (Pearlin 1999). Coping refers to what people do on their own to lessen the impact of or avoid stressful situations. Mastery is defined as the amount of control people have on the forces that affect their lives. The final component in the stress process model is outcomes, which Pearlin (1999) describes as the degree to which an individual experiences stress.

Currently, two other hypotheses are used to explain the relationship between social support and mental health: buffering and main effects. The buffering hypothesis suggests that only when stress is high will social support buffer the effect of stressors on mental health (Thoits 1982; Wheaton 1985). Many explanations exist for the role social support plays in the “stress process” model. For example, Wheaton (1985) discusses five possible ways of explaining the connection between social support and mental health, two of which are focused on the buffering relationship. The first buffering explanation refers to the idea that social support networks lessen the impact of stressful events on one’s mental health. The second buffering explanation suggests that social support can suppress the effect of stress on mental health when it is experienced at increased levels.

Aside from the buffering explanations, Wheaton (1985) presents other alternatives for explaining the relationship between social support and mental health. For example, he suggests that by reducing one’s exposure to stressors,
social support could serve as a stress deterrent. In another model, he argues that social support and stress could have separate and opposite effects on stress and might actually be totally unrelated to one another. Finally, he argues that stress could also lead to less support.

In addition, Wheaton (1985) developed a list of criteria to help researchers recognize a buffering relationship between stress, social support, and mental health. He states that “the consequences of exposure should be at least partially alleviated by the operation of coping resources” (Wheaton 1985: 362). Second, he indicates that “the effect of the resource should either be activated by, or specific to, the presence of stress” (Wheaton 1985: 362). Finally, he notes that “the resource should…intervene in the stress process leading from the occurrence of stress to the stress outcome” (Wheaton 1985: 362).

The main effects model posits that social support benefits mental health whether the stress level is high or low. Some studies, such as Dean, et al. (1990) and Norris and Murrell (1984) support this hypothesis. For example, Dean, Kolody, and Wood (1990) found that among the elderly, there was a main effect, and not a buffering effect, of social support on levels of depression. Similarly, Norris and Murrell (1984) found that among this same group the main effects model best explained the relationship between social support and mental health.

However, on certain occasions the buffering and main effects hypotheses both explain the connection between social support and mental health. For example, Turner and Marino (1994) concluded that both explain the association
between the two particularly when class status is involved. They found that no matter the stress level, social support proves more important to middle class people than to those of the upper class (main effect hypothesis). Conversely, within the lower socioeconomic status group, when stress levels were low or medium, social support did not have a significant effect on mental health. However, the authors did find that social support proved very helpful for individuals experiencing significantly higher stress (Turner and Marino 1994). In my own study I would like to determine how effectively these key buffering and main effects models explain the role of informal social support as it pertains to depression among African American men and women.

**Class, Gender, Marital Status and Mental Health**

Socio-demographic variables such as class, gender, marital status and race prove instrumental in our understanding of differential access to social support. Researchers have used the social causation argument—which states that social status could affect the availability of social support (Cockerham 2006)—to justify the importance of studying the link between socio-demographical factors and social support and its effect on mental health. In general, research tells us that individuals who are educated, married, female, young, and exhibit religious sensibilities are more likely to exhibit higher levels of social support than their counterparts (Ross and Mirowsky 1989). In this section I will focus on how such socio-demographical variables such as class, gender, marital status, and race link to issues of social support and mental health.
Class

With regard to issues of class, Turner and Marino (1994) report evidence that social support plays different roles depending upon socioeconomic level. They argue that members of higher socioeconomic groups experience higher levels of social support than do members of lower groups, while among middle-class individuals, social support could be associated with psychological well-being regardless of stress level. Earlier, Turner (1981) recorded the fact that individuals in lower economic groups found social support more helpful when stress levels were high. Somewhat contrarily, Belle (1982) establishes that the quality of relationships among individuals in lower economic groups is inferior to that exhibited by those of higher economic group (Belle 1982). Conversely, Ensel (1986) found that there are no class differences in relationship quality.

Researchers have argued that mixed results of studies focusing on socioeconomic status and social support occur because socioeconomic variables differ greatly in importance (Ross and Mirowsky 1989). For example, a study by Fischer (1982) established that education significantly impacted levels of social support. He found that higher levels of education facilitated more voluntary associations, larger networks, and more contact with network members. Furthermore, Turner and Marino (1994) also found that higher levels of occupational prestige status made a difference in the amount of social support one could expect to receive.
Gender

Much of the research on gender and social support has focused on the differences between men and women in terms of the amount and types of social support received (Moore 1990, Waite and Harrison 1992, Turner and Marino 1994). Some studies indicate that women have higher levels of social support than men (Flaherty and Richman 1986; Ross and Mirowsky 1989). However, by and large such research has proven inconclusive (Turner and Marino 1994). Studies regarding whether men and women differ in terms of their perceptions about the availability of social support also has been inconclusive (Pearlin, Lieberman, Menaghan, and Mullan 1981; Turner and Noh 1988).

Other studies have been conducted that focus on gender differences in terms of kinship/family and non-kinship/non-family networks (Moore 1990, Waite and Harrison 1992, Turner and Marino 1994). One finding indicates that men and women seem to have the same number of non-kin members within their network systems (Moore 1990), while another study determined that women have more informal ties than men (Umberson, et al. 1996). Moore (1990) found that among women factors such as full-time employment decreased the diversity and amount of kin networks. Hence, this study seems to suggest that structural variables (employment, marital status, and age) prove as important as gender in understanding the nature of social networks among men and women. For example, Waite and Harrison (1992) found that among middle-aged women, relationships with friends and family are affected by “the nature of the relationship, household structure, distance, resources, [and] predisposition to
family contact” (Waite and Harrison 1992: 650). They also found that employment status, health, and income affected women’s contact with friends but not with family.

Some researchers express the idea that social support might operate differently for men than for women (Moore 1990; Umberson, Chen, House, Hopkins, Slaten 1996). For example, using the *Americans Changing Lives* data, Umberson, et al. (1996) found that women differ from men with regards to the form and content of their relationships, but not so much in terms of general network sizes, which indicate different relationship experiences (Moore 1990). For example, women have more “intimate and informal” ties with friends and family. Conversely, men reported that they didn’t have as much social support from their relationships, except through marriage. Men also reported that they had more people to call on for advice, which points to a more instrumental (practical) type of assistance received by men. On the contrary, women generally tend to have more intimate and interactive relationships.

Moore (1990) argues that the social experiences of men and women explain gender differences in social support resources, and not because men and women are predisposed to having certain relationship networks (Moore 1990). For example, Moore (1990) found that most gender differences pertaining to the composition of network systems disappeared when employment, family, and age were controlled for within their analysis (Moore 1990). Waite and Harrison (1992) also found that “household structure, distance, resources, [etc]” affect the relationships that middle-aged women have with
family and friends (Waite and Harrison 1992: 637). These findings suggest that socio-demographical variables have a large impact on the composition, perception, and receipt of social support among men and women (Moore 1990).

*Marital Status*

Research has continually shown that married men and women have the highest levels of support compared to their unmarried counterparts (Gertal, Reissman, Rosenfield 1985; Ensel 1986; and Ross and Mirowsky 1989). Married individuals had more confidants and perceived their support resources more adequate than men and women who were not married. Furthermore, according to Mirowsky and Ross (2003) married couples are less distressed than people who are not married. However, other studies have found no difference in the level of support that married and unmarried individuals receive (Stueve and Gerson 1977, Norbeck 1985).

*Negative Aspects of Social Support*

While one might assume that social support networks are by their very nature “good,” some evidence suggests that they can also negatively impact mental health (Thompson 1986; Haines and Hulbert 1992; and Rook 1992; Umberson, et. Al. 1996). Recently, researchers have explored particular factors pertaining to social support that indeed seem to do so. For example, Umberson, et al. (1996) found that strained relationships were associated with more psychological distress for both men and women, as well as with the over-extension of one’s self within one’s social support network (Haines and Hulbert 1992). Furthermore, obligatory social ties with a spouse, parent, relative, and/or
worker could produce stressful demands (Rook 1992: and Thoits 1992). Conversely, ties that are voluntary, such as those with friends, and various organizational groups have more manageable demands and the costs of those relationships do not outweigh the benefits (Thoits 1995).

Thompson (1986) found that the effects of social support on mental health are situational, which could have either a positive or negative impact on mental health. For example, the author found that within her sample both married and unmarried teenage mothers felt that in terms of their general impact on well-being their female siblings, friends, and a male partner were beneficial. However, in terms of maternal stress, the author found that it was exacerbated by female siblings, friends, and relatives. Both Thompson (1986) and Mitchell and Moos (1984) speculate that the strain placed on relatives, female siblings, and friends can cause adverse effects on the quality of social support derived from those relationships.

Thoits (1982), and Schaefer (1982) argue that the relationship between social support and mental health is not clear because a myriad of methodological differences exist in the conceptualization and assessment of social support. Issues pertaining to the conceptualization and operationalization of social support hinder the conclusions that can be made about the relationship between social support and mental health (Thoits 1995). Furthermore, Thoits (1995) suggests that in their studies researchers are not clearly delineating between the buffering effect and the main effect. Also, life-event stressors seem to be studied more
often than are chronic stressors. Assessing various stressors could be beneficial in understanding the accessibility and function of social support.

My study will focus on the lived experience of African Americans by comparing the social support resources used by male members of that group to those used by female members. I will focus on if and how social support resources provided by relatives, friends, and partner/spouse, as well as religious involvement, affect depression. In order to place within a proper context the use of informal support networks among African Americans we must begin with a history of the group’s lived experiences in America as it pertains to informal support.
Chapter 3 provides an overview of historical considerations that help explain the tendency of African Americans to rely upon informal social support networks. It also reviews the literature with regard to a variety of related topics.

**Historical Considerations**

Historical records establish that members of the African American community have not always had access to formal social support programs such as social security, welfare, and housing subsidies, among others (Gordon 1994; Quadagno 1994). Additionally, as a result of institutional and racial discrimination, they were often denied access to quality mental health services. As a result, members often relied on one another for various services and support. It was not until the 1960s and 70s that black families began to benefit from welfare and social security (Gordon 1994).

Despite improvements over the last three decades, research continues to document racial discrimination within various arenas such as housing (Yinger, 1995) and hiring practices (Kirschenman and Neckerman 1991). Moreover, due to the fact that many African Americans and other minorities work in careers that do not provide adequate insurance services, they are often denied access to much-needed mental health care (US Department of Health and Human Services 1999).

Even in the administration of medical and mental health care racial discrimination has been documented. For example, evidence shows that, in
addition to the fact that the quality of care is inferior, fewer diagnostic and
treatment procedures are ordered for African Americans than for whites (Shiefer,
More specifically, within the mental health field, cultural misunderstandings
between patient and clinician, clinician bias, and the fragmentation of mental
health services deter minorities from accessing and utilizing appropriate care
(Kondrat, et al. 2002). Cultural competence arguments suggests that services
tailored to culture would be more inviting, would encourage minorities to get
treatment, and would improve outcomes once they are in treatment; however,
they are not widespread.

Instead, in order to deal with health-related crises and emergency
situations, African Americans often depend on a substantial amount of informal
assistance. Such informal social support networks within the community tend to
include family, extended family, friends, church members, co-workers, spouses,
and club and organizational members. (Brown and Keith 2003; Gray and Keith

Within the African American community, friends and neighbors tend to
serve as important sources of informal social support (Dunston 1990, Mayers
1980). Church members, coworkers, and neighbors also provide assistance
(Staples and Johnson 1993; Billingsly 1992). Of all these individuals, however, it
is not surprising that Chatters, et al. (1989) notes that in such networks family
members are more prevalent than any others.
Stack (1974) determined that such informal social support networks provided both instrumental and emotional assistance. Of these two major forms of assistance, family members generally provide more of the former, while friends are associated with the latter (Litwak and Szelenyi 1969). More specifically, among African Americans, family members appear to serve as the primary sources of financial support (Taylor, Chatters, and Jackson 1997).

In a recent study, Sarkisian and Gerstel (2004) found that blacks and whites appear to differ in levels of kinship network involvement. For instance, while whites tend to offer financial and emotional support, African Americans provide more practical forms of support. Furthermore, the authors found that while white men and women do not differ with regard to involvement within kin networks, black men generally are not able to provide the same amount of financial support as their white counterparts because they lack the overall resources. The authors also found that black and white women differ in terms of their involvement within kin relationships. Furthermore, with the exception of emotional support, balanced exchanges seem to be particularly important and beneficial for African American women, more so than for white women. Logan (1996) argues that within the African American community bonds extend beyond family and friends to encompass the entire African American community structure (Logan 1996).

With regard to relationships, marriage and family patterns differ by race (Kiecolt and Fossett 1997). For example, lower rates of marriage exist among African American women than among white women (Tucker 2003). However,
such findings do not mean that black women are not members of committed relationships (Tucker 2003). Additionally, Lewis (1989) found that African American mothers who perceived their partners to be supportive were less likely to experience economic and parental role strain (Lewis 1989). In a more recent study, Brown (1996) found that being married or never having been married both had a positive influence on psychological distress; in fact, no appreciable difference existed between the two. However, African Americans who were either married or never married exhibited lower distress levels than those who were separated or divorced.

Multiple explanations exist for the low rates of marriage among African American women. Most of the explanations seem to suggest that social issues typically faced by African Americans, males in particular, might be important in terms of understanding mate availability and its effects on behavior in the marriage market (Kiecolt and Fossett 1997). For example, Tucker and Mitchell-Kernan (1995) argue that the lack of available African American males is due to high mortality and incarceration rates. Furthermore, the under-availability of eligible African American males is also hindered by high unemployment and underemployment rates (Lichter, McLaughlin, Kephart, and Landry 1992). It has also been suggested that the sex ratio for black men and black women varies as a result of location, with more opportunities for partnership occurring in urban locales. Another issue pertains to the high separation and divorce rates within the African American community (McNeal 1998).
Marital Status and Well-Being

Research into the relationship between marital status and mental well-being among African American men and women has consistently found that married individuals benefit from spousal support (Jackson 2004; Williams, Takeuchi, and Adair 1992; Browman 1988). The sequence in which African Americans transition into the marital role also makes a difference with regards to mental health outcomes. Interestingly, Jackson (2004) found that African Americans who "work first, then have children, and later get married" have better mental health outcomes than those who follow the normative order of getting a job, then getting married, and having children (2004:132).

Research pertaining to marital quality found that when compared to whites, African Americans tend to describe their relationship with their spouse more negatively (Broman 2005). More specifically, African Americans were more likely to report affairs, physical altercations, money issues, and dissatisfaction with intimacy (Browman 2005). Another study found that financial satisfaction and spousal support had an indirect impact among African Americans who reported low levels of marital well-being (Broman 1988).

In his assessment of the rates of major depressive order among African American women, Williams, et al. (1992) found that those who were married had lower estimates of the disorder than those who were widowed, separated/divorced, or never married. Researchers found the same pattern among African American males, except that those who were married and widowed had the same rates of the disorder. Williams, et al. (1992) also found
that African American men who are separated/divorced or never married are more at risk for developing various mental disorders—such as anxiety, depression, and alcohol abuse—compared to women with the same status. Finally, when compared to married African Americans, widowed women were more likely than widowed men to develop a mental disorder.

Dunston (1990) argues that researchers should pay attention to the unique differences in social support with regards to both single and partnered black mothers. She further suggests that marriage might not have a significant effect on the mental health of African American women because friends and family provide most of what is needed. For example, Dunston (1990) found that single African American mothers may have a unique support base that includes “immediate kin, extended kin, men, friends, coworkers, and older children” (140). Furthermore, the support often received included financial assistance, child care, and emotional support (Dunston 1990). In this study, I will be assessing the roles of spouse/partner relationships in mental health.

**Demographics and Church Participation**

In comparison to other religious affiliations (Methodist, Roman Catholic, Jehovah’s Witness), 51.1% of African Americans claim to be Baptist (Taylor and Chatters 1991). Furthermore, compared to whites, African Americans demonstrate higher levels of both public and private religious behavior (Chatter and Taylor 1998). Many factors influence church involvement and participation within the African American community, such as age (Chatters and Taylor 1989), gender (Levin and Taylor 1993), region, marital status, urbanicity, and
socioeconomic status (Ellison and Sherkat 1990). For example, with increasing age (Ellison 1998; Chatters and Taylor 1989) and improving socioeconomic status (Ellison and Sherkat 1990) comes a rise in religious involvement. Moreover, Ellison (1998) found that African Americans residing in the south and in rural areas report more religiosity than those living in other regions, such as cities.

Taylor and Chatters (1988) state that the church is an important source of social support especially among African American women, who tend to adopt major roles in the social and outreach functions of the church and are more likely to indicate a higher level of religious commitment than whites and black males (Levin and Taylor 1993). However, Mattis, Taylor, Chatters (2001) found that some African American women who don’t attend church or participate in formal religious activities still consider themselves religious and participate in some religious behavior, like private prayer. Therefore, according to the authors, researchers must consider non-organizational (private religious behaviors) involvement in church as having a significant effect on the mental well-being of African American women.

**Religious Participation and Mental Health**

Religiosity could be important in reducing psychological distress and increasing its well being. For example, Ellison (1998) argues that religious activity affects mental health in the following four ways:

“(1) by generating relatively high levels of social resources, including social integration (e.g., social network size, frequency of interaction), formal and informal social support (e.g., exchanges of goods and services, socioemotional...
support), and subjective support (e.g. satisfaction with support, perceived reliability of network members); (2) by enhancing valuable psychological resources, particularly elements of self regard….; (3) by shaping behavioral patterns and lifestyles in ways that reduce the risk of major chronic and acute stressors….; (4) and by providing specific cognitive resources that are useful in the problem solving or emotional-regulating aspects of coping with stressors” (Ellison 1998:3).

Levin, Chatters, and Taylor (1995) further suggest that religiosity can be conceptualized in various ways in order to better understand its functionality. For example, religiosity can be conceptualized as organizational, non-organizational, or subjective. Regardless, religious involvement seems to buffer the effect that stressors have on mental health (Ellison 1998). For example, Neff and Husaini (1982) found that religiosity was important to the mental health of African Americans and decreased depression among both men and women. Furthermore, the authors found that depressive symptoms were highest in those who had the lowest levels of religiosity. Also, African Americans who have no religious affiliation report higher depression levels that those who do have an affiliation (Brown and Gary 1994).

Chatters and Taylor (1998) suggest that in order to fully understand the importance of the church and religion among African Americans researchers should study the social conditions from which the church has arisen within the community. The authors argue that religious practices originated from social, historical, and political contexts that even today to some degree characterize the positions of African Americans. Within a society that could prove particularly
hostile to their needs, the church became a safe haven. Hence, historically the black church has helped black families (Hill 1993, Smith 1985).

The church was also instrumental in helping ameliorate or buffer harmful conditions, such as prejudice and discrimination, that historically threatened the well being of African Americans (Lincoln and Mamiya 1990). For example, due to the fact that segregation often made social services unavailable to African Americans, black congregations have historically responded more comprehensively to their needs (Billingsly 1999, Quadagno 1994, Lincoln and Mamiya 1990). It has been suggested by Boddie (2004) that all-black churches provide more services for their members than interracial and white congregations do for theirs.

Factors such as attendance, church membership, subjective religiosity, and religious affiliation dictate the sorts of support African Americans received from their churches (Taylor and Chatters 1988). Furthermore, approximately 70-90% of black churches provide some sort of social service programs for their communities (Billingsley 1999, Lincoln and Mamiya 1990). For example, Caldwell, Green, and Billingsley (1992) found that emotional support was provided through family counseling, as well as through women’s and men’s groups. However, the specific mechanisms that make church beneficial to mental health or psychological well being is unclear (Lincoln and Chatters 2003).

Studies that focus on how religious involvement affects psychological distress and depression have yielded inconsistent results (Ellison 1995; Brown, Ndubuisi, and Gary 1990). For example, some studies suggest religiosity
mitigates the effect of stressors on mental health (Brown and Gary 1988, Neff and Husaini 1982), while others indicate that it exacerbates the psychological effects of chronic strain (Brown, et al. 1992). Furthermore, Brown, Gary, Greene, and Milburn (1992) found that among those who were struggling financially religiosity actually intensified depressive symptoms.

Some researchers question the viability of the African American church as a key support mechanism (Lincoln and Mamyia 1990; Nelsen 1988). For example, Nelsen (1988) questions the importance of the church when governmental agencies and other organizations such as the Urban League and NAACP are readily available to African Americans. Moreover, Lincoln and Mamyia (1990) argue that the black church no longer holds the primary role of being the community center because for African Americans as a whole the civil rights movement opened doors to resources not previously available. Finally, the lack of funding for church-based social programs is another issue that plagues black churches (Brown 2003). More specifically, Brown (2003) questions whether today black churches have the financial resources to provide the services with which historically they have been associated. This issue of inadequate financial resources is compounded by the fact that the numbers of active members who can plan and implement these programs is relatively low (Chaves 1999).

**Gender and Social Support**

In the use of social support among African American men and women, gender differences can be discerned. For example, according to Dressler (1991)
emotional social support is said to be particularly important to the well being of African American women. Furthermore, participation in community based organizations, like the church, also seems to be important to this same group, more so than to men (Taylor, Chatters, and Levin 2004). Gray and Keith (2003) found that participation in voluntary organizations and having supportive family and friends both can lower levels of depressive symptoms. However, Jackson (1997) found that with regard to mental health outcomes, African American women and Puerto Ricans do not reap the same level of benefit as do white and Mexican American women. Jackson (1997) also found that while all of the racial groups in her study benefited from the spousal role, with regard to parenthood and employment, benefits varied by race. For example, having a spouse and being involved with a church benefited non-Hispanic white, African American, and Mexican American women. However, belonging to an organization or a group was not as beneficial for African American women as it was for non-Hispanic white women.

Gender differences also exist with regard to helper choice. For example, African American males are more likely to choose their brothers and fathers as sources of social support, while women are more likely to choose their sisters (Gray and Keith 2003; Chatters, Taylor, Neighbors 1989) and mothers (Chatters et al. 1989). hooks (1993) states that African American women who have other African American women in their social network tend to benefit tremendously from these relationships. Furthermore, relationships with other women tend to be growth-promoting, reciprocal, and supportive (Denton 1990).
Negative Aspects of Social Support

Some evidence suggests that social support resources could actually impact mental health in negative ways. For example, Carrington (1980) states that black women’s commitment to their social network obligations can contribute to depression. Furthermore, the stereotype pertaining to African American women being strong and responsible for the survival for the black community and family could put them at risk for developing mental and physical health problems (McCray 1980). Therefore, social support networks could be harmful to the well-being of African American women in particular (Neighbors 1997) because they, more so than their male counterparts, have been heavily embedded in the black community (Gray and Keith 2003). For example, black women appear to be more involved in church-related and other organizational activities than do men (Lincoln and Mamiya 1990).

Gray and Keith (2003) found that African American women were more likely to experience depressive symptoms if they perceived their network members to be critical and demanding (Gray and Keith 2003). It has also been suggested that networks for those in lower socioeconomic groups are exhausting because members are exposed to more issues that can be draining emotionally. Moreover, Lincoln, Chatters, and Taylor (2005) studied the effects of financial strain and trauma on interactions with relatives and found that both components negatively impacted interactions with relatives and increased depressive symptoms.
My Study

It has been argued that African Americans experience lower rates of depression than whites because they are able to rely for relief upon an extensive network of informal social support within their communities (Ruiz 1990; and Neighbors and Jackson 1996). Furthermore, according to Taylor, Hardison, and Chatters (1996), such social support has even reduced stress levels within the African American community. However, in a recent study, Kiecolt, Hughes, and Keith (2008) found no evidence of substantial differences between whites and blacks with regard to the nature and quality of their social relationships and effects on mental health. Hence, it is unlikely that informal social support alone explains why when compared to whites African Americans have lower rates of disorders.

A few researchers suggest that to deal with psychological problems African Americans generally tend to seek social support from informal sources (Neighbors and Jackson 1984, Taylor and Chatters 1988). For example, Neighbors and Jackson (1984) concluded that when faced with personal problems, many African Americans sought informal rather than formal support. The authors also found that African American women sought more social support (both informal and formal\(^2\)) than did African American men.

With regard to understanding the relationship between race, gender, social support, and mental health, the literature contains many gaps. More specifically, it reveals little information regarding how or whether gender affects

\(^2\) Formal social support is defined as assistance provided by social service agencies and mental health professionals (Chadiha, Darkwa, and Berg-Weger 1996)
usage of such informal social support mechanisms. One of the reasons for the lack of clarity can be explained by over-participation in the race-comparison paradigm, in which health-related social support resources of African Americans often are compared to those of non-Hispanic whites. Also, much of the research is not grounded in the life experiences of African Americans, which prevents a more cultural understanding of how social support is used. A focus on this issue could potentially advance a theoretical understanding of the relationship between culture, social support, and mental health (Neighbors 1984).

Substantial literature can be found regarding the relationship between marital status and mental health (Gove 1972, Weissman 1987, Ross and Mirowsky 1989, Ross and Mirowsky 2003) but few studies exist that focus on the relationship between marital status and mental health among African Americans in general and the differences between African American males and females in particular (Lewis 1989, Brown 1996). Also, with regards to religious involvement, because much of the research focuses on the religious affiliation of African American women, little is known about how this factor impacts the mental health of men. Moreover, research tends to examine the relationship of African American women with their family and friends while ignoring the same focus among men.

Another gap in the literature involves whether the buffering or main effects approach best explains the use of social support and its effects on mental health among African Americans. My study is deeply concerned with rectifying this omission.
A final gap in the literature I plan to address in my research pertains to the lack of research on negative experiences with social support resources and effects on depression among African Americans in general, and African American males in particular. Information on the effect of negative experiences with social support from relatives, friends, partner/spouse, and religious involvement by African America males is virtually non-existent because much of the literature focuses on the positive impact. Based on the previous discussion the following research questions will guide this study:

1. Among African Americans, is there a difference by gender in their experience with their social support resources?
2. Among African Americans, is there a difference by gender in the relationship between the use of informal social support networks and depression?
3. Among African Americans, what are the gender differences in the way the buffering approach explains the relationship between social support, stress, and depression?
Chapter 4 explains the research methodology undertaken by this study, as well as provides detail on the research questions and hypotheses.

Research Questions and Hypotheses

1. Among African Americans, is there a difference by gender in their experience with their social support resources?

   **Hypothesis A:** African American men will experience more positive social support from their spouse/partner than will African American women. African American men are more comfortable confiding in their partner/spouse because of the closeness and anonymity provided by a committed relationship.

   **Hypothesis B:** African American women will have more positive social support from friends than will African American males. I would expect to verify this due to the fact that women are more likely than men to seek support from others. Furthermore, friendships do not require as much commitment from African American women as do family relationships.

   **Hypothesis C:** African American men will have more positive social support from relatives than will African American women. African American men feel more comfortable seeking support from relatives than from people outside of their family network.

   **Hypothesis D:** African American women will have more positive social support from church attendance than will African American men. I would expect this to be true because African American women attend church more often and are more involved in church activities than do or are African American men.

2. Among African Americans, is there a difference by gender in the relationship between the use of informal social support resources and depression?

   **Hypothesis A:** African American men who have more positive support from their partner/spouse than do African American women will experience less depression (and are less likely to have a major depressive episode or dysthymia). African American men are more comfortable confiding in their partners, and this type of support can lead to lower levels of depression.
Hypothesis B: African American women who have more positive support from friends than do African American men will experience less depression (and are less likely to have major depressive episodes or dysthymia). African American women are more comfortable seeking support from their friends than are African American males, and this relationship is associated with less depression.

Hypothesis C: African American men who have more positive social support from relatives than do African American women will have less depression (and are less likely to have a major depressive episode or dysthymia). African American men are more comfortable seeking support from relatives than African American women, which leads to less depression.

Hypothesis D: African American women who have more positive support from church attendance than do African American men will have less depression (and are less likely to have a major depressive episode or dysthymia). African American women attend church more often than men, and church involvement is associated with lower levels of depression.

3. Among African Americans, what are the gender differences in the way the buffering approach explains the relationship between social support, stress, and depression?

Hypothesis A: Partner/Spouse supportive relationships will have more of a buffering effect on the relationship between stress and depression variables for African American men than for African American women. I would expect to find this because African American men feel more comfortable seeking help from people within their family circle.

Hypothesis B: Supportive relationships with friends will have more of a buffering effect on the relationship between stress and depression variables for African American women than for African American men. I would expect to find this because African American women are more comfortable seeking support from people outside of their family than are African American men.

Hypothesis C: Supportive relationships with relatives will have more of a buffering effect on the relationship between the stress and depression variables for African American men than for African American women. I would expect to find this because African American men are more likely to seek assistance from close family members. However, because of the role that African American women play (caregiver) in their families they are more likely to seek less assistance from relatives than from men.
Hypothesis D: Church attendance will have more of a buffering effect on the relationship between stress and depression variables for African American women than for African American men. I would expect to find this because African American women attend church more often than do African American men, and religious participation contributes to positive mental well-being.

Data and Sample

For my study, I will be combining the National Comorbidity Survey (NCS) (Kessler 2002) and the National Comorbidity Survey - Replication (NCS-R) (Kessler 2007) data sets. Such combination will ensure a large-enough sample size of African American men and women for the conducting of more comprehensive analyses. In the sample will be 541 African American men and 842 African American women (1383 total). Furthermore, both data sets either pose identical or similar questions pertaining to social support and depression for my study.

National Comorbidity Survey (NCS)

The National Comorbidity Survey was the first survey to administer a structured psychiatric survey to a nationally representative sample (Kessler 2002). The goal of the study was to assess the prevalence and correlates of various mental disorders, as well as determine levels or rates of service utilization. Diagnoses were based on a modified version of the Composite International Diagnostic Interview developed by the University of Michigan. The data was collected from September 1990 to March 1992 through face-to-face and phone interviews.

The survey was administered to individuals in the United States, age 15 to 54, who were not institutionalized. A household total of 8,098 respondents
participated in the NCS survey, and a subsample of 5,877 completed Part 2 of the survey, which consisted of questions pertaining to lifetime diagnoses of various psychiatric disorders. Furthermore, another subsample of 4,414 completed the supplemental survey pertaining to drug use and abuse. The response rate for the NCS survey was 82.6 percent.

**National Comorbidity Survey - Replication (NCS-R)**

The National Comorbidity Survey – Replication (Kessler 2007) is an extension of the National Comorbidity Survey (NCS) and includes more recent and updated psychological assessments based on the DSM-IV. The NCS-R diagnoses also were derived from the World Mental Health Survey Initiative Version of the World Health Organization Composite International Diagnostic Interview (WMH-CIDI). The WMH-CIDI encompasses both the International Classification of Disease and DSM-IV diagnoses. The goals of this study were to (1) assess the differences in trends from the last time the study was conducted and (2) improve assessment techniques of various disorders that were problematic in NCS.

Face-to-face interviews were conducted from February 2001 to April 2003 and were administered in two parts. Part 1 of the diagnostic assessments was administered to 9,282 respondents. Finally, Part 2 of the survey, pertaining to risk factors, correlates, and other additional questions was administered to 5,692 respondents. Some of the original NCS respondents were re-interviewed, along with a new national sample of 10,000 individuals. In addition, in order to assess the prevalence and correlates of mental disorder among the youth, the study
included a sample of 10,000 adolescents. The NCS-R survey sample is largely comprised of a representative sample residing in the United States who were 18 years of age and older. The response rate for the NCS-R survey was 70.9 percent.

**Dependent Variables**

For my study I identified variables derived from similar/identical questions within both the NCS and NCS-R surveys pertaining to social support and depression. When necessary, I will combine survey responses derived from questions that are similar/identical and recode the response categories. For my study, the *dependent variable* is depression, for which I will use three indicators. The first two depression variables are 12-month major depressive episode and 12-month dysthymia. The response categories for both are (0) absent and (1) present. Major Depressive Episode is characterized when depressed mood is present for at least a two-week period nearly every day for most of the day (DSM IV-TR 2000). Dysthymia is defined as a *chronically* depressed mood that occurs for most of the day, more days than not, for at least two years but with less severity than major depression (DSM IV-TR 2000).

In addition, I constructed a nine-item depression scale (alpha=.898) using identical items from both the NCS and NCS-R surveys as the final depression variable. The depression scale includes the following questions in which the response categories were (4) often, (3) sometimes, (2) rarely, (1) never:

1. In the past 30 days, how often did you blame yourself for things?

2. In the past 30 days, how often did you feel lonely?
3. In the past 30 days, how often did you feel blue?
4. In the past 30 days, how often did you feel no interest in things?
5. In the past 30 days, how often did you feel hopeless about the future?
6. In the past 30 days, how often did you have trouble concentrating?
7. In the past 30 days, how often did you feel everything was an effort?
8. In the past 30 days, how often did you feel worthless?
9. In the past 30 days, how often did you feel exhausted for no good reason?

**Independent Variables**

A number of independent variables exist, including social support and stress.

**Social Support Variables**

For this study, I used questions from both the NCS and NCS-R surveys that assessed indirect measures of perceived positive and negative social support from partner/spouse relationships, relatives, and friends. However, I will assess only the positive aspects of social support from religious involvement because neither survey had questions pertaining to its negative aspects.

**Partner and Spouse Social Support**

I will be assessing the supportive and non-supportive aspects of assistance from partners and spouses. Four questions included in the scale (alpha=.735) assess the supportive aspects of having a partner/spouse. The response categories for these questions are (4) a lot, (3) some, (2) a little, and (1) not at all. The questions in the scale follow:

1. How much does your (spouse/partner) really care about you?
2. How much does your (spouse/partner) understand the way you feel about things?

3. How much can you rely on your (spouse/partner) for help if you have a serious problem?

4. How much can you open to your (spouse/partner) if you need to talk about your worries?

Two questions measured negative experiences with spouse/partner support, the results of which were put into a scale (alpha=.611). The response categories for the questions are (4) often, (3) sometimes, (2) rarely, and (1) never. The questions are

1. How often does your (spouse/partner) make too many demands?

2. How often does you (spouse/partner) criticize you?

Relative Social Support

Two questions were put into a scale (alpha=.725) to assess the supportive aspects of relationships with relatives. The response categories for these questions are (4) a lot, (3) some, (2) a little, and (1) not at all. The questions in the scale follow:

1. How much can you rely on relatives who do not live with you for help if you have a serious problem?

2. How much can you open up to relatives who do not live with you if you need to talk about your worries?
Two questions measuring negative experiences with support from relatives were put into a scale (alpha=.632). The response categories for the questions are (4) often, (3) sometimes, (2) rarely, and (1) never. The questions are

1. How often do your relatives make too many demands on you?

2. How often do your relatives argue with you?

Friend Social Support

Two questions were put into a scale (alpha=.784) to assess the supportive aspects of relationships with friends. The response categories for these questions are (4) a lot, (3) some, (2) a little, and (1) not at all. The questions in the scale are as follows:

1. How much can you rely on your friends for help if you have a serious problem?

2. How much can you open up to your friends if you need to talk about your worries?

There are two questions that measured the negative experiences with support from friends that were put into a scale (alpha=.587). The response categories for the questions are (4) often, (3) sometimes, (2) rarely, and (1) never. The questions are

1. How often do your friends make too many demands on you?

2. How often do your friends argue with you?

Church Support

Due to limitations in both the NCS and NCS-R survey, I am unable to assess negative aspects of religious involvement. Therefore, I will be examining only the
supportive aspects of religious involvement using a question pertaining to the frequency of church attendance. The response categories for this question are (5) more than once a week, (4) about once a week, (3) 1 to 3 times a month, (2) less than once a month, (1) never. The question is

1. How often do you attend religious services? (NCS wording)

1a. How often do you usually attend religious services? (NCS-R wording)

**Stress Variables**

My study uses measures for both chronic and life-event stressors. The two chronic stressors assess whether the respondent has enough money to (a) pay their bills and (b) meet their general needs. The answer categories for the first chronic stressor are (1) very difficult, (2) somewhat difficult, (3) not very difficult, (4) not at all difficult. The response categories for the second chronic stressor are (3) more than need, (2) just enough, and (1) not enough. The chronic stressor questions are as follows:

1. How difficult is it for (you/your family living here) to pay (your/its) monthly bills? (NCS wording)

1a. How difficult is it for you to pay your monthly bills? (NCS-R wording)

2. In general would you say (you have/your family living here has) more money than you need, just enough for your needs, not enough to meet your needs?

The following six questions were used to create the life-event stressor scale, for which the response categories were (1) yes and (0) no. I then created a dummy variable where (1) represented respondents that experienced one or
more life-event stressor and (0) represented respondents who did not experience any of the life-event stressors. I choose questions pertaining to whether or not the respondents were (1) assaulted, (2) held captive, (3) involved in a life-threatening accident, (4) affected by a natural disaster, (5) raped, or (6) witnessed a violent act. The following questions are included in the stress scale (alpha=.571):

1. You were physically attacked or assaulted (NCS wording)
   1a. Were you ever badly beaten up by anyone else? (NCS-R wording)

2. You were threatened with a weapon, held captive, or kidnapped (NCS wording)
   2a. Were you ever kidnapped or held captive? (NCS-R wording)

3. You were involved in a life threatening accident (NCS wording)
   3a. Did you ever have any other life-threatening accident, including on your job? (NCS-R wording)

4. You were involved in a fire, flood, or natural disaster (NCS wording)
   4a. Were you ever involved in a major natural disaster, like a devastating flood, hurricane, or earthquake? (NCS-R wording)

5. You were raped (NCS wording)
   5a. Were you ever raped? (NCS-R wording)

6. You witnessed someone being badly injured or killed (NCS wording)
   6a. Did you ever see someone being badly injured or killed, or unexpectedly see a dead body? (NCS-R wording)
**Social Characteristics**

This study uses gender, marital status, education, age, and income to assess social characteristic. Gender is a dummy variable where (0) is female and (1) is male. I also created two dummy variables for marital status, the first of which is coded (0) for those who are separated, widowed, divorced, and cohabitating and (1) for those who never married. The second marital status variable is coded (0) for those who never married and those who are cohabitating, and (1) for those who are separated, widowed, and divorced. Level of education is a continuous measure ranging from (4) 4 or less years of education to (17) 17 years or more of education. Age is a continuous variable that ranges from (15) 15 years of age to (93) 93 years of age. Finally, income is also a continuous variable that ranges from (1) no income to (22) $100,000 or more dollars.

**Data Analysis**

The data will be analyzed using univariate, bivariate, and multivariate statistics. Before I begin the analysis portion of my research I will first recode appropriate variables. I will begin the data analysis with frequency distributions for all variables. Means and standard deviations will be presented as appropriate for the level of measurement. Additive scales will also be computed for some dimensions and reliability coefficients computed. The scales will be adjusted accordingly.

African American females will be compared to African American males. Depending upon the level of measurement, t-test difference of means tests and
linear/logistic regressions will be conducted. The presentation of the data will be organized around four dimensions of informal social support: spouse/partner, relatives, friends, and religious.

Finally, logistic regression will be used for the diagnostic measures of 12-month major depressive episode and 12-month dysthymia. The logistic regression analysis will allow me to estimate and test the influence of the independent variables on binary responses used in the NCS and NCS-R survey to measure major depressive episode and dysthymia.

To account for the complex sampling methods in both data sets, I will use STATA to analyze the NCS and NCS-R results. STATA generates analyses that are properly weighted and possess the correct standard error. In my analyses I am able to adjust for the weights, but I do not have to adjust for the clustered sample design because the African American respondents in both NCS and NCS-R data sets are not substantially clustered within the strata. Chapters 5, 6, and 7 discuss results relative to my three research questions and hypotheses.
CHAPTER 5
Results: Gender and Social Support

This chapter compares the experiences African American men and women have with positive and negative social support. The literature suggests that African American women generally have more mechanisms for social support than do African American men. I use both bivariate and multivariate analyses to analyze the gender differences in experiences with positive and negative social support from partners/spouses, friends, relatives, and church participation. I also analyzed multiple interactions with each control variable (gender, marital status, education, age, income, and number of children). I analyzed these interactions relative to each of the social support variables to determine how African American men and women differed in their experiences with positive and negative social support. To prevent collinearity issues, I ran the interactions with gender and the various control variables one at a time. I will present only the significant results from these analyses.

Research question and hypotheses:

1. Research Question #1: Among African Americans, is there a difference by gender in their experience with their social support resources?

Hypothesis A: African American men will experience more positive social support from their spouse/partner than will African American women. African American men are more comfortable confiding in their partner/spouse because of the closeness and anonymity provided by a committed relationship.

Hypothesis B: African American women will have more positive social support from friends than will African American males. I would expect to verify this due to the fact that women are more likely than men to seek
support from others. Furthermore, friendships do not require as much commitment from African American women as do family relationships.

**Hypothesis C:** African American men will have more positive social support from relatives than will African American women. African American men feel more comfortable seeking support from relatives than from people outside of their family network.

**Hypothesis D:** African American women will have more positive social support from church attendance than will African American men. I would expect this to be true because African American women attend church more often and are more involved in church activities than do or are African American men.

**Analyses**

**Table 1** presents social support use means and standard errors by gender among African Americans. The evidence collected indicates that African American women have more positive support from religious participation (p<.001) than do African American men. African American women also have more negative support from relatives (p<.01) than do African American men.

**Table 1. Independent Samples T-Test of Positive and Negative Social Support by Gender**

<table>
<thead>
<tr>
<th>Constructs</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner/Spouse Support</td>
<td>99.54 (97.6)</td>
<td>99.55 (97)</td>
</tr>
<tr>
<td>N</td>
<td>165</td>
<td>145</td>
</tr>
<tr>
<td>Friend Support</td>
<td>97.94 (96.7)</td>
<td>96.15 (94.8)</td>
</tr>
<tr>
<td>N</td>
<td>787</td>
<td>510</td>
</tr>
<tr>
<td>Relative Support</td>
<td>98.56 (97.4)</td>
<td>98.84 (97.5)</td>
</tr>
<tr>
<td>N</td>
<td>786</td>
<td>511</td>
</tr>
<tr>
<td>Religious Support</td>
<td>3.33 (.07)***</td>
<td>2.81 (.08)</td>
</tr>
<tr>
<td>N</td>
<td>823</td>
<td>524</td>
</tr>
<tr>
<td>Partner/Spouse Negative Support</td>
<td>101.70 (98.9)</td>
<td>99.53 (97.7)</td>
</tr>
<tr>
<td>N</td>
<td>165</td>
<td>145</td>
</tr>
<tr>
<td>Friend Negative Support</td>
<td>99.30 (98.2)</td>
<td>101.07 (99.6)</td>
</tr>
<tr>
<td>N</td>
<td>789</td>
<td>511</td>
</tr>
<tr>
<td>Relative Negative Support</td>
<td>101.82 (100.6)**</td>
<td>99.10 (97.8)</td>
</tr>
<tr>
<td>N</td>
<td>787</td>
<td>509</td>
</tr>
</tbody>
</table>
Positive Social Support

After controlling for gender, marital status, years of education, age, income, and total number of children in the linear regression analyses for all of the social support variables I found that only a couple of regression analyses showed some gender differences pertaining to both the positive and negative aspects of social support among African Americans.

Table 2. Linear Regression Analysis of Partner/Spouse Social Support by Gender and Control Variables

<table>
<thead>
<tr>
<th></th>
<th>b</th>
<th>(T-Values)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>-.070</td>
<td>(-.0.04)</td>
</tr>
<tr>
<td>Education</td>
<td>-.161</td>
<td>(-0.34)</td>
</tr>
<tr>
<td>Age</td>
<td>.013</td>
<td>(0.19)</td>
</tr>
<tr>
<td>Income</td>
<td>.315</td>
<td>(1.17)</td>
</tr>
<tr>
<td>Number of Children</td>
<td>.152</td>
<td>(0.41)</td>
</tr>
<tr>
<td>Intercept</td>
<td>95.311***</td>
<td></td>
</tr>
<tr>
<td>R Square</td>
<td>.017</td>
<td></td>
</tr>
</tbody>
</table>

*p<.05; **p<.01; ***p<.001
1=Men

Table 2 shows that among African Americans no significant differences exist with regards to gender, education, age, income and number of children and positive support from partners and spouses.
Table 3. Linear Regression Analysis of Friend Social Support by Gender and Control Variables

<table>
<thead>
<tr>
<th>Model 1</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>b</strong></td>
<td>(T-Values)</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>-1.416</td>
<td>(-1.56)</td>
</tr>
<tr>
<td><em>Marriage Variables</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never Married</td>
<td>2.221</td>
<td>(1.80)</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>.464</td>
<td>(0.35)</td>
</tr>
<tr>
<td>Education</td>
<td>1.039***</td>
<td>(4.42****)</td>
</tr>
<tr>
<td>Age</td>
<td>-.005</td>
<td>(-0.14)</td>
</tr>
<tr>
<td>Income</td>
<td>-.132</td>
<td>(1.57)</td>
</tr>
<tr>
<td>Number of Children</td>
<td>.114</td>
<td>(0.42)</td>
</tr>
<tr>
<td>Intercept</td>
<td>81.643***</td>
<td></td>
</tr>
<tr>
<td>R Square</td>
<td>.063</td>
<td></td>
</tr>
</tbody>
</table>

*p<.05; **p<.01; ***p<.001
1=Men
1=Never Married
1=Divorced/Separated/Widowed

As presented in Table 3, evidence suggests that African Americans who have more education (p<.001) have significantly more positive support from friends than do African Americans with less education. However, no significant differences exist with regard to gender, marital status, age, income and number of children and support from friends.
Table 4. Linear Regression Analysis of Relative Social Support by Gender and Control Variables

<table>
<thead>
<tr>
<th>Model 1</th>
<th>b</th>
<th>(T-Values)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>.387</td>
<td>(0.44)</td>
</tr>
<tr>
<td><strong>Marriage Variables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never Married</td>
<td>-.390</td>
<td>(-0.32)</td>
</tr>
<tr>
<td>Divorced/Separated/Widowed</td>
<td>2.362*</td>
<td>(2.13*)</td>
</tr>
<tr>
<td>Education</td>
<td>.409*</td>
<td>(1.97*)</td>
</tr>
<tr>
<td>Age</td>
<td>-.009</td>
<td>(-0.26)</td>
</tr>
<tr>
<td>Income</td>
<td>.176</td>
<td>(1.81)</td>
</tr>
<tr>
<td>Number of Children</td>
<td>-.407</td>
<td>(-1.71)</td>
</tr>
</tbody>
</table>

Intercept 91.378***  
R Square .032

*p<.05; **p<.01; ***p<.001
1=Men  
1=Never Married  
1=Divorced/Separated/Widowed
Table 5. Linear Regression Analysis of Relative Social Support by Gender, Control Variables, and Gender *Marriage Variable Interactions

<table>
<thead>
<tr>
<th></th>
<th>b</th>
<th>(T-Values)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>-2.21</td>
<td>(-1.54)</td>
</tr>
</tbody>
</table>

Marriage Variables

<table>
<thead>
<tr>
<th></th>
<th>b</th>
<th>(T-Values)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never Married</td>
<td>-2.922*</td>
<td>(-1.98*)</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>1.42*</td>
<td>(1.07*)</td>
</tr>
</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>.416</td>
<td>(2.07)</td>
</tr>
<tr>
<td>Age</td>
<td>-.008</td>
<td>(-0.24)</td>
</tr>
<tr>
<td>Income</td>
<td>.160</td>
<td>(1.72)</td>
</tr>
<tr>
<td>Number of Children</td>
<td>-.332</td>
<td>(-1.43)</td>
</tr>
</tbody>
</table>

Interactions

<table>
<thead>
<tr>
<th></th>
<th>b</th>
<th>(T-Values)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender * Never Married</td>
<td>5.80**</td>
<td>(3.01**)</td>
</tr>
<tr>
<td>Gender * Divorced/Separated</td>
<td>1.48</td>
<td>(0.67)</td>
</tr>
</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Intercept</td>
<td>92.616***</td>
<td></td>
</tr>
<tr>
<td>R Square</td>
<td>.047</td>
<td></td>
</tr>
</tbody>
</table>

*p<.05; **p<.01; ***p<.001
Table 6. Linear Regression Analysis of Relative Social Support by Gender, Control Variables, and Gender * Age Interaction

<table>
<thead>
<tr>
<th>Model 1</th>
<th>b</th>
<th>(T-Values)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>4.648*</td>
<td>(2.19*)</td>
</tr>
<tr>
<td>Marriage Variables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never Married</td>
<td>-.494</td>
<td>(-0.41)</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>2.05</td>
<td>(1.84)</td>
</tr>
<tr>
<td>Education</td>
<td>.404</td>
<td>(1.96)</td>
</tr>
<tr>
<td>Age</td>
<td>.040</td>
<td>(0.96)</td>
</tr>
<tr>
<td>Income</td>
<td>.168</td>
<td>(1.74)</td>
</tr>
<tr>
<td>Number of Children</td>
<td>.377</td>
<td>(-1.59)</td>
</tr>
<tr>
<td>Interaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender * Age</td>
<td>-.118*</td>
<td>(- 2.20*)</td>
</tr>
<tr>
<td>Intercept</td>
<td>89.814***</td>
<td></td>
</tr>
<tr>
<td>R Square</td>
<td>.038</td>
<td></td>
</tr>
</tbody>
</table>

*p<.05; **p<.01; ***p<.001
1=Men
1=Never Married
1=Divorced/Separated/Widowed

Table 4 reveals that African Americans who are divorced, separated, or widowed have significantly more positive support from relatives (p<.05) than do those who are married. Also, those who have more education also have significantly more positive support from relatives (p<.05) than those who have less education. No significant differences exist regarding gender, age, income and number of children and support from relatives.

The Gender * Never Married interaction in Table 5 shows that African American men who never married have significantly more positive support from relatives (p<.01) than do African American women who never married. Also, when I included the Gender * Age interaction in Table 6, it was seen that older African American men experience less support from relatives than do younger
African American men. Age does not influence such support for African American women.

Table 7. Linear Regression Analysis of Religious Social Support by Gender and Control Variables

<table>
<thead>
<tr>
<th></th>
<th>b</th>
<th>(T-Values)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>-.501***</td>
<td>(-.4.79***)</td>
</tr>
</tbody>
</table>

**Marriage Variables**

<table>
<thead>
<tr>
<th></th>
<th>b</th>
<th>(T-Values)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never Married</td>
<td>.038</td>
<td>(0.29)</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>.241</td>
<td>(1.59)</td>
</tr>
<tr>
<td>Education</td>
<td>.022</td>
<td>(0.93)</td>
</tr>
<tr>
<td>Age</td>
<td>.011**</td>
<td>(2.70**)</td>
</tr>
<tr>
<td>Income</td>
<td>.027**</td>
<td>(2.64**)</td>
</tr>
<tr>
<td>Number of Children</td>
<td>.040</td>
<td>(1.37)</td>
</tr>
</tbody>
</table>

Intercept            | 2.065*** |
R Square              | .092     |

*p<.05; **p<.01; ***p<.001
1=Men
1=Never Married
1=Divorced/Separated/Widowed
Table 8. Linear Regression Analysis of Religious Social Support by Gender, Control Variables, and Gender *Marriage Variable Interactions

<table>
<thead>
<tr>
<th>Model 1</th>
<th>b</th>
<th>(T-Values)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>-.824***</td>
<td>(-4.99***)</td>
</tr>
<tr>
<td><strong>Marriage Variables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never Married</td>
<td>-.199</td>
<td>(-1.16)</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>-.002</td>
<td>(-.0.01)</td>
</tr>
<tr>
<td>Education</td>
<td>.021</td>
<td>(0.86)</td>
</tr>
<tr>
<td>Age</td>
<td>.012**</td>
<td>(2.94**)</td>
</tr>
<tr>
<td>Income</td>
<td>.025*</td>
<td>(2.43*)</td>
</tr>
<tr>
<td>Number of Children</td>
<td>.042</td>
<td>(1.45)</td>
</tr>
<tr>
<td><strong>Interactions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender * Never Married</td>
<td>.530*</td>
<td>(2.33*)</td>
</tr>
<tr>
<td>Gender * Divorced/Separated</td>
<td>.541</td>
<td>(1.79)</td>
</tr>
<tr>
<td><strong>Intercept</strong></td>
<td>2.236***</td>
<td></td>
</tr>
<tr>
<td>R <strong>Square</strong></td>
<td>.102</td>
<td></td>
</tr>
</tbody>
</table>

*p<.05; **p<.01; ***p<.001
1=Men
1=Never Married
1=Divorced/Separated/Widowed
<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>b</strong></td>
<td>(T-Values)</td>
</tr>
<tr>
<td>Gender</td>
<td>-.017</td>
<td>(-0.07)</td>
</tr>
<tr>
<td><strong>Marriage Variables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never Married</td>
<td>.016</td>
<td>(0.12)</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>.204</td>
<td>(1.33)</td>
</tr>
<tr>
<td>Education</td>
<td>.023</td>
<td>(0.98)</td>
</tr>
<tr>
<td>Age</td>
<td>.016**</td>
<td>(3.28**)</td>
</tr>
<tr>
<td>Income</td>
<td>.026*</td>
<td>(2.54*)</td>
</tr>
<tr>
<td>Number of Children</td>
<td>.042</td>
<td>(1.43)</td>
</tr>
<tr>
<td><strong>Interaction</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender * Age</td>
<td>-.013*</td>
<td>(-2.12*)</td>
</tr>
<tr>
<td><strong>Intercept</strong></td>
<td>1.888***</td>
<td></td>
</tr>
<tr>
<td><strong>R Square</strong></td>
<td>.098</td>
<td></td>
</tr>
</tbody>
</table>

*p<.05; **p<.01; ***p<.001
1=Men
1=Never Married
1=Divorced/Separated/Widowed
Table 10. Linear Regression Analysis of Religious Social Support by Gender, Control Variables, and Gender * Number of Children Interaction

<table>
<thead>
<tr>
<th></th>
<th>b</th>
<th>(T-Values)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>-.289*</td>
<td>(-2.05*)</td>
</tr>
<tr>
<td><strong>Marriage Variables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never Married</td>
<td>.023</td>
<td>(0.18)</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>.226</td>
<td>(1.49)</td>
</tr>
<tr>
<td>Education</td>
<td>.023</td>
<td>(0.94)</td>
</tr>
<tr>
<td>Age</td>
<td>.010**</td>
<td>(2.62**)</td>
</tr>
<tr>
<td>Income</td>
<td>.027**</td>
<td>(2.69**)</td>
</tr>
<tr>
<td>Number of Children</td>
<td>.091*</td>
<td>(2.52*)</td>
</tr>
<tr>
<td><strong>Interaction</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender * Number of Children</td>
<td>-.105*</td>
<td>(-.2.17*)</td>
</tr>
<tr>
<td>Intercept</td>
<td>1.977***</td>
<td></td>
</tr>
<tr>
<td>R Square</td>
<td>.099</td>
<td></td>
</tr>
</tbody>
</table>

*p<.05; **p<.01; ***p<.001
1=Men
1=Never Married
1=Divorced/Separated/Widowed

Table 7 shows that African American men appear to experience significantly less support from religious participation (p<.001) than do African American women. Also, African Americans who are older (p<.01) and have higher incomes (p<.01) have more positive support from religious participation than do those who are younger and have lower incomes.

Table 8 reports that never-married African American men have more religious social support (p<.05) than do married African American men. Marital status does not influence religious social support for African American women. The Gender * Age interaction in Table 9 reveals that African American men who are older experience significantly less positive support from church participation (p<.05) than do older African American women. Finally, the Gender * Number of
Children interaction in Table 10 shows that the more children African American men have, the less support from religious participation (p<.05) they will experience when compared to the same situation for African American women.

**Negative Social Support**

Table 11. Linear Regression Analysis of Partner/Spouse Negative Social Support by Gender and Control Variables

<table>
<thead>
<tr>
<th></th>
<th>b</th>
<th>(T-Values)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>-1.975</td>
<td>(-1.12)</td>
</tr>
<tr>
<td>Education</td>
<td>.312</td>
<td>(0.76)</td>
</tr>
<tr>
<td>Age</td>
<td>-.026</td>
<td>(-0.36)</td>
</tr>
<tr>
<td>Income</td>
<td>-.079</td>
<td>(-0.48)</td>
</tr>
<tr>
<td>Number of Children</td>
<td>.091</td>
<td>(0.21)</td>
</tr>
</tbody>
</table>

Intercept 95.311***
R Square .016

*p<.05; **p<.01; ***p<.001
1=Men

With regard to gender, education, age, income and number of children, and negative social support from partners and spouses, Table 11 indicates that no significant differences exist.
Table 12. Linear Regression Analysis of Friend Negative Social Support by Gender and Control Variables

<table>
<thead>
<tr>
<th></th>
<th>b</th>
<th>(T-Values)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Model 1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>1.681</td>
<td>(1.83)</td>
</tr>
<tr>
<td><strong>Marriage Variables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never Married</td>
<td>2.66*</td>
<td>(2.01*)</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>.235</td>
<td>(0.21)</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>.151</td>
<td>(0.73)</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>-.109**</td>
<td>(-3.23**)</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td>.067</td>
<td>(0.76)</td>
</tr>
<tr>
<td><strong>Number of Children</strong></td>
<td>.151</td>
<td>(0.63)</td>
</tr>
<tr>
<td><strong>Intercept</strong></td>
<td>98.924***</td>
<td></td>
</tr>
<tr>
<td><strong>R Square</strong></td>
<td>.049</td>
<td></td>
</tr>
</tbody>
</table>

*p<.05; **p<.01; ***p<.001
1=Men
1=Never Married
1=Divorced/Separated/Widowed

African Americans who never married have significantly more negative support from friends (p<.05) than do African Americans who are married, as shown in Table 12. Also, African Americans who are older in age have significantly less negative support from friends (p<.01) than do younger African Americans. No significant gender differences with regards to income, education and number of children were found.
Table 13. Linear Regression Analysis of Relative Negative Social Support by Gender and Control Variables

<table>
<thead>
<tr>
<th>Model 1</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b</td>
<td>(T-Values)</td>
</tr>
<tr>
<td>Gender</td>
<td>-2.50**</td>
<td>(-2.79**)</td>
</tr>
<tr>
<td>Marriage Variables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never Married</td>
<td>4.17**</td>
<td>(3.32**)</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>3.318**</td>
<td>(2.80**)</td>
</tr>
<tr>
<td>Education</td>
<td>.171</td>
<td>(0.82)</td>
</tr>
<tr>
<td>Age</td>
<td>-.075*</td>
<td>(-2.18*)</td>
</tr>
<tr>
<td>Income</td>
<td>-.071</td>
<td>(-0.72)</td>
</tr>
<tr>
<td>Number of Children</td>
<td>.225</td>
<td>(0.96)</td>
</tr>
<tr>
<td>Intercept</td>
<td>100.558***</td>
<td></td>
</tr>
<tr>
<td>R Square</td>
<td>.063</td>
<td></td>
</tr>
</tbody>
</table>

*p<.05; **p<.01; ***p<.001
1=Men
1=Never Married
1=Divorced/Separated/Widowed

African American men appear to have significantly less negative social support from relatives (p<.01) than do African American women, as reported in Table 13. However, African Americans who are divorced, separated, widowed (p<.01), and those who are not married (p<.01) have significantly more negative support from relatives (p<.01) than do those who have partners and/or spouses. Finally, older African Americans have significantly less negative support from relatives (p<.05) than do those who are younger. The study indicates no significant differences with regards to education, income and number of children and negative social support from relatives.
Summary: Gender and Social Support

There are four hypotheses associated with research question #1. In general, I hypothesized that African American men will have more positive support from their partners/spouses and relatives than will African American women. I also hypothesized that African American women will have more positive support from friends and religious participation. The following are the results of my analysis:

**Hypothesis A**: Not Supported. African American men do not have significantly more positive social support from their spouse/partner than do African American women.

**Hypothesis B**: Not Supported. African American women do not have significantly more social support from friends than do African American men.

**Hypothesis C**: Not Supported. African American men do not have significantly more positive social support from relatives than African American women. However, when assessing negative support from relatives, I found that African American women experience significantly (p<.01) more negative social support from relatives than do African American men (see Table 13).

**Hypothesis D**: Supported. African American women do have more positive social support from church attendance than do African American men (see Table 7).

The results indicate that African American women have significantly more positive support from religious participation than do their male counterparts, which supports my hypothesis. However, African American women did not have

---

3 Hypothesis A: African American men will have more positive support from their partner/spouse than African American women.
4 Hypothesis B: African American women will have more positive support from friends than African American men.
5 Hypothesis C: African American men will have more positive support from relatives than African American women.
6 Hypothesis D: African American women will have more positive support from the church attendance than African American men.
significantly more support from friends than did men. Before and after controlling for the marriage variables, gender, education, age, income, and number of children, I found that African American men do not have significantly more positive support from their partner/spouse and relatives than do women.

After analyzing interactions between the social support variables and control variables (gender, marriage variables, education, age, income, and number of children) I found that there were a few significant differences among African American men and women with regards to positive social support. For instance, it appears that African American men who never married receive more positive support from relatives than do African American women who never married. Also, older African American men experience less positive support from relatives than do younger African American men. However, among African American women age does not influence such support.

Interactions with religious support and the control variables showed that African American men who never married have more religious support than do African American men who are married. However, marital status does not influence religious social support for African American women. Also, older African American men get less support from religious participation than do women who are older. Finally, the more children African American men have, the less positive support they receive from religious participation, as compared to African American women in the same situation.
Negative Social Support

My study also examined the experiences of negative support from partners/spouses, friends, and relatives. I found that African American women have more negative support from relatives than African American men. After analyzing interactions between the social support variables and control variables (gender, marriage variables, education, age, income, and number of children) I found that there were no significant differences among African American men and women with regards to negative support from partners/spouses and friends. However, African American women still had more negative support from relatives than did African American men.

In summary, despite earlier expectations, I found that there is not much gender difference in the experiences of social support among African American men and women. However, there are a couple of notable exceptions. For instance, African American women have more positive support from church attendance than do African American men. African American women also have more negative experiences with relatives than do African American men.
In the previous chapter, I report finding little difference with regard to how gender affects experiences with negative and positive social support among African American men and women. It could be, however, that social support has a different effect on depression for African American men than it does for women, or vice versa. In this chapter I will assess potential differences in the effect social support has on depression, major depressive episode, and dysthymia among African American men and women. More specifically, in this chapter I assess the effect social support has on the depression variables in order to determine whether gender differences in depression exist when the control and social support variables are included in the regressions, I included all of the control variables (Model 1) and social support variables (Model 2) for each of the depression variables.

In this part of my analysis I also analyzed multiple interactions between gender and each of the social support variables relative to each of the depression variables to determine whether significant differences exist in how African American men and women experience the effects of social support on depression. To prevent colinearity issues, I ran each interaction one at a time for all of the depression variables. From these analyses, I will present only the significant results.
Research Question and Hypotheses:

Research Question #2: Among African Americans, is there a difference by gender in the relationship between the use of informal social support resources and depression?

Hypothesis A: African American men who have more positive support from their partner/spouse than do African American women will experience less depression (and are less likely to have a major depressive episode or dysthymia). African American men are more comfortable confiding in their partners, and this type of support can lead to lower levels of depression.

Hypothesis B: African American women who have more positive support from friends than do African American men will experience less depression (and are less likely to have major depressive episodes or dysthymia). African American women are more comfortable seeking support from their friends than are African American males, and this relationship is associated with less depression.

Hypothesis C: African American men who have more positive social support from relatives than do African American women will have less depression (and are less likely to have a major depressive episode or dysthymia). African American men are more comfortable seeking support from relatives than African American women, which leads to less depression.

Hypothesis D: African American women who have more positive support from church attendance than do African American men will have less depression (and are less likely to have a major depressive episode or dysthymia). African American women attend church more often than men, and church involvement is associated with lower levels of depression.

Analyses

Table 14 reveals that African American women have significantly more depression (p<.001), major depressive episodes (p<.001), and dysthymia (p<.05) than do men. In this part of the analysis I also examine how for African Americans the control variables (Model 1) and social support variables (Model 2) are associated with the three depression variables. Finally, I perform analyses to
examine whether with regard to the use of informal social support and the
depression variables, gender differences exist.

Table 14. Independent Samples T-Test for Depression, Major Depressive
Episode, and Dysthymia by Gender

<table>
<thead>
<tr>
<th>Construct</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression Scale</td>
<td>101.25(100.27)***</td>
<td>98.06(97.21)***</td>
</tr>
<tr>
<td>N</td>
<td>831</td>
<td>538</td>
</tr>
<tr>
<td>Major Depressive Episode</td>
<td>.097 (.077)***</td>
<td>.046 (.030)***</td>
</tr>
<tr>
<td>N</td>
<td>842</td>
<td>541</td>
</tr>
<tr>
<td>Dysthymia</td>
<td>.037 (.020)*</td>
<td>.015 (.005)*</td>
</tr>
<tr>
<td>N</td>
<td>842</td>
<td>541</td>
</tr>
</tbody>
</table>

*p<.05; **p<.01; ***p<.001
1=12 Month Major Depressive Episode is Present
1=12 Month Dysthymia is Present
### Depression

Table 15. Linear Regression Analysis of the Depression Scale by Gender, Control Variables (Model 1), and Social Support Variables (Model 2)

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b (T-Values)</td>
<td>b (T-Values)</td>
</tr>
<tr>
<td>Gender</td>
<td>-3.22*** (-4.81)</td>
<td>-3.61 (-5.02)</td>
</tr>
<tr>
<td>Marriage Variables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never Married</td>
<td>1.18* (1.23)</td>
<td>1.25 (1.28)</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>.384 (0.42)</td>
<td>.313 (0.32)</td>
</tr>
<tr>
<td>Education</td>
<td>-.264 (-1.69)</td>
<td>-.183 (-0.99)</td>
</tr>
<tr>
<td>Age</td>
<td>-.079** (-2.98)</td>
<td>-.033 (-1.02)</td>
</tr>
<tr>
<td>Income</td>
<td>-.121 (-1.91)</td>
<td>-.059 (-0.90)</td>
</tr>
<tr>
<td>Number of Children</td>
<td>.245 (1.27)</td>
<td>.281 (1.29)</td>
</tr>
<tr>
<td>Social Support Variables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse/Partner Support</td>
<td>-.076 (-1.31)</td>
<td></td>
</tr>
<tr>
<td>Spouse/Partner Negative Support</td>
<td>.326*** (5.55)</td>
<td></td>
</tr>
<tr>
<td>Friend Support</td>
<td>-.040 (-1.03)</td>
<td></td>
</tr>
<tr>
<td>Friend Negative Support</td>
<td>.113** (3.02)</td>
<td></td>
</tr>
<tr>
<td>Relative Support</td>
<td>-.094** (-2.63)</td>
<td></td>
</tr>
<tr>
<td>Relative Negative Support</td>
<td>.082* (2.11)</td>
<td></td>
</tr>
<tr>
<td>Religious Support</td>
<td>-.621* (-2.20)</td>
<td></td>
</tr>
<tr>
<td>Intercept</td>
<td>108.29***</td>
<td>100.086***</td>
</tr>
<tr>
<td>R Square</td>
<td>.054</td>
<td>.163</td>
</tr>
</tbody>
</table>

*p<.05; **p<.01; ***p<.001

1=Men
Table 16. Linear Regression Analysis of Depression by Gender, Control Variables, and Social Support and Gender * Spouse Partner Support Interaction

<table>
<thead>
<tr>
<th>Model 1</th>
<th>b</th>
<th>(T-Values)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>-3.61***</td>
<td>(-5.08***)</td>
</tr>
<tr>
<td><strong>Marriage Variables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never Married</td>
<td>1.24</td>
<td>(1.28)</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>.275</td>
<td>(0.28)</td>
</tr>
<tr>
<td>Education</td>
<td>-.162</td>
<td>(-0.90)</td>
</tr>
<tr>
<td>Age</td>
<td>-.034</td>
<td>(-1.02)</td>
</tr>
<tr>
<td>Income</td>
<td>-.066</td>
<td>(-1.00)</td>
</tr>
<tr>
<td>Number of Children</td>
<td>.292</td>
<td>(1.33)</td>
</tr>
<tr>
<td><strong>Social Support Variables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse/Partner Support</td>
<td>-.217*</td>
<td>(-2.18*)</td>
</tr>
<tr>
<td>Spouse/Partner Negative Support</td>
<td>.290***</td>
<td>(4.90***</td>
</tr>
<tr>
<td>Friend Support</td>
<td>-.041</td>
<td>(-1.07)</td>
</tr>
<tr>
<td>Friend Negative Support</td>
<td>.112**</td>
<td>(3.02**)</td>
</tr>
<tr>
<td>Relative Support</td>
<td>-.096**</td>
<td>(-2.71**)</td>
</tr>
<tr>
<td>Relative Negative Support</td>
<td>.080*</td>
<td>(2.08*)</td>
</tr>
<tr>
<td>Religious Support</td>
<td>-.605*</td>
<td>(-2.16*)</td>
</tr>
<tr>
<td><strong>Interaction</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender * Spouse/Partner Support</td>
<td>.247*</td>
<td>(2.13*)</td>
</tr>
<tr>
<td>Intercept</td>
<td>100.394***</td>
<td></td>
</tr>
<tr>
<td>R Square</td>
<td>.168</td>
<td></td>
</tr>
</tbody>
</table>

*p<.05; **p<.01; ***p<.001

In Table 15, Model 1 indicates that after controlling for marital status, education, age, income, and number of children, it can be seen that African American men have significantly less depression (p<.001) than do African American women. It appears that African Americans who never married have
more depression than those who are married. Also, African Americans who are older in age also have less depression (p<.01) than do those who are younger. However, as Model 2 indicates, after adjusting for the social support variables, these two findings are not significant. Model 2 further reveals that African Americans who have positive social support from relatives (p<.01) and religious participation (p<.05) experience less depression. The table also shows that having negative social support from spouses/partners (p<.001), friends (p<.01), and relatives (p<.05) is associated with higher rates of depression.

Finally, I assessed the gender and social support interactions in predicting depression and found that only one out of seven analyses proved significant. In Table 16, the Gender * Spouse/Partner interaction shows that partner/spouse support reduced depression for African American women but not for African American men (p<.05).
### 12 Month Major Depressive Episode

#### Table 17. Logistic Regression Analysis of Major Depressive Episode by Gender, Control Variables, and Social Support Variables

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B (odds ratio)</td>
<td>B (odds ratio)</td>
</tr>
<tr>
<td>Gender</td>
<td>-.737**</td>
<td>-.790**</td>
</tr>
<tr>
<td></td>
<td>(.478)</td>
<td>(.454)</td>
</tr>
<tr>
<td><strong>Marriage Variables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never Married</td>
<td>.164</td>
<td>.280</td>
</tr>
<tr>
<td></td>
<td>(1.18)</td>
<td>(1.32)</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>.328</td>
<td>.620</td>
</tr>
<tr>
<td></td>
<td>(1.39)</td>
<td>(1.86)</td>
</tr>
<tr>
<td>Education</td>
<td>.042</td>
<td>.081</td>
</tr>
<tr>
<td></td>
<td>(1.04)</td>
<td>(1.09)</td>
</tr>
<tr>
<td>Age</td>
<td>-.021*</td>
<td>-.012</td>
</tr>
<tr>
<td></td>
<td>(.979)</td>
<td>(.988)</td>
</tr>
<tr>
<td>Income</td>
<td>-.023</td>
<td>-.003</td>
</tr>
<tr>
<td></td>
<td>(.978)</td>
<td>(.997)</td>
</tr>
<tr>
<td>Number of Children</td>
<td>.121*</td>
<td>.131*</td>
</tr>
<tr>
<td></td>
<td>(1.13)</td>
<td>(1.14)</td>
</tr>
<tr>
<td><strong>Social Support Variables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse/Partner Support</td>
<td>-.008</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(.992)</td>
<td></td>
</tr>
<tr>
<td>Spouse/Partner Negative Support</td>
<td>.051*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1.05)</td>
<td></td>
</tr>
<tr>
<td>Friend Support</td>
<td>.009</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1.00)</td>
<td></td>
</tr>
<tr>
<td>Friend Negative Support</td>
<td>.015</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1.01)</td>
<td></td>
</tr>
<tr>
<td>Relative Support</td>
<td>-.032**</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(.969)</td>
<td></td>
</tr>
<tr>
<td>Relative Negative Support</td>
<td>.013</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1.01)</td>
<td></td>
</tr>
<tr>
<td>Religious Support</td>
<td>-.181*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(.834)</td>
<td></td>
</tr>
<tr>
<td>Intercept</td>
<td>-2.099*</td>
<td>-3.462</td>
</tr>
<tr>
<td>Pseudo R Squared</td>
<td>.030</td>
<td>.080</td>
</tr>
</tbody>
</table>

*p<.05; **p<.01; ***p<.001
Table 18. Logistic Regression Analysis of Major Depressive Episode by Gender, Control Variables, and Social Support and Gender * Friend Support Interaction

<table>
<thead>
<tr>
<th>Model 1</th>
<th>B</th>
<th>(Odds Ratio)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>4.96</td>
<td>(142.29*)</td>
</tr>
<tr>
<td>Marriage Variables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never Married</td>
<td>.317</td>
<td>(1.373)</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>.643</td>
<td>(1.902)</td>
</tr>
<tr>
<td>Education</td>
<td>.073</td>
<td>(1.076)</td>
</tr>
<tr>
<td>Age</td>
<td>-.012</td>
<td>(.988)</td>
</tr>
<tr>
<td>Income</td>
<td>-.002</td>
<td>(.998)</td>
</tr>
<tr>
<td>Number of Children</td>
<td>.130*</td>
<td>(1.14*)</td>
</tr>
<tr>
<td>Social Support Variables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse/Partner Support</td>
<td>-.005</td>
<td>(.995)</td>
</tr>
<tr>
<td>Spouse/Partner Negative Support</td>
<td>.057*</td>
<td>(1.06*)</td>
</tr>
<tr>
<td>Friend Support</td>
<td>.026</td>
<td>(1.03)</td>
</tr>
<tr>
<td>Friend Negative Support</td>
<td>.014</td>
<td>(1.01)</td>
</tr>
<tr>
<td>Relative Support</td>
<td>-.033**</td>
<td>(.968**)</td>
</tr>
<tr>
<td>Relative Negative Support</td>
<td>.013</td>
<td>(1.01)</td>
</tr>
<tr>
<td>Religious Support</td>
<td>-.180*</td>
<td>(.835*)</td>
</tr>
<tr>
<td>Interaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender * Friend Support</td>
<td>-.060*</td>
<td>(.942*)</td>
</tr>
<tr>
<td>Intercept</td>
<td>-4.931*</td>
<td></td>
</tr>
<tr>
<td>Pseudo R Squared</td>
<td>.090</td>
<td></td>
</tr>
</tbody>
</table>

*p<.05; **p<.01; ***p<.001
1=Men
1=Never Married
1=Divorced/Separated/Widowed

Model 1 in Table 17 shows that after adjusting for marital status, education, age, income, and number of children, African American men are less likely to have a major depressive episode (p<.01) than are African American
women. Also, African Americans who are older are less likely \((p<.05)\) to have a major depressive episode than those who are younger. The table also shows that having more children is associated with significantly \((p<.05)\) more major depressive episodes. However, in *Model 2* the effect of age is no longer significant, while gender \((p<.05)\) and number of children \((p<.05)\) remain significant.

*Model 2* in **Table 17** also shows that having negative support from partner/spouse significantly increases \((p<.05)\) one’s likelihood of experiencing a major depressive episode. However, positive support from relatives \((p<.01)\) and religious \((p<.05)\) participation decreases the likelihood of either gender experiencing a major depressive episode.

Finally, I assessed the gender and social support interactions in predicting major depressive episodes and found that only one out of seven analyses proved significant. The interaction effect in **Table 18** shows that friend support reduces the likelihood of major depressive episodes for men \((p<.05)\) but not for women. For women, no effect is seen.
### Table 19. Logistic Regression Analysis of Dysthymia by Gender, Control Variables, and Social Support Variables

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B (odds ratio)</td>
<td>B (odds ratio)</td>
</tr>
<tr>
<td>Gender</td>
<td>-.882* (.414)</td>
<td>-.827* (.437)</td>
</tr>
<tr>
<td>Marriage Variables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never Married</td>
<td>-.353 (.703)</td>
<td>.086 (1.09)</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>.856 (2.35)</td>
<td>1.38* (3.98)</td>
</tr>
<tr>
<td>Education</td>
<td>.041 (1.04)</td>
<td>.070 (1.07)</td>
</tr>
<tr>
<td>Age</td>
<td>-.028 (.973)</td>
<td>-.014 (.986)</td>
</tr>
<tr>
<td>Income</td>
<td>-.017 (.984)</td>
<td>.026 (1.03)</td>
</tr>
<tr>
<td>Number of Children</td>
<td>.072 (1.07)</td>
<td>.040 (1.04)</td>
</tr>
<tr>
<td>Social Support Variables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse/Partner Support</td>
<td>-.013 (.987)</td>
<td></td>
</tr>
<tr>
<td>Spouse/Partner Negative Support</td>
<td>.070* (1.07)</td>
<td></td>
</tr>
<tr>
<td>Friend Support</td>
<td>-.013 (.987)</td>
<td></td>
</tr>
<tr>
<td>Friend Negative Support</td>
<td>-.003 (.997)</td>
<td></td>
</tr>
<tr>
<td>Relative Support</td>
<td>-.038* (.963)</td>
<td></td>
</tr>
<tr>
<td>Relative Negative Support</td>
<td>.024 (1.02)</td>
<td></td>
</tr>
<tr>
<td>Religious Support</td>
<td>-.426** (.653)</td>
<td></td>
</tr>
<tr>
<td>Intercept</td>
<td>-2.791*</td>
<td>-.708</td>
</tr>
<tr>
<td>Pseudo R Squared</td>
<td>.042</td>
<td>.122</td>
</tr>
</tbody>
</table>

*p<.05; **p<.01; ***p<.001
Model 1 in Table 19 shows that, after adjusting for marital status, education, age, income, and number of children, African American men are less likely to experience dysthymia (p<.05) than are African American women. Model 2 shows that after adding the social support variables, African Americans who are divorced, separated, or widowed are more likely (p<.05) to have dysthymia than those who are married. Model 2 also shows that African Americans who have more positive support from relatives (p<.05) and religious participation (p<.01) are less likely to have dysthymia. However, negative support from spouses/partners increases the likelihood (p<.05) that one will suffer from dysthymia. Finally, to examine their effect on dysthymia, I assessed gender and social support interactions and found that none of the seven interaction analyses was significant. Therefore, social support variables have the same effect on dysthymia for African American men as they do for African American women.

Summary: Gender, Depression, and Social Support

Four general hypotheses are associated with research question #2.7 I hypothesized that African American men who have more positive support from their partners/spouses and relatives will have less (or will be less likely to have)

---

7 Hypothesis A: African American men who have more positive support from their partner/spouse than African American women will have less depression (and less likely to have Major depressive episode and Dysthymia).
Hypothesis B: African American women who have more positive support from friends than African American men will have less depression (and less likely to have Major depressive episode and Dysthymia).
Hypothesis C: African American men who have more positive social support from relatives than African American women will have less depression (and less likely to have Major depressive episode and Dysthymia).
Hypothesis D: African American women who have more positive support from the church than African American men will have less depression (and less likely to have Major depressive episode and Dysthymia).
depression, major depressive episodes, and dysthymia than will African American women. I also hypothesized that African American women who have more positive support from friends and religious participation will have less (or will be less likely to have) depression, major depressive episodes, and dysthymia than African American men. I found that the data did not support any of my hypotheses.

I found that positive support from partners/spouses decreases depression for African American women but no effect was seen for African American men. I also found that the effect of social support from friends regarding major depressive episode is significant for men but not for women. Finally, after testing gender and social support interactions to assess their effects on dysthymia, I found that no gender differences existed. Therefore, with regard to dysthymia, the effect of social support variables is the same for African American men and women.

The results of my analyses are as follows:

**Depression**

**Hypothesis A: Not Supported.** Positive support from partner/spouse decreases depression for African American women but has no effect on African American males (as shown in Table 16).

**Hypothesis B: Not Supported.** The relationship between friend support and depression does not vary by gender among African Americans.

**Hypothesis C: Not Supported.** The relationship between relative support and depression does not vary by gender among African Americans.

**Hypothesis D: Not Supported.** The relationship between church support and depression does not vary by gender among African Americans.
Major Depressive Episode

**Hypothesis E: Not Supported.** The relationship between partner/spouse support and major depressive episode does not vary by gender among African Americans.

**Hypothesis F: Not Supported.** The effect of positive social support from friends is significant for African American men but not for African American women (as shown in Table 18).

**Hypothesis G: Not Supported.** The relationship between relative support and major depressive episode does not vary by gender among African Americans.

**Hypothesis H: Not Supported.** The relationship between church support and major depressive episode does not vary by gender among African Americans.

Dysthymia

**Hypothesis I: Not Supported.** The relationship between spouse/partner support and dysthymia does not vary by gender among African Americans.

**Hypothesis J: Not Supported.** The relationship between friend support and dysthymia does not vary by gender among African Americans.

**Hypothesis K: Not Supported.** The relationship between relative support and dysthymia does not vary by gender among African Americans.

**Hypothesis L: Not Supported.** The relationship between church support and dysthymia does not vary by gender among African Americans.

The results show that African American women experience significantly more episodes of depression than do African American men. Within a 12-month time period, African American women also are more likely to have a major depressive episode or dysthymia. Even after controlling for marriage variables, education, age, income, and number of children, the gender differences pertaining to each of these mental health indicators continued to be significant.
However, after controlling for positive and negative support from partners/spouses, friends, relatives, and religious participation, the gender differences disappeared for major depressive episode and dysthymia. It appears that social support variables accounted for the gender differences evident among the study group with regard to major depressive episode and dysthymia.

The study results also indicate that African Americans who have more social support from relatives and religious participation experienced less depression. Furthermore, those who have more negative support from the partners/spouses, friends, relatives have increased rates of depression. Surprisingly, though, positive support from partners/spouses deceases depression for African American women but has no effect on African American men, a finding that counters earlier suppositions.

Findings for both major depressive episode and dysthymia were significant. For instance, African Americans who have more social support from relatives and religious participation were less likely to suffer a major depressive episode. I also found that African Americans who have more negative support from partner/spouses are more likely to have a major depressive episode. These findings were also true for dysthymia.

In summary, for the most part the social support variables have the same effect on the depression variables for both African American males and females. I did not expect to reach this conclusion. However, for each group one social support variable proved particularly valuable: for men, friend support positively
benefited men with regard to major depressive episode; for women, partner/spouse support was beneficial regarding depression.
CHAPTER 7
Results: Gender, Depression, Stress, and Social Support

Findings recorded in the previous chapter indicate few differences in the way social support is related to depression for African American men and women. In this chapter I will assess the degree to which social support buffers stress differently for African American men and women. As the three main measures for depression, I will be using the depression scale, major depressive episode, and dysthymia. I will first use three variables to assess the differences in stress between African American men and women: a stress scale which measures life-event stressors, and two variables that measure chronic stressors, such as difficulty paying bills and not having enough money to meet one’s needs.

In the next stage of my analysis I will run a series of linear and logistic regressions examining how the control variables (Model 1) and social support variables (Model 2) are related to the stress variables among African Americans. I also assess how the control variables and stress variables (Model 1) and social support variables (Model 2) are associated with the three depression variables. Finally, in this section I will examine whether or not the buffering approach can explain the relationship between gender, the stress variables, and the social support variables with regards to the three depression variables. I will present only the significant results from these analyses.

Research Question and Hypotheses:

Research Question #3: Among African Americans, what are the gender difference in the way the buffering approach explains the relationship between social support, stress, and depression?
Hypothesis A: Partner/Spouse supportive relationships will have more of a buffering effect on the relationship between stress and depression variables for African American men than for African American women. I would expect to find this because African American men feel more comfortable seeking help from people within their family circle.

Hypothesis B: Supportive relationships with friends will have more of a buffering effect on the relationship between stress and depression variables for African American women than for African American men. I would expect to find this because African American women are more comfortable seeking support from people outside of their family than are African American men.

Hypothesis C: Supportive relationships with relatives will have more of a buffering effect on the relationship between the stress and depression variables for African American men than for African American women. I would expect to find this because African American men are more likely to seek assistance from close family members. However, because of the role that African American women play (caregiver) in their families they are more likely to seek less assistance from relatives than from men.

Hypothesis D: Church attendance will have more of a buffering effect on the relationship between stress and depression variables for African American women than for African American men. I would expect to find this because African American women attend church more often than do African American men, and religious participation contributes to positive mental well being.

Analyses

Table 20 shows that African American women have significantly more difficulty paying bills ($p<.05$) than do African American men. However, African American men and women do not differ significantly in the amount of stressful life events they experience, such as not having enough money to meet one's needs.
### Table 20. Independent Samples T-Test for the Stress Variables by Gender

<table>
<thead>
<tr>
<th>Construct</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress Scale</td>
<td>.282 (.237)</td>
<td>.333 (.275)</td>
</tr>
<tr>
<td>N</td>
<td>831</td>
<td>538</td>
</tr>
<tr>
<td>Difficulty Paying Bills</td>
<td>2.37 (2.27)*</td>
<td>2.21 (2.09)*</td>
</tr>
<tr>
<td>N</td>
<td>842</td>
<td>541</td>
</tr>
<tr>
<td>Enough Money for Needs</td>
<td>2.40 (2.35)</td>
<td>2.38 (2.31)</td>
</tr>
<tr>
<td>N</td>
<td>842</td>
<td>541</td>
</tr>
</tbody>
</table>

*p<.05; **p<.01; ***p<.001
1=Stress Scale (1 or more stressful life event)
Table 21. Logistic Regression Analysis of the Stress Scale by Gender, Control Variables, and Social Support Variables

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B (odds ratio)</td>
<td>B (odds ratio)</td>
</tr>
<tr>
<td>Gender</td>
<td>.297 (1.35)</td>
<td>.299 (1.35)</td>
</tr>
<tr>
<td>Marriage Variables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never Married</td>
<td>-.219 (.804)</td>
<td>-.406 (.667)</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>.391 (1.48)</td>
<td>.195 (1.22)</td>
</tr>
<tr>
<td>Education</td>
<td>.052 (1.05)</td>
<td>.071 (1.07)</td>
</tr>
<tr>
<td>Age</td>
<td>-.022** (.978)</td>
<td>-.025* (.975)</td>
</tr>
<tr>
<td>Income</td>
<td>-.013 (.986)</td>
<td>-.013 (.987)</td>
</tr>
<tr>
<td>Number of Children</td>
<td>.029 (1.02)</td>
<td>.050 (1.05)</td>
</tr>
<tr>
<td>Social Support Variables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse/Partner Support</td>
<td>-.018 (.983)</td>
<td></td>
</tr>
<tr>
<td>Spouse/Partner Negative Support</td>
<td>.009 (1.01)</td>
<td></td>
</tr>
<tr>
<td>Friend Support</td>
<td>-.002 (.998)</td>
<td></td>
</tr>
<tr>
<td>Friend Negative Support</td>
<td>.005 (1.01)</td>
<td></td>
</tr>
<tr>
<td>Relative Support</td>
<td>.008 (1.01)</td>
<td></td>
</tr>
<tr>
<td>Relative Negative Support</td>
<td>.010 (1.01)</td>
<td></td>
</tr>
<tr>
<td>Religious Support</td>
<td>.003 (1.00)</td>
<td></td>
</tr>
<tr>
<td>Intercept</td>
<td>-.665</td>
<td>-2.83</td>
</tr>
<tr>
<td>Pseudo R Squared</td>
<td>.017</td>
<td>.028</td>
</tr>
</tbody>
</table>

* p<.05; ** p<.01; *** p<.001
1 = Men
1 = Never Married
1 = Divorced/Separated/Widowed
Model 1 and Model 2 in Table 21 show that African Americans who are older in age (p<.01 and p<.05 respectively) tend to experience less life-event stressors than do younger African Americans. However, Model 1 of the analysis indicates that there are no significant differences with regard to marital status, education, income and number of children and stressful life events. Also, according to Model 2, none of the support variables—including marital status, education, income, and number of children—proved significant.
Table 22. Linear Regression Analysis of Difficulty Paying Bills by Gender, Control Variables, and Social Support Variables

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b (T-Values)</td>
<td>b (T-Values)</td>
</tr>
<tr>
<td>Gender</td>
<td>-.138 (-1.74)</td>
<td>-.147 (-1.82)</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never Married</td>
<td>.102 (1.02)</td>
<td>.108 (0.97)</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>.114 (1.08)</td>
<td>.139 (1.21)</td>
</tr>
<tr>
<td>Education</td>
<td>-.075*** (-3.96)</td>
<td>-.084*** (-4.46)</td>
</tr>
<tr>
<td>Age</td>
<td>-.001 (-0.18)</td>
<td>.002 (0.56)</td>
</tr>
<tr>
<td>Income</td>
<td>-.027** (-3.12)</td>
<td>-.021* (-2.31)</td>
</tr>
<tr>
<td>Number of Children</td>
<td>.049* (2.32)</td>
<td>.060* (2.54)</td>
</tr>
<tr>
<td>Social Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse/Partner</td>
<td>.002 (0.25)</td>
<td></td>
</tr>
<tr>
<td>Spouse/Partner Negative</td>
<td>.019** (3.17)</td>
<td></td>
</tr>
<tr>
<td>Friend Support</td>
<td>-.009* (-2.30)</td>
<td></td>
</tr>
<tr>
<td>Friend Negative</td>
<td>.001 (0.19)</td>
<td></td>
</tr>
<tr>
<td>Relative Support</td>
<td>-.006 (-1.51)</td>
<td></td>
</tr>
<tr>
<td>Relative Negative</td>
<td>.007 (1.77)</td>
<td></td>
</tr>
<tr>
<td>Religious Support</td>
<td>-.036 (-1.12)</td>
<td></td>
</tr>
<tr>
<td>Intercept</td>
<td>3.569***</td>
<td>4.250***</td>
</tr>
<tr>
<td>R Squared</td>
<td>.089</td>
<td>.015</td>
</tr>
</tbody>
</table>

*p<.05; **p<.01; ***p<.001
1=Men
1=Never Married
1=Divorced/Separated/Widowed
Model 1 in Table 22 shows that African Americans who have more education and income have significantly less problems paying bills than do African Americans who have less education (p<.001) and lower incomes (p<.01). However, those with more children have significantly (p<.05) more problems paying bills. After adding the social support variables in Model 2 of the analysis, the effect of education (p<.001), income (p<.05), number children (p<.05) and difficulty paying bills remained significant. Moreover, African Americans who had negative support from their partner/spouse had more difficulty (p<.01) paying bills, while those with positive support from friends have less difficulty (p<.05).
<table>
<thead>
<tr>
<th>Model 1</th>
<th>Model 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>b (T-Values)</strong></td>
<td><strong>b (T-Values)</strong></td>
</tr>
<tr>
<td>Gender</td>
<td>-.005</td>
</tr>
<tr>
<td></td>
<td>(-0.11)</td>
</tr>
<tr>
<td><strong>Marriage Variables</strong></td>
<td></td>
</tr>
<tr>
<td>Never Married</td>
<td>.135*</td>
</tr>
<tr>
<td></td>
<td>(2.45)</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>.031</td>
</tr>
<tr>
<td></td>
<td>(0.49)</td>
</tr>
<tr>
<td>Education</td>
<td>-.032**</td>
</tr>
<tr>
<td></td>
<td>(-3.37)</td>
</tr>
<tr>
<td>Age</td>
<td>.002</td>
</tr>
<tr>
<td></td>
<td>(1.12)</td>
</tr>
<tr>
<td>Income</td>
<td>-.018***</td>
</tr>
<tr>
<td></td>
<td>(-4.33)</td>
</tr>
<tr>
<td>Number of Children</td>
<td>.045***</td>
</tr>
<tr>
<td></td>
<td>(4.16)</td>
</tr>
<tr>
<td><strong>Social Support Variables</strong></td>
<td></td>
</tr>
<tr>
<td>Spouse/Partner Support</td>
<td>-.002</td>
</tr>
<tr>
<td></td>
<td>(-0.64)</td>
</tr>
<tr>
<td>Spouse/Partner Negative Support</td>
<td>.009**</td>
</tr>
<tr>
<td></td>
<td>(2.61)</td>
</tr>
<tr>
<td>Friend Support</td>
<td>-.004*</td>
</tr>
<tr>
<td></td>
<td>(-2.22)</td>
</tr>
<tr>
<td>Friend Negative Support</td>
<td>-.009***</td>
</tr>
<tr>
<td></td>
<td>(-4.65)</td>
</tr>
<tr>
<td>Relative Support</td>
<td>-.000</td>
</tr>
<tr>
<td></td>
<td>(-0.16)</td>
</tr>
<tr>
<td>Relative Negative Support</td>
<td>.008***</td>
</tr>
<tr>
<td></td>
<td>(3.58)</td>
</tr>
<tr>
<td>Religious Support</td>
<td>-.035*</td>
</tr>
<tr>
<td></td>
<td>(-2.01)</td>
</tr>
<tr>
<td>Intercept</td>
<td>2.860***</td>
</tr>
<tr>
<td>R Squared</td>
<td>.096</td>
</tr>
</tbody>
</table>

*p<.05; **p<.01; ***p<.001
1=Men
1=Never Married
1=Divorced/Separated/Widowed
Model 1 in Table 23 shows that African Americans who never married (p<.05) and those who have more children (p<.001) do not have enough money for their needs. However, compared to those individuals with less education and lower incomes, those with more education (p<.01) and more income (p<.001) tend to have enough money for their needs. After adding social support variables in Model 2, the variables never married (p<.05), number of children (p<.01), education (p<.01), and income (p<.01) continued to be significant. Also, African Americans who have positive support from friends (p<.05), religious participation (p<.05), and negative support from friends (p<.001) have enough money to meet their needs. However, those who have negative support from their spouse/partner (p<.01) and relatives (p<.001) have more difficulty meeting their financial needs.

In summery, I find little in the way of gender differences regarding stress. In general, the social support variables appear to directly impact the reducing or exacerbating of stress, except for the stress scale variable indicated in Table 21. In the next part of my analysis, I will be examining how the control variables and stress variables (Model 1) and social support variables (Model 2) are associated with the three depression variables. I did examine gender and stress interactions for each of the depression variables but none proved significant. The non-significant findings for the gender and stress variable interactions means that the stress variables do not vary by gender and that African American men and women experience stress equally.
### Depression

**Table 24. Linear Regression Analysis of Depression by Gender, Control Variables, Stress Variables and Social Support Variables**

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b (T-Values)</td>
<td>b (T-Values)</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>-3.23***</td>
<td>-3.57***</td>
</tr>
<tr>
<td></td>
<td>(-4.79)</td>
<td>(-4.94)</td>
</tr>
<tr>
<td><strong>Marriage Variables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never Married</td>
<td>1.06</td>
<td>1.28</td>
</tr>
<tr>
<td></td>
<td>(1.11)</td>
<td>(1.28)</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>-.140</td>
<td>-.236</td>
</tr>
<tr>
<td></td>
<td>(-0.15)</td>
<td>(-0.23)</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>-.102</td>
<td>-.051</td>
</tr>
<tr>
<td></td>
<td>(-0.63)</td>
<td>(-0.28)</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>-.066*</td>
<td>-.022</td>
</tr>
<tr>
<td></td>
<td>(-2.36)</td>
<td>(-0.62)</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td>-.043</td>
<td>-.011</td>
</tr>
<tr>
<td></td>
<td>(-0.66)</td>
<td>(-0.17)</td>
</tr>
<tr>
<td>Number of Children</td>
<td>.090</td>
<td>.145</td>
</tr>
<tr>
<td></td>
<td>(0.48)</td>
<td>(0.67)</td>
</tr>
<tr>
<td><strong>Stress Variables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress Scale</td>
<td>2.01*</td>
<td>2.35**</td>
</tr>
<tr>
<td></td>
<td>(2.58)</td>
<td>(2.89)</td>
</tr>
<tr>
<td>Difficulty Paying Bills</td>
<td>1.97***</td>
<td>1.44**</td>
</tr>
<tr>
<td></td>
<td>(4.97)</td>
<td>(3.34)</td>
</tr>
<tr>
<td>Enough Money for Needs</td>
<td>.876</td>
<td>.762</td>
</tr>
<tr>
<td></td>
<td>(1.26)</td>
<td>(1.04)</td>
</tr>
<tr>
<td><strong>Social Support Variables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse/Partner Support</td>
<td>-.062</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(-1.06)</td>
<td></td>
</tr>
<tr>
<td>Spouse/Partner Negative Support</td>
<td>.289***</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(4.86)</td>
<td></td>
</tr>
<tr>
<td>Friend Support</td>
<td>-.023</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(-0.61)</td>
<td></td>
</tr>
<tr>
<td>Friend Negative Support</td>
<td>.116**</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(3.04)</td>
<td></td>
</tr>
<tr>
<td>Relative Support</td>
<td>-.088*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(-2.54)</td>
<td></td>
</tr>
<tr>
<td>Relative Negative Support</td>
<td>.059</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1.51)</td>
<td></td>
</tr>
</tbody>
</table>
In Table 24, Model 1 indicates that African American women experience significantly (p<.001) more depression than do African American men. Model 1 also reveals that African Americans who are older in age have less (p<.05) depression than do younger African Americans. Finally, African Americans who have more than one life-event stressor (p<.05) and those who have difficulty paying bills (p<.001) experience significantly more depression than do those who did not have stressful life-events or difficulty paying bills.

Model 2 of the analysis adds social support variables. In Model 2, significant effects related to gender (p<.01), stressful life-events (p<.01), and difficulty paying bills (p<.01) continued to prove significant. Also African Americans who have positive social support from relatives (p<.05) and religious participation (p<.05) are shown to experience less depression. However, those who have negative support from spouses/partners (p<.001) and friends (p<.01) have more depression.
### 12 Month Major Depressive Episode

Table 25. Logistic Regression Analysis of 12 Month Major Depressive Episode by Gender, Control Variables, Stress Variables and Social Support Variables

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B (odds ratio)</td>
<td>B (odds ratio)</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>-.712**</td>
<td>-.787**</td>
</tr>
<tr>
<td></td>
<td>(.491)</td>
<td>(.455)</td>
</tr>
<tr>
<td><strong>Marriage Variables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never Married</td>
<td>.067</td>
<td>.162</td>
</tr>
<tr>
<td></td>
<td>(1.07)</td>
<td>(1.18)</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>.199</td>
<td>.441</td>
</tr>
<tr>
<td></td>
<td>(1.22)</td>
<td>(1.55)</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>.071</td>
<td>.116*</td>
</tr>
<tr>
<td></td>
<td>(1.07)</td>
<td>(1.12)</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>-.021*</td>
<td>-.012</td>
</tr>
<tr>
<td></td>
<td>(.979)</td>
<td>(.988)</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td>-.006</td>
<td>.009</td>
</tr>
<tr>
<td></td>
<td>(.994)</td>
<td>(1.01)</td>
</tr>
<tr>
<td>Number of Children</td>
<td>.081</td>
<td>.096</td>
</tr>
<tr>
<td></td>
<td>(1.08)</td>
<td>(1.10)</td>
</tr>
<tr>
<td><strong>Stress Variables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress Scale</td>
<td>.537*</td>
<td>.407</td>
</tr>
<tr>
<td></td>
<td>(1.71)</td>
<td>(1.50)</td>
</tr>
<tr>
<td>Difficulty Paying Bills</td>
<td>.288*</td>
<td>.246</td>
</tr>
<tr>
<td></td>
<td>(1.33)</td>
<td>(1.28)</td>
</tr>
<tr>
<td>Enough Money for Needs</td>
<td>.412</td>
<td>.463</td>
</tr>
<tr>
<td></td>
<td>(1.51)</td>
<td>(1.59)</td>
</tr>
<tr>
<td><strong>Social Support Variables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse/Partner Support</td>
<td>-.006</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(.994)</td>
<td></td>
</tr>
<tr>
<td>Spouse/Partner Negative Support</td>
<td>.037</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1.04)</td>
<td></td>
</tr>
<tr>
<td>Friend Support</td>
<td>.013</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1.01)</td>
<td></td>
</tr>
<tr>
<td>Friend Negative Support</td>
<td>.018</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1.02)</td>
<td></td>
</tr>
<tr>
<td>Relative Support</td>
<td>-.031**</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(.969)</td>
<td></td>
</tr>
</tbody>
</table>
As shown in Model 1 in Table 25, African American women are significantly (p<.01) more likely to have a major depressive episode than are African American men. Also, African Americans who have more than one life-event stressor (p<.05) and those who have difficulty paying bills (p<.05) are more likely to have a major depressive episode than those who did not experience any stressful life-events or have difficulty paying bills.

Model 2 shows that after adding social support variables to the regression analysis, African American women still were more likely (p<.01) to have a major depressive episode than were African American men. Also, African Americans who have more education are more likely to experience a (p<.05) major depressive episode. Finally, positive social support from relatives decreased (p<.01) the likelihood of an individual having a major depressive episode.
**Dysthymia**

Table 26. Logistic Regression Analysis of 12 Month Dysthymia by Gender, Control Variables, Stress Variables and Social Support Variables

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B (odds ratio)</td>
<td>B (odds ratio)</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>-.797 (0.450)</td>
<td>-.799 (0.450)</td>
</tr>
<tr>
<td><strong>Marriage Variables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never Married</td>
<td>-.511 (0.599)</td>
<td>-.180 (0.835)</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>.603 (1.83)</td>
<td>.834 (2.30)</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>.080 (1.08)</td>
<td>.096 (1.10)</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>-.023 (0.977)</td>
<td>-.008 (0.992)</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td>.010 (1.01)</td>
<td>.048 (1.05)</td>
</tr>
<tr>
<td>Number of Children</td>
<td>-.011 (0.989)</td>
<td>-.030 (0.971)</td>
</tr>
<tr>
<td><strong>Stress Variables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress Scale</td>
<td>1.07** (2.90)</td>
<td>.964** (2.62)</td>
</tr>
<tr>
<td>Difficulty Paying Bills</td>
<td>.289 (1.33)</td>
<td>.179 (1.20)</td>
</tr>
<tr>
<td>Enough Money for Needs</td>
<td>1.45** (4.25)</td>
<td>1.57*** (4.82)</td>
</tr>
<tr>
<td><strong>Social Support Variables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse/Partner Support</td>
<td>-.001 (0.999)</td>
<td></td>
</tr>
<tr>
<td>Spouse/Partner Negative Support</td>
<td>.048 (1.05)</td>
<td></td>
</tr>
<tr>
<td>Friend Support</td>
<td>-.006 (0.994)</td>
<td></td>
</tr>
<tr>
<td>Friend Negative Support</td>
<td>.006 (1.01)</td>
<td></td>
</tr>
<tr>
<td>Relative Support</td>
<td>-.038* (0.963)</td>
<td></td>
</tr>
<tr>
<td>Relative Negative Support</td>
<td>.012</td>
<td></td>
</tr>
</tbody>
</table>
Religious Support

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>-.351</strong></td>
</tr>
<tr>
<td></td>
<td>(.704)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intercept</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>-8.55</strong>*</td>
</tr>
<tr>
<td></td>
<td>-6.73</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pseudo R Squared</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>.137</td>
</tr>
<tr>
<td></td>
<td>.201</td>
</tr>
</tbody>
</table>

*p<.05; **p<.01; ***p<.001

1=Men
1=Never Married
1=Divorced/Separated/Widowed
1=Stress Scale (1 or more stressful life event)

Model 1 in Table 26 shows that African Americans who experience more that one stressful life-event (p<.01) and those who do not have enough money to meet their needs (p<.01) are more likely to experience dysthymia. However, with regard to gender, the marriage variables, education, age, income, number of children, the ability to pay bills, no significant difference occurs. The effect of stressful life-events (p<.01) and not having enough money to meet needs (p<.001) continues to be significant in Model 2 of the analysis. Positive support from relatives (p<.05) and religious participation (p<.01) is associated with a lower likelihood of experiencing dysthymia.

In general, I found that neither stress nor social support fully explain gender differences in depression among African Americans. For instance, as shown in Tables 24 and 25, the effects of stress are not fully explained by social support. However, Table 25 suggests that the effect of stress is fully explained by social support.
Three Way Analyses

The previous section indicates that stress did not have a different impact on African American men and women. In this section I explore whether social support buffers stress differently for men than it does for women. In this section I will run a series of linear and logistic regressions for all three of my depression variables. I included a series of interactions to examine the buffering effect of social support. For instance, each three-way analysis regression table will include gender, control variables, stress variables, social support variables, and various interactions. The interactions will include the following: (a) gender and stress interactions; (b) gender and social support interactions, (c) stress and social support interactions; and (d) gender, stress, and social support interactions.

In total I ran approximately 75 regressions for all of the depression variables, and of this number only nine were significant. Of those nine, six logistic regressions were excluded from this section due to colinearity issues- the standard error and coefficients for these regressions could not be reliably estimated. Therefore, in this section of my analysis I will focus on the three three-way linear regression interactions.
### Depression

**Table 27. Linear Regression Analysis of Depression by Gender, Control Variables, Social Support Variables, Stress Variables and Gender *Stress Scale*Positive Relative Support Interaction**

<table>
<thead>
<tr>
<th>Model 1</th>
<th>1048</th>
<th>b</th>
<th>(T-Values)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>11.84</td>
<td>(1.51)</td>
<td></td>
</tr>
<tr>
<td><strong>Marriage Variables</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never Married</td>
<td>1.43</td>
<td>(1.43)</td>
<td></td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>-.442</td>
<td>(-0.44)</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>-.071</td>
<td>(-0.38)</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>-.009</td>
<td>(-0.27)</td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td>-.013</td>
<td>(-0.20)</td>
<td></td>
</tr>
<tr>
<td>Number of Children</td>
<td>.131</td>
<td>(0.62)</td>
<td></td>
</tr>
<tr>
<td><strong>Stress Variables</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty Paying Bills</td>
<td>1.34**</td>
<td>(3.13**)</td>
<td></td>
</tr>
<tr>
<td>Enough Money for Needs</td>
<td>.961</td>
<td>(1.29)</td>
<td></td>
</tr>
<tr>
<td>Stress Scale</td>
<td>34.12**</td>
<td>(3.44**)</td>
<td></td>
</tr>
<tr>
<td><strong>Social Support Variables</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse/Partner Support</td>
<td>-.052</td>
<td>(-0.88)</td>
<td></td>
</tr>
<tr>
<td>Spouse/Partner Negative Support</td>
<td>.278***</td>
<td>(4.71***)</td>
<td></td>
</tr>
<tr>
<td>Friend Support</td>
<td>-.026</td>
<td>(-0.72)</td>
<td></td>
</tr>
<tr>
<td>Friend Negative Support</td>
<td>.117**</td>
<td>(3.19**)</td>
<td></td>
</tr>
<tr>
<td>Relative Support</td>
<td>.009</td>
<td>(0.17)</td>
<td></td>
</tr>
<tr>
<td>Relative Negative Support</td>
<td>.066</td>
<td>(1.73)</td>
<td></td>
</tr>
<tr>
<td>Religious Support</td>
<td>-.546*</td>
<td>(-2.01*)</td>
<td></td>
</tr>
<tr>
<td><strong>Interactions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender * Stress Scale</td>
<td>-45.03**</td>
<td>(-3.28**)</td>
<td></td>
</tr>
<tr>
<td>Gender * Relative Support</td>
<td>-.156*</td>
<td>(-2.00*)</td>
<td></td>
</tr>
<tr>
<td>Stress Scale * Relative Support</td>
<td>-.321**</td>
<td>(-3.24**)</td>
<td></td>
</tr>
<tr>
<td>Gender * Stress Scale * Relative Support</td>
<td>.452**</td>
<td>(3.32**)</td>
<td></td>
</tr>
</tbody>
</table>

Intercept 80.783***
R Square .211

*p<.05; **p<.01; ***p<.001
1=Men
1=Never Married
1=Divorced/Separated/Widowed
1= Stress Scale (1 or more stressful life event)
In Table 27, the Gender * Stress Scale interaction shows that African American men who experience more stress exhibit lower rates of depression (p<.01), whereas African American women who have stress have higher depression. Also, the Gender * Relative Support interaction reveals that African American men who have the support of relatives have lower reports of depression (p<.05). Relative support does not influence depression for African American women. The Stress Scale *Relative Support interaction shows that African American women who have stress and relative support tend to have less depression (p<.01). Finally, the Gender * Stress Scale * Relative Support interaction reveals that relative support buffers the effect of stress only for women (p<.05). In other words, relative support decreases depression for women who experience stress but not for men in the same situation.
Table 28. Linear Regression Analysis of Depression by Gender, Control Variables, Social Support Variables, Stress Variables and Gender *Stress Scale*Positive Religious Support Interaction

<table>
<thead>
<tr>
<th>Model 1</th>
<th>1048</th>
<th>b</th>
<th>(T-Values)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td>-1.73</td>
<td>(-0.76)</td>
</tr>
<tr>
<td></td>
<td>Marriage Variables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never Married</td>
<td></td>
<td>1.14</td>
<td>(1.14)</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td></td>
<td>-.501</td>
<td>(-0.50)</td>
</tr>
<tr>
<td></td>
<td>Education</td>
<td></td>
<td>-.052</td>
</tr>
<tr>
<td></td>
<td>Age</td>
<td></td>
<td>-.018</td>
</tr>
<tr>
<td></td>
<td>Income</td>
<td></td>
<td>-.011</td>
</tr>
<tr>
<td></td>
<td>Number of Children</td>
<td></td>
<td>.164</td>
</tr>
<tr>
<td></td>
<td>Stress Variables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty Paying Bills</td>
<td></td>
<td>1.45**</td>
<td>(3.34**)</td>
</tr>
<tr>
<td>Enough Money for Needs</td>
<td></td>
<td>.746</td>
<td>(1.01)</td>
</tr>
<tr>
<td>Stress Scale</td>
<td></td>
<td>7.70*</td>
<td>(2.46*)</td>
</tr>
<tr>
<td></td>
<td>Social Support Variables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse/Partner Support</td>
<td></td>
<td>-.052</td>
<td>(-0.88)</td>
</tr>
<tr>
<td>Spouse/Partner Negative Support</td>
<td></td>
<td>.291***</td>
<td>(5.01*** )</td>
</tr>
<tr>
<td>Friend Support</td>
<td></td>
<td>-.021</td>
<td>(-0.59)</td>
</tr>
<tr>
<td>Friend Negative Support</td>
<td></td>
<td>.114**</td>
<td>(3.03**)</td>
</tr>
<tr>
<td>Relative Support</td>
<td></td>
<td>-.085*</td>
<td>(-2.51*)</td>
</tr>
<tr>
<td>Relative Negative Support</td>
<td></td>
<td>.059</td>
<td>(1.53)</td>
</tr>
<tr>
<td>Religious Support</td>
<td></td>
<td>-.220</td>
<td>(-0.48)</td>
</tr>
<tr>
<td></td>
<td>Interactions</td>
<td></td>
<td></td>
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<tr>
<td>Gender * Stress Scale</td>
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<td>-8.78*</td>
<td>(-2.26*)</td>
</tr>
<tr>
<td>Gender * Religious Support</td>
<td></td>
<td>-.559</td>
<td>(-0.84)</td>
</tr>
<tr>
<td>Stress Scale * Religious Support</td>
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<td>-1.62</td>
<td>(-1.91)</td>
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<tr>
<td>Gender * Stress Scale * Religious Support</td>
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<td>2.78*</td>
<td>(2.54*)</td>
</tr>
<tr>
<td>Intercept</td>
<td></td>
<td>89.847***</td>
<td>.204</td>
</tr>
</tbody>
</table>

*p<.05; **p<.01; ***p<.001

1=Men
1=Never Married
1=Divorced/Separated/Widowed
1= Stress Scale (1 or more stressful life event)
The Gender * Stress Scale interaction in Table 28 shows that African American men who experience stress tend to have lower rates of depression (p<.05), whereas African American women tend to experience higher rates. The Gender * Stress Scale* and Religious Support interaction reveals that there is a significant gender difference in the buffering effect of religious support. Religious support buffers stress for African American women (marginally significant) but it does not do so for men.
Table 29. Linear Regression Analysis of Depression by Gender, Control Variables, Social Support Variables, Stress Variables and Gender * Pay Bills* Negative Partner/Spouse Support Interaction

<table>
<thead>
<tr>
<th></th>
<th>1048</th>
<th>b</th>
<th>(T-Values)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Model 1</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>1048</td>
<td>-2.65</td>
<td>(-1.53)</td>
</tr>
<tr>
<td><strong>Marriage Variables</strong></td>
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<td></td>
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</tr>
<tr>
<td>Never Married</td>
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<td>(1.66)</td>
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</tr>
<tr>
<td>Divorced/Separated</td>
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<td>(0.27)</td>
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</tr>
<tr>
<td>Education</td>
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<td>(-0.02)</td>
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</tr>
<tr>
<td>Age</td>
<td>-.018</td>
<td>(-0.53)</td>
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</tr>
<tr>
<td>Income</td>
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<td>(-0.35)</td>
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<tr>
<td>Number of Children</td>
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<td>(0.60)</td>
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<td><strong>Stress Variables</strong></td>
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<td></td>
</tr>
<tr>
<td>Difficulty Paying Bills</td>
<td>1.46*</td>
<td>(2.60*)</td>
<td></td>
</tr>
<tr>
<td>Enough Money for Needs</td>
<td>.741</td>
<td>(1.03)</td>
<td></td>
</tr>
<tr>
<td>Stress Scale</td>
<td>2.38**</td>
<td>(3.00**)</td>
<td></td>
</tr>
<tr>
<td><strong>Social Support Variables</strong></td>
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<td></td>
</tr>
<tr>
<td>Spouse/Partner Support</td>
<td>-.048</td>
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</tr>
<tr>
<td>Spouse/Partner Negative Support</td>
<td>-.123</td>
<td>(-0.65)</td>
<td></td>
</tr>
<tr>
<td>Friend Support</td>
<td>-.032</td>
<td>(-0.90)</td>
<td></td>
</tr>
<tr>
<td>Friend Negative Support</td>
<td>.115**</td>
<td>(3.04**)</td>
<td></td>
</tr>
<tr>
<td>Relative Support</td>
<td>-.087*</td>
<td>(-2.54*)</td>
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<tr>
<td>Relative Negative Support</td>
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<td>(1.82)</td>
<td></td>
</tr>
<tr>
<td>Religious Support</td>
<td>-.638*</td>
<td>(-2.35*)</td>
<td></td>
</tr>
<tr>
<td><strong>Interactions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender * Pay Bills</td>
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<td>(-0.35)</td>
<td></td>
</tr>
<tr>
<td>Gender * Spouse/Partner Negative Support</td>
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<td>(1.87)</td>
<td></td>
</tr>
<tr>
<td>Pay Bills * Spouse/Partner Negative Support</td>
<td>.201*</td>
<td>(2.12*)</td>
<td></td>
</tr>
<tr>
<td>Gender * Pay Bills * Partner/Spouse Negative Support</td>
<td>-.269*</td>
<td>(-2.19*)</td>
<td></td>
</tr>
<tr>
<td><strong>Intercept</strong></td>
<td></td>
<td>90.188***</td>
<td></td>
</tr>
<tr>
<td>R Square</td>
<td></td>
<td>.206</td>
<td></td>
</tr>
</tbody>
</table>

*p<.05; **p<.01; ***p<.001
1=Men
1=Never Married
1=Divorced/Separated/Widowed
1= Stress Scale (1 or more stressful life event)
The Pay Bills * Spouse/Partner Negative Support interaction in Table 29 shows that African American women who have difficulty paying bills and have negative support from their partner/spouse have significantly (p<.05) more depression. The Gender * Pay Bills interaction shows that no significant gender difference exists between men and women when it comes to the effect that difficulty in paying bills might have on depression. Having difficulty paying bills tends to increase depression for both African American men and women. Furthermore, the Gender * Spouse/Partner Negative Support interaction reveals that spouse/partner negative support has the same influence on depression for both African American men and women. Finally, the Gender * Pay Bills * Partner/Spouse Negative Support interaction shows that when negative social support from spouses/partners goes up so does stress with paying bills for African American women. However, negative social support from spouses/partners does not increase the stress of paying bills for African American men.

Summary: Gender, Depression, Stress, and Social Support

There are four hypotheses for the final research question. I hypothesized that when stress is present, African American women will have less depression

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8 **Hypothesis A:** Partner/Spouse supportive relationships will have more of a buffering effect on the relationship between stress (stress scale, difficulty paying bills, and not having enough money for needs) and depression (depression, dysthymia, and major depressive episode) for African American men than for African American women.

**Hypothesis B:** Supportive relationships with friends will have more of a buffering effect on the relationship between stress (stress scale, difficulty paying bills, and not having enough money for needs) and depression (depression, dysthymia, and major depressive episode) for African American women than for African American men.

**Hypothesis C:** Supportive relationships with relatives will have more of a buffering effect on the relationship between stress (stress scale, difficulty paying bills, and not having enough money for needs) and depression (depression, dysthymia, and major depressive episode) for African American men than for African American women.
than African American men if they have support from friends and from religious participation. I also hypothesized that African American men would have less depression than African American women if they had support from their spouses/partners and relatives. The following are the results for the hypotheses:

**Hypothesis A: Not Supported.** Partner/spouse support does not buffer the effect of stress and depression differently for African American men than it does for women.

**Hypothesis B: Not Supported.** Friend support does not buffer the effect of stress and depression differently for African American men and women.

**Hypothesis C: Not Supported.** Relative support buffers the effect of life-event stressors and depression only for African American women (Table 27)

**Hypothesis D: Not Supported.** Religious support buffers life-event stressors for African American women (marginally significant), but it does not buffer stress for African American men. (Table 28).

Generally, the data did not support my hypotheses. The results show that different aspects of social support appear to buffer stress differently for men and women. For African American women, relative support and church attendance appear to serve as stronger buffers of stress. Social support from spouses/partners and friends does not seem to buffer the relationship between stress and depression differently for African American men than it does for African American women. Overall, there was not much of a difference for either gender in the amount of buffering that occurred with support from spouses/partners, friends, relatives, and religious participation.

---

**Hypothesis D:** Religious participation will have more of a buffering effect on the relationship between stress (stress scale, difficulty paying bills, and not having enough money for needs) and depression (depression, dysthymia, and major depressive episode) for African American women than for African American men.
The interaction effects between gender and the stress variables were not significant after controlling for the background variables (marriage variables, education, age, income, number of children) and stress variables (Tables not shown). This means that African American men and women do not differ in the way they experience stress. Also, the social support and stress interactions were not significant with any of the depression variables after controlling for the background variables, stress variables, and social support variables (Tables not shown).

Another dimension was added to my analyses when I examined the negative aspects of social support and its affect on depression, which contributes to a more holistic understanding of social support. There was one significant finding. I found that with regard to women, when the paying of bills is involved, a rise in negative support from partners/spouses is accompanied by a rise in depression. However, negative support from partners/spouses does not increase the stress of paying bills for African American men (Table 29).

In summary, it appears that substantial differences do not exist in the way social support buffers stress for African American men and women. In other words, social support acts in the same manner for both sexes. However, there were two notable gender difference. Relative support and church attendance buffers the effect of stress on depression for African American women (Table 27 and 28).
In this study I compared the informal social support resources used by African American women to those used by African American men. I also compared the effect that both positive and negative support from relatives, friends, partners/spouses, and religious involvement has on levels of depression. Finally, I examined the buffering effect of social support on stress and depression for African American men and women.

I chose this topic because currently little is known about effect social support resources used by African American men and women might have on depression. Much of the literature focuses on the benefits of informal social support for the African American population in general, and for African American women in particular. Furthermore, researchers are puzzled by findings that suggest that African Americans have similar or lower overall rates of mental disorder than non-Hispanic white Americans (Cockerham 2006; Tausig, Michello, and Subedi 2004; Brown, Sellers, Brown, and Jackson 1999). According to the stress process model (Aneshensel 1999; Pearlin 1999; Haines and Hulbert 1992; Pearlin, Lieberman, Menaghan, and Mullan 1981), given the disadvantages they face, African Americans should experience more stress than non-Hispanic whites and this stress is associated with more episodes of mental disorder.

Historically, as a result of being systematically and historically denied or given limited access to more formal services, African Americans have tended to rely more on family, friends, and community members for assistance (Quadagno
Researchers believe that informal social support resources such as family, friends, and partners/spouses prove particularly important to African Americans (Taylor, Chatters, and Jackson 1997; Neighbors 1985; and Stack 1974) in buffering/reducing the harmful effects of stress and distress that could affect their mental health (Taylor, Hardison, Chatters 1996; Pearlin 1999).

My research attempts to fill or close several gaps in the race, gender, social support and mental health literature. For example, it focuses on the role social support plays in the lives of African American men and women with regard to depression. Currently, a lack of understanding exists regarding how positive and negative informal social support might effect depression levels among African American men and women. Also, because much of the previous research focuses on how religious involvement and relationships with relatives and friends affects African American women, little is known about how important these support resources are for men. Furthermore, although literature exists on the relationship between marital status and mental health (Gove 1972; Weissman 1987; Ross and Mirowsky 2003), few studies focus on that subject among African American men and women (Lewis 1989, Brown 1996).

Another gap in the literature involves whether the buffering or main effects approach better explains the effect of informal social support on stress and depression among African Americans. A final gap in the literature I address in my research pertains to the lack of research on the effect negative experiences with social support resources might have on depression. Much of the literature
focuses on the positive aspects of informal social support while virtually ignoring its potential negative impact.

My research was guided by three broad research questions. The first research question was aimed at exploring whether African American men and women experience informal social support differently. My second research question focused on whether gender might impact the effect of informal social support on depression. The final research question assessed whether or not the buffering approach better explained the relationship between stress, social support, and depression among African American men and women. To ensure a large enough sample, I used both the National Comorbidity Survey (NCS) (Kessler 2002) and the National Comorbidity Survey-Replication (NCS-R) (Kessler 2007) for my analyses. Both data sets offered either identical or similar questions pertaining to social support and depression needed for this study. After combining the two data sets I was able to include in my sample 541 African American men and 842 African American women.

**Gender and Social Support**

In the first part of my study, I explored whether gender might lead to differences in African Americans' experiences of positive and negative informal social support. In general I hypothesized that African American women would have more positive support from friends and church attendance than would African American men. I also hypothesized that African American men would have more positive support from their spouses/partners and relatives than would African American women.
My results indicate that gender has little effect on such experiences. My findings are contrary to literature that suggests that women have higher levels of positive social support than men (Flaherty and Richman 1986; Ross and Mirowsky 1989). I found no difference exists between African American men and women with regard to positive social support from their spouses/partners, relatives, and friends. However, one reason I did not find substantial gender differences could be due to the fact that African American men and women perceive quite differently how they experience social support (Pearlin, Lieberman, Menaghan, and Mullan 1981; Turner and Noh 1988).

I did find that African American women have more positive support from church attendance than do African American men, which supports one of my hypotheses. Taylor, Chatters, and Levin (2004) and Taylor and Chatters (1988) posit that in terms of the opportunities for support participation in the church (and community based organizations) seems to be important to African American women. According to Umberson, et al. (1996) since African American women benefit more from the interaction offered by intimate relationships, their participation in church activities could prove beneficial. Furthermore, their time commitment to the church is most likely voluntary, with manageable demands, which means that the cost of the relationships does not outweigh the benefits (Thoits 1995).

It has been suggested by researchers that not all social support resources positively impact mental health (Thompson 1986; Rook 1992; Haines and Hulbert 1992; Umberson et al. 1996). In summary, I found that among African American
men and women, not much of a gender difference exists. More specifically, no differences existed in the experiences of negative support from spouses/partners and friends. However, I did find that African American women have more negative experiences with support from relatives than do African American men. Strained relationships (Umberson 1996) and overextending one’s self within one’s social support network (Haines and Hulbert 1992) could help explain this finding. Furthermore, according to Rook (1992) and Thoits (1992), obligatory ties with spouses, parents, relatives, and others could produce stressful demands.

**Gender, Depression, and Social Support**

In this portion of my research I assessed the differences in the effect social support has on depression, major depressive episode, and dysthymia. The general literature suggests that positive social support is supposed to reduce depression, while negative social support is supposed to increase it. I hypothesized that African American women who have more positive support from friends and religious participation will experience less depression. I also hypothesized that African American men who have more positive support from their spouses/partners and relatives will have less depression.

In summary, for the most part, the positive and negative social support variables have the same effect on the depression variables for both African American men and women. Although not all of my hypotheses were supported by the data, there were a couple of notable findings. Contrary to my hypothesis I found that positive support from partners/spouses decreases depression for African American women but has no effect for African American men. In
general, African Americans do benefit from the spousal role (Broman 1988; Williams, Takeuchi, and Adair 1992; Jackson 2004). More specifically, Williams, et al. (1992) found that African American women who were married had lower estimates of major depressive episode than those who were widowed, separated/divorced, or never married.

I also found that the effect of positive social support from friends is significant for African American men but not for women. This finding could be explained by the fact that major depressive episodes occur two weeks at a time and because of the relatively short duration, friends might be more beneficial to African American men. Szelenyl (1969) found that friends provide mostly emotional assistance. Furthermore, since African American men are more likely to seek assistance from their brothers and fathers (Chatters et al. 1989), then it is not unlikely that support from male friends would be beneficial. Finally, my study indicates that the relationship between the social support variables and dysthymia does not vary by gender. It could be that for both African American men and women, more chronic forms of depression (dysthymia) are too severe to be alleviated by social support from informal sources.

This particular portion of my study also addresses how well the main effects model explains the relationship between social support and depression. The main effects model posits that regardless of stress level, social support is beneficial to mental health (Dean et al. 1990). I found that in most cases, positive social support decreased depression and reduced the odds of an individual having a major depressive episode and dysthymia. It is not surprising
that informal social support is generally beneficial to the mental health of African Americans, because according to Chatters, Taylor, and Neighbors (1989), in order to deal with various issues and crises, they depend on a substantial amount of informal assistance. Historical precedent helps explain this fact. As a result of persistent racial discrimination, African Americans developed more extensive informal support networks, on which they could rely for assistance when they were denied more formal services (Gordon 1994, Quadagno 1994). Quite simply, history tells us that African Americans have long depended on friends, family, the church, neighbors, and others as important sources of social support (Mayers 1980; Chatters, et al. 1989; Dunston 1990; Billingsly 1992; Staples and Johnson 1993).

Gender, Depression, Stress, and Social Support

In the final part of my research I examine whether social support buffers stress differently for African American men than for African American women. The buffering approach posited by Wheaton (1985) states that social support can suppress the effect of stress on mental health when it is experienced at increased levels. In general I hypothesized that partner/spouse supportive relationships and supportive relationships with relatives should buffer the effect of stress (stress scale, difficulty paying bills, and not having enough money for needs) and depression (depression, dysthymia, and major depressive episode) more for African American men than for African American women. I also hypothesized that supportive relationships with friends and church attendance should buffer the effects of stress (stress scale, difficulty paying bills, and not
having enough money for needs) on depression (depression, dysthymia, and major depressive episode) more for African American women than for African American men.

I found no substantial differences in the way social support buffers stress for African American men and women. Hence, social support from partners/spouses and friends act in the same way for African American men as they do for women. However, there were a few notable differences. For instance, my analysis showed that for women if support from relatives increases, then the effect of stress will decline. I also found a significant gender difference in the buffering effect of religious social support and depression. Religious support buffers stress for African American women (marginally significant) but it does not do so for men. Overall, for both men and women, not much of a difference existed between the amount of buffering that occurs with support from spouses/partners, friends, relatives, and church attendance.

To add another dimension to my analyses I examined the negative aspects of social support and its affect on depression. I found that when it came to the paying of bills, for women a rise in negative experiences with partner/spouse support brought about an increase in stress. However, under the same conditions, negative partner/spouse experiences do not increase stress for men. I did expect to find that women would be more negatively impacted than men by their experience with negative support. Most of the literature pertaining to the negative effects of support among African Americans tend to focus on the negative effects of social support for African American women (Lincoln, Chatters,
and Taylor 2005; Gray and Keith 2003; Neighbors 1997; Carrington 1980; McCray 1980) and not enough on the impact negative social support has on the well-being of men. In summary, substantial differences do not seem to exist in the way negative experiences with social support affects stress for African American men and women.

Conclusion

For quite some time, researchers have been interested in understanding the effect social support has on the mental health of African Americans. The general purpose of this study was to compare the use of informal social support resources used by African American women to those used by African American men. I chose this topic because little is known about the social support resources used by members of this group as it pertains to mental health. Furthermore, African Americans depend on a substantial amount of informal assistance to deal with various issues and crises so the subject seems particularly relevant (Chatters, Taylor, and Neighbors 1989).

Literature on gender, social, support and mental health has focused on the differences between men and women in terms of the amount of social support they perceive (Turner and Marino 1994; Waite and Harrison 1992; Moore 1990). Contrary to findings that women tend to experience more informal social support than men (Ross and Mirowsky 1989; Flaherty and Richman 1986), I found that there is not much of a gender difference in the positive and negative experiences of such support. I also found that the positive and negative informal social support variables—partner/spouse, relative, friend, and church attendance—
have the same effect on depression (depression, major depressive episode, and dysthymia) regardless of gender.

According to Wheaton (1985), Thoits (1995), and Pearlin (1999), social support decreases psychological symptoms and buffers the impact of negative life-events and chronic stressors. Neighbors and Jackson (1984) found that when faced with serious personal problems African American women are more likely than their male counterparts to seek informal support. In the final part of my research I examine whether social support buffers stress differently for men than for women. I found that no substantial differences existed.

There are some reasons why I did not find significant gender differences in the experiences of social support and its effect on depression among African American men and women. For instance, for African Americans the NCS and NCS-R surveys might not have captured fully or accurately the social support construct in terms of the sources of social support and the measurement of the perceived support from the various support resources. For example, the survey did not assess support from extended family, and extended family proves to be an invaluable resource within the African American community (Stack 1974; Mayers 1980; Hoyt and Babchuck 1983; Dressler 1985; Ruiz 1990; Dunston 1990; Hill 1993; Taylor et al. 1996; Brown and Keith 2003; Gray and Keith 2003).

A second reason for the non-significant findings could be due to the lack of questions on the surveys pertaining to practical support (child care, transportation, etc.). In my research I used questions that assessed perceived support because the literature supports the notion that perceived social support
has a greater effect than received support on mental health (Kessler and Mcleod 1985; Whethington and Kessler 1986). However, Sarkasian and Gerstal (2004) state that African Americans may benefit more from practical social support (child care, transportation, etc.) than from emotional support. Also, according to researchers, received support is an important dimension in understanding the nature of social support among African Americans (Stack 1974; Dunston 1990; Taylor, Chatters, and Jackson 1997). Hence, measures of received support would have been beneficial in my study.

Limitations

This study presents some limitations. One limitation deals with the small number of married African American men and women in the study group. The sample size includes 220 married/partnered African American men and 110 married/partnered African American women. Perhaps there would have been more of a gender difference in the support gleaned from partners and spouses if the sample of married and partnered African Americans could have been larger.

A second limitation involves the lack of identical social support questions available in both the NCS and NCS-R data sets. While compiling the social support variables for my study, I used only questions that were identically (or similarly) worded in both the NCS and NCS-R surveys. This limited my study because in most cases the scales created for each positive and negative support variable had only two to three questions. Therefore, I was not able to include a wide range of questions to measure more accurately both positive and negative support. In an extreme case there was only one item that measured church
support, and there were no questions in either the NCS and NCS-R data set that allowed me to measure the negative aspects of church support.

**Future Research**

According to Neighbors (1984), much of the research pertaining to the use of social support among African Americans is not grounded in the life experiences of group members, which prevents a more cultural understanding of social support. Such an understanding potentially could advance the theoretical understanding of the relationship between race, social support, and mental health (Neighbors 1984). I would suggest that future research use qualitative methods to develop an understanding of how such support is used within the African American community. Qualitative research will allow for a more holistic understanding of social support within the lives of African Americans and elucidate its relationship to mental health. For instance, through qualitative research, we could begin to understand more completely the situations in which African Americans are more likely to seek informal assistance. We would also have a better understanding of the type of support that is needed from various social resources.

Another suggestion for future research would be to examine the effect class has on the use of informal social support among African Americans. According to Cockerham (2006) the social causation argument states that social status (class) could affect the availability of support. For example, Belle (1982) found that the quality of relationships among lower socioeconomic groups to be inferior to that of higher socioeconomic groups. However, Ensel (1986) found
that in relationship quality no class differences exist. There is a definite need for research that explores the extent to which class differences among African Americans influence that availability and quality of informal social support and, in turn, affect mental health.
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