

An Examination of the African American Experience of Everyday Discrimination and Symptoms of Psychological Distress

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ABSTRACT: Current theoretical models suggest that the most potent and impacting discrimination experienced by African Americans in the post Jim Crow era are subtle and unconscious forms of discrimination that are experienced on a daily basis. This study investigates the relationship between perceived everyday discrimination and anxiety and depressive symptoms. Further, we examine gender as a moderator of this relationship. Data come from the 1995 Detroit Area Study data with 570 African American respondents. Results indicate that perceived discrimination is directly related to both symptoms of depression and anxiety. Gender moderates the relationship between discrimination and anxiety symptoms, but not discrimination and depressive symptoms. Overall, different patterns of relationships were apparent for men and women.

KEY WORDS: discrimination; African Americans; Blacks; mental health; gender differences.

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INTRODUCTION

Researchers have investigated the experience and effects of discrimination on stigmatized groups and found that discrimination is associated with both mental and physical health symptoms among African Americans and can adversely affect mental health (Comas-Diaz & Greene, 1994; Essed, 1991; Fernando, 1984; Jackson et al., 1996; Kessler, Mickelson, & Williams, 1999; Noh, Beiser, Kaspar, Hou, & Rummens, 1999; Ren, Amick, & Williams, 1999; Salgado de Snyder, 1987; Williams, Yu, Jackson, & Anderson, 1997; Williams & Williams-Morris, 2000). In particular, previous research has examined how increased discrimination is related to negative mental health including depression/depressive symptoms (Comas-Diaz & Greene, 1994; Essed, 1991; Fernando, 1984; Kessler et al., 1999; Noh et al., 1999; Ren et al., 1999; Salgado de Snyder, 1987) and anxiety symptoms (Kessler et al., 1999). Furthermore, research has found evidence for gender differences in the experience of discrimination in that the frequency and type might vary (Forman, Williams, & Jackson 1997; Kessler et al., 1999; Kreiger, Rowley, Herman, Avery, & Phillips, 1993; Sellers & Shelton, 2003). However, gender is often presented as one among many covariates rather than a variable of interest capable of illuminating information about the experience of discrimination. Current theoretical models suggest that the most potent and impacting discrimination experienced by African Americans in the post Jim Crow era are subtle and unconscious forms of discrimination that are experienced on a daily basis (Essed, 1991; Harrell, 2000; Pierce, 1995; Tougas, Desruisseaux, Desrochers, St. Pierre, Perrino, & De La Sablonnière, 2004). Therefore, the present study examines gender differences in the mental health effects of daily experiences of perceived discrimination for African American men and women.

Everyday discrimination refers to familiar practices that reflect systematic, institutional bias in daily attitudes and behaviors (Essed, 1991; Harrell, 2000). The stress from everyday discrimination, such as being ignored or overlooked while waiting in line or being mistaken for someone who serves others (e.g. maid, bellboy) is thought to accumulate over time (Essed, 1991; Harrell, 2000; Pierce, 1995; Tougas et al., 2004). In this study, we conceptualize perceived everyday discrimination or unfair treatment as a subjectively experienced form of stress that is not randomly distributed in society and is strongly related to race (Clark, Anderson, Clark, & Williams, 1999; Dion, Dion, & Pak,

1992; Miller & Kaiser, 2001; Williams, Spencer, & Jackson, 1999) and race-related variations in health (Krieger, 1987; Lepore, 1995). The conceptualization of discrimination as a distinct stressful life experience allows examination of the unique relationship between different types of stressors and mental health. Further, identifying discrimination as one indicator of stress, among others, broadens the psychosocial risk factors that investigators use to model stress processes and health. Inclusion of risk factors that are differentially experienced by diverse populations allows for greater accuracy in specifying determinants of mental health across gender and ethnic groups (Krieger, 1987).

Discrimination is a stressor conceptualized to be attributed to numerous factors (e.g. race, age, sexual orientation, religious affiliation); however, this study aims to understand the effects of perceived discrimination regardless of attribution. African Americans have consistently been found to report higher levels of discrimination based on race compared to other racial or ethnic groups (Forman et al., 1997; Kessler et al., 1999; Thompson, 2002). Even when asked about general discrimination, African Americans frequently attribute experiences of discrimination to race/ethnicity (89.7%; Kessler et al., 1999). Therefore it is more appropriate to examine the nature of the experience of discrimination within groups rather than across groups.

It is important to study African Americans' experiences of discrimination for several reasons. First, discrimination is a ubiquitous experience for African Americans. Second, previous research has not specifically examined gender difference within African Americans in response to discrimination. Third, previous research has not determined the specific mental health effects of discrimination among African Americans by separately examining symptomatology related to anxiety and depression.

Research has shown that African Americans report higher levels of discrimination compared to Whites at every level of age, gender, education and income (Forman et al., 1997). In a community study of lifetime experiences of discrimination, 70% of African Americans, compared to 36% of Whites, responded affirmatively to at least one discriminatory event (Forman et al., 1997). In addition, 32% of African American respondents, compared to 12% of Whites, reported experiencing at least one discriminatory event in the past year. Conversely in a national study, 44.4% of non-Hispanic Whites, as compared to only 8.8% of non-Hispanic Blacks, reported that they had never experienced daily discrimination (Kessler et al., 1999).

Second, previous research has been focused on across group comparisons and has not adequately examined within group gender differences, which is important for our understanding of variation in African Americans' experiences of everyday discrimination. Previously, the task of discrimination research was to provide evidence for (1) the existence of discrimination and (2) its deleterious effects. With the literature focused on substantiating discrimination as a valid experience, less attention was paid to variables that influence, or moderate, the relationship between discrimination and outcome variables. Although, research continues to examine the relationship between discrimination and mental health (Sellers, Caldwell, Schmeelk-Cone, & Zimmerman, 2003), some researchers have turned their attention to investigating the nuances of the relationship—mainly racial identity as a variable that might act as a moderator (Operario & Fiske, 2001; Sellers & Shelton, 2003). However, gender has remained unexamined as a possible moderator despite its correlation with both discrimination (Forman et al., 1997; Kessler et al., 1999) and mental health (Kessler et al., 1994). What is known is that men report experiences of discrimination at higher levels than women (Forman et al., 1997; Kessler et al., 1999; Sellers & Shelton, 2003). Research also suggests that gender might influence the appraisal, response and coping techniques for stressful experiences (Miller & Kaiser, 2001; Rusting & Nolen-Hoeksema, 1998).

Gender is also a robust correlate of mental health (Kessler et al., 1994). The literature has consistently reported higher rates for women in comparison to men for self-reported psychological distress, prevalence of depression, anxiety and phobias (USHDDS, 1999). Similarly, African American women report higher rates of psychological distress, depression, anxiety and phobias in comparison to African American men (Jackson et al., 1996; USDHHS, 2001). Additionally, Kessler et al. (1999) found the positive relationship between discrimination and mental health to be stronger among women in comparison to men. Therefore, it is important to examine the intersectionality of race and gender with mental health (Kohn & Hudson, 2002).

In addition to gender differences in mental health outcomes, evidence also suggests there are gender differences in how individuals respond to negative experiences. Research suggests that stigmatized individuals respond to stressors in various ways (Miller & Kaiser, 2001). Some people respond with avoidance, denial or minimization of the discrimination; while others, engage in problem solving and

emotion expression in response to such events. Previous research has also found different predictors of anxiety, depressive and withdrawal symptoms for men compared to women (Zuckerman, 1989). In response to stress, men reported increased activity compared to women, which was inversely correlated with depressive symptoms. In addition, while lower self-confidence was correlated with increased depressive symptoms for men and women, lower self-esteem and self-concept were related to increased anxiety symptoms for men compared to women. Research suggests that outcomes might be influenced by how men and women cope differently with stressors (Rusting & Nolen-Hoeksema, 1998; Zuckerman, 1989).

These differences in coping may be related to the greater risk for depression (Nolen-Hoeksema, Parker & Larson, 1994), particularly among women (Nolen-Hoeksema, Larson, & Grayson, 1999; Rusting & Nolen-Hoeksema, 1998; Sethi & Nolen-Hoeksema, 1997). Women have been found to be more internally focused, ruminating about problems, compared to men who are more externally focused, engaging in distracting behaviors (Sethi & Nolen-Hoeksema, 1997). This body of work suggests that it is important to consider gender when investigating the mental health effects of coping with negative experiences related to stress and discrimination. Further, the evidence for gender differences in mental health outcomes, coping and appraisal of stressful life events support the need to investigate gender and the experience of discrimination within the African American community.

A final reason why it is important to study gender and distress in response to discriminatory experiences is to understand the range of psychological ramifications of discrimination. As stated, previous research has investigated how discrimination relates to psychological distress (e.g. Kessler et al., 1999; Williams et al., 1997). It may be useful, however, to understand the specific symptomatology related to perceived discrimination. Other studies have established evidence for a relationship with symptoms of anxiety (Kessler et al., 1999) and depression (Comas-Diaz & Greene, 1994; Essed, 1991; Fernando, 1984; Kessler et al., 1999; Noh et al., 1999; Ren et al., 1999; Salgado de Snyder, 1987) but less often as independent outcomes within one study (Kessler et al., 1999) and most often in comparison to White Americans (Forman et al., 1997; Kessler et al., 1999; Williams et al., 1997). This study adds to the literature by (1) examining within group differences in the relationship of discrimination and mental

health symptoms, (2) examining gender as a moderator rather than a basic control variable, and (3) examining specific symptomatology while controlling for other symptoms to determine the independent association of either depression or anxiety risk related to discrimination.

The intersection of discrimination and gender could be influenced by coping styles. The coping literature supports variation in how stressors are appraised and experienced by different individuals (Lazarus & Folkman, 1984; Miller & Kaiser, 2001; Sethi & Nolen-Hoeksema, 1997; Zuckerman, 1989). In particular, different predictors related to self-concept have been found to be associated with anxiety, depressive and withdrawal symptoms for men compared to women (Zuckerman, 1989). Women have been found to ruminate on stressors exacerbating symptomatology (Sethi & Nolen-Hoeksema, 1997), and this internalization strategy in the face of discrimination might manifest in depressive or anxiety symptoms. Men, however, have been found to engage in more outward or externalizing coping strategies such as substance use or athletic involvement (Rusting & Nolen-Hoeksema, 1998).

The current study examined the association between discrimination and specific anxiety and depressive symptoms as independent outcomes. Greater understanding of the specific nature of distress related to discrimination can lead to informed interventions designed to counter potentially deleterious effects of everyday discrimination, while adding to the understanding of unique sources of African Americans' psychological distress. Furthermore, the examination of gender as a moderator will help illuminate the intersections of gender, mental health and discrimination.

Based on the current literature, we hypothesized that perceived everyday discrimination would be associated with both depressive symptoms and anxiety symptoms for African American men and women. Previous research shows that women are more likely to experience depressive and anxiety symptoms yet men are more likely to experience discrimination. Therefore, our second hypothesis was that gender would moderate the relationship between perceived everyday discrimination and depressive symptoms and the relationship between perceived everyday discrimination and anxiety symptoms. In particular, we hypothesized that for women, the association between everyday discrimination and the outcomes (i.e. depressive and anxiety symptoms) would be stronger compared to men.

METHOD

Participants and Procedure

Data for the current study comes from the 1995 Detroit Area Study (DAS). The DAS data consists of a multistage area probability sample involving face-to-face structured interviews of respondents 18 years of age or older, residing in Wayne, Oakland and Macomb counties in Michigan, including the city of Detroit. The response rate was 70%. Race of respondent was indicated by self-report. The total sample of the DAS includes 1,139 respondents: 46% Whites, 49% Blacks and 3% Asians, American Indians and Hispanics. For the purposes of this study, the sample was limited to African American/Black respondents, yielding a total sample of 570 participants (Male, $N = 180$; Female $N = 390$).

Measures

Perceived Everyday Discrimination. Discrimination was assessed using a scale of global perceptions of everyday unfair treatment (Williams et al., 1997). Respondents answered the question "in your day-to-day life how often have any of the following things happened?" This scale consists of nine items and measures encounters with discrimination in the respondent's day-to-day life ($\alpha = .88$). Representative items include the following: "How often have you been treated with less courtesy than others?" and "how often have other people acted as if they are better than you?" Items are asked of respondents regardless of the attribution for the unfair treatment. Responses are scored on a 5-point Likert scale ranging from 1 = never to 5 = very often. For these analyses the mean of the total scale score was used with a higher score indicating more discrimination.

Depressive Symptoms. Depressive symptoms (Kessler et al., 2002) consisted of three items: "how often did you feel (1) so sad nothing could cheer you up, (2) hopeless, (3) worthless?" ($\alpha = .76$). Respondents were asked how often they experienced these symptoms during the past 30 days. Responses ranged from 1 = never and 5 = very often.

Anxiety Symptoms. Anxiety symptoms (Kessler et al., 2002) consisted of two items: "how often did you feel (1) nervous, (2) restless or fidgety" ($\alpha = .73$). Respondents were asked how often they experienced these symptoms during the past 30 days. Responses ranged from 1 = never and 5 = very often.

Covariates. Age in years, gender, income and education (years completed) were used as sociodemographic control variables in the model. Major lifetime events (e.g. serious illness, victimization or death of a loved one within the past year) and chronic stress (e.g. hassles at work, trouble balancing work and family demands within the past year), based on a Likert scale, were also included to account for other types of stress that might influence the outcome variables. In addition, whether respondents had sought previous mental health treatment was included as a dichotomous variable.

Proposed Analyses. Hierarchical linear regressions were conducted with two runs for each distress type as the outcome variable while simultaneously controlling

for the other distress type. The first run for both depressive and anxiety symptoms did not include the interaction term, while the second runs did include the interaction between gender and discrimination created to test the moderator hypothesis. A moderator is a variable that affects the relationship between two variables (Baron & Kenny, 1986).

RESULTS

Most respondents were between the ages of 35 and 54 years, with a mean age of 45 years. The mean income was \$29,000, and the majority of respondents completed high school or obtained some college education. Means, standard deviations and correlations among the variables are shown in Table 1. *T*-tests were performed to examine gender differences in study variables. Men reported significantly more experiences of discrimination ($M[\text{Men}] = 2.17$, $M[\text{Women}] = 2.00$; $t = 2.59$, $p < .05$) and higher income compared to women ($M[\text{Men}] = \$35,399$, $M[\text{Women}] = \$26,039$; $t = -4.55$, $p < .05$). Women reported more experiences of major life events compared to men ($M[\text{Men}] = 1.11$, $M[\text{Women}] = 1.28$; $t = 2.09$, $p < .05$). Type of discrimination was relatively similar across gender except African American men reported people being afraid of them ($t = -4.34$, $p < .01$), and people thinking that they are dishonest ($t = -3.17$, $p < .05$) significantly more often than African American women. Women ($M = 2.32$) reported significantly more anxiety symptoms ($t = 2.15$, $p < .05$) than men ($M = 2.11$), but there were no gender differences in depressive symptoms.

Table 2 displays the coefficients from the hierarchical linear regression analyses for depressive symptoms for the total sample ($F(10, 557) = 44.56$, $p < .001$, adjusted $R^2 = 44.4$). Results indicated that discrimination was significantly associated with depressive symptoms ($\beta = .17$, $p < .01$) after controlling for the covariates. Also, having experienced chronic stress ($\beta = .07$, $p < .05$) and anxiety symptoms ($\beta = .55$, $p < .01$) were significantly and positively related to increased levels of depressive symptoms while years of education ($\beta = -.08$, $p < .05$) was significantly and negatively related to depressive symptoms. Regarding hypothesis two, gender was not a significant moderator of the relationship between symptoms of depression.

The coefficients from the hierarchical linear regression analyses for anxiety symptoms for the total sample ($F(10, 557) = 46.87$, $p < .001$, adjusted $R^2 = 44.7$) are shown in Table 3. Increased discrimination was significantly positively associated with anxiety symptoms ($\beta = .07$, $p < .05$). Having sought previous mental health services ($\beta = .11$,

TABLE 1
Correlations, Means, and Standard Deviations

<i>Variables</i>	<i>M(SD)</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>
1. Age	45.1(16.9)									
2. Gender ^a	—	.00								
3. Education	12.8(2.5)	-.25**	.06							
4. Income ^c	28,806 (23,703)	.00	-.18**	.34**						
5. Professional help ^b	—	-.05	.02	-.10*	-.02					
6. Major life events ^c	1.57(1.54)	-.24**	.03	-.05	-.26**	.20**				
7. Chronic stress	.93(1.16)	-.24**	.04	.13**	-.09**	.12**	.25**			
8. Everyday discrimination ^c	2.06(.75)	-.32**	-.11**	.13**	-.06	.09*	.30**	.30**		
9. Depressive symptoms ^c	.02(.84)	-.07	.03	-.09*	-.18**	.15**	.21**	.18**	.15**	
10. Anxiety symptoms ^c	.01(.81)	-.09*	.07	-.12**	-.23**	.20**	.34**	.24**	.20**	.53**

Note. ^a1 = female; 0 = male, ^b1 = has sought; 0 = has not sought, ^c = significant gender differences **p* < .05, ***p* < .01.

TABLE 2

Regression Coefficients for the Association between Covariates, Everyday Discrimination, and the Interaction of Everyday Discrimination and Gender with Depressive Symptoms β (SE)

<i>Variable</i>	<i>Step I</i>	<i>Step II</i>
Age	-.03 (.00)	-.03 (.00)
Gender	-.02 (.02)	-.10 (.06)
Education	-.08 (.00)*	-.08 (.00)*
Income	-.04 (.00)	-.04 (.00)
Having sought professional help	.02 (.04)	.02 (.04)
Chronic stress	.07 (.01)*	.07 (.01)*
Major life events	-.01 (.01)	-.02 (.01)
Everyday discrimination	.17 (.01)**	.09 (.04)
Anxiety symptoms	.55 (.01)**	.55 (.01)**
Everyday discrimination * gender		.12 (.03)
R^2	43.5%**	43.4%**

* $p < .05$; ** $p < .01$.

$p < .01$), experiencing increased major life events ($\beta = .12, p < .01$), being older ($\beta = .07, p < .05$) and depressive symptoms ($\beta = .54, p < .01$) were also positively related to symptoms of anxiety.

Regarding hypothesis two, the interaction between gender and discrimination yielded a significant change in R^2 and was significant ($\beta = .31, p < .05$). In order to interpret the interaction term and further understand gender differences, two additional regression analyses were performed by gender. The two regression models examining the relationship between anxiety symptoms and discrimination for men ($F(8, 172) = 17.90, p < .001$, adjusted $R^2 = 42.9$) and women ($F(8, 172) = 41.60, p < .001$, adjusted $R^2 = 45.7$) are displayed in Table 4. The significant variables related to anxiety symptoms were different by gender. For women, everyday discrimination ($\beta = .15, p < .01$), age ($\beta = .09, p < .05$), having sought professional help ($\beta = .14, p < .01$), major life events ($\beta = .09, p < .05$), and depressive symptoms ($\beta = .52, p < .01$) were positively associated with anxiety symptoms. For men, major life events ($\beta = .23, p < .01$) and depressive symptoms ($\beta = .61, p < .01$) were positively associated with anxiety symptoms. Everyday

TABLE 3

Regression Coefficients for the Association between Covariates, Everyday Discrimination, and the Interaction of Everyday Discrimination and Gender with Anxiety Symptoms β (SE)

<i>Variable</i>	<i>Step I</i>	<i>Step II</i>
Age	.07 (.00)*	.07 (.00)*
Gender	-.05 (.08)	.15 (.22)
Education	-.04 (.02)	-.03 (.02)
Income	-.05 (.00)	-.05 (.00)
Having sought professional help	.11 (.15)**	.11 (.15)**
Chronic stress	.05 (.03)	.04 (.03)
Major life events	.12 (.03)**	.13 (.03)**
Everyday discrimination	.07 (.05)*	.28 (.14)**
Depressive symptoms	.54 (.14)**	.54 (.14)**
Everyday discrimination * gender		-.31 (.10)*
R^2	44.3%**	44.7%**

* $p < .05$; ** $p < .01$.

TABLE 4

Regression Coefficients for the Association between Covariates, Everyday with Anxiety Symptoms by Gender β (SE)

<i>Variable</i>	<i>Men</i>	<i>Women</i>
Age	.03 (.00)	.09 (.00)*
Education	.04 (.03)	-.05 (.02)
Income	.02 (.00)	-.07 (.00)
Having sought professional help	-.01 (.28)	.14 (.17)**
Chronic stress	.07 (.06)	.03 (.04)
Major life events	.23 (.05)**	.09 (.03)*
Everyday discrimination	-.11 (.09)	.15 (.07)**
Depressive symptoms	.61 (.25)**	.52 (.16)**
R^2	42.9%**	45.7%**

* $p < .05$; ** $p < .01$.

discrimination was marginally associated with depressive symptoms ($\beta = -.11, p < .10$)

DISCUSSION

Consistent with previous research, this study found that men reported more perceived everyday discrimination than women (Forman et al., 1997; Kessler et al., 1999; Sellers & Shelton, 2003). Women reported more anxiety symptoms in comparison to men; however, there was no difference in depressive symptoms. This finding is somewhat inconsistent with previous literature that has found women to report more symptoms of depression and anxiety (Kessler et al., 1994).

Our first hypothesis was supported in that increased perceived everyday discrimination was significantly associated with both anxiety and depressive symptoms for the total sample, which is consistent with previous research (Comas-Diaz & Greene, 1994; Essed, 1991; Fernando, 1984; Kessler et al., 1999; Noh et al., 1999; Ren et al., 1999; Salgado de Snyder, 1987). Our second hypothesis was partially supported in that gender was found to moderate the relationship between everyday discrimination and anxiety symptoms but not the relationship between everyday discrimination and depressive symptoms. Results suggest that the moderating effect of gender on the relationship between mental health and everyday discrimination may vary among African Americans. Taking gender into account appears to be important when understanding how the experience of discrimination might be related to anxiety symptoms. African American women are more likely to report experiencing anxiety symptoms over all and in association with everyday discrimination in comparison to African American men. Also, in comparison to men, greater variance in women's report of anxiety symptoms was accounted for by the variables in this study.

Gender differences in this study support previous research that has shown members of stigmatized groups process or react to discrimination in a variety of ways (Miller & Kaiser, 2001). Consistent with previous research, we found that men reported higher levels of perceived everyday discrimination (Forman et al., 1997; Kessler, 1999). However, for men, anxiety symptoms are reported less than depressive symptoms in association with discrimination. Interestingly, when examined separately, discrimination was not associated with anxiety symptoms for men, and overall, fewer variables were significantly

associated with anxiety symptoms in comparison to African American women. Therefore, much of variance explained by the relationship between discrimination and anxiety symptoms in the overall model was driven by the women's experiences. In particular, the experience of major life events, such as a major illness or being victimized, was the only variable significantly associated with anxiety symptoms for African American men in this sample. Perhaps these experiences outweigh the influence of other variables in the model, or other variables not considered in our model further contribute to anxiety symptoms in men. It is also possible that the association with anxiety symptoms is moderated by the way individuals cope with stress.

The coping literature supports variation in how stressors are appraised and experienced by different individuals (Lazarus & Folkman, 1984; Miller & Kaiser, 2001; Sethi & Nolen-Hoeksema, 1997; Zuckerman, 1989). How individuals appraise an experience influences their subsequent response. It is possible, that although men in this sample experienced more discrimination compared to women, they were less likely to appraise it in a way that is subsequently correlated with anxiety symptoms. In general, previous research points to gender differences in coping with rumination being more prevalent in women compared to men (Sethi & Nolen-Hoeksema, 1997). In particular, different predictors related to self-concept have been found to be associated with anxiety, depressive and withdrawal symptoms for men compared to women (Zuckerman, 1989). The men in the current study could have been buffered from experiencing anxiety symptoms correlated with discrimination by increased self-concept. From the analyses, it appears that there might be variables which account for variance within men's experience with everyday discrimination linked to behavioral distress symptoms that were not included in the research model. Perhaps the model would be a better fit for men if externalizing and distraction variables, such as substance use or athletic involvement, were measured (Rusting & Nolen-Hoeksema, 1998). Therefore, future research should examine self-concept variables and coping styles to better illuminate the ways discrimination is associated with mental health among men and the mechanisms through which psychological distress is manifested for African American men and women relative to discrimination.

Due to the limitations of secondary data analysis of previously collected data, one of the limitations of this study is the measurement of discrimination. While previous research has found that African

Americans attributed their experiences of discrimination to race at higher percentage of time (89.7%) compared to other ethnic groups (Kessler et al., 1999), future studies should attempt to delineate and compare race-attributed discrimination with other types of discrimination to determine if mental health outcomes are differentially related to attribution. However, regardless of attribution, perceptions of discrimination are a relatively common experience among African Americans in comparison to other groups (Forman et al., 1997; Kessler et al., 1999); therefore, we believe our study contributes important information about the mental health effects of these experiences, regardless of attribution. Furthermore, this dataset allows for a sample size with which we can examine within-group gender differences. Another limitation is the lack of congruence in the report of discrimination and symptomatology. Future research should aim to specify the timeframe for the experience of discrimination and symptoms.

The results of this study, along with others, highlight the deleterious effects of perceived discrimination among African American adults. These findings suggest that reducing instances of discrimination could have a major impact on the mental health of African Americans in this country. On the other hand, unlike the evidence for racial disparities in physical health outcomes, African Americans do not disproportionately experience negative mental health outcomes in comparison to other groups. Therefore, many African Americans may have developed strategies for deflecting or defusing discrimination related psychological symptoms.

Future research should continue to address within group variation in the appraisal, coping and effects of discrimination to determine whether particular strategies are more or less useful and for whom. It is possible that discrimination may be a contributing factor to racial disparities in mental health service utilization in the United States (USDHHS, 2001). Identifying and addressing variation in responses and outcome associated with discrimination, particularly as they may differ by gender, may impact service utilization among African Americans who experience symptoms of depression or anxiety. This study suggests possible gender differences in coping with and appraisal of discrimination related to mental health. Comprehending the nuances of the African American experience is integral for mental health care providers to respond effectively to the needs of the community. Further, the results of this

study highlight the need for examining variables that affect the relationship between discrimination and mental health.

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REFERENCES

- Baron, R. M., & Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality & Social Psychology*, *51*(6), 1173–1182.
- Clark, R., Anderson, N. B., Clark, V. R., & Williams, D. R. (1999). Racism as a stressor for African Americans: A biopsychosocial model. *American Psychologist*, *54*(10), 805–816.
- Comas-Diaz, L., & Greene, B. (1994). Women of color with professional status. In L. Comas-Diaz, & B. Greene (Eds.), *Women of color: Integrating ethnic and gender identities in psychotherapy* (pp. 347–388). Guilford Press, New York.
- Dion, K. L., Dion, K. K., & Pak, A. W.-P. (1992). Personality-based hardiness as a buffer for discrimination-related stress in members of Toronto's Chinese community. *Canadian Journal of Behavioral Science*, *40*(3), 517–536.
- Essed, P. (1991). *Understanding everyday racism*, Newbury Park, CA: Sage.
- Fernando, S. (1984). Racism as a cause of depression. *International Journal of Social Psychiatry*, *30*, 41–49.
- Forman, T. A., Williams, D. R., & Jackson, J. S. (1997). Race, place, and discrimination. *Perspectives on Social Problems*, *9*, 231–261.
- Harrell, S. P. (2000). A multidimensional conceptualization of racism-related stress: Implications for the well-being of people of color. *American Journal of Orthopsychiatry*, *70*(1), 42–57.
- Jackson, J. S., Brown, T. N., Williams, D. R., Torres, M., Sellers, S. L., & Brown, K. (1996). Racism and the physical and mental health status of African Americans: A thirteen year national panel study. *Ethnicity and Disease*, *6*(1–2), 132–147.
- Kessler, R. C., McGonagle, K. A., Nelson, C. B., Hughes, M., Swartz, M., & Blazer, D. G. (1994). Sex and depression in the national comorbidity survey. II: Cohort effects. *Journal of Affective Disorders*, *30*, 15–26.
- Kessler, R. C., Mickelson, K. D., & Williams, D. R. (1999). The prevalence, distribution, and mental health correlates of perceived discrimination in the United States. *Journal of Health and Social Behavior*, *40*, 208–230.
- Kessler, R. C., Andrews, G., Colpe, L. J., Hiripi, E., Mroczek, D. K., Normand, S. L. T., Walters, E. E., & Zaslavsky, A. M. (2002). Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological Medicine*, *32*, 959–976.
- Kohn, L. P., & Hudson, K. M. (2002). Gender, ethnicity and depression: Intersectionality and context in mental health research with African American women. *African American Research Perspectives*, *8*, 174–184.
- Krieger, N. (1987). Shades of difference: Theoretical underpinnings of the medical controversy on black/white differences in the United States 1830–1870. *International Journal of Health Services*, *17*, 259–278.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*, New York: Springer Publishing Company.

- Lepore, S. J. (1995). Measurement of chronic stressors. In S. C. Cohen, R. C. Kessler, & L. U. Gordon (Eds.), *Measuring stress: A guide for health and social scientists* (pp. 102–120). Oxford University Press, New York.
- Miller, C. T., & Kaiser, C. R. (2001). A theoretical perspective on coping with stigma. *Journal of Social Issues, 57*(1), 73–92.
- Noh, S., Beiser, M., Kaspar, V., Hou, F., & Rummens, J. (1999). Perceived racial discrimination, depression, and coping: A study of Southeast Asian refugees in Canada. *Journal of Health and Social Behavior, 40*(3), 193–207.
- Nolen-Hoeksema, S., Parker, L. E., & Larson, J. (1994). Ruminative coping with depressed mood following loss. *Journal of Personality and Social Psychology, 67*, 92–104.
- Nolen-Hoeksema, S., Larson, J., & Grayson, C. (1999). Explaining the gender difference depressive symptoms. *Journal of Personality and Social Psychology, 77*, 1061–1072.
- Operario, D., & Fiske, S. (2001). Ethnic identity moderates perceptions of prejudice: Judgments of personal versus group discrimination and subtle versus blatant bias. *Personality and Social Psychology Bulletin, 27*(5), 30–37.
- Pierce, C. M. (1995). Stress analogs of racism and sexism: Terrorism, torture, and disaster. In C. V. Willie, P. P. Reiker, B. M. Kramer, & B. S. Brown (Eds.), *Mental health, racism and sexism* (pp. 277–293). University of Pittsburgh Press, Pittsburgh.
- Ren, X. S., Amick, B., & Williams, D. R. (1999). Racial/ethnic disparities in health: The interplay between discrimination and socioeconomic status. *Ethnicity & Health, 9*(2), 151–165.
- Rusting, C. L., & Nolen-Hoeksema, S. (1998). Regulating responses to anger: Effects of rumination and distraction on angry mood. *Journal of Personality and Social Psychology, 74*(3), 79–803.
- Salgado de Snyder, V. N. (1987). Factors associated with acculturative stress and depressive symptomatology among married Mexican immigrant women. *Psychology of Women Quarterly, 11*, 475–488.
- Sellers, R. M., Caldwell, C. H., Schmeelk-Cone, K., & Zimmerman, M. A. (2003). The role of racial identity and racial discrimination in the mental health of African American young adults. *Journal of Health and Social Behavior, 44*(3), 302–317.
- Sellers, R. M., & Shelton, N. J. (2003). The role of racial identity in perceived discrimination. *Journal of Personality and Social Psychology, 84*(5), 1079–1092.
- Sethi, S., & Nolen-Hoeksema, S. (1997). Gender differences in internal and external focusing among adolescents. *Sex Roles, 37*(9–10), 687–700.
- Thompson, V. L. S. (2002). Racism: Perceptions of stress among African Americans. *Community Mental Health Journal, 38*(2), 111–118.
- Tougas, F., Desruisseaux, J., Desrochers, A., St-Pierre, L., Perrino, A., & Sablonniere, R. La (2004). Two forms of racism and their related outcomes: The bad and the ugly. *Canadian Journal of Behavioural Science, 36*(3), 177–189.
- U.S. Department of Health and Human Services. (1999). *Mental Health: A report of the Surgeon General*. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Rockville, MD: Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.
- U. S. Department of Health and Human Services. (2001). *Mental Health: Culture, race, and ethnicity. A supplement to mental health: A report of the Surgeon General*. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Rockville, MD: Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.
- Williams, D. R., Spencer, M. S., & Jackson, J. S. (1999). Race stress, and physical health: The role of group identity. In R. J. Contrada, & R. D. Ashmore (Eds.), *Self, social identity, and physical health* (pp. 71–100). Oxford University Press, New York.
- Williams, D. R., Yu, Y., Jackson, J., & Anderson, N. (1997). Racial differences in physical and mental health: Socioeconomic status, stress, and discrimination. *Journal of Health Psychology, 2*(3), 335–351.
- Williams, D. R., & Williams-Morris, R. (2000). Racism and mental health: The African American experience. *Ethnicity and Disease, 5*(3/4), 243–268.
- Zuckerman, D. M. (1989). Stress, self-esteem, and mental health: How does gender make a difference? *Sex Roles, 20*(7/8), 429–444.

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