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Coping with Racial Discrimination: Assessing the Vulnerability of African Americans and the Mediated Moderation of Psychosocial Resources

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Abstract

Research demonstrates that the mental health of African Americans is negatively affected by discrimination, but few studies have investigated the effects of racial discrimination specifically and whether these effects vary by poverty and education levels. Using a sample of 3,372 African Americans from the National Survey of American Life (NSAL), we find a positive relationship between racial discrimination and depressive symptoms, with both lifetime and daily racial discrimination being more salient for depressive symptoms among impoverished African Americans than those living above 200% of the poverty line. Evaluating mediated moderation models, we also find that the conditional effects of socioeconomic status are mediated by poor African Americans' having fewer psychosocial resources. Namely, lower levels of mastery are influential in accounting for poor African Americans' greater vulnerability to both daily and lifetime discrimination. The findings highlight the importance of examining specific reasons for discrimination as well as mediated moderation in future research.

Keywords

socioeconomic status; discrimination; depressive symptoms; mastery; social support

A growing number of researchers conceptualize discrimination as an important part of the stress universe that adversely affects mental health, especially the mental health of socially disadvantaged groups, such as women and racial and ethnic minorities (Kessler, Mickelson, and Williams 1999; Thoits, 2010; Williams and Mohammed 2009). Among African Americans, the focus of this article, numerous studies find that perceptions of unfair treatment generally, and racial discrimination specifically, are associated with elevated levels of psychological distress and depressive symptoms (T. Brown et al. 2000; Landrine and Klonoff 1996; Prelow, Mosher, and Bowman 2006; Turner and Avison 2003). Yet, the

mental health consequences of discrimination may not be consistent for all African Americans. The well-established inverse relationship between socioeconomic status (SES) and mental health (Bratter and Eschbach 2006; Broman, Mavaddat, and Hsu 2000), as well as SES differences in the impact of stressors (Ulbrich, Warheit, and Zimmerman 1989), suggests that emotional vulnerability to discrimination may vary by SES among African Americans. The few studies that have evaluated the joint effects of discrimination and SES on the mental health of African Americans have yielded conflicting findings (Bratter and Gorman 2011; Forman 2003).

If the relationship between discrimination and mental health among African Americans is conditional on SES, it is reasonable to assume that these differences may be explained by disparities in coping resources. Psychosocial resources, such as social support and mastery, are positively associated with both SES (Caputo 2003; Huurre et al. 2007; Keith et al. 2010; Marmot et al. 1998) and mental health (Kessler and McLeod 1985; Turner and Brown, 2010). Moreover, these coping resources also significantly mediate (Kim et al. 2005; Turner, Lloyd, and Roszell 1999) and moderate (Pudrovska et al. 2005; Turner 1981) the association between SES and mental health.

The current study extends prior research by investigating linkages between racial discrimination, SES, coping resources, and depressive symptomatology among African Americans. We focus on race-based discrimination owing to the historical and systemic nature of anti-black racism in the United States (Feagin, 2000) and its potential threat to identity (Pearlin, Schieman, Fazio, and Meersman 2005; Williams and Williams-Morris 2000) and because it may be uniquely insidious relative to other sources of unfair treatment (Stetler, Chen, and Miller 2006). Given the disproportionately high percentage of economically disadvantaged African Americans, we are particularly interested in distance from the poverty line and educational attainment as measures of SES. Analyzing data from the National Survey of American Life (NSAL), which was designed to examine racial and ethnic differences in stressors, coping resources, and psychological well-being, this study asks (a) whether racial discrimination adversely affects the mental health of African Americans, (b) whether lower- or higher-SES African Americans are more vulnerable to racial discrimination, and, if so, (c) whether social and psychological coping resources mediate the moderating effects of SES on the relationship between racial discrimination and depressive symptoms.

BACKGROUND

Racial Discrimination and Mental Health

Racial discrimination has been defined as the differential treatment of members of minority groups through both institutional arrangements and interpersonal social interactions (Williams and Williams-Morris 2000). Institutional forms of discrimination, such as residential segregation, perpetuate inequality through unfair housing and other policies. These policies, in turn, consign African Americans and other people of color to socially and economically deprived neighborhoods where the opportunities for upward mobility are limited and indirectly contribute to poorer health status (Williams 1999; Williams and Williams-Morris 2000). In contrast to racialized practices embedded in institutional

arrangements, interpersonal discrimination consists of verbal slurs, slights, physical threats, and other behaviors that individuals perceive they have experienced in direct encounters with others (Brondolo et al. 2009). These subjective experiences are treated increasingly in the health literature as unique sources of stress and are most often operationalized in the sociological stress literature as either major lifetime events or more minor but recurring strains (Williams and Mohammed 2008; Williams and Williams-Morris 2000). As lifetime events, researchers tend to focus on acute or discrete stressors, such as being unfairly fired from a job or being treated unfairly when seeking a mortgage or medical care (Williams, Neighbors, and Jackson 2003). As recurring strains, studies often focus on frequently experienced encounters, such as being treated with less courtesy than others, being verbally abused, or receiving poorer service in public establishments (Kessler, Mickelson, and Williams 1999; Schulz et al. 2000).

Instances of interpersonal discrimination are commonly reported experiences among African Americans and pose a substantial risk for mental health (Brondolo et al. 2009; Kessler, Mickelson, and Williams 1999; J. Taylor and Turner 2002). A national study found that nearly half (49%) of African American adults reported lifetime occurrences of at least 1 of 11 acute discriminatory events, and nearly three fourths (71%) indicated that they often or sometimes experienced chronic recurring episodes of discrimination (Kessler, Mickelson, and Williams 1999). In addition to being prevalent, discrimination is associated with a variety of negative mental health outcomes, including higher levels of anger, anxiety, depressive symptoms, and psychological distress but lower levels of life satisfaction (Broudy et al. 2007; T. Brown et al. 2000; Gee et al. 2007; Kessler, Mickelson, and Williams 1999; Landrine and Klonoff 1996; Prelow, Mosher, and Bowman 2006). Day-to-day discrimination appears to be especially detrimental for mental health, with a majority of studies finding stronger deleterious effects for these more routine encounters than for major lifetime events (Lee and Turney 2012; Paradies 2006; Pascoe and Richman 2009; Williams and Mohammed 2009).

An unresolved issue in the literature is whether race-based discrimination influences psychological well-being to a different extent than unfair treatment in general (Williams and Mohammed 2009). This issue may be especially salient for African Americans who most frequently attribute their experiences of unfair treatment to their race/ethnicity. For example, scholars such as Feagin (2000) argue that the historical repercussions of slavery and Jim Crow laws make anti-black racism especially widespread and virulent. Similarly, others note that the negative attributes attached to blackness may be especially threatening to one's sense of self (Brondolo et al. 2009; Pascoe and Richman 2009). Work by Stetler and colleagues (Stetler, Chen, and Miller 2006) suggest that African Americans may react more emotionally to racial discrimination than other stressors because it is often both common and subtle and may lead to rumination. As noted by Williams and Mohammed (2009), investigating the extent to which individuals attribute their unfair treatment to race will provide researchers with a better understanding of how this specific type of discrimination affects mental health. For these reasons, the current study focuses attention to racial discrimination.

Discrimination, SES, and Mental Health

Research consistently finds that SES is inversely related to psychological distress and depressive symptomatology in the general population and among African Americans (Bratter and Eschbach, 2006; George and Lynch 2003; Heller, Briones, and Roberts 2004; Karlsen and Nazroo 2002; Marmot et al. 1998; Ulbrich, Warheit, and Zimmerman 1989). Stress researchers posit that mental health disparities across class, race, and other social statuses emerge, in part, from differential access to coping resources that make individuals more vulnerable to the adverse effects of stressors (George and Lynch 2003; Horwitz, White, and Howell-White 1996; Turner and Avison 2003). Accordingly, one of the most consistent findings in the mental health literature is that individuals with higher levels of support, especially emotional support, enjoy a mental health advantage over those with fewer social resources (Bao, Whitbeck, and Hoyt 2000; Hurre et al. 2007; Turner and Marino 1994). Similarly, those who believe that they have control or mastery over the circumstances in their lives report fewer depressive symptoms most likely because they tend to view themselves as being competent and possessing skills that assist in resolving difficult issues (Bovier, Charmot, and Perneger 2004; Lincoln, Chatters, and Taylor 2003; Pearlin et al. 1981; Turner and Lloyd 1999). Socially disadvantaged groups may be more vulnerable to discrimination and other stressors because they have fewer resources to avoid or resolve problems.

To date, support for an SES gradient in vulnerability to discrimination among African Americans is inconclusive. In their seminal work on the joint effects of race and SES on mental health, Kessler and Neighbors (1986) found that race differences in psychological distress were more pronounced among higher- versus lower-income blacks and whites, but they did not empirically evaluate either stressors or coping resources. Ulbrich, Warheit, and Zimmerman (1989) found that lower-SES African Americans were more emotionally vulnerable to stressors than their middle-class counterparts, but the study did not address discrimination. Only a few studies explicitly address SES differences in response to interpersonal discrimination among African Americans. In a study of self-rated health, Bratter and Gorman (2011) found no conditional effects for SES among Blacks. Forman (2003), on the other hand, found that among African American adults, discrimination was more psychologically distressing for workers in the secondary sector (e.g., service workers) than for those in the primary sector (e.g., professionals). Forman, however, did not evaluate the extent to which these findings reflect differences in coping resources. Because social support and mastery tend to be positively associated with SES (S. Taylor and Seeman 2006; Turner and Marino 1994) and negatively associated with depressive symptoms, we expect that differences in the availability of these coping resources will explain the conditional effects of SES on the relationship between racial discrimination and depressive symptoms among African Americans.

The Current Study

This study attempts to provide insights into the complex connections between discrimination, SES, and mental health among African Americans. Unlike many studies, we specifically focus on perceptions of racial discrimination as a unique stressor rather than a wider universe of unfair treatment. Using a nationally representative sample of African

Americans, we investigate both major lifetime events and episodes of racial discrimination that are routinely encountered in day-to-day interactions. Moreover, we extend previous research by evaluating models that examine mediated moderation (Baron and Kenny 1986; Sojo and Guarino 2011) to assess the extent to which psychosocial resources mediate the moderating effects of SES on the association between racial discrimination and depressive symptoms. In our conceptual model depicted in Figure 1, we hypothesize that racial discrimination and social class significantly predict depressive symptoms scores (pathways a and b, respectively), social class may moderate the relationship between racial discrimination and depressive symptoms (pathway c), and these differences in vulnerability could be explained by the greater availability of psychosocial coping resources (social support and mastery) among higher-SES individuals than among their lower-SES counterparts (pathway d).

METHOD

Data

The NSAL was designed to examine social determinants of health, including linkages between race and ethnicity, stressors, coping resources, and mental health. The NSAL survey was administered during 2001 to 2003 to a sample of non-institutionalized English-speaking adults residing in households located in the United States. Overall, 6,082 face-to-face interviews with African American ($n = 3,570$), Afro-Caribbean ($n = 1,621$), and Non-Hispanic White ($n = 891$) adults over age 18 were conducted with a response rate of 73% (for more details on sampling methods/design, see J. Jackson et al. 2004 and Heeringa et al. 2004).

Analytic Sample

The current study focuses on respondents who self-identified as African Americans ($n = 3,570$) and does not include persons identifying as Afro-Caribbean. Using listwise deletion, we subsequently omitted the 198 African American respondents who did not have complete information on all of the measures included in our analyses. The final analytic sample consists of 3,372 African Americans.

Measures

Depressive Symptoms—Depressive symptoms are measured using an index of the frequency of eight symptoms derived from the Center for Epidemiologic Studies Depression Scale (CES-D) ($\alpha = .75$) (see Appendix A for specific items included in this index).

SES—Distance from the poverty line and educational attainment may be two of the more salient measures of SES for African Americans. In general, African Americans are disproportionately represented in the lowest categories across most measures of SES, including income and educational attainment (LaVeist 2005; Williams and Williams-Morris 2000), and approximately 25 percent of African Americans live in poverty (U.S. Census 2008). Additionally, the financial and occupational returns for educational attainment vary within and across racial groups (Williams and Collins 1995).

Poverty level is assessed using the poverty index that is based on the 2001 U.S. Census income-to-needs ratio. The poverty line is computed from a composite measure of pretax income that excludes capital gains and noncash benefits (such as Medicaid and food stamps) in addition to family size and composition (U.S. Department of Health and Human Services 2011). The ordinal variable is divided into three mutually exclusive categories: those living below the poverty line, those who live at 100 to 200 percent of the poverty line, and those who live above 200 percent of the poverty line. Those living 200 percent above the poverty line is the reference category for the analyses.

Education, our other measure of SES, is based on degree attainment. Respondents were first asked about the number of years of school they finished. If they answered 0 to 12, they were then asked whether they received a high school graduation diploma or passed a high school equivalency test. If they answered 13 to 17 years or more, then they were asked whether they have a college degree or certificate. Education is composed of these four categories: less than a high school degree, high school degree, some college, and college degree or more. For the current analyses, those with a college degree or more are our reference category.

Racial Discrimination—We assess perceptions of both lifetime and daily racial discrimination using the *perceived discrimination* instruments developed by Williams and colleagues (1997; see Appendix A). The instruments account for perceptions of unfair treatment by different characteristics, such as the respondent's age, weight, and gender, without reference to racism or discrimination. Because the current study focuses only on race-based discrimination, other forms of discrimination are not included in the analyses. It is also important to note that these measures of discrimination are based on respondents' perceptions of discriminatory events and circumstances. In the subsequent text, we refer to perceived racial discrimination as *racial discrimination*.

Lifetime racial discrimination represents instances of discrimination that involve major, discrete events across nine categories (see Appendix A for specific items included in this index). Respondents then reported the main reason they believe they were discriminated against. We define respondents who attributed their experiences to their ancestry or national origin, race, or skin color as having experienced racial discrimination. Respondents received a score of 1 for each event experienced and attributed to race. Scores were summed and have a theoretical range of 0 to 9.

Daily racial discrimination represents instances of discrimination that involve recurrent episodes that respondents encounter in their everyday lives (see Appendix A for specific items included in this index). As with the lifetime discrimination measure, we defined responses to these events as race-based only if the respondent attributed the experience to their ancestry or national origin, race, or skin color. Respondents were asked how often any of the 10 types of unfair treatment have occurred in their day-to-day lives with response categories of *never* (coded as 0), *less than once a year* (coded as 1), a few times a year (coded as 2), a few times a month (coded as 3), at least once a week (coded as 4), and *almost every day* (coded as 5). Scores for the 10 items were summed, giving the measure a

theoretical range of 0 to 50, with an internal reliability of 0.93. Both measures of discrimination were mean-centered for our SES and discrimination interactions.

Social and Psychological Resources—Instrumental support is composed of three questions regarding perceived support from family and friends. Respondents were asked about the “frequency family helps you out,” “frequency friends help you out,” and “frequency family friends help you out,” with response categories of *never* (coded as 0), *not too often* (coded as 1), *fairly often* (coded as 2), and *very often* (coded as 3). Instrumental support ranges from 0 to 9, with higher scores indicating greater perceived support ($\alpha = 0.63$).

Perceived family emotional support is based on three questions, “frequency family makes you feel loved (excluding spouse),” “frequency family listens to your problems,” and “frequency family expresses concern for your well-being,” with response categories of *never* (coded as 0), *not too often* (coded as 1), *fairly often* (coded as 2), and *very often* (coded as 3). Emotional family support ranges from 0 to 9, with higher scores indicating greater perceived support, and has internal reliability of 0.74.

Mastery is assessed using six items (Pearlin et al. 1981) that include whether the respondent felt (1) there was no way to solve some of his or her problems, (2) pushed around in life, (3) little control over what happened to him or her, (4) helpless dealing with life problems, (5) there was little he or she could do to change things important in life, and (6) that he or she could do about anything I set my mind to. Responses ranged from *strongly agree* (coded 0) to *strongly disagree* (coded 3) except the last item, which was reverse coded. High scores indicate higher levels of mastery. Mastery ranges from 0 to 18 with an internal reliability of 0.74.

Control Variables—In the present analyses, we control for a number of background factors that have been associated with SES, discrimination, and depressive symptoms: gender, employment status, age, marital status, and region of the country. Gender is coded as 0 = male and 1 = female. Employment status is coded as 0 = not currently working and 1 = currently working. Age is a continuous variable ranging from 18 to 93. We also control for marital status, which is dummy coded so that those who are currently married (= 1) are distinguished from those who are currently unmarried (= 0). Region of the country is based on whether the respondent lives in the South (= 1) or not (= 0).

Analytic Strategy—First, we present the descriptive statistics for our main study variables by respondent’s poverty and education level (Table 1). We then examine the joint effects of discrimination and SES on depressive symptoms to determine whether there are SES differences in vulnerability to lifetime and daily discrimination (Tables 2 and 3). Both measures of discrimination were mean-centered for these tests. If the interaction effects are significant, then we employ formal mediation tests to assess whether social (instrumental support and emotional support from family members) and psychological (mastery) resources mediate the moderating effects of SES on the association between discrimination and depressive symptoms. In this part of the analysis, we present the results for lifetime discrimination first, and then we present the results for daily discrimination. Coefficient

estimates are adjusted for the complex sampling design of the NSAL by using the “svy” commands in Stata SE, version 11.

RESULTS

Table 1 presents descriptive information for our main study variables by poverty level and educational attainment. A one-way analysis of variance with post hoc Scheffe tests indicates that impoverished ($F = 98.12, p < .001$) and less educated ($F = 59.40, p < .001$) African Americans tend to report more depressive symptoms than their counterparts at or above poverty and those with higher education, which is consistent with other studies (e.g., D. Brown et al. 1992; Dohrenwend et al. 1992). In terms of discrimination, we find a positive relationship between educational attainment and reports of lifetime ($p < .001$) and daily ($p < .01$) racial discrimination. African Americans at or above the poverty line report more lifetime racial discrimination than those below the poverty line ($p < .001$); however, poverty-level differences in reports of daily discrimination are not statistically significant.

These differences possibly reflect the stable nature of educational attainment and the more fluid nature of income as well as the differing social contexts in which African Americans live and work. Impoverished African Americans are disproportionately concentrated in low-SES neighborhoods, and such racially homogeneous contexts may lower their encounters with race-based discrimination. However, more educated and financially advantaged African Americans are more likely to live and work in racially mixed environments where they interact with other racial groups, heightening their exposure to interpersonal discrimination (Iceland and Wilkes 2006; P. Jackson and Stewart 2003).

For example, in supplementary analyses (not shown), we find that African Americans at or above the poverty line report more frequent encounters with receiving poor service at restaurants and people acting as if they are afraid of them because of their race than impoverished African Americans. Additionally, African Americans with more educational attainment report more frequent encounters with people treating them with less courtesy and less respect than others, receiving poorer service at restaurants than others, people acting as if they are afraid of them, and being followed in stores due to their race. However, impoverished African Americans report more frequent encounters with one type of daily discriminatory experience than those with higher incomes: people calling them names and insulting them because of their race.

Results for individual lifetime discriminatory events follow a similar pattern as those presented for the composite measure, with a few notable exceptions. Being unfairly fired due to one's race did not significantly vary by poverty level or educational attainment, and moving into a neighborhood where neighbors made it difficult for the respondent or their family did not significantly vary by educational level. In terms of social resources, poverty status is inversely associated with instrumental support ($p < .001$), but education is positively associated with perceived family emotional support ($p < .05$). For mastery, there are significant SES differences, wherein the most impoverished and least educated African Americans perceive the lowest levels of mastery ($p < .001$).

Table 2 presents the ordinary least squares (OLS) regression results of depressive symptoms regressed on lifetime racial discrimination, poverty level, education, and psychosocial resources. Each model presented in the table controls for gender, employment status, age, marital status, and region of the country. Model 1 shows that there are significant differences in depressive symptoms by poverty status among African American adults. In particular, adults living below or at 100 to 200 percent of poverty report, respectively, depressive symptom scores 1.13 ($p < .001$) and 0.63 ($p < .001$) points higher than those above 200 percent of poverty. Similarly, having less education is associated with more depressive symptoms. For example, those with less than a high school degree experience, on average, symptom scores 2.06 ($p < .001$) points higher than respondents with a college degree.

In Model 2, we add lifetime racial discrimination and find that discrimination is positively and significantly associated with depressive symptoms ($b = 0.40, p < .001$).¹ To address whether African Americans' vulnerability to racial discrimination varies by poverty level and educational attainment, we add the interaction terms Poverty $\times$ Lifetime Discrimination in Model 3 and Education $\times$ Lifetime Discrimination in Model 4. We find that African Americans living below the poverty line report higher depressive scores than those who live above 200 percent poverty ($b = 0.41, p < .001$). In Model 4, however, we do not find educational differences in vulnerability to lifetime discrimination. The results from Model 3 are graphically represented in Figure 2, which suggests that lifetime discrimination has the strongest impact on the depressive symptom scores of impoverished African Americans. It is interesting to note that at low levels of discrimination, depressive symptom scores are similar at each level of poverty. However, across each level of poverty, every additional lifetime discrimination event is associated with increasingly higher depressive symptom scores. The slope is steepest for impoverished African American, while the slopes for African Americans living at 100 to 200 percent poverty and above 200 percent poverty are similar across the different counts of lifetime discrimination.

Next, we assess whether psychosocial resources mediate the moderating effects (i.e., conditional) of SES on the relationship between lifetime racial discrimination and depressive symptoms. In Model 5 of Table 2, we find that instrumental support is not significantly related to depressive symptoms and does not mediate the Poverty $\times$ Lifetime discrimination interaction effect. Model 6 indicates that emotional support from family members is inversely associated with depressive symptoms ($b = -0.20, p < .001$) but does not explain SES disparities in vulnerability to lifetime racial discrimination. However, when the significant effects of mastery are added in Model 7 ($b = -0.42, p < .001$), the impact of lifetime racial discrimination on depressive symptom scores are no longer significantly greater for impoverished African Americans. The coefficient for the interaction is reduced from 0.41 ($p < .05$) to 0.20 (nonsignificant), and a subsequent mediation test (using the Sobel-Goodman method) confirms that mastery mediates 31 percent of this relationship ($p < .001$). This finding suggests that having lower levels of mastery partially explains why

¹Lifetime discrimination is skewed; however, when we run our models specifying a square root transformation of this variable, similar patterns are observed. For this reason, we keep lifetime discrimination in its original form.

African Americans living below the poverty line are more vulnerable to lifetime discriminatory events than those above 200 percent of poverty.

Table 3 presents the OLS regression results of the effects of daily racial discrimination on depressive symptoms. Similar to the results for lifetime racial discrimination, Model 1 reveals that impoverished African Americans report higher depressive symptom scores, and Model 2 shows that daily discrimination is positively associated with depressive symptoms ($b = 0.09, p < .001$). After adding interactions between SES and daily racial discrimination in Models 3 and 4, we find that poverty-level conditions the relationship between daily discrimination and depressive symptoms. In particular, as daily racial discrimination increases, African American adults living in poverty report, on average, depressive symptom scores 0.39 ($p < .01$) points higher than those above 200 percent of the poverty line.

Figure 3 presents the graphed interaction of daily racial discrimination and poverty level on depressive symptoms, holding all other predictors constant. The findings show that African Americans who report no day-to-day discrimination report comparable depressive scores regardless of poverty status. However, among those who do report discrimination, the slope is steepest for those below the poverty level, indicating that the most impoverished African Americans are most psychologically vulnerable to daily experiences of racial discrimination.

In Models 5 through 7 of Table 3, we examine whether social and psychological resources mediate the moderating effects of SES on the relationship between daily racial discrimination and depressive symptoms. As with the results for lifetime discrimination, Model 5 indicates that instrumental support is not significantly related to depressive symptoms. However, Model 6 shows that emotional support from family is a significant predictor of lower depressive symptom scores ($b = -0.18, p < .01$), and accounting for this measure reduces the coefficient for the Below Poverty $\times$ Daily Discrimination interaction to nonsignificance. A Sobel-Goodman test of mediation finds that only 5 percent of this effect is mediated by family emotional support. Model 7 reveals that mastery is inversely associated with depressive symptoms ($b = -0.40, p < .001$) and reduces the poverty level differential in daily racial discrimination to nonsignificance, explaining 31 percent ($p < .001$) of impoverished African Americans' vulnerability to the effects of daily discrimination. These findings suggest that the psychological well-being of impoverished African Americans is more vulnerable to the negative effects of daily racial discrimination because they tend to perceive having less emotional support from their family and, more importantly, less personal control over their lives than those above 200 percent of the poverty line.

DISCUSSION

The present study employs a nationally representative sample of African American adults to address three issues that have received little attention in the literature on the mental health of African Americans. First, rather than general unfair treatment, we examine the relationship between racial discrimination and depressive symptoms. Second, we assess whether racial discrimination affects the psychological well-being of African Americans uniformly across all social classes. Third, we evaluate the extent to which psychosocial coping resources

mediate the moderating effects of social class on racial discrimination for depressive symptoms.

Our findings show that racially discriminatory lifetime events and daily interactions adversely affect the psychological wellbeing of African Americans. However, both types of experiences are much more salient for the mental health of impoverished African American adults than for their higher-income counterparts. We also demonstrate that inadequacies in psychosocial coping resources that are positively correlated with SES, especially mastery (Keith et al. 2010; Kim et al. 2005), partially explain why impoverished African Americans are more vulnerable to the psychological effects of racial discrimination.

Overall, we argue that racial discrimination can be seen as both a chronic and an acute stressor that negatively affects the mental health of African Americans. Our findings support research by Keith et al. (2010) demonstrating an inverse association between discrimination and mastery. Interpersonal racial discrimination is associated with feeling less competent and in less control because it is often subtle and dependent on interactions with others that can be unpredictable and uncontrollable. Economic deprivation, which also limits feelings of competence, control, and the ability to solve problems, makes these interactions especially deleterious for well-being. Overall, these findings highlight one of the ways that SES and race combine to influence health.

Although this is one of the first studies to examine SES disparities in the effects of racial discrimination on the depressive symptomatology of African Americans, limitations of the analyses advise caution. First, the use of cross-sectional data does not allow for adequate determination of temporal ordering, thus preventing us from clearly differentiating between social selection and social causation factors that contribute to depressive symptoms and reports of discrimination. Second, examining one form of discrimination does not capture the range of stress resulting from unfair treatment in general; therefore, our approach may underestimate the synergistic effects of race with other reasons for unfair treatment (i.e., age or gender) on mental health.² Finally, our study includes only reports of perceived racial discrimination, which are subjective to the individual; individuals may sometimes perceive social interactions as discriminatory that are not necessarily intended as such. Conversely, individuals may also overlook acts of discrimination or fail to attribute unfair treatment to their race.

Still, this study contributes to sociological research on mental health by demonstrating that differences in mastery partially explain the SES variations in the relationship between racial discrimination and depressive symptomatology. Uncovering whether other attributions of discrimination (e.g., based on gender, age, weight, nativity status, etc.) limit psychological and/or social resources is an important area for future research. Our findings also pose several potential policy implications. As suggested by Williams and Sternthal (2010), SES and race combine in complex ways to affect health. Therefore, race and economic-specific strategies are needed to improve health outcomes for disadvantaged racial groups, and

²When we run the same models for unfair treatment in general, similar patterns are observed with one exception: African Americans at 100 to 200 percent of the poverty line are more vulnerable to the mental health effects of daily discrimination than those above 200 percent of the poverty line.

examining whether the association between discrimination and mental health is conditioned by social class among other racial/ethnic groups would be an additional area for future research. Investigating whether specific domains (i.e., school, work, neighborhood, public settings) in which interpersonal discrimination occurs are more or less salient for mental well-being will allow researchers to pinpoint specific arenas of intervention. For example, discrimination in the public school system may influence well-being and discourage advancement of education, which in turn can influence one's socioeconomic standing. It is also just as important to address discrimination at the institutional level, in terms of residential segregation, pointing to a need for state or federal policies that expand the apportionment of low-income housing or vouchers into safe and stable neighborhoods.

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APPENDIX A

Depressive Symptoms ($\alpha = .75$)

How often was each of the following things true during the past seven days? (0 = *never or rarely*; 1 = *sometimes*; 2 = *a lot of times*; 3 = *most of the time or all of the time*)

1. Had trouble keeping mind on tasks
2. Felt everything was an effort
3. Felt depressed

4. Had restless sleep
5. Felt people were unfriendly³
6. Had crying spells
7. Felt people disliked them
8. Felt like they could not get going

Perceived Lifetime Racial Discrimination

Respondents reported whether at any time in their life they were unfairly treated by the following:

1. Being fired from their job
2. Not hired for a job
3. Denied a promotion
4. Harassed/mistreated by the police
5. Discouraged by a teacher/advisor from continuing their education
6. Prevented from moving into a neighborhood because the landlord/realtor refused to sell/rent them a house/apartment.
7. Denied a bank loan
8. Moved into a neighborhood where neighbors made life difficult for the respondent or their family
9. Received service from someone, such as a plumber or mechanic, that was worse than what other people get

For each of these lifetime events, respondents were asked, “What do you think was the main reason for this experience?” with the following options:

1. Your ancestry or national origin
2. Your gender
3. Your race
4. Your age
5. Your height or weight
6. Your shade of skin color
7. Other

We included respondents who attributed their unfair treatment to their ancestry or national origin, their race, or their shade of skin color.

³“People were unfriendly to me” is a measure of interpersonal rejection; however, our results hold when we take this item out of our measure of depressive symptoms.

Perceived Daily Racial Discrimination ($\alpha = .93$)

Respondents were asked, “In your day-to-day life, how often have any of the following things happened to you?” (recoded; 0 = *never*; 1 = *less than once a year*; 2 = *a few times a year*; 3 = *a few times a month*; 4 = *at least once a week*; and 5 = *almost every day*).

1. Treated with less courtesy than other people
2. Treated with less respect than other people
3. Received poorer service than other people at restaurants or stores
4. Treated as if people act as if they think you are not smart
5. People act as if they are afraid of you
6. People act as if they think you are dishonest
7. People act as if they are better than you are
8. You are called names, or insulted
9. You are threatened or harassed
10. Followed in stores

Then, if they answered “a few times a year,” “a few times a month,” “at least once a week,” or “almost every day” to any of these questions, they were then asked, “What do you think was the main reason for this/these experience(s)? Would you say ... ?”

1. Your ancestry or national origin
2. Your gender
3. Your race
4. Your age
5. Your height or weight
6. Your shade of skin color

Figure 1.
Conceptual Depiction of Mediated Moderation Model.

Figure 2.
Graphed Interactions of Lifetime Racial Discrimination and Poverty Level on Depressive Symptoms Scores.

Figure 3.
Graphed Interactions of Daily Racial Discrimination and Poverty Level on Depressive Symptoms Scores.

Table 1

Means/Proportions and Standard Deviations of Main Study Variables by Socioeconomic Status (Poverty Level and Education).

Variable (Theoretical Range)	Poverty level			Education					Total (n = 3,372)
	Below poverty (n = 1,359)	100%-200% poverty (n = 1,252)	Above 200% poverty (n = 761)	Less than high school (n = 777)	High school (n = 1,367)	Some college (n = 540)	College or more (n = 688)		
Depressive symptoms (0-24)	5.79 (4.79)	4.34 (3.97)	3.21 *** (3.39)	6.10 (5.10)	4.81 (4.21)	4.06 (3.71)	3.25 *** (3.41)	4.67 (4.32)	
Lifetime racial discrimination (0-9)	0.71 (1.24)	0.81 (1.29)	1.12 *** (1.49)	0.58 (1.09)	0.74 (1.24)	1.01 (1.48)	1.17 *** (1.50)	0.83 (1.32)	
Daily racial discrimination (0-50)	8.58 (10.51)	8.71 (9.86)	9.15 (8.91)	8.01 (10.59)	8.46 (9.93)	9.64 (9.59)	9.51 ** (9.32)	8.76 (9.92)	
Instrumental support (0-9)	4.83 (2.40)	4.76 (2.43)	4.34 *** (2.43)	4.69 (2.57)	4.75 (2.41)	4.74 (2.41)	4.60 (2.37)	4.70 (2.41)	
Perceived family emotional support (0-9)	6.69 (2.31)	6.74 (2.19)	6.75 (2.05)	6.50 (2.41)	6.74 (2.21)	6.74 (2.21)	6.84 * (2.04)	6.72 (2.21)	
Mastery (0-18)	12.57 (4.23)	13.80 (3.80)	14.94 *** (3.10)	11.77 (4.30)	13.54 (3.84)	13.54 (3.84)	14.80 *** (3.40)	13.56 (3.95)	
Female (0-1)	0.75 (0.43)	0.63 (0.48)	0.50 *** (0.50)	0.66 (0.48)	0.64 (0.48)	0.64 (0.48)	0.69 ** (0.46)	0.65 (0.48)	
Employed (0-1)	0.46 (0.50)	0.75 (0.43)	0.84 *** (0.36)	0.38 (0.49)	0.69 (0.46)	0.69 (0.46)	0.81 *** (0.40)	0.66 (0.48)	
Age (18-93)	42.46 (17.61)	42.29 (15.86)	43.83 (13.76)	49.20 (19.43)	40.43 (15.11)	40.43 (15.11)	42.86 *** (13.11)	42.71 (16.16)	
Married (1-0)	0.22 (0.41)	0.37 (0.48)	0.53 *** (0.50)	0.28 (0.45)	0.35 (0.48)	0.35 (0.48)	0.41 *** (0.49)	0.35 (0.48)	
South (0-1)	0.68 (0.47)	0.68 (0.46)	0.58 *** (0.49)	0.72 (0.45)	0.67 (0.47)	0.67 (0.47)	0.60 *** (0.49)	0.66 (0.47)	

Source: National Survey of American Life (2001–2003).

Note: Presented are means/proportions with standard deviations in parentheses. N = 3,372. Significance assessed by one-way analysis of variance with a post hoc Scheffe test.

* $p < .05$.** $p < .01$.*** $p < .001$.

Table 2

The Effects of Socioeconomic Status (Poverty Level and Education), Lifetime Racial Discrimination, and Psychosocial Resources on Depressive Symptoms.

Variable	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6	Model 7
Below poverty	1.13*** (0.28)	1.09*** (0.27)	1.05*** (0.27)	1.08*** (0.27)	1.05*** (0.27)	1.00*** (0.25)	0.60*** (0.24)
100%–200% poverty	0.63** (0.20)	0.63** (0.20)	0.59*** (0.21)	0.62*** (0.20)	0.60* (0.20)	0.58* (0.21)	0.34 (0.19)
Less than High School	2.06*** (0.33)	2.32*** (0.32)	2.36*** (0.32)	2.28*** (0.34)	2.35*** (0.32)	2.29*** (0.32)	1.45*** (0.29)
High school	0.93*** (0.23)	1.09*** (0.21)	1.10*** (0.21)	1.07*** (0.22)	1.10*** (0.21)	1.07*** (0.22)	0.64*** (0.20)
Some college	0.40 (0.23)	0.47* (0.22)	0.45* (0.22)	0.43 (0.23)	0.45* (0.22)	0.41 (0.21)	0.30 (0.21)
Lifetime racial discrimination		0.40*** (0.06)	0.29*** (0.08)	0.33*** (0.09)	0.29*** (0.08)	0.27*** (0.08)	0.22*** (0.08)
Below Poverty × Lifetime			0.41* (0.16)		0.41* (0.16)	0.40** (0.16)	0.20 (0.16)
100%–200% Poverty × Lifetime			0.05 (0.16)		0.05 (0.16)	0.04 (0.16)	−0.02 (0.14)
Less Than High School × Lifetime				−0.06 (0.24)			
High School × Lifetime				0.16 (0.21)			
Some College × Lifetime				0.17 (0.19)			
Instrumental support					−0.01 (0.03)		
Perceived family emotional support						−0.20*** (0.04)	
Mastery							−0.42*** (0.03)
Female	0.72*** (0.18)	0.99*** (0.17)	0.98*** (0.17)	0.99*** (0.17)	0.99*** (0.16)	1.04*** (0.16)	0.77*** (0.15)
Employed	−0.91*** (0.22)	−0.92*** (0.22)	−0.92*** (0.22)	−0.91*** (0.22)	−0.93*** (0.22)	−0.93*** (0.22)	−0.62*** (0.19)
Age	−0.05*** (0.00)	−0.06*** (0.00)	−0.06*** (0.00)	−0.06*** (0.00)	−0.06*** (0.00)	−0.06*** (0.00)	−0.06*** (0.00)
Married	0.07 (0.17)	0.08 (0.17)	0.07 (0.17)	0.08 (0.16)	0.07 (0.17)	0.05 (0.17)	0.10 (0.15)
South	−0.41 (0.23)	−0.26 (0.22)	−0.26 (0.22)	−0.25 (0.22)	−0.25 (0.22)	−0.22 (0.21)	−0.28 (0.19)
Constant	5.65*** (0.33)	5.06*** (0.34)	5.18*** (0.33)	5.13*** (0.33)	5.26*** (0.38)	6.62*** (0.46)	11.70*** (0.57)
R ²	0.11	0.12	0.13	0.13	0.13	0.14	0.26

Source: National Survey of American Life (2001–2003).

Note: N = 3,372. Shown are unstandardized ordinary least squares coefficients with linearized standard errors in parentheses.

* p < .05.

1.
 $p < .01$.
**
 $p < .001$.

Table 3

The Effects of Socioeconomic Status (Poverty Level and Education), Daily Racial Discrimination, and Psychosocial Resources on Depressive Symptoms Scores.

Variable	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6	Model 7
Below poverty	1.13*** (0.28)	1.07*** (0.26)	1.05*** (0.26)	1.08*** (0.27)	1.06*** (0.26)	1.01*** (0.25)	0.62*** (0.24)
100%–200% poverty	0.63** (0.20)	0.59** (0.21)	0.58*** (0.21)	0.59*** (0.21)	0.58*** (0.20)	0.56* (0.21)	0.34 (0.20)
Less than high school	2.06*** (0.33)	2.19*** (0.32)	2.19*** (0.32)	2.18*** (0.32)	2.19*** (0.32)	2.14*** (0.32)	1.37*** (0.30)
High school	0.93*** (0.23)	1.05*** (0.22)	1.04*** (0.22)	1.04*** (0.21)	1.04*** (0.22)	1.02*** (0.22)	0.62*** (0.21)
Some college	0.40* (0.23)	0.49* (0.24)	0.47 (0.24)	0.49* (0.23)	0.47 (0.24)	0.44 (0.23)	0.32 (0.22)
Daily discrimination		0.09*** (0.01)	0.07*** (0.02)	0.08*** (0.02)	0.07*** (0.02)	0.06*** (0.02)	0.04*** (0.02)
Below Poverty × Daily			0.39* (0.18)		0.39* (0.18)	0.36 (0.18)	0.20 (0.17)
100%–200% Poverty × Daily			0.22 (0.19)		0.22 (0.19)	0.22 (0.18)	0.20 (0.16)
Less Than High School × Daily				0.25 (0.25)			
High School × Daily				0.14 (0.27)			
Some College × Daily				−0.12 (0.25)			
Instrumental support					−0.02 (0.03)		
Perceived family emotional support						−0.18*** (0.03)	
Mastery							−0.40*** (0.03)
Female	0.72*** (0.18)	0.94*** (0.18)	0.94*** (0.18)	0.94*** (0.18)	0.94*** (0.18)	1.00*** (0.18)	0.75*** (0.17)
Employed	−0.91*** (0.22)	−0.96*** (0.20)	−0.96*** (0.20)	−0.95*** (0.20)	−0.97*** (0.20)	−0.96*** (0.19)	−0.66*** (0.17)
Age	−0.05*** (0.00)	−0.05*** (0.00)	−0.05*** (0.00)	−0.05*** (0.00)	−0.05*** (0.00)	−0.05*** (0.00)	−0.05*** (0.00)
Married	0.07 (0.17)	0.09 (0.17)	0.08 (0.17)	0.08 (0.17)	0.07 (0.17)	0.06 (0.17)	0.11 (0.15)
South	−0.41 (0.23)	−0.23 (0.21)	−0.22 (0.21)	−0.23 (0.21)	−0.22 (0.21)	−0.19 (0.20)	−0.26 (0.19)
Constant	5.65*** (0.33)	4.26*** (0.38)	4.50*** (0.38)	4.35*** (0.39)	4.63*** (0.43)	5.84*** (0.47)	11.00*** (0.60)
R ²	0.11	0.15	0.15	0.15	0.15	0.16	0.27

Source: National Survey of American Life (2001–2003).

Note: N = 3,372. Shown are unstandardized ordinary least squares coefficients with linearized standard errors in parentheses.

*
p < .05.

1.
 $p < .01$.
 **
 $p < .001$.

APPENDIX B

Correlation Matrix of Study Variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1. Depressive symptoms	—																	
2. Lifetime discrimination	.05 (.00)	—																
3. Daily discrimination	.21 (.00)	.40 (.00)	—															
4. Below poverty	.21 (.00)	-.08 (.00)	-.01 (.40)	—														
5. 100 to 200 percent poverty	.06 (.00)	-.01 (.39)	-.00 (.83)	-.63 (.00)	—													
6. Above 200 percent poverty	-.18 (.00)	.11 (.00)	.02 (.22)	-.44 (.00)	-.41 (.00)	—												
7. Less than high school	.18 (.00)	-.10 (.00)	-.04 (.02)	.33 (.00)	-.13 (.00)	-.24 (.00)	—											
8. High school	.03 (.12)	-.06 (.00)	-.03 (.15)	.03 (.05)	.06 (.00)	-.11 (.00)	-.45 (.00)	—										
9. Some college	-.06 (.00)	.06 (.00)	.04 (.02)	-.12 (.00)	.07 (.00)	.07 (.00)	-.24 (.00)	-.36 (.00)	—									
10. College or more	-.17 (.00)	.13 (.00)	.04 (.03)	-.27 (.00)	-.00 (.83)	.32 (.00)	-.28 (.00)	-.42 (.00)	-.22 (.00)	—								
11. Instrumental support	.02 (.17)	-.07 (.00)	.01 (.44)	.05 (.01)	.02 (.22)	-.08 (.00)	-.00 (—)	.02 (.31)	-.00 (.93)	-.02 (.24)	—							
12. Family emotional support	-.12 (.00)	-.10 (.00)	-.09 (.00)	-.01 (.52)	.01 (.72)	.01 (.74)	-.05 (.00)	.01 (.63)	.02 (.24)	.03 (.10)	.35 (.00)	—						
13. Mastery	-.42 (.00)	-.05 (.01)	-.15 (.00)	-.21 (.00)	.05 (.01)	.19 (.00)	-.25 (.00)	-.00 (.79)	.12 (.00)	.16 (.00)	.02 (.29)	.17 (.00)	—					
14. Female	.09 (.00)	-.23 (.00)	-.10 (.00)	.17 (.00)	-.03 (.05)	-.16 (.00)	.01 (.50)	-.01 (.40)	-.05 (.00)	.05 (.00)	.10 (.00)	.10 (.00)	-.05 (.00)	—				
15. Employed	-.15 (.00)	.04 (.04)	.06 (.00)	-.33 (.00)	.15 (.00)	.22 (.00)	-.31 (.00)	.06 (.00)	.11 (.00)	.16 (.00)	-.02 (.27)	.02 (.21)	.23 (.00)	-.07 (.00)	—			
16. Age	-.12 (.00)	.06 (.00)	-.14 (.00)	-.01 (.47)	-.02 (.25)	.04 (.03)	.22 (.00)	-.12 (.00)	-.10 (.00)	.00 (.77)	-.16 (.00)	-.05 (.00)	-.12 (.00)	-.02 (.24)	-.33 (.00)	—		
17. Married	-.07 (.00)	.05 (.01)	.01 (.67)	-.22 (.00)	.04 (.02)	.21 (.00)	-.08 (.00)	.01 (.76)	.01 (.64)	.07 (.00)	-.09 (.00)	-.03 (.11)	.06 (.00)	-.15 (.00)	.11 (.00)	.03 (.13)	—	
18. South	-.01 (.47)	-.15 (.00)	-.08 (.00)	.04 (.03)	.04 (.01)	-.09 (.00)	.08 (.00)	.03 (.11)	-.06 (.00)	-.06 (.00)	.03 (.07)	.04 (.01)	-.02 (.18)	.01 (.54)	.04 (.03)	-.03 (.10)	.05 (.00)	—

Source: National Survey of American Life (2001–2003).

Note: Significance of correlations in parentheses, N = 3,372.