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Economic stress and depressive symptoms among southern African American women: an examination of mediating and moderating factors

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Economic stress and depressive symptoms among southern African American women:
An examination of mediating and moderating factors

by

Phyllis Ann Brown

A dissertation submitted to the graduate faculty
in partial fulfillment of the requirements for the degree of

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CHAPTER ONE

INTRODUCTION

One of the prevalent themes in the sociological study of gender is that African American women are triply disadvantaged because of the interlocking nature of race, gender, and class (Dunston 1990; Collins 1989; Simms 1986). Given the synergistic nature of oppression, African American women are precariously juxtaposed outside of the power structure in U.S. society, and the consequences are often detrimental to the maintenance of social, physical, and mental well-being. African American women are disproportionately represented in the statistics on low income levels, poverty, and unemployment, and this is particularly important given that research indicates that economic crises at both the aggregate (Aldwin and Revenson 1986; Dooley, Catalano, and Rook 1988; Kessler, Turner, and House 1988), and the individual level (Conger and Elder 1994; Elder and Caspi 1988; McLoyd et al. 1994) may adversely affect emotional and mental adjustment. Along with their disadvantageous economic status, chronic stressors such as low educational attainment, single motherhood, and health related issues create barriers to the promotion and maintenance of positive mental health for African American women (Ensminger 1995; Geiger 1995; Smyth and Yarandi 1992; Starrels, Bould, and Nicholas 1994). Studies have also shown that African American women report lower levels of life quality and higher levels of
depressive symptoms than any other racial-gender group (Blazer et al. 1994; Thomas and Hughes 1986).

Despite the seemingly dismal status of African American women, a more positive image is evident in the literature. As a group, they have been known to utilize support from fictive and non-fictive kin, and religion to overcome obstacles typically viewed as insurmountable (Gibbs and Fuery 1994; Giddings 1984; Jackson and Sears 1992; Jones 1983; Ladner 1971; Stack 1974). Few studies address the specific ways in which African American women cope with institutional oppression and other forms of life stress, but those that do suggest that social support helps to reduce feelings of stress for African American women (McAdoo 1986, 1995). Furthermore, in studies that relate solely to African American mental health, African American women have been found to utilize prayer as a primary coping mechanism (Neighbors et al. 1983).

Considering the sociopolitical and economic status of many African American women, as well as the coping strategies they have used to undermine stressful situations, more scholars seemingly would take an interest in the contribution that stress—particularly economic stress—plays in determining the well-being of this group. Nonetheless, many questions remain unanswered with little discourse that relates solely and specifically to understanding the mental health issues for African American women (Brown and Gary 1988; Taylor, Henderson, and Jackson 1991). While numerous academicians have examined the stress-distress relationship for African Americans in general (Barbarin 1983; Bracy 1976; Broman 1996; Dressler 1991; Jackson, Neighbors, and Gurin 1986; Neighbors and Jackson 1996; Williams 1995).
little is known about the dynamics and social contexts that characterize the stress process for African American women; even less is known about the effects of economic stress on the mental health of African American women and the ways in which they use personal and social resources to minimize chronic economic stress.

The development of an economic stress model for African American women has been hindered for a number of reasons. An overview of the research literature suggests that the study of social stress encompasses an array of topics including the examination of stressful life events (Avison and Turner 1988), the relationship between ascribed traits and subjective stress (Cockerham 1990; Kessler and Neighbors 1986; Newmann 1984; Rosenfield 1980), and the interrelation of stressors and social resources as a catalyst for the formation of a stress process (Pearlin 1989; Turner and Roszell 1994). However, social stress research has been fraught with numerous conceptual and methodological constraints, particularly with regard to an understanding of what constitutes stress and mental health (Kaplan 1996; Lester, Nebel, and Baum 1994; Monroe and McQuaid 1994; Wheaton 1994). While some researchers use the term to describe problems or events that may result in physical or emotional imbalance for the individual, others consider stress to be a response to the challenges of life, where stress becomes a particular outcome such as anxiety, depressive symptoms, or socioemotional behavior (Coyne and Downey 1991; Holahan and Moos 1994; Kaplan 1996; Wheaton 1994).

Conceptualization issues have also had an impact on the ways that investigators conduct stress research. Many researchers have focused on the influence of life events
and chronic strains, with life events research receiving the most attention (Aneshensel 1992; Avison and Turner 1988; Thoits 1995). A significant work with regard to the study of stress has been the development of the Social Readjustment Scale by Holmes and Rahe (1967). This measure consists of weighted units used to determine the amount of life change an individual experiences during a given time period. Using this scale, stress researchers find various life events associated with variability in both physical and mental health (Holahan and Moos 1994). In the thirty years since its inception, numerous articles have been written examining the link between life events and some form of mental health outcome (Aneshensel 1992; Coyne and Downey 1991; Kessler, Price, and Wortman 1985).

Although life events studies have been the pinnacle of mental health research, the relationship between stressful life events and mental health outcomes is unclear for African Americans in general and African American women in particular. Early social stress researchers supported the notion that the racial and social climate in the United States is such that any person of color is more likely to report more stressful life events and higher levels of stress than Whites (Smith 1985). Whereas there may be some truth to this conclusion, it says nothing about the specific types of life experiences that differentially impact people's lives. Furthermore, it results in analyses where the researcher merely compares African Americans and Whites with regard to some type of mental health outcome or quality of life indicator (Antunes et al 1977; Carr and Krause 1978; Cockerham 1990; Jones-Webb 1993; Linn, Husaini, and Whitten-Stoval 1990; Myers et al. 1984; Somervell et al. 1989; Warheit, Holzer and Schwab 1973;
Warheit, Holzer, and Arey 1975). Findings from these studies suggest that African Americans report higher levels of mental distress and are less satisfied with life than Whites. No attention, however, is given to the linkages between stress and mental health within the African American community, as well as the differential role gender plays in determining the variation in mental health.

A certain degree of clarity is attained if the concept of stress is viewed as an embodiment of situations ranging from a very discrete life event, such as the loss of a job, to more chronic conditions such as poverty (Wheaton 1996). These events are distinct in terms of onset and the amount of time it takes for an individual to process the event. As Wheaton (1996:44) notes:

the defining issue in a life event is its discreteness, both in typical time course and its onset and offset. Life events do not typically slowly emerge as an issue: typically they begin with the announcement of the unfortunate news that begins the life change. As stressors they typically have a clear offset, a point at which the stressor ends, for example the court settlement of the divorce, or the actual last day of work, or the actual death of the spouse.

Another source of stress that may be clearly differentiated from life events is chronic stress. Again, citing Wheaton (1996:44-45):

we can define a very different form of stress, that (1) does not necessarily start as an event, but develops slowly and insidiously as a continuing problematic condition in our social environments and roles, and (2) typically has a longer time course than life events from onset to resolution.

Chronic stressors are continuous stressors in an approximate sense, standing for problems that are either so regular in the enactment of daily roles and activities or defined by the nature of daily role enactments or activities that they behave as if they are continuous for the individual. A life event, almost by definition, will end, while chronic stressors are typically open-ended, using up our resources in coping, but not promising resolution.
Based on Wheaton’s definition, the socioeconomic condition of African American women may be construed as a form of chronic life stress. Although a number of coping strategies have been adopted by African American women to diminish the consequences of stressful situations throughout generations, economic deprivation is a well documented aspect of the African American woman’s legacy in the United States (Dunston 1990; Jones 1983; Simms and Malveaux 1986; Woody 1992). However, the ways in which economic conditions systematically effect the lives of African American women has been, with few exceptions, overlooked (McLoyd et al. 1994).

The dilemma of testing and elaborating an economic stress model for African American women has been further heightened by the fact that most existing data come from studies that have predominantly White urban samples (Brown 1990). Bracy (1976) has noted several problems with using data that consists of a subsample of African Americans. Perhaps the most salient issue is that a sample with a small number of African American respondents may result in a large sampling error, thus further complicating the ability to ascertain a stress-distress model for African Americans, especially African American women. When representative studies of African American mental health have been conducted, emphasis has primarily been given to the issues of northern, urban African Americans rather than those who reside in southern communities (Neighbors and Jackson 1996). Given the trends in mental health research, the overall status of African American women, and declining
economic opportunity in the South, it is imperative that we enhance our understanding of the stress process for African American women.

The primary objective of this study is to examine the effects of economic conditions on the mental health status of African American women in two southern communities. In addition to the overall socioeconomic status of African American women, recent macroeconomic trends in the southern United States place African American women at risk for mental and physical distress (Jensen and Tienda 1989). As noted above, the lack of consensus among investigators on what constitutes stress has had a profound impact on the ways in which the concept is theoretically conceptualized and measured. For the sake of clarity, the term economic hardship will be used to characterize the economic conditions of African American women. The concept particularly refers to three indicators: income level, the occurrence of a financial loss, and unstable work history. Economic hardship is also expected to serve as a chronic stressor given the pervasiveness of poor economic conditions of southern African American women throughout time. In addition, mental health outcomes are represented by economic stress and depressive symptoms. Economic stress refers to the extent to which the respondent perceives a situation as financially stressful. More specifically, it pertains to the ability to meet the demands of living expenses. Depressive symptoms scores are measured by the Center for Epidemiologic Studies Depression Scale (CES-D). This measure, rather than a quality of life measure such as life satisfaction or happiness scale, will be utilized because it reflects a number of characteristics that are subject to adjustment because of stressful conditions. In
contrast, quality of life measures are frequently unidimensional and often do not measure the more severe consequences of stressful situations (Radloff 1977).

Many studies that have examined African American mental health have mainly emphasized the differences between Whites and African Americans. These studies begin with an implicit assumption that African American mental health reports differ from the norm without any consideration of the personal resources used to dismantle the stressors of life. This study is a departure from previous research in that only African American women are the central focus. Of particular importance are the ways in which sociocultural factors such as social support, personal control, and religiosity buffer the economic stress-distress relationship for this group. Another key issue is the way in which social structure influences the mental health of African American women. According to Kaplan (1996:4):

sociological models are to be distinguished from more psychologically oriented models not so much in terms of the range of variables considered as in terms of the emphasis given certain sets of variables and in terms of the consideration of the social influences upon certain elements of the model.

Therefore, the analysis of the economic stress-distress relationship will consider the context in which this association originates.

Another aim of this study is to analyze the economic stress processes for southern African American women within a sociological and historical context. Several studies have indicated that African American women report lower levels of mental well-being than all of their counterparts (Bracy 1976; Thomas and Holmes 1992; Thomas and Hughes 1986). However, these findings were problematic in that
little is known about the ways in which community context, sociocultural factors, pervasive economic conditions and history intertwine to influence the mental health status of African American women. As Collins (1986) notes:

While living life as Black women may produce certain commonalities of outlook, the diversity of class, region, age, and sexual orientation shaping individual Black women’s lives has resulted in different expressions of these common themes. Thus, universal themes included in the Black women’s standpoint may be experienced and expressed differently by distinct groups of African American women. (P. 516)

Taking Collins’ suggestions in mind, this study looks at the distinct experiences of southern African American women with regard to economic stress. The issue of importance is how southern African American women deal with an economic situation that is pervasive in their social world. Unlike research that attempts to show how a given economic event (e.g. recession) may affect mental health (Catalano and Dooley 1977; Kessler et al. 1988), this study examines the ways in which individuals who have been subjected to persistent economic deprivation utilize personal and social resources to overcome economically based psychological distress.

It is important to focus attention on African American women in the southern region of the United States for a number of reasons. First, slightly more than 80 percent of African Americans reside in urban areas: however, their origins are primarily southern and research on African American women has focused almost exclusively on their experiences in northern metropolitan areas (Brown and Gary 1988; Taylor et al. 1991). Despite the reality of the “Great Migration”, African Americans reside in the southern states in higher proportion than any other region of the U.S.
Moss 1994). According to the 1990 Census, 12 of the 20 states with the largest percentages of Blacks in their populations are in the South (U.S. Census 1990).

Second, a new demographic trend has emerged among African Americans in recent years, with a return migration from cities in the West, Midwest and Northeastern United States to communities in the South (Stack 1996). Certain push factors that were primarily economic in nature led many African Americans to leave the South during the 1920s and again in the 1940s and early 1970s. At each point in time, African Americans sought better economic opportunities and a sense of self autonomy (Franklin and Moss 1994). Given the recent progression in African American history coupled with the general economic standing of African American women, an examination of an economic stress model for African American women in the South is of utmost importance.

Finally, this dissertation may provide some practical implications on two levels. First, a more holistic model will be provided for examining the stress process for southern African American women. With one or two exceptions, little is known about the context that shapes this process. Second, this study has the potential to shed some insight into possible points of intervention with regard to psychological distress among African American women who live in southern communities.

In sum, the social and economic status of Black women in the southern United States places them at risk for poor mental health. However, little is known about the ways that economic conditions relate to mental health outcomes for southern African American women. The primary goal of this study is to examine the relationship
between economic hardship, depressive symptoms, and economic stress for African American women in two southern communities. Also, the importance of sociocultural factors for reducing psychosocial distress and the sociohistorical context in which these associations take place are relevant to this investigation.

Chapter II provides a review of the literature that emphasizes four areas of relevance for understanding the economic stress-distress relationship for southern, African American women: major macroeconomic transformations in urban and rural areas, existing trends in economic stress-distress literature, mental health research on African Americans, and studies dealing specifically with stress processes for African American women. In Chapter III, the data, methods, and procedures used to examine the relationship between economic conditions and distress among southern African American women are discussed. The findings and conclusions are presented in Chapter IV.
American women of African descent maintain a distinct yet precarious position in U.S. society. The amalgamation of race, gender, and class, coupled with less than favorable social conditions evokes a multitude of stressors that may have adverse consequences for African American women. Although public policies since the 1960s have enhanced the social status of minorities and women in the U.S., some scholars contend that the plight of African American women remains problematic at best, particularly with regard to economic standing and labor force participation (Woody 1992).

During the past decade, the economic well-being of African American women has improved dramatically. For instance, the unemployment rate for this group declined from 14.2 percent in 1986 to 10.0 percent in 1996, as they continued to show higher labor force participation rates than either Latinas or White women (U.S. Department of Labor 1997). However, close to half of all African American families headed by women are impoverished, and despite the decrease in unemployment rates, African American women are three times more likely to live in poverty and two times more likely to be unemployed than White women. Also, African American women continue to earn less than African American men, White women and men for comparable work (U.S. Department of Labor 1997).
The economic status of many African American women is likely to result in stress; however, research on the mechanisms linking economic conditions with mental health outcomes for this group remains limited in scope (Brown and Gary 1988; Meyers 1992; Taylor et al. 1991). Three key areas are important for understanding these processes for African American women: macroeconomic changes of the 1970s and 1980s, research on the mental health of African Americans in general, and findings from the economic stress literature.

**Macroeconomic Change: Consequences for Urban and NonMetro African Americans**

During the 1980s, a number of macroeconomic and political changes generated a renewed interest in research on economic inequality in the United States (Wilson 1987; Beverly and Stanback 1986; Ricketts and Mincy 1989; Sawhill 1989). High unemployment rates and back-to-back recessions coupled with a national conservative leadership had a profound impact on the ways in which sociologists and policy analysts dialogued on the effects of economic change on the lives of American people. Recently, economic downturns have been linked to psychological distress for the unemployed (Kessler, et al. 1988), with marital disharmony (Conger et al. 1993), parenting behavior (Brody et al. 1994; Conger and Elder 1994; Chase-Lansdale, Brooks-Gunn and Zamsky 1994) and the socioemotional development of children (Conger and Elder 1994; Mcloyd and Flanagan 1990 Mcloyd et al. 1994). Although a number of social scientists have made contributions to the recent discourse concerning
the economic climate in this country (Anderson 1990; Eggers and Massey 1992),
studies by Wilson (1987, 1996) have been at the center of policy debates.

Wilson’s research (1987, 1996) highlights the various structural changes that
have led to the development of pervasive poverty and social isolation in African
American urban communities, suggesting that the unfavorable situation of many inner
city African Americans resulted from several economic transformations traceable to
the early 1970s. First, many major corporations, which at one time provided
employment to urban residents, made an exodus to suburban areas or to international
locales. Lack of adequate resources such as transportation made it difficult for some to
obtain jobs in suburban areas. In addition, the relocation of these companies
diminished job opportunities for American families and at the same time relegated
workers in Third World countries to an even more dismal state of disparity through low
wages and adverse work conditions. In essence, corporate power brokers hampered the
well-being of individuals in the United States and abroad.

The second component of Wilson’s paradigm suggests that urban African
American communities are faced with additional challenges because of the migration
of working class and middle class African Americans to suburban areas. According to
Wilson, African Americans who have better income and employment opportunities
have been able to escape the ill social and economic confines of the inner city, and as a
result, inner city youth no longer have positive role models. For this reason, Wilson
argues, many urban youth see little hope for transcending a grim situation. Similar
studies support Wilson’s contention that major economic transitions have hampered
many African American's quest to secure economic stability (Anderson 1990; Eggers and Massey 1992).

Although a large body of research now exists concerning the economic plight of urban residents of the northern United States, a number of researchers have recently called for an examination of the numerous challenges facing those who live in southern communities, particularly those in the nonmetropolitan South (Duncan 1992; Deseran and Singleman 1993 Duncan and Lamborghini 1994; Lichter, Johnston, and McLaughlin 1994; Tickameyer and Duncan 1990). Like their urban counterparts, individuals in nonmetropolitan areas must also contend with a number of economic issues, perhaps to an even greater degree. For instance, issues of increased unemployment, low income levels, decreased job opportunities, and persistent poverty have proven problematic for many people who reside in nonmetropolitan places (Tickameyer and Duncan 1990). These types of changes affect entire communities: however, research indicates that non-metropolitan African Americans are particularly susceptible to economic fluctuations and operate at a continual state of economic marginality (Allen-Smith 1994; Davis 1994; Jensen 1994; Jensen and Tienda 1989; Saenz and Thomas 1991).

Whereas Wilson (1987, 1996) has documented the consequences of corporate relocation for the economic opportunities of urban African Americans, a number of findings based on demographic analyses suggests that corporate restructuring in conjunction with the high concentration of African Americans in southern communities is detrimental to the economic well-being of African Americans in the
Deep South. For instance, in an examination of the relationship between socioeconomic status, region, labor force structure and percent African American population in thirteen southern states, Swanson et al. (1994) found that southern counties with high concentrations of African Americans also have higher poverty rates. These findings, according to Swanson et al. (1994) reflect the continued legacy of African Americans in the South; that is, there appears to be a lack of resources and structure to improve the economic status of African Americans in the southern tier of the United States.

The research of Davis (1994) also points to the number of disadvantages for African Americans in southern communities. Davis' work focused on 252 randomly selected counties from Alabama, Georgia, Louisiana, Mississippi, North Carolina, and South Carolina. Of particular importance was the association between factors such as percent living below poverty, per capita income, labor market factors and human capital. Like many demographic studies, Davis found that African Americans earned less than Whites (60% of White income) and that four out of ten African American families lived in poverty compared to one out of ten Whites.

Davis' study also highlights an important connection between average income levels and the number of manufacturers who employ a high percentage of white collar workers in a given county. According to Davis, there is a positive correlation between these two factors for Whites, but for African Americans, income is only positively associated with companies who mainly employ low-wage, low skill workers. A particularly noteworthy finding by Davis is that human capital, particularly in the form
of education (more than four years of college) was not positively correlated with median income for African Americans. However, education greatly enhanced the opportunities of Whites.

Additional studies point to the issue of corporate relocation in southern communities. According to Colclough (1988) there are a number of factors that contribute to industrial development in certain regions of the country. Among them are growth or decline in population, educational levels of residents, proportion of population in poverty, and percentage of African American residents. These characteristics have a tremendous impact on whether or not company authorities choose to relocate to a particular region, as well as the overall economic well-being of a given community, particularly in terms of wage and job opportunities.

Colclough's arguments were supported through analysis of Census and County Business Patterns data for counties in the states of Georgia, Mississippi, Alabama and South Carolina. The data suggest that there are better employment opportunities and more industrial development in counties that are predominantly White (Colclough 1988). Unfortunately, in counties where there were a high concentration of African Americans and poor Whites, there were more low wage jobs and less industrialization.

Results from Bellamy and Parks' (1994) study echo the findings of Colclough (1988). These researchers used data from the Bureau of Economic Analysis to note trends in economic change for African Americans in nonmetropolitan communities of the Black Belt (Virginia, Tennessee, the Carolinas, Mississippi, Alabama, Arkansas, Louisiana, and Florida). Bellamy and Parks compared 279 nonmetropolitan counties
that had populations which were at least 30% or more African American with 396 nonmetropolitan counties that had a lower percentage of African Americans. Findings from this study indicate that Black Belt counties with a higher proportion of African Americans lost more manufacturing plants than did Black Belt counties with fewer African Americans. Also, when manufacturers relocate to Black Belt counties that have a significant African American population, opportunities for economic improvement are problematic given the low wages.

Studies also indicate that the size of a particular community may prove problematic for certain groups of African Americans. For instance, nonmetropolitan Blacks may be more disadvantaged than their urban counterparts because of high poverty rates and employment hardship. According to the U.S. Bureau of Labor Statistics, the poverty rate for African Americans in nonmetropolitan areas was roughly 40 percent in 1992, compared to 31.9 percent for urban African Americans. Whites in metro and nonmetro areas had poverty rates of 10.7 and 14.2, respectively. Unfortunately a disproportionate number of nonmetropolitan African Americans are unable to secure employment, or have jobs that still relegate them to the depths of poverty (Lichter 1989). Research indicates that 68 percent of African Americans in nonmetropolitan communities hold jobs that still place them only slightly above the poverty level (Jensen 1989).

Thus far there has been an attempt to depict the economic transformation in southern states that shaped the opportunity structure for African Americans in general.
Woody (1992:3) notes the impact that recent economic changes have had on the lives of African American women:

Internal restructuring of the U.S. economy from a production to services economy both helped and hurt black women workers. Initial expansion of the services sector assisted in moving black women from very low status jobs. Particularly domestic household work, into new jobs. With services employment, for the first time black women were provided regular and dependable hours, competitive wage scales and the possibility of such benefits as overtime and reasonably dignified working conditions. But by the 1990s, some predicted changes with negative impacts for black women had already occurred. Business consolidations and restructuring increasingly displaced labor. Job losses hit service industry with similar patterns that forced blue collar manufacturing workers into unemployment a decade earlier. Bankruptcy and consolidation in banking, real estate, and insurance industries, as well as in transportation (particularly airlines), indicated a future of services industry downsizings and work layoffs.

Thus, research on the economic conditions of African Americans in both urban and nonmetropolitan communities suggests that macro level changes in the form of uneven development have had a profound impact on the economic well-being of this group. Furthermore, African American women have been greatly affected by economic restructuring. Despite these trends, social science research has been somewhat remiss in assessing the situation, primarily treating the economic deprivation, especially in the form of poverty, as a problem that primarily affects African Americans in northern, metropolitan communities (Davis 1994). Some have suggested that little attention is given to the economic plight of southern African Americans in small communities because the majority of African Americans reside in urban areas (Davis 1994; Tickameyer and Duncan 1990). However, it is important to recognize the sizable number of African Americans living outside of major urban
settings. Recent data show that 4.8 million African Americans live in nonmetropolitan communities compared with the 27.1 African Americans who live in urban areas (U.S. Department of Labor 1997). Although it appears that African Americans in both rural and urban communities are in dire straits, the geographic isolation of nonmetropolitan African Americans in conjunction with diminished social and economic opportunities amplifies the condition of African Americans in nonmetro settings. Furthermore, a legacy of pervasive economic instability places African Americans, particularly African American women at risk for stress.

The remaining sections of this chapter highlight the current trend in mental health research for African Americans in general, and African American women in particular. This will be followed by an overview of current research findings that link economic stress to mental health for the general population and for African American women. The final sections of this chapter will outline the conceptual framework that will be used to examine the economic stress-distress relationship for African American women in southern communities.

**Psychosocial Stress: Correlates and Buffering Effects**

One area of stress research has focused on the demographic correlates of mental distress, primarily with regard to age, marital status, socioeconomic status, gender, and race (Al-Issa 1982; Dohrenwend and Dohrenwend 1969; Gove 1972; Jones-Webb 1993; Kaplan 1987; Kessler, Price and Wortman 1985; Mirowsky 1996; Schwalbe and Staples 1991; Turner, Wheaton, and Lloyd 1995). Age has been found to have either an inverse or curvilinear relationship to mental health outcomes, and
individuals who are married report lower levels of depressive symptoms (Blazer et al. 1985; Mirowsky and Ross 1992; Weissman et al. 1977). In terms of social class, early findings indicated that persons from lower socioeconomic backgrounds are more likely to report high levels of psychological distress than persons with more financial resources (Schwab and Schwab 1978; Kessler and Cleary 1980). Also, women have been found to report higher levels of depressive symptoms than men (Gove 1972, 1978; Newmann 1984; Rosenfield 1980).

Two hypotheses have been adopted to explain the differences in mental health outcomes, particularly with regard to social class. Kessler et al. (1985:560) suggests that "one of the most plausible explanations is that some sort of selection or drift of incompetent copers to the lower classes might lead to the relationship between social class and vulnerability; another is that one's experience as a member of a particular class leads to the development of individual differences in coping capacity as well as to differences in access to interpersonal coping resources." Findings by Turner and Gartell (1978) support the social selection hypothesis. The chances for upward mobility were significantly hindered for individuals who suffered severe psychiatric disorders. Others have found that persons from lower status positions lack the resources, particularly in the form of social support, to diminish the impact of stress (Brown and Harris 1978; Liem and Liem 1978). The latter explanation has also been used to explain gender differences in depressive symptoms (Belle 1987; Pearlin and Schooler 1978).
Another key element for understanding stress processes is the relevancy of factors that moderate the impact of stressful conditions on mental health. Like many aspects of stress research, there has been a lack of consensus as to how coping mechanisms should be conceptualized (Billings and Moos 1981; Kessler et al. 1985; Lazarus and Folkman 1984; Lin et al. 1979; McLean and Link 1994; Sarason, Pierce, and Sarason 1994). Some investigators define coping in terms of personality characteristics used to deal with a particular problem; others are concerned with specific strategies used to handle a given problem (Kessler et al. 1985; Lazarus and Folkman 1984; Sarason et al. 1994). For the purposes of this study, coping resources are defined as "social and personal characteristics upon which people may draw when dealing with stressors" (Thoits 1995:53). Two of the most studied coping resources are social support and sense of control (Sarason et al. 1994; Thoits 1995; Turner and Rozell 1994). Both factors have been found to reduce distress yet social support has received considerably more attention in the mental health literature. A number of studies suggest that men and women differ with regard to perceptions of social support, with women reporting higher perceptions of social support (Pearlin et al. 1981; Turner and Marino 1994; Vaux 1988); other studies indicate no difference between men and women. Still others suggest that perceptions of social support increases for married persons and those with high SES (Thoits 1995). Older individuals tend to report less social support (Mirowsky and Ross 1989; Turner and Marino 1994).
Trends in African American Mental Health Research

Generally speaking, we know that demographic attributes play an important role in determining stress outcomes as well as the mechanisms by which individuals cope with stress. Despite the increased interest in the mental health of African Americans in recent years, many questions remain unanswered. Our limited understanding of African American mental health is linked to the perceptions of African Americans in U.S. history (Warheit et al. 1973; Neighbors 1984; Ruiz 1990; Williams 1995). Prior to the Reconstruction Era, land owners deluded themselves with the notion that disenfranchised African Americans, particularly those who did not seek to escape the confines of bondage, were content. Thus, African Americans were viewed as being too happy to exhibit any signs of depression or psychoses. However, by the end of the 19th century, researchers began to realize that there were differences between Whites and African Americans with regard to mental health. More often than not, African Americans were viewed as pathological and findings from early studies were used as a justification for de jure segregation (Warheit et al. 1973; Neighbors and Jackson 1996; Williams 1995).

The relationship between race and mental health has been of interest to researchers for quite some time. However, the lack of consensus among mental health scholars as to what constitutes mental health in general and stress in particular has resulted in a distortion of African American mental health status. Studies conducted during the early part of the twentieth century focused exclusively on large scale studies of hospital admissions (Neighbors 1984; Williams 1995). Conclusions from those
studies suggest that African Americans are more prone to mental illness than Whites, but these conclusions are problematic in that no consideration is given to the fact that data is obtained from individuals admitted to public facilities. Because of the low socioeconomic status of many African Americans, they are more likely than Whites to receive medical assistance from public institutions rather than private doctors, thus generating inflated rates of mental illness. Furthermore, these studies said nothing about the issue of mental health, or rather the ways in which groups function in lieu of structural demands and expectations (Ruiz 1990).

Social changes of the 1960s piqued the interest of many scholars with regard to African American mental health. Of particular concern was whether political enfranchisement and greater access to public accommodations, especially for southern African Americans, would result in more positive quality of life (Thomas and Hughes 1986; Thomas and Holmes 1992). In addition, proponents of social indicators research, which relates to the documentation of social trends, became increasingly interested in the subjective well-being of African Americans in terms of overall life satisfaction and happiness (Land 1983; Ellison and Gay 1990). Ultimately two bodies of research emerged during the 1960s and early 1970s that enhanced our understanding of African American mental health: (1) subjective well-being studies, and (2) studies focusing on depression and other critical forms of mental health outcomes.

The general conclusion from the research on race and quality of life is that African Americans report lower levels of life satisfaction and happiness than Whites (Andrews and Withey 1976; Bracy 1976; Campbell et al. 1976; Clemente and Sauer
1976; Mookherjee 1987). Campbell (1976) attributed the lower levels of satisfaction of African Americans, especially those with lower incomes, to dual disadvantages. That is, being African American and poor results in heightened feelings of dissatisfaction for African Americans.

Bracy (1976) examined the differences between African Americans and Whites with regard to several mental health dimensions, most notably life satisfaction, happiness, stress and anxiety. Findings suggest that African Americans report less favorably than Whites on all indicators of mental health. A key dimension of Bracy's work was an analysis of in-group differences with regard to the African American population in general. Of particular concern was the finding that African American women were more likely to report feelings of stress than African American men, and they reported feeling less satisfied with their lives as a whole compared to all of their counterparts. Later findings by Mookherjee (1987) and Thomas and Holmes (1992) also indicated that African American women were less satisfied with their lives than any other race or gender group.

A number of interesting findings based solely on samples of African Americans have been noted in recent years. Jackson et al. (1986) found that socioeconomic indicators had very little impact on the subjective well-being of African Americans. Instead, marital status explained the most variance in life satisfaction and happiness. Ellison and Gay (1990) found that social networks were also important for understanding certain aspects of subjective well being among African Americans. According to Ellison, "affective bonds among extended family members are related to
personal happiness among Blacks, regardless of age, but kinship ties are only
associated with life satisfaction among elderly Black Americans” (Ellison and Gay
1990:305). In addition, friendship networks are related to general happiness, but not to
overall life satisfaction.

By the 1970s, the emphasis in mental health research was on the relationship
between race and other demographic factors and depressive symptomology (Antunes et
al. 1977; Bracy 1976; Warheit et al. 1973; Weismann et al. 1977). Also, researchers
began paying more attention to depression in community settings rather than mental
hospital admission rates. Many of these studies appeared after a decade when two of
the most important legislative acts on civil rights were passed: The Civil Rights Act of
1964 and the Voting Rights Act of 1965. These legislative acts gave African
Americans, especially southern African Americans, a renewed hope that they could
have access to public accommodations and cast their ballots without feeling
threatened. For these reasons early comparative studies were guided by the idea that
perhaps the civil rights legislation of the 1960s would result in more positive reports of
mental well-being for African Americans. Many of the studies from the 1970s focused
on what is often referred to as the differential exposure hypothesis. For the most part,
research was guided by the notion that African Americans were exposed to more
stressful life circumstances than Whites because of racial and economic conditions.
Studies conducted during this time showed African Americans with higher levels of
depressive symptoms than Whites, but when socioeconomic status was controlled, the
relationship either disappeared or the findings were reversed with Whites having
higher levels of depressive symptoms than their African American counterparts (Antunes et al. 1977; Carr and Krause 1978; Steele 1978). These studies, however, were either based exclusively on urban samples or African Americans made up only a small subsample of the data sets. Therefore, little was known about differential exposure to stressful life conditions for African Americans and Whites in nonmetropolitan communities; and, to some degree, the ability to conduct advanced statistical analysis on in-group differences for African Americans was hampered by sampling issues.

Some investigators did make an attempt to examine these relationships for mixed urban/rural samples, or made comparisons between urban and nonmetropolitan communities. Warheit et al. (1975) conducted analyses based on a mixed urban/rural sample of 1,645 respondents from the southeastern United States. Of primary interest was the relationship found between sociodemographic variables and five symptomatology scale scores related to general psychopathology, phobias, anxiety symptoms, anxiety functions, and depression. Consistent with previous studies, African Americans were found to have higher levels of depressive symptoms than Whites. However, adjustments for SES eliminated race differences for all measures of symptomatology except for phobias and general psychopathology.

Neff (1984) analyzed data based on a sample containing 437 urban and 389 rural Florida residents. Before statistical adjustments were made for residential type (urban v. rural) and SES, African Americans in both rural and urban areas were found to be more distressed than Whites. In particular, rural African Americans appeared to
be more depressed and exhibited more psychopathological symptoms. This lends credence to the notion that African Americans in nonmetropolitan communities may be more at risk for persistent mental health conditions.

The articles discussed thus far tested the differential exposure hypothesis for Whites and African Americans with regard to depressive symptoms and more severe types of psychopathology. One study specifically tested this hypothesis for Mexican American and African American women in a Southwestern community (Quesada, Spears, and Ramos 1978). Findings reflect results of previous studies comparing African Americans and Whites; that is, age appears to form a curvilinear relationship with depression and those with lower levels of depression report higher levels of income. Also, occupation has some effect on reports of depressive symptoms; those who are unemployed followed by those in semiskilled and skilled professions report higher levels of depressive symptoms.

Differences are noted between African Americans and Mexican Americans with regard to depression. For Mexican American women, feelings of alienation and socioeconomic status are the best predictors of depression. Among African American women, a combination of socioeconomic status, marital status, and age explain the most variance in depression. African Americans show higher rates of depression when socioeconomic status is considered. This is an interesting analysis given that two of the most disadvantaged groups in the United States are the center of analyses. Unfortunately, the investigators did not take into account some of the personal resources that may explain the variation in depressive symptoms. Also, little is known
about the buffering effects of social support, religion, or other sociocultural variables. Buffers of this form would be of interest given the history of the two groups in the United States. Religion plays a big part in the everyday life of Mexican American culture. Likewise, African Americans have been known to find solace in religious practices and the church has played a significant role in the enfranchisement of African Americans. Neglecting these buffers can only result in speculation about the true meaning of the differences in depressive symptoms for Mexican American and African American women.

Despite these limitations, the mental health research that examines the relationship between mental health status and sociodemographic variables stands as an important aspect of the mental health literature. During the late 1960s and for most of the 1970s, race differences in depressive symptoms were the highlight of mental health research given the social changes that had occurred during the previous decade. Nevertheless, this approach to examining mental health outcomes has not been without criticism. Kessler (1979) suggested that what is really needed is an analysis of differential vulnerability to stress, or the ways in which stress impacts people differently. As Kessler notes, not everyone who is exposed to certain life events becomes depressed or develops some other form of mental distress. In the case of African Americans, racism and economic marginality are two factors that may cause a great degree of stress for this group. However, not all African Americans experience these issues; and when faced with these problems, significant mental distress is not always the end result. Prior to Kessler's critique, only Brown (1974) and Brown and
Harris (1978) had been influential in examining a differential vulnerability model. Brown and associates (1978) found that working class women were more likely than middle class women to experience depression even when women from the two groups were exposed to the same stressful life event.

Kessler and Neighbors (1986) suggested an analysis is needed for testing the interactive effects of race and social class in order to gain a better understanding of differences in depressive symptoms for particular social groups. Previous investigators failed to find an interaction effect because data used for analysis typically contain only a small number of African Americans (Antunes et al. 1977; Steele 1978). Kessler and Neighbors (1986) analyzed data from eight epidemiologic surveys and found social class and race to function interactively in their effect on depressive symptoms. African Americans with low income levels were found to be more distressed than low income Whites. These findings led Kessler and Neighbors to call for a new way of looking at the relationship between race and mental distress.

Three researchers responded to the proposition of Kessler and Neighbors that race and social class have an interactive effect on depression. Ulbrich and associates (1989) tested the Kessler and Neighbors model using data from a 1985 survey of 2,115 residents of Florida. Also of interest was the relationship of stressful life events and economic hardship to mental distress across socioeconomic status (SES) groups. The latter hypothesis was tested by first partitioning the sample into high, middle, and low SES groups and then comparing lower SES African Americans to other African Americans and lower SES Whites. The interactive nature of race and SES was found
to increase depressive symptoms. In addition, lower SES African Americans were found to be more vulnerable to stressful life events than lower SES Whites, but less vulnerable to the impacts of economic hardship than Whites. In comparison to middle class African Americans, lower SES African Americans were more vulnerable to the impact of both economic hardship and stressful life events. The findings from this study lend credence to the argument of Kessler (1979) emphasizing the importance of analyzing the differential impact of stressors on mental health for various social groups.

In a similar study, Linn et al. (1990) analyzed urban and rural samples as part of the Tennessee Health Research Project. It was expected that African Americans living in rural communities would report higher levels of mental distress because of less social and economic opportunities. Mental distress was measured with three outcome variables: CES-D, the General Well Being Schedule and the Health Opinion Survey. Linn et al. (1990) found that rural African Americans were more distressed than Whites, but only for the depression outcome. Surprisingly this was a positive interaction effect between race and income on general well-being for rural African Americans. This suggests that African Americans with higher incomes in rural areas report higher levels of general well-being than Whites. Unlike Ulbrich et al. (1989), Linn et al. (1990) did not make comparisons between rural and urban African Americans; thus there is no true indication that rural African Americans are more vulnerable to the impact of particular stressful conditions than their urban counterparts.
Cockerham (1990) also tested the possibility of a race-social class effect on mental health outcomes. Data were based on 804 telephone interviews conducted in Illinois. The primary distress variable was based on eight items from the Langner index. Overall, respondents with less education and income reported higher levels of distress. However, there was no indication of a race-social class interaction effect.

Overall, a large body of research on the relationship between race and mental health has been comparative in nature. Although a great deal of attention has been given to Black-White differences with regard to mental health, little is known about the processes shaping this relationship between a particular domain of stress and a given mental health outcome for African Americans. A number of researchers have suggested that more studies should look at mental health issues of this group using representative samples of African Americans by testing models that incorporate variables reflecting African American experiences (Anderson 1991; Dressler 1985, 1991; Neighbors 1983; Neighbors et al. 1986; Neighbors and Jackson 1996). For instance, Anderson (1991) calls for an acculturative model of stress. According to Anderson, the majority of research on African American mental health considers the external factors that play a role in the variation of mental health outcomes; but many of these studies fail to consider issues that African Americans view as stressful. In addition, little attention is given to the coping strategies and the mediating role that these variables play in African American mental health. Accordingly, a stress model is needed that considers the African American experience as well as acculturative factors such as racial identity, cultural specific values, and patterns of living.
Research by Jackson et al. (1986) has resulted in the development of the National Survey of Black Americans (NSBA), which represents the first national probability sample of the adult African American population. A primary goal of NSBA was to examine both the rate of psychological distress for African Americans and the role of coping resources for reducing feelings of stress. Currently the NSBA consists of four waves of data collected between 1979 and 1992 with the original sample consisting of 2,107 respondents (Neighbors and Jackson 1996). The data are unique in that factors specific to the African American experience are considered. Thus questions about religiosity, family ties, and group and personal identity are pertinent to the overall survey (Neighbors et al. 1983; Neighbors and Jackson 1996).

Theoretically, the NSBA uses a stress and adaptation model as the basis for examining processes related to African American mental health. Two assumptions are important for understanding the adoption of this model: First the model suggests a discrepancy between those demands faced by individuals and their abilities to adjust to these demands. In addition, this paradigm is important because it places emphasis on three key issues: (1) social and environmental context; (2) social and social psychological factors that effect the help-seeking process, and (3) positive aspects of coping skills used by African Americans and overall successful problem solving. This later point is interesting considering that previous research focused on negative aspects of African American mental health. Here attention is given to the ways in which African Americans actively cope with an otherwise stressful situation.
Initial findings from the NSBA indicated that over two-thirds of the sample had experienced some serious life stressor. Prayer was used as the primary coping response when faced with stress, and help was mainly sought from a member of the respondent’s support network. The use of prayer served as the primary coping mechanism for women, especially those over the age of 55 and with lower incomes. Although African American men were more likely than African American women to experience a problem, more women reported experiencing a stressful event in their lives that led to a nervous breakdown. Also, lower income African Americans more often cited physical health as a major cause of distress than did higher income African Americans.

Findings from the National Survey of Black Americans have greatly enhanced our understanding of the stress process for this group. In fact, much of what we know about the mental health of urban, African Americans is based on analyses of this data set; yet there has been very little exploration of these dimensions for African Americans in southern communities (Dressler 1991).

**African American Women and Mental Health**

A number of researchers have indicated that African American women report higher levels of mental distress than any of their counterparts; yet only one investigator has sought to test and elaborate a stress model solely for African American women. The purpose of the Taylor et al. study (1991) was to “evaluate the extent to which a holistic model of mental health problems is applicable to the specific problem of depressive symptoms among African American women” (Taylor et al 1991:306).
Findings were based on a sample of 289 African American women from the Pittsburgh, Pennsylvania area. Aside from the traditional measures of stress, attention was given to two important factors that Taylor et al. (1991) thought would be important for understanding the stress process for African American women: belief in God and the concept of internalized racism. Structural equation modeling was used to determine the associations between variables. Results indicate that the effect of SES on depression was primarily mediated through marital status, religious orientation, internalized racism, and perceptions of physical health. Life events had a direct impact on depressive symptoms and social support had an inverse effect on depressive symptoms.

As noted above, the number of articles that focus exclusively on African American women's mental health are few in number. There are, however, a couple of studies which try to capture specific dynamics that effect the African American community in general and African American women in particular. For example, Brown and Gary (1988) examined the differences in available social support for a sample of married and non-married African American women from the Baltimore, Maryland area. Although social support is considered a traditional buffer of the stress-distress relationship in literature on the sociology of mental health, a number of sociohistorical documents depict social support as a coping strategy used by African Americans to cope with life issues. The underlying premise of Brown and Gary's work is that, although support from family and friends is of high importance in the African American community, married African American women have greater social support
networks given their spousal ties. Data indicated no significant difference between married and non-married African American women with regard to social support networks. More importantly, there was no significant difference between these two groups in terms of the number of relatives they had contact with on a daily basis nor did the number of people in a social network vary according to marital status. Single African American women were less distressed than married women, but women, regardless of marital status, who had lower incomes reported higher levels of psychological distress. Younger women were also found to exhibit more distress than older women.

McAdoo (1995) examined the ways in which African American women from different economic and marital statuses cope with stress. It was hypothesized that African American women would utilize social support networks and religiosity as the primary mechanisms for combating stressful situations. Also of particular importance was the ways in which the intensity of stress as well as the number of stressors affects the ways in which African American women cope with stress. McAdoo measured stress intensity by administering the Holmes and Rahe Scale of Recent Events, and stress frequency by taking a simple count of events that had taken place 2 years, 6 months and 7 to 24 months prior to the survey. Data consisted of a sample of 318 African American women from Baltimore, Maryland. Given that African American single mothers are often stigmatized, the findings from this study were significant. Mothers reporting low levels of stress typically had a stable place to live, steady income and occupation, were never married, were older, had few people and children
in the home and were moderately educated” (McAdoo 1995:438). Also, mothers who had been married and had given birth to a child before the age of 19 reported the most stressful life events. In addition, religiosity was associated with lower stress scores.

**Economic Stress and Mental Health Outcomes: An Overview**

If Kaplan’s (1996) definition of social stress is accepted, then the overview of economic trends in urban and nonmetropolitan communities would suggest that African Americans, and particularly African American women, are at risk for mental distress because of their economic and social status. Therefore, the point of view taken for this research is that the societal structure greatly impedes the ability of African American women to sustain their mental health. According to Brenner (1973:4), "the destiny of the individual is to a great extent subject to large scale changes in the social and economic structure that are in no way under his control.” Clearly recent macroeconomic transformations in urban and nonmetropolitan communities have had adverse consequences for African Americans. Unfortunately, what is known about the effects of economic instability on mental health has largely focused on aggregate analyses or individual level studies based on samples with few, if any, African Americans.

In fact, early research focused not so much on the mental health of individuals, but on the ways in which economic fluctuations affected mental hospital admissions rates. Brenner (1973) used archival data to determine the relationship between changes in manufacturing employment index and first admissions to mental hospitals in the state of New York. Results showed that the relationship between economic conditions
and admissions was somewhat ambiguous. While a negative relationship between total admissions and the employment index was found, there was an increase in the number of admissions even when the economy proved to be stable. This finding suggests that a unidirectional relationship between employment rates and mental health may not necessarily exist.

A series of studies by Catalano and Dooley (1977, 1981, 1983; Dooley and Catalano 1984) have proved influential with regard to aggregate analyses of economic stress and mental health. The crux of their research is grounded in econometrics and their primary hypotheses have been tested in both urban and rural areas. Unlike previous studies based on mental hospital admissions data, they were among the first to utilize both archival and community based data to test the relationship between the economy and mental health outcomes. Analyses in their first three studies (Catalano and Dooley 1977, 1981, 1983) were based on several measures including: the unemployment rate, the rate of inflation, three variables describing the number of persons employed in various industries, and scores on both the CES-D depression and life events scales. Several interesting findings emerged from this set of studies. First, the investigators found that both depressive symptoms and life events are significantly correlated with economic change; but life events are more highly correlated with economic conditions than depressive symptoms. Second, life events are positively associated with number of individuals employed in the basic sector of the economy. Also, low income persons more likely are affected by economic change than persons in the middle income bracket.
Although the work of Catalano and Dooley (1977, 1981, 1983) has greatly influenced research pertaining to the economic stress-distress relationship, their methodology entailed has been highly criticized. One point of contention relates to the lack of a theoretical base that clearly links economic conditions to mental health outcomes. Catalano and Dooley suggest that life events modify the relationship between economic fluctuations and depressive symptoms, but the model lacks clarity as to why life events are viewed as a modifier rather than an antecedent of depressive symptoms. Also, the use of time-series analysis calls into question the notion of ecological fallacy, or the mistake of assuming an association between two variables of a population aggregate will be the same when measured across individuals.

Some investigators have focused on the ways in which economic conditions affect individuals. Aldwin and Revenson (1986) interviewed 291 respondents from the Los Angeles area on two different occasions to determine the persistence of economic stress. During the second interview, respondents were asked if they had experienced each of nine negative financial events during the six months prior to the interview. When prior mental health status was controlled, an increase in self-reported stress was correlated with an increase in poor mental health.

Kesser et al. (1988) analyzed data based on a sample of census tracts with high unemployment in southeastern Michigan. Unemployment was associated with an increase in a number of mental health outcomes such as depression, anxiety, somatization, and physical illness. However, when individuals were able to successfully find jobs, the association between unemployment and mental health would...
outcomes was reversed. Also, some moderating and mediating processes were found. Social support, coping, and self concept were three variables which were found to moderate the effects of unemployment on mental health outcomes. All three variables had a significant effect but social support had the strongest. In addition, impact of unemployment on mental health outcomes was mediated through perceptions of financial stress.

A number of studies in the family research tradition has emphasized the importance of economic stress in determining mental health (Brody et al. 1994; Conger and Elder 1994; McLoyd and Flanagan 1990; McLoyd et al. 1994). Some variation of a family stress model is the theoretical framework guiding the analyses of many of these studies. Four bodies of research have also helped formulate the conceptual models for these studies: (1) early research on effects of the Great Depression on family life; (2) general research on the life course; (3) trends in poverty research; and (4) the sociology of mental health research that emphasizes the impact of life events and chronic stressors for individual adjustment (Conger and Elder 1994). The basic premise of these studies is that economic hardship impacts marital relations leading in turn to dire consequences for parenting and the socioemotional development of children. With few exceptions (Brody et al. 1994; McLoyd et al. 1994), all of these findings are based on predominantly White samples.

McLoyd et al. (1994) has conducted one of the few studies that focuses on the effects of economic stress for African American single mothers and their children. Analyses were based on 241 single African American mothers and their seventh and
eighth grade children. Results indicated that economic stress affected the emotional behavior of children through parenting behavior, mother-child relations and mothers' psychological functioning.

**The Conceptual Model and Theoretical Framework**

As evident from the literature, factors such as social class, gender, race, age, and marital status have been linked with both general depressive symptoms and severe depressive disorder (Blazer et al. 1985; Kessler and McLeod 1984; Kessler et al. 1985, 1994; Jones-Webb 1993; Weissmann et al. 1991). Investigators have typically sought to explain group differences in mental health by either the social causation or social selection paradigm. As Turner et al. (1995:104) suggest, "the question is whether, and the extent to which, these relationships arise from variations in the environmental experiences of individuals of differing social statuses, or alternatively, they reflect the workings of a quasi-open society that sifts and sorts individuals into different social locations and positions, based in part, on physical and mental health, levels of social competence and so on."

Although research on the differential vulnerability to stress has greatly enhanced our understanding of mental health processes in general, with few exceptions these studies fail to fully inform us about the sources and subsequent outcomes of stress for a particular group such as African American women (Berry 1995; Brown and Gary 1985, 1988; Dunston 1990; McAdoo 1986, 1995; Taylor et al. 1991). Many investigators who have examined the stress-distress relationship for African American women have been primarily concerned with the ways in which general events impact
their lives (McAdoo 1986, 1995). In addition, attention has been given to the ways in which African American women use sociocultural factors such as religion and perceived social support to diminish or cope with stressful conditions (Brown and Gary 1988; Dunston 1990; Malson 1983; McAdoo 1986 1995; Stack 1974, 1996). Although each of these findings has been enlightening, our understanding of the stress processes for African American women are still limited for a number of reasons: First, most findings are based on urban, northern samples. As a result, little is known about the stress process for African American women in southern communities. As noted in the review of literature, there are a number of unique aspects of the economic and social conditions in southern locations that may impact the relationship between economic conditions and mental health. Second, previous studies looked at the general relationship between life events and mental health outcomes. With the exception of Brown and Gary (1988) and McLoyd et al.(1994), rarely has there been an attempt to look at a specific domain of stressors and the consequences for African American women. Based on the review of the literature and recognizing the unique economic status and sociohistorical experiences of African American women, this study utilizes a social stress theoretical perspective to examine processes affecting the relationships between economic conditions, perceptions of economic constraint, and levels of depressive symptoms for African American women in two southern communities.

Many social science researchers have tended to treat African Americans as a single, monolithic group without considering the variation that exists throughout the African American community. For this reason, a number of researchers have suggested
more attention should be given to in-group differences (Anderson 1991; Bracy 1976; Dressler 1985, 1991; Myers 1982; Neighbors and Jackson 1996). Pearlin (1989) and Turner et al. (1995) emphasize the importance of social context and the distribution of stressors throughout communities. Studies, particularly those based on data from the National Survey of Black Americans (NSBA), have enriched our understanding of the distribution of mental distress among African Americans. Based on NSBA findings, we know that within the African American community, women and those with low incomes and educational attainment are more likely to report high levels of distress (Jackson et al. 1986; Neighbors and Jackson 1996). Still, we know little about the differences between African American women with regard to depressive symptoms and other forms of mental health outcomes.

Although many African American women are disproportionately represented in the statistics that reflect poor economic well-being, not all African American women are impoverished, unemployed, or single mothers. Therefore, the first research question concerns differences between African American women with regard to felt economic constraint and depressive symptoms. To what degree is the variance in depression and economic stress scores explained by demographic variables such as age, income, educational level and marital status for African American women in southern communities?

A second research question involves the impact of economic conditions and economic stress on depressive symptoms for African American women. Studies based on both aggregate and individual level analyses imply that unfavorable economic
situations such as recessions, unemployment, and low incomes pose deleterious consequences for one's mental health (Amato and Zuo 1992; Catalano and Dooley 1977, 1983; Dooley et al. 1981, 1987, 1988). Similarly, increasing trends in the national rate of poverty is highly detrimental for women in general and women of color in particular (Starrels et al. 1994). However, the association between economic conditions and depressive symptoms is not as straightforward as it has been argued. Some studies have found that economic conditions are important for understanding the variation in depressive symptoms, but the effect of the conditions is also explained by the mediating role of economic stress (Conger and Elder 1994; Elder and Caspi 1988; Pearlin et al. 1981). In essence, economic stress is a consequence of dire economic conditions as well as a medium through which economic conditions impact mental health (Pearlin et al. 1981). Thus, a second research question is: Do economic conditions have a direct impact on the mental health of African American women, or is the association best understood in terms of mediating factors such as economic stress?

A third area of interest relates to the ways in which sociocultural factors buffer the economic stress-distress relationship. Stressors in the form of life events and chronic strains have been found to have grave consequences for overall well-being. However, there is some indication that a significant number of individuals endure life strains with little or no problem, leading some researchers to believe that some individuals, for whatever reason, are less susceptible to mental distress (Holahan and Moos 1994; Husaini and Von Frank 1985). Therefore, many investigators have focused attention on the coping resources, particularly social support and sense of
control, that individuals use to combat life stress (Taylor and Apinwall 1994; Thoits 1982, 1995; Turner and Roszell 1994). Studies suggest that individuals who score high on measures of social support are more likely to report less mental distress (Lin, Dean, and Ensel 1986; Sarason et al. 1994; Thoits 1995; Turner 1981). Along the same lines, sense of control functions as a buffer and works to reduce depressive symptoms directly (Kessler et al. 1988; Mirowsky and Ross 1990; Turner and Roszell 1994; Thoits 1995).

Social support appears to be a key coping mechanism for African Americans (Brown and Gary 1985; Dunston 1990; Malson 1983). Aside from immediate family members, extended kin have been crucial for the survival of African Americans throughout their history (Billingsley 1992). Research suggests that African American women draw support from both friends and family when in need (Brown and Gary 1985; Malson 1983; Meyers 1992).

The relationship between locus of control and mental health for African Americans is not completely clear. Generally internal locus of control, or a feeling that one has the ability to control the events in her or his life, is typically associated with lower levels of mental distress. On the other hand, external locus of control, or the feeling that life events are controlled by fate or others, has been linked to increased mental distress (Smith 1985; Thoits 1995; Turner and Roszell 1994). Studies have shown that women and people of color are more likely to exhibit an external sense of control (Thoits 1995). These findings have been criticized on a number of accounts (Smith 1985). For instance, some researchers contend that the degree to which a
person exhibits internal or external locus of control is specific to certain situations. A person might feel a sense of internal control with regard to family-related problems, but have a sense of external control over matters related to employment. Generally one scale is used to measure sense of control without any consideration for these possible differences. Also, some researchers argue that a sense of external control is essential for African Americans (Gurin and Epps 1975). In some instances, particularly with regard to racism, it is better for African Americans to adhere to an external locus of control because the problem lies with the institutionalized nature of oppression rather than the individual. Previous research has failed to take into account the moderating effect of sense of control for African American women's health. Given that many questions remain unanswered regarding the role of locus of control for reducing depressive symptoms for African American women, it is imperative to consider this variable in the analyses.

Another coping resource that has been an important aspect of the African American experience is religiosity. Generally, evidence shows that religiosity is negatively associated with depressive symptoms (Gartner, Larson and Allen 1991; Kahoe 1985; Paloutzian and Kirkpatrick 1995; Ventis 1995). Studies regarding the importance of religion in the African American community suggests that religion is related to well-being, there is a high level of religious involvement, and that the church is an important social institution (Billingsley 1992; Ellison and Gay 1990; Taylor and Chatters 1988; Levin, Taylor and Chatters 1995). Findings also suggest that African
American women who are highly religious are less likely to report distress (Brown and Gary 1988).

As noted above, factors such as social support and sense of control have been found to reduce the presence of mental distress for the general population. Also, religion has been considered a key coping mechanism for African Americans throughout their existence in this country. Some could argue that all of these variables could help others—regardless of race—overcome stressful life conditions. However, what is important in this case is the cultural and historical ties that these dimensions have to the lives of African American women. Social support and religion have served as crucial elements in the survival of African Americans through the Middle Passage, the Civil Rights Movement, and at times like the present when the United States has yet to reach racial harmony (Berry and Blassingame 1982; Franklin and Moss 1994; Bennett 1993). Also, African American women have the interesting distinction of being at the social and economic margins, yet remain resilient. This latter description has been highlighted by scholars of Black Feminist Thought and those who have chronicled the lives of African American women from a historical perspective (Giddings 1984; Collins 1986, 1989; Jones 1983). Not only is this study concerned with the traditional ways that social support, religiosity, and sense of control reduce depressive symptoms, but also the way in which these variables may directly moderate the stress-distress relationship. Thus a third research question is: To what extent do sociocultural factors moderate the relationship between economic stress and depressive symptoms?
**Hypotheses**

The basic associations that are of interest in this study are summarized in Figure 1. The first set of hypotheses are related to the relationship between demographic variables and both economic stress (Path A) and depressive symptoms (Path B). Previous studies have shown that demographic characteristics such as age, marital status, SES, race, and gender are correlates of mental distress (Kessler, Price, and Wortman 1985). More specifically, it has been demonstrated that individuals who are married, older, and have high socioeconomic status report lower levels of psychological distress. Also, minorities and women tend to report higher levels of distress (Kessler and Cleary 1980; Jackson 1997; Linn et al. 1990). Brown and Gary (1985, 1988), McAdoo (1995) and Taylor et al (1991) have all sought to examine differences in depressive symptoms based exclusively on data from urban, African American women. Here interest is in the differences in mental health outcomes for southern African American women. Accordingly, the following relationships between the demographic measures in this study and economic stress are hypothesized:

**H1.1:** Older women will report less economic stress than younger women.

**H1.2:** Married women will report less economic stress than single, divorced, and non-married women.

**H1.3:** The higher the years of completed education, the lower the level of economic stress.

Similarly, a second set of hypotheses concern the relationship of the demographic
Figure 1. Conceptual Model
measures with depressive symptoms. Based upon the reviewed literature, it is hypothothesized that:

**H2.1:** Age will be negatively associated with depressive symptoms.

**H2.2:** Married women will report fewer depressive symptoms than single, divorced, and non-married women.

**H2.3:** Education will be negatively associated with depressive symptoms.

A third set of hypotheses pertain to the relationship between economic hardship and economic stress (Path C in Figure 1). As noted in the literature review, factors such as unemployment, loss of income, and poverty are problematic for the well-being of individuals and families (Brody et al. 1994; Conger and Elder 1994; Elder and Caspi 1988; McLoyd et al. 1994). More specifically, economic hardship, as measured by income level, income loss, and unstable work intensifies the stress related to an individual’s inability to purchase the necessities of life or make ends meet. Based on this research, it is hypothesized that:

**H3.1:** Income will be negatively associated with economic stress.

**H3.2:** Unstable work will be positively associated with economic stress.

**H3.3:** Income loss will be positively associated with economic stress.

Catalano and Dooley (1977, 1983) have shown that economic hardship has a direct effect on depressive symptoms. However, Pearlin et al. (1981) and Conger and Elder (1994), have argued that the effects of economic hardship operates via the
mediating influence of economic stress. These mediating models have been tested primarily with populations experiencing moderate levels of economic hardship. Given the high levels of economic hardship associated with the population in this study, it is expected that severe economic hardship will have a direct impact on depression (path D in Figure 1). This type of severe hardship is most likely to be manifested in the context of income deficits. Thus, it is hypothesized that:

H4.1: Income will be negatively associated with depressive symptoms.

H4.2: Unstable work will be positively associated with depressive symptoms.

H4.3: Income loss will be positively associated with depressive symptoms.

Based on the literature review that shows the direct impacts of feelings of economic stress (Conger and Elder 1994; McLoyd and Flanagan 1990), it is hypothesized that:

H5.1: Economic stress will be positively associated with increased depressive symptoms.

The combined influence of economic hardship on economic stress (Path C), and economic stress in turn on depressive symptoms (Path E), should produce the anticipated mediating influence of economic stress.

H5.2: Economic stress will mediate the relationship between economic hardship and depressive symptoms.

A final set of hypotheses consider the potential buffering influences of the sociocultural factors as identified in the literature review. Social support and sense of control have been found to reduce depressive symptoms and moderate the stress-
distress relationship for the general population (Sarason et al. 1994; Thoits 1995). Although the means by which locus of control influence the mental health of African Americans is not definite (Smith 1985), traditionally social support has been a primary resource for reducing stress in the African American community and among African American women in particular (Billingsley 1992; Brown and Gary 1988; Dunston 1990). In addition, religion has been a key coping mechanism for African American women (Brown and Gary 1988; Taylor et al. 1991). For each of these factors, there are two potential mechanisms through which they may buffer the negative impacts of economic stress. First, they may have a direct impact on lowering the levels of depressive symptoms (Path G in Figure 1). The following hypotheses address this potential influence:

**H6.1:** Women who score high on social support will report fewer depressive symptoms than women who score low on social support.

**H6.2:** Women who score high on sense of control will report fewer depressive symptoms than women with low sense of control

**H6.3:** Women who feel religion is highly important will report fewer depressive symptoms than women who do not feel religion is important

**H6.4:** Women who are highly engaged in religious activities will report fewer depressive symptoms than women who do not engage in religious activities.

Second, each of these factors may mediate the relationship between economic stress and depressive symptoms (Path H and Path F in Figure 1). In other words, the influence of economic stress upon depressive symptoms would be expected to vary by
level of sociocultural moderating variable. Based on the literature, it is predicted that:

**H7.1:** The positive association of economic stress with depressive symptoms will be stronger for women with low social support than for women with higher levels of social support.

**H7.2:** The positive association of economic stress with depressive symptoms will be stronger for women with low sense of control than for women with high sense of control.

**H7.3:** The positive association of economic stress with depressive symptoms will be stronger for women who do not feel religion is important than for women who feel religion is important.

**H7.4:** The positive association of economic stress with depressive symptoms will be stronger for women who do not actively engage in religious activities than for women who participate in religious activities.

Each of these hypotheses will be systematically tested and evaluated in Chapter 4.
CHAPTER THREE

METHODS

This study was funded by dissertation research grants from the American Sociological Association (ASA) Minority Fellowship Program and the National Institute of Mental Health (1 R03-MH 56786-01). The primary purpose of both grants is to provide research support to predoctoral students of color who have an interest and commitment to investigating mental health issues for minority populations in the United States. Funding from each source allowed the principal investigator to conduct specific tasks that are pertinent to the data collection process.

Data for this study were collected as part of the Southern African American Health and Well-Being Study, and was conducted by the Center for Family Research in Rural Mental Health at Iowa State University. The primary goal of the study was to collect data relevant to the challenges facing African American women, including economic, sociocultural, physical and mental health issues. Basic demographic information was also obtained from the respondents. Although recent studies have emphasized the overall well-being of African Americans, few research endeavors have been devoted exclusively to understanding the mental health of African American women. This study is an attempt to enhance our knowledge of these processes. The target areas of interest were two communities in the southern United States: Albany,
Georgia (Dougherty County) and Clarksdale, Mississippi (Coahoma County). Prior to collecting data, a number of issues were considered including selection of sites, the creation of a sampling pool, the appropriate method for collecting data, and the selection of survey measures.

**Selection of Study Sites**

Sites were selected for two reasons. First, sociological inquiries of African American mental health generally focus on northern African Americans with little or no consideration given to Blacks in southern communities (Brown et al. 1992; Neighbors and Jackson 1996; Ruiz 1990). Although the majority of African Americans reside in urban areas, over half of the twenty states with the highest proportion of African Americans are located in the South (U.S. Census 1990).

A number of researchers have enhanced our understanding of mental health outcomes for African Americans, yet limited knowledge is available concerning the ways in which domain specific stressors, especially economic related factors, affect their well-being (Brody et al. 1994; McLoyd et al. 1994). This is surprising considering that macroeconomic downturns of the 1970s and 1980s have been linked to high rates of joblessness, poverty, and overall decline in urban African American communities (Eggers and Massey 1992; Wilson 1987, 1996). Similarly, recent demographic and economic trends in many southern states have also decreased opportunities for African Americans (Allen-Smith 1994; Bellamy and Parks 1994; Jensen 1994). More importantly, many areas of the southern United States have a legacy of pervasive poverty that has existed even while the national economy has
remained steady (Deseran and Singelmann 1993). Given this evidence, the selection of sites in Georgia and Mississippi provide the investigator with an opportunity to explore the dynamics of economic hardship and mental health for African American women within a southern context.

Second, issues surrounding funding availability were key to determining study sites. One site was selected based on the fact that it was a southern community in which many of the residents faced numerous economic and social challenges, and because personal social contacts provided access to the community, thus not requiring extensive funding. During the fall of 1996, the principal investigator met community residents and developed an understanding of key challenges facing members of the community. This site - Albany, Georgia - is a small metropolitan area serving as an agricultural center for the southwestern region of the state.

When funding became available, an opportunity was provided to expand the sample. Priority was given to a non-metropolitan place in the south that would provide some additional contrast to the small, metropolitan community of Albany, Georgia, and would also be large enough to meet sampling requirements.

**Albany, Georgia**

The ASA dissertation grant was used to conduct preliminary field research at the Georgia site. Initial research included visits to Albany and personal interviews with African American women in the community. Through these endeavors, the principal investigator sought to gain a better understanding of the issues facing African American women in Southwest Georgia and the ways in which they deal with these
challenges. Furthermore, visiting the site allowed the researcher to learn more about the social, economic, and political climate of the community.

Albany, consisting of approximately 78,122 residents, is located in the midst of several rural counties in the southwest region of Georgia and has long been considered the agricultural center for the state. Known as the “Good Life” city, a general perusal of recent statistics indicates that life isn’t so pleasant for many people, especially the majority African American population (42,962 Blacks compared to 34,544 Whites). For instance, 1989 per capita income for Whites in Albany was $16,157; for African Americans it was only $5,904 (U.S. Census 1990). A number of economic transformations further heightened the disparities between Whites and African Americans with regard to socioeconomic indicators, and reflect the overall economic decline of the community. Albany experienced rapid growth between 1940 and 1970, but by 1990 there had been a decrease in the overall population. This decline was primarily a result of the closing of several major manufacturers that employed a significant proportion of the community. According to the Georgia Department of Labor, in 1980 40,640 residents of Albany were employed; by 1990 38,922 were employed, representing a 4.2 percent decrease in overall employment. Individuals employed in Albany’s manufacturing sector experienced the greatest job decline. For instance, there were 9,024 workers in 1980, but by 1990 only 6,540 were employed in manufacturing, representing a 28% decrease in employment opportunities. The unemployment rate continued to be a problem for Southwest Georgia. In 1980 the unemployment rate for Dougherty County was 7.7 percent compared to 7.1 percent for
the nation. However, by 1993 the unemployment rate was 8.8 percent for Dougherty County compared to 5.8 percent and 6.8 percent for the state and nation respectively.

Poverty has also been an increasing problem in recent years for Dougherty County in general and Albany in particular. In 1980 the number of persons living in poverty was 20.8 percent; by 1990 the percentage had increased to 24.4 percent. The city of Albany has even higher rates of poverty (24.3 percent in 1980 compared to 27.5 percent in 1990). There is also indication that the poverty rates are closely tied to segments of the community that are predominantly African American. This is reflected by the Census tracts that were sampled for this project. Not only were these tracts over 50 percent African American, but the percentage of persons living below the poverty line ranged from 27 percent to 57.6 percent. Problems are further exacerbated by the fact that Dougherty County lags behind the state of Georgia and the nation in educational attainment and health care. Also, Albany has been plagued with exceedingly high crime rates in recent years.

Preliminary field work revealed the sociological and historical relevance of examining economic stress for African American women in Albany, Georgia. W.E. B. DuBois, a historian as well as the first African American sociologist, chronicled the plight of Dougherty County at the turn of the century (DuBois 1994). DuBois was the first social scientist to examine demographically and statistically the conditions of African Americans, beginning with a study of African Americans in Philadelphia, Pennsylvania (DuBois 1994). Later, while a professor at Atlanta University, DuBois used a similar analytic technique to first document the lives of African Americans in
Atlanta and later southwest Georgia. Surprisingly, some of the same issues that were problematic for African Americans in the early 1900s are still issues today for African Americans in the Albany/Dougherty County region. For instance, DuBois noted that lack of housing, employment, high poverty and low educational attainment were pervasive among this predominantly African American community.

**Clarksdale, Mississippi**

Clarksdale, Mississippi is located in the Lower Mississippi Delta region. Overall the Delta region consists of 40 parishes in Louisiana, 42 counties in Arkansas, and 45 counties in Mississippi. Located 150 miles northwest of Jackson, the state capitol, and 75 miles south of Memphis, Tennessee, Clarksdale is one of two major trade centers in Mississippi. It is also the center of Coahoma County, Mississippi, which has a total population of 31,665 residents. Clarksdale has a population of 19,717 (U.S. Census 1990).

Prior to conducting this study, the principal investigator visited several locales in Delta as part of a United States Department of Agriculture (USDA) and National Institute of Drug and Alcohol (NIDA) funded research project. A significant aspect of the investigation was to extend research on family processes, with particular attention given to the ways a family stress model might apply to more culturally diverse populations. During the tour of the Delta, visits took place with several individuals who had first hand knowledge of communities in Arkansas, Mississippi, and Louisiana.

Approximately one third of the population in the Delta region is African American. The counties in Mississippi have the highest proportion of African
Americans (44.7 percent). The proportion of African Americans in the Delta counties in Louisiana are 34.9 percent and 27.8 percent in Arkansas. African Americans in this region are disproportionately represented in the poverty statistics. Nationally, 25.6 percent of the persons who live below the poverty line are African American. In the Delta region, almost two-thirds, (63.9 percent) of the persons living below poverty are African American. Furthermore, research suggests that regions throughout the Delta have shown little if any economic development even when the nation has experienced economic stability (Deserean and Singleman 1993). Unlike areas of the Midwest that have recently experienced economic crises as the result of agricultural restructuring, the Mississippi Delta region has a legacy of poverty and economic deprivation.

Both areas are ideal study sites for examining the ways in which economic stress systematically effects the mental health of southern, African American women. With the exception of McLoyd et al. (1994) little is known about the ways that economic hardship impacts the lives of African American women. Even in these instances, urban African American women from the North are the focal point of the studies rather than women from southern communities. Thus, it is the goal of this study to enhance our understanding of the economic stress-distress processes for African American women living in the southern United States.

**Data Collection and Sampling Issues**

Data collection methods and sampling techniques were given considerable attention prior to conducting this study. Data for this project were obtained from telephone interviews conducted during the spring of 1997. It is important to note the
reasons for using a telephone survey rather than other methods of data collection. Bailey (1987) and Fowler and Mangione (1990) have called attention to the pros and cons of using alternative techniques. For instance, a primary benefit of face-to-face interviewing is that it allows for the development of trust and rapport between the interviewer and respondent. In addition, it allows the interviewer to ask more in-depth questions rather than rely on basic Likert scale response categories. On the other hand, face-to-face interviewing is quite time consuming, and data which can be collected in a matter of weeks through telephone interviewing may take months to obtain. Furthermore, face-to-face interviewing tends to be very costly because interviewers are paid for interview time as well as any costs accrued when traveling to each research site. Mailed surveys increase the anonymity of the respondent; but in this case, it would be more difficult to determine if an African American woman had actually completed the questionnaire. A mixed mode approach which utilizes a combination of face-to-face interviewing and telephone surveying could be ideal for reducing coverage error in the south, but this data collection strategy is much too broad and costly for dissertation research. Thus, despite the limitations of conducting a telephone survey in these areas, it was determined to be the most cost efficient means for obtaining data for this project.

Next, attention was given to the development of a sampling pool. Sampling pools, which are the set of numbers that interviewers use to attain the preferred number of completed interviews, may be obtained in a number of ways, including Random Digit Dialing (RDD) and list assisted pools (Lavrakas 1993). The first technique,
RDD, involves "adding random digits to prefixes known to ring in the sampling area so as to make it possible to reach households with published or unpublished telephone numbers" (Lavrakas 1993:167). This mechanism is often the preferred choice when the primary objective is to estimate parameters for the general population. In addition, the possibility of coverage error in the target area is diminished if RDD is used to create a sampling pool (Brick et al. 1995).

On the other hand, a list-assisted sampling pool may be derived from a number of sources such as lists that contain the names and phone numbers of members of a professional organization or subscription lists. Perhaps a more ideal method is to obtain a list based on the Donnelley Listed Households Database. This data base contains millions of numbers from white page directories, and is often used by commercial vendors (Brick et al. 1995).

Given that the primary purpose of this study is to examine the impact of economic conditions on mental health for African American women in two southern communities, a list-based sample was considered appropriate. This sampling method, however, is not without criticism (Brick et al. 1995; Lavrakas 1993). For example, the use of unlisted numbers in this region and economic sector is rare. However, the proportion of non-telephone households in this area are relatively high (16-20%), meaning that the poorest of the poor are likely to be underrepresented (Brick et al. 1995), making estimates of the impact of economic problems conservative. Despite this limitation, it is a useful methodology considering the available resources for this study.
Another issue of importance is the recency and source of the data base used by the sampling firm since "random sampling from a master list may not represent a probability sample of the target population if coverage error is associated with the manner in which the master list was assembled" (Lavrakas 1993:52). These issues and others were taken into account during the initial data collection phase. However, given the time and financial constraints of conducting a project of this nature for doctoral requirements, it was deemed more feasible to use a list based sample and a telephone survey for data collection purposes.

An attempt was made to ensure that both the Mississippi and Georgia sites were adequately sampled. Prior to consulting with the sampling firm, the principle investigator used 1990 Census information to identify the Census tracts in Clarksdale and Albany that consisted of at least 50 percent African American population. This information was given to the sampling consultant and a list of names, phone numbers and addresses was extracted from the Donnelley Listed Household Database (Donnelley Quality Index). The index, which is updated frequently, consists of approximately 65 million telephone numbers from the white-page telephone directories.

The total list received from the sampling company contained 4,000 items, and the goal for the study was to achieve a final sample size of 500. Considering the impact of refusals, non-working numbers, and non-eligible numbers, as well as estimates of response rates drawn from earlier telephone surveys conducted in this region, it was estimated that approximately 50 percent of the numbers would generate
the desired number of completed interviews. Therefore, a pool of 1,000 items was needed to obtain 500 interviews. After deciding on the sampling proportion, a random number was selected to determine the starting point, and a systematic sampling method was selected to determine the starting point. A sampling increment drawing every fourth item from the list was selected. This procedure was repeated as needed to draw supplemental samples from the remaining list. Each time a sampling increment was selected, based on the number of additional names needed, to insure cycling completely through the remaining list.

Next, a letter was mailed to potential respondents. The letter informed the respondent about the purpose of the project and the nature of the interview in general. In addition, an 800 number was given in case there were any questions about the study. For each potential respondent, a call record was generated. The call records contained the phone number, address and name of the potential respondent as well as space for the interviewer to take notes of the final outcome of the call. A higher volume of letters were mailed in order to ensure that the target sample size was obtained. African American women who were at least 18 years of age or older were eligible to participate. If more than one woman over the age of 18 resided in the household, then the woman who had the most recent birthday was asked to participate. The interview consisted of 106 questions and averaged 26 minutes to complete.

Special consideration was also given to potential interviewer effects. As Singer, Frankel, and Glassman (1983:272-73) suggests, "the potential for bias is much more serious in telephone interviews, where typically fewer interviewers take a much
larger number of interviews. Consequently, the effect of each interviewer's performance on response rate and response quality is magnified many times." More importantly, the race and gender of an interviewer may have an impact on response patterns as well. A number of studies indicate that certain survey items may yield different response patterns from African Americans if the interviewer is non-Black (Davis 1997; Prewett-Livingston, Field and Veres 1996). Also, findings from some studies indicate that it is best to match respondent and interviewer on gender (Catania, Binson, and Canchula 1996; Fowler and Mangione 1990). Taking this into consideration, an effort was made to ensure that the majority of the interviewers were African American women.

Trained interviewers worked regularly on the project from April 1997 to June 1997. Of the ten interviewers, six were African American and the remaining interviewers were White. The fact that a completely African American staff was not used is related more to the demographics of the state from which the telephone interviews originated. Less than 2 percent of the population in Iowa is African American and the student population at Iowa State University has only a slightly higher proportion; therefore, it became difficult to find personnel that were both African American and had some prior telephone interviewing experience. At end of the project, the final sample consisted of 501 African American women, 234 respondents from Georgia and 267 from Mississippi. The response rates for Georgia and Mississippi were 69.8 and 70.0 percent, respectively.
**Measures**

The primary purpose of this study is to examine the relationship between economic conditions and mental health outcomes for African American women in the communities of interest. Previous studies suggest that economic change at either the aggregate or individual level may have an impact on overall mental adjustment (Catalano and Dooley 1977, 1983). The proposed model is similar to those previously tested in both rural and urban Midwestern communities in that there is an interest in economic related stressors and mental health (Conger and Elder 1994; McLoyd et al. 1994). However, unlike previous studies that have emphasized the interconnection of economic change, family processes and variability in depression, this study focuses on the economic stress-distress relationship only for southern African American women.

All of the measures are either complete or variations of measures used in previous studies conducted at the Center for Family Research in Rural Mental Health at Iowa State University. Here, interest is in the ways in which these measures apply to populations with high proportions of African Americans.

**Dependent Variables**

The proposed model consists of two outcome variables: economic stress and depressive symptoms. The economic stress items, previously used in a Center for Family Research study conducted in the Mississippi Delta reflect the perceptions of the respondent’s economic standing. The respondent was asked to indicate her agreement or disagreement with the following six statements: (a) “My income never catches up to my expenses”; (b) “I have difficulty paying my bills”; (c) “I have money left at
the end of the month”; (d) “I have enough money for transportation”; (e) “I have enough money for food”; (f) “I have enough money for medical care”. The six items were coded from 1 (strongly agree) to 4 (strongly disagree). The reliability estimate for these six items was .81 for the entire sample.

The second outcome variable is depressive symptoms as measured by the Center for Epidemiological Studies depression scale (CES-D). This 20 item scale has been used by hundreds of social scientists during the past twenty years and is found to be reliable in both urban and rural communities (Mirowsky and Ross 1990; Sommervell et al. 1989). This scale has also been used to assess depressive moods for African Americans (Radloff 1977; Sommervell et al. 1989). Emphasis here is on the presence of symptoms rather than more severe diagnoses of clinical depression, and each respondent was asked to indicate the number of days a symptom had been experienced: (1) 0 days; (2) 1-2 days; (3) 3-4 days; (4) 5-7 days. Radloff (1977) identified four secondary dimensions of the CES-D: depressed affect (feelings of sadness), positive affect (feelings of happiness), somatic conditions (poor appetite, inability to get going, trouble sleeping), and interpersonal feelings. However, the standard approach is to use the CES-D as a single scale. Preliminary factor analyses indicate that these dimensions are also tapped for the present sample, and an alpha reliability of .81 was found for the twenty items.

**Independent Variables**

One of the basic arguments of this study is that economic hardship in southern communities will have an impact on the perceptions of economic stress for African
American women, and consequently affect their overall adjustment. A legacy of poverty in conjunction with other forms of economic instability may prove detrimental to the well-being of African American women in southern communities. For the purposes of this study, economic hardship is depicted by three single indicator variables: income level for the household, income loss, and work stability. All three items are similar to those used in previous Center for Family Research studies.

Recent studies also suggest that the relationship between stress and mental health is moderated by availability of personal and social resources such as social support and sense of control (Sarason et al. 1994; Thoits 1995). For African Americans, religion has been found to be an important coping mechanisms for reducing stress (Broman 1996). Three variables are used to examine the variance in depressive symptoms as well as the extent to which these variables moderate the relationship between economic stress and depressive symptoms. Two measures were used to tap religiosity. Both are similar to questions used in the National Survey of Black Americans (Levin et al. 1995), a national probability sample of Blacks in the United States. The first item, measuring subjective religiosity, asks the respondent to determine the importance of religion in everyday life. The choices included: (1) "Very important"; (2) "Fairly important"; (3) "Not too important"; and (4) "Not at all important". In addition to the subjective religiosity item, respondents were asked how often they participated in the following religious activities: (1) "attend religious services?"; (2) "religious programs on the radio or watch them on television?"; (3)
"read religious books?"; and (4) "pray?". The items were coded from 1 (daily) to 7 (never). The reliability estimate for the religious involvement questions was .59.

Eight agree-disagree statements were used to measure the respondent's sense of control. These items are based on measures developed by Mirowsky and Ross (1991). One criticism of many sense of control scales is that there is a tendency to measure either external or internal locus of control. Here an attempt was made to create a scale that consisted of a balanced number of internal and external statements. The result is what is known as a 2 x 2 measure of locus of control. Not only is this measure balanced, it is considered suitable for community surveys and valid across socioeconomic status groups (Mirowsky and Ross 1991). The items were scored 1 (strongly agree) to 4 (strongly disagree). The statements included the following: (a) "I am responsible for my own successes"; (b) "I can do just about anything that I really set my mind to"; (c) "The really good things that happen to me are mostly luck"; (d) "Most of my problems are due to bad breaks"; (e) "I have little control over the bad things that happen to me"; (f) "I am responsible for my failures"; (g) "My misfortunes are the result of mistakes that I have made"; (h) "There's no sense planning a lot, if something good is going to happen, it will". A scale was developed using the scoring adopted by Mirowsky and Ross (1991). It has been established in Mirowsky and Ross's methodological work (1990) that this scale, with a balance of positively and negatively worded items, tends to produce somewhat lower alpha reliabilities. Therefore, it is not surprising that the reliability analysis revealed a Cronbach's alpha of .63 for these eight items.
Finally, a measure of social support was included to understand the stress-distress relationships for African American women. This measure consisted of ten items selected from Cutrona and Russell’s Social Provision Scale (1984). The reliability estimate for the ten items was .74. Respondents were asked to what extent that they agreed with the following items: (a) “There are people I can depend on to help me if I really need it”; (b) “There are people who enjoy the same social activities that I do”; (c) “I don’t think other people respect my skills and abilities”; (d) “I have close relationships that provide me with a sense of emotional security and well-being”; (e) “There is someone I can talk to about important decisions in my life”; (f) “I have relationships where my competence and skill are recognized”; (g) “There is no one who shares my interests and concerns”; (h) “There is no one I can depend on for aid if I really need it”; (i) “There is no one I feel comfortable talking about problems with”; and (j) “There are people I can count on in an emergency”.

**Statistical Analysis**

For the purposes of this study, multiple regression analysis is suitable since there is an interest in how several variables explain the variance in economic stress and depressive symptoms for southern African American women (Fox 1991). Not only is there an interest in understanding the variation in mental health outcomes, but there is also an interest in factors which mediate or moderate the stress-distress relationship for southern African American women. Baron and Kenny (1986) have pointed out that researchers often use this term interchangeably when in fact there is a distinction between the two variables. For purposes of this study, a moderator variable is “a
qualitative or quantitative variable that affects the direction and/or strength of the relationship between an independent variable and a dependent or criterion variable” (Baron and Kenny 1986:1174). In multiple regression models, moderator effects are typically tested by computing an interaction between the predicted moderator and the independent variable of interest. A variable is said to function as a mediator “to the extent that it accounts for the relationship between the predictor and the criterion” (Baron and Kenny 1986:1176). Here, a primary concern is whether the coping resources—social support, sense of control, and religiosity—have a mediating or moderating effect on the relationship between economic conditions and depressive symptoms. The analyses are presented in Chapter 4. A summary description of the dependent and independent variables is presented. This is followed by an examination of the bivariate correlations between variables in the proposed model. Finally, multiple regression models are estimated and interpreted.
CHAPTER FOUR

RESULTS

The findings for this study are based on telephone surveys completed by 501 African American women; 267 were from Mississippi and the remaining 234 were from Georgia. Initial analyses based on t-tests indicated that with one exception there are no significant differences between the two groups that can be attributed to community (See Appendix A). Results show that women in Georgia report significantly higher religious involvement scores than women in Mississippi. Given the t-test evaluation, it was concluded that there was enough similarity between the groups to treat all cases as one sample. Table 1 shows the demographic characteristics of the respondents. The median age for the Clarksdale respondents was 48, with ages ranging from 18-88 years. Over three-fourths of the respondents were 35 years of age or older. Consistent with the demographics of the sample area, the majority of the African American women surveyed in Clarksdale (24.7%) had not completed high school and only 14.6 percent had a college degree. Less than half of the respondents (44.2%) were presently married and over one third (37.8%) had incomes of $25,000 or less.

The median age for African American women from Albany was 47.5, with ages ranging from 18-87 years of age. Compared to African American women in Clarksdale, the proportion of women who had at least a high school education was less
Table 1. Basic Demographics By Community

<table>
<thead>
<tr>
<th></th>
<th>Clarksdale</th>
<th>Albany</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 - 25</td>
<td>9.6%</td>
<td>8.2%</td>
</tr>
<tr>
<td>26 - 34</td>
<td>11.1%</td>
<td>12.4%</td>
</tr>
<tr>
<td>35 - 54</td>
<td>42.1%</td>
<td>37.6%</td>
</tr>
<tr>
<td>55+</td>
<td>35.4%</td>
<td>36.6%</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>44.2%</td>
<td>46.6%</td>
</tr>
<tr>
<td>Not Married</td>
<td>55.1%</td>
<td>53.0%</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than High School</td>
<td>24.7%</td>
<td>22.2%</td>
</tr>
<tr>
<td>High School or GED</td>
<td>15.4%</td>
<td>17.1%</td>
</tr>
<tr>
<td>Some College</td>
<td>22.5%</td>
<td>21.4%</td>
</tr>
<tr>
<td>Two Year Degree</td>
<td>9.4%</td>
<td>8.5%</td>
</tr>
<tr>
<td>Vocational Graduate</td>
<td>.4%</td>
<td>.9%</td>
</tr>
<tr>
<td>College Graduate</td>
<td>14.6%</td>
<td>15.4%</td>
</tr>
<tr>
<td>Some Graduate Work</td>
<td>1.1%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Advance Degree</td>
<td>10.5%</td>
<td>11.5%</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 5,000</td>
<td>6.4%</td>
<td>7.3%</td>
</tr>
<tr>
<td>5,000 - 10,000</td>
<td>5.6%</td>
<td>5.6%</td>
</tr>
<tr>
<td>10,000 - 15,000</td>
<td>9.4%</td>
<td>7.7%</td>
</tr>
<tr>
<td>15,000 - 20,000</td>
<td>11.2%</td>
<td>9.8%</td>
</tr>
<tr>
<td>20,000 - 25,000</td>
<td>5.2%</td>
<td>10.3%</td>
</tr>
<tr>
<td>25,000 - 35,000</td>
<td>16.9%</td>
<td>15.0%</td>
</tr>
<tr>
<td>35,000 - 45,000</td>
<td>10.9%</td>
<td>14.1%</td>
</tr>
<tr>
<td>45,000 - 55,000</td>
<td>11.2%</td>
<td>12.1%</td>
</tr>
<tr>
<td>55,000 - 75,000</td>
<td>5.2%</td>
<td>3.5%</td>
</tr>
<tr>
<td>75,000 or more</td>
<td>2.6%</td>
<td>3.4%</td>
</tr>
</tbody>
</table>
Like the women in Clarksdale, more than one third (40.7%) had incomes of $25,000 or less and less than half were married (46.6%). Percentages related to the other study variables may be found in the appendices.

Table B.1 (Appendix B) represents the percentages of African American women in each community who had experienced a loss in income or work disruption. Despite what is known about the overall economic conditions of both communities, fewer respondents than expected experienced these types of economic hardships. In Albany, 25.2% of the respondents reported an income loss and only 10.3% had experienced unstable work. A similar pattern is evident in Clarksdale where 24.7% experienced an income loss and 12.7% reported unstable work. The findings from this data are probably a reflection of coverage error. Given the overall economic standing of African Americans in this community coupled with the high percentage of people who do not have telephones, more economically disadvantaged African American women may have been excluded because of the methodology used to acquire data.

Two measures of mental health outcomes, economic stress and depressive symptoms, were considered for this study. Table B.2 (Appendix B) represents the economic stress scores and depressive symptoms scores for the study sites. The mean score for Clarksdale was 14.34, with scores ranging from 6 to 24. For women in Albany, the mean economic stress score was 14.16 with scores ranging from 6 to 22. Over half of the respondents from both study sites reported an economic stress score that was above average (52.9% for Clarksdale and 57.6% for Albany). Although
economic hardship scores are not as high as expected, many African American women perceive their economic condition as stressful.

The proportion of women reporting signs of both moderate and severe depressive symptoms is also depicted in Table B.2. Typically a score between 16 and 21 represents the presence of moderate depressive symptoms, and scores of 22 or higher represent a more severe depressive episode. Depressive symptoms scores were quite high relative to previous community studies that have included African American women (Brown and Gary 1988; Hauenstein and Boyd 1994). In Clarksdale 13.2 percent of the women surveyed scored between 16 and 21 on the CES-D measure, and 22.1 percent reported depressive symptoms scores of 22 and higher. Overall depression scores ranged from 0 to 59 in Clarksdale. In Albany 13.5 percent of the respondents reported depressive symptoms scores between 16 and 21, and 19.8% reported scores of 22 and higher. The CES-D scores for women in Albany ranged from 0 to 51. Radloff (1977) examined CES-D scores for men and women and found that the average score was 9.25. Also, 19% of the respondents scored at or above 16. The findings from the present study are along the lines of McLoyd et al. (1994) and Brody et al. (1994) who found African American women to report significantly higher CES-D scores. For instance, 48 percent of the mid-western, urban African American women in the McLoyd et al. (1994) study reported CES-D scores above 16. The average CES-D score for the McLoyd et al. (1994) study was 17.52. In a study concerning the effect of financial resources on parenting, psychological adjustment and adolescent
competence, Brody et al. (1994) found that, on average, African American women reported a CES-D score of 23.32.

The mean scores and standard deviations for the sociocultural variables are reported in Table 2 for Clarksdale. Similar information for Albany can be found in Table 3. Two religiosity variables measuring the importance of religion and participation in religious activities are important for this study. The religious importance item consists of a four item scale that asks the respondent to specify the importance of religion. The scale ranges from 1 (not at all important) to 4 (very important). The mean scores listed in Tables 2 and 3 suggest that religion itself is very important to African American women in both Georgia and Mississippi. Further, 91.6% percent of the women indicated that religion is highly important. The religious involvement items consisted of four items designed to measure how often a person attends religious services, prays, and listens to and watches religious programs. Items for this measure are scored on a scale of 1 (never) to 7 (daily). Both measures of religion depict the centrality of religion in the lives of African American women. The relatively high mean scores for social support and sense of control also reflect what we know about African American women; that is, African American women utilize support and, in many instances, there is a sense of control in the midst of adversity.

The narrative above was presented to give an overview of the way in which African American women scored on each of the study variables. Next it is important to understand how the variables in question are interrelated. Table 4 presents the correlation analysis for the twelve study variables. First, consider the relationship
between measures of economic hardship and economic stress. Studies have shown that all three measures are linked to perceptions of economic constraint (Conger and Elder 1994; McLoyd 1994). The results from the bivariate correlations confirm the association between each of these indicators and economic stress. Income level is negatively correlated with economic stress ($r = -.223$, $p<.05$); higher levels of income are associated with lower levels of economic stress. Income loss is associated with higher levels of stress ($r = .140$, $p<.05$) as is unstable work ($r = .097$, $p<.05$).

An overview of the associations between the demographic variables and economic stress reveals that African American women who are married are significantly less likely to report economic stress ($r = -.095$, $p<.05$). The positive correlation between marital status and income ($r = .104$, $p<.05$) may, in part, account for this association. As expected, higher levels of education is associated with lower reports of economic stress ($r = -.136$, $p<.05$). Education is likely associated with enhanced work opportunities and shows a positive correlation with income ($r = .142$, $p<.05$). Age is not significantly related to economic stress, but is correlated with two of the indicators of hardship. The older the respondent, the less the income loss ($r = -.160$, $p<.05$) and unstable work ($r = -.147$, $p<.05$).

Elevated levels of economic stress are associated with increased social support ($r = .222$, $p<.05$). Here it would appear that the greater need for assistance associated with economic stress increases the use of social support. The zero-order correlation between sense of control and economic stress is also positive ($r = .253$, $p<.05$).
Table 2. Mean Scores and Standard Deviations for Sociocultural Variables for Clarksdale

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean Score</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religious Importance</td>
<td>3.925</td>
<td>.500</td>
</tr>
<tr>
<td>Religious Involvement</td>
<td>5.747</td>
<td>.979</td>
</tr>
<tr>
<td>Social Support</td>
<td>3.112</td>
<td>.481</td>
</tr>
<tr>
<td>Sense of Control</td>
<td>2.971</td>
<td>.470</td>
</tr>
</tbody>
</table>
Table 3. Mean Scores and Standard Deviations for Sociocultural Variables for Albany

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean Score</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religious Importance</td>
<td>3.991</td>
<td>.524</td>
</tr>
<tr>
<td>Religious Involvement</td>
<td>5.965</td>
<td>.922</td>
</tr>
<tr>
<td>Social Support</td>
<td>3.176</td>
<td>.610</td>
</tr>
<tr>
<td>Sense of Control</td>
<td>3.011</td>
<td>.622</td>
</tr>
</tbody>
</table>
Table 4. Zero Order Correlations for Variables Used in Regression Analysis.

<table>
<thead>
<tr>
<th></th>
<th>V1</th>
<th>V2</th>
<th>V3</th>
<th>V4</th>
<th>V5</th>
<th>V6</th>
<th>V7</th>
<th>V8</th>
<th>V9</th>
<th>V10</th>
<th>V11</th>
<th>V12</th>
</tr>
</thead>
<tbody>
<tr>
<td>V1 depression</td>
<td>1.000</td>
<td>.314*</td>
<td>-.249*</td>
<td>.174*</td>
<td>.106*</td>
<td>-.127*</td>
<td>-.060</td>
<td>-.032</td>
<td>-.216*</td>
<td>-.076</td>
<td>-.185*</td>
<td>-.113*</td>
</tr>
<tr>
<td>V2 economic stress</td>
<td>1.000</td>
<td>-.223*</td>
<td>.140*</td>
<td>.097*</td>
<td>-.038</td>
<td>-.095*</td>
<td>.136*</td>
<td>.222*</td>
<td>.289*</td>
<td>.009</td>
<td>.253*</td>
<td></td>
</tr>
<tr>
<td>V3 income</td>
<td>1.000</td>
<td>.011</td>
<td>-.083</td>
<td>-.077</td>
<td>.104*</td>
<td>.142*</td>
<td>.179*</td>
<td>.033</td>
<td>.069</td>
<td>.187*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V4 income loss</td>
<td>1.000</td>
<td>.319*</td>
<td>-.160*</td>
<td>.048*</td>
<td>-.053</td>
<td>-.096*</td>
<td>-.037</td>
<td>-.012</td>
<td>-.038</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V5 unstable work</td>
<td>1.000</td>
<td>-.147*</td>
<td>-.009</td>
<td>.002</td>
<td>-.070</td>
<td>-.103*</td>
<td>-.049</td>
<td>-.053</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V6 age</td>
<td>1.000</td>
<td>-.077</td>
<td>-.034</td>
<td>-.077</td>
<td>.099*</td>
<td>.232*</td>
<td>.050</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V7 marital status</td>
<td>1.000</td>
<td>-.003</td>
<td>.025</td>
<td>-.039</td>
<td>.018</td>
<td>-.033</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V8 education level</td>
<td>1.000</td>
<td>.362*</td>
<td>.387*</td>
<td>.164*</td>
<td>.401*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V9 social support</td>
<td>1.000</td>
<td>.424*</td>
<td>.173*</td>
<td>.598*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V10 religious belief</td>
<td>1.000</td>
<td>.339*</td>
<td>.423*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V11 religious involvement</td>
<td>1.000</td>
<td>.161*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V12 sense of control</td>
<td>1.000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* p < .05
Interestingly, African American women who feel religion is highly important in their lives reported higher levels of economic stress ($r = .289$, $p<.05$). Religious involvement, on the other hand, is not significantly correlated with perceptions of economic stress ($r = .009$). Thus strength of beliefs rather than level of involvement appears to be linked to perceptions of economic stress.

The second outcome variable, depressive symptoms, is significantly correlated with all economic hardship variables as well as economic stress. Lower levels of income are associated with higher levels of depressive symptoms ($r = -.249$, $p<.05$). Income loss ($r = .174$, $p<.05$) and unstable work ($r = .106$, $p<.05$) are each positively correlated with depressive symptoms.

Among the demographic variables, only age ($r = -.127$, $p<.05$) is significantly correlated with depressive symptoms. Older women are less likely than younger women to have high levels of depressive symptoms. Surprisingly, neither education nor marital status is significantly associated with depressive symptoms.

African American women with high perceptions of social support have lower levels of depressive symptoms ($r = -.216$, $p<.05$). Likewise, women who have a strong sense of personal control report lower levels of depressive symptoms ($r = -.113$, $p<.05$). Also, respondents who are more involved in religious activities are less depressed ($r = -.185$, $p<.05$).

Next it is important to examine these relationships in a multivariate context while simultaneously controlling for the effects of demographic, economic hardship
and sociocultural characteristics. To accomplish this task, multiple regression analysis will be used. The first model looks at the effects of economic hardship upon economic stress while controlling for demographic characteristics. The standardized regression coefficients and standard errors for this model are presented in Table 5. The proposed model accounts for slightly less than 10 percent of the variation in economic stress ($R^2 = .098$).

Consistent with the bivariate correlation findings, two of the measures of economic hardship are significantly related to economic stress. Net of the effect of the other variables, women income had a significantly negative association with economic stress ($B = -.241$). In other words, African American women with higher income levels report lower economic stress. Income loss is positively related to economic stress ($B = .143$); women who have experienced a financial loss are more likely to have heightened levels of economic stress. In contrast to the effects of the other indicators of economic hardship, unstable work is not related to economic stress. Thus, two of three hardship indicators have significant effects in the predicted direction. These findings provide qualified support for the hypothesized relationship between economic hardship and economic stress.

Only one demographic variable is important for explaining the variation in economic stress. Education level is positively related to increased perceptions of economic stress ($B = .176$). It was expected that education would have an effect, but in the opposite direction. Also contrary to hypothesized effects, neither age nor marital
Table 5. Regression of Economic Stress on Demographic Variables and Economic Hardship.

<table>
<thead>
<tr>
<th>Independent Variable</th>
<th>B</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>-.241</td>
<td>.0000</td>
</tr>
<tr>
<td>Income loss</td>
<td>.143</td>
<td>.0017</td>
</tr>
<tr>
<td>Unstable Work</td>
<td>.026</td>
<td>.5710</td>
</tr>
<tr>
<td>Age</td>
<td>-.030</td>
<td>.4953</td>
</tr>
<tr>
<td>Education</td>
<td>.176</td>
<td>.0000</td>
</tr>
<tr>
<td>Marital Status</td>
<td>-.078</td>
<td>.0697</td>
</tr>
<tr>
<td>(Constant)</td>
<td>25.385</td>
<td>.0000</td>
</tr>
</tbody>
</table>

$R^2 = .098$

$F = 10.049$

$p < .0001$
status was significant at the .05 level. A case might be made for marital status since it would meet significance criteria in a one-tailed test and the effect is in the hypothesized direction. However, the overall pattern of effects for the demographic variables do not provide support for the hypothesized relationships.

Many investigators have been concerned with the points at which the stress-distress relationship is mediated or moderated by particular variables. In research pertaining to economic stress, the buffering point is typically between economic stress and depressive symptoms. For this study, interest also lies with the processes involved in reducing the economic stress-distress relationship for southern African American women.

In order to obtain a more precise picture of the matter in question, there is also an interest in determining variables that explain the variability in the coping dimensions that are believed to enable African American women to be resilient in the face of adverse conditions. Moreover, one component of the testing for any potential mediating influences of the hypothesized buffers on the economic hardship or stress measures requires an evaluation of the impact of these independent variables on the possible mediators.

The first of these models examines how the demographic, economic hardship, and economic stress relate to social support (Table 6). With respect to the demographic variables, the findings show that African American women who are married ($B = .030$), have greater social support than married women. Neither age nor education was significantly related to this potential buffering variable. African
American women who had recently experienced an income loss perceived their social ties as less supportive ($B = -0.111$), and higher levels of income were associated with greater support ($B = 0.180$). There would appear to be direct negative ties from economic hardship to social support. On the other hand, women who feel higher levels of economic stress also report more support ($B = 0.243$). Clearly, economic hardship and felt economic stress have divergent ties to social support. Perhaps women who have feelings of economic stress are more likely to seek out and activate social support. The overall model was significant ($F = 19.124$, $p < .0001$) and accounted for slightly over 20 percent of the variance.

The next set of potential mediators or moderators are related to religion. Table 7 summarizes the relationship between the importance of religion in the lives of African American women and demographic variables, economic hardship and economic stress. With regard to demographic characteristics, African American women who are older ($B = 0.106$) and those who have higher levels of education ($B = 0.349$) are more likely to indicate that religion was important in their lives. The only economic hardship variable that is significantly related to religious importance was unstable work. Women with unstable work histories are significantly less likely ($B = -0.109$) to report that religion is important. Economic stress, in contrast, is significantly associated with increase feelings of religious importance ($B = 0.265$). Thus, similar to the patterns observed for social support, certain aspects of adverse economic conditions are associated with lower levels of religious importance, while the
perceptions of economic stress are tied to greater feelings of importance. The model accounted for 22.5 percent of the variance \( F = 21.692, p < .0001 \).

The other component of religion considered was involvement in religious activities. Similar to the findings for religious importance, both age and education are significantly related to involvement in religious activities. African American women who are older \( (B = .248) \) and have higher levels of education \( (B = .165) \) are more likely to be involved in these activities. These patterns are parallel to the findings for religious importance. However, there is little similarity across the two religion models when considering the impact of the economic measures. Neither economic stress nor economic hardship is significantly associated with religious activities. Overall, this model accounts for less than 10 percent of the variation in religious activity involvement \( (R^2 = .077) \).

The final potential buffering variable considered is sense of control. The relationship of the demographic measures, economic hardship, and economic stress to sense of control is summarized in the regression model results in Table 8. In terms of demographic variables, African American women with higher levels of education report a greater sense of control over their lives \( (B = .335) \). Neither age nor marital status is significantly related to sense of control. Only one of the economic hardship items, income, is significantly related to sense of control. As expected, the association is positive \( (B = .194) \), suggesting African American women with high incomes have an increased sense of control over their lives. Neither income loss nor unstable work is significantly related to sense of control. Economic stress is also related to sense of

Table 6. Regression of Social Support on Measures of Economic Hardship.  

<table>
<thead>
<tr>
<th>Demographic Factors and Economic Stress</th>
<th>B</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>.180</td>
<td>.0000</td>
</tr>
<tr>
<td>Income Loss</td>
<td>-.111</td>
<td>.0101</td>
</tr>
<tr>
<td>Unstable Work</td>
<td>-.054</td>
<td>.2100</td>
</tr>
<tr>
<td>Age</td>
<td>-.067</td>
<td>.1029</td>
</tr>
<tr>
<td>Education</td>
<td>.296</td>
<td>.0000</td>
</tr>
<tr>
<td>Marital</td>
<td>.030</td>
<td>.4546</td>
</tr>
<tr>
<td>Economic Stress</td>
<td>.243</td>
<td>.0000</td>
</tr>
<tr>
<td>(Constant)</td>
<td>17.314</td>
<td>.140</td>
</tr>
</tbody>
</table>

$R^2 = .202$

$F = 19.124$

$p < .0001$
Table 7. Regression of Religious Importance on Economic Hardship, Demographic Variables, and Economic Stress.

<table>
<thead>
<tr>
<th>Independent Variable</th>
<th>B</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>0.043</td>
<td>0.2995</td>
</tr>
<tr>
<td>Income Loss</td>
<td>-0.004</td>
<td>0.9269</td>
</tr>
<tr>
<td>Unstable Work</td>
<td>-0.109</td>
<td>0.0096</td>
</tr>
<tr>
<td>Age</td>
<td>0.106</td>
<td>0.0088</td>
</tr>
<tr>
<td>Education</td>
<td>0.349</td>
<td>0.0000</td>
</tr>
<tr>
<td>Marital</td>
<td>-0.010</td>
<td>0.7981</td>
</tr>
<tr>
<td>Economic Stress</td>
<td>0.265</td>
<td>0.0000</td>
</tr>
<tr>
<td>(Constant)</td>
<td>24.161</td>
<td>0.0000</td>
</tr>
</tbody>
</table>

$R^2 = 0.225$

$F = 21.692$

$p < 0.0001$
Table 8. Regression of Religious Involvement on Economic Hardship, Demographic Variables, and Economic Stress.

<table>
<thead>
<tr>
<th>Independent Variable</th>
<th>B</th>
<th>p</th>
</tr>
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<tbody>
<tr>
<td>Income</td>
<td>0.062</td>
<td>0.1749</td>
</tr>
<tr>
<td>Income Loss</td>
<td>0.039</td>
<td>0.3956</td>
</tr>
<tr>
<td>Unstable Work</td>
<td>-0.021</td>
<td>0.6535</td>
</tr>
<tr>
<td>Age</td>
<td>0.248</td>
<td>0.0000</td>
</tr>
<tr>
<td>Education</td>
<td>0.165</td>
<td>0.0002</td>
</tr>
<tr>
<td>Marital</td>
<td>0.030</td>
<td>0.4865</td>
</tr>
<tr>
<td>Economic Stress</td>
<td>0.009</td>
<td>0.8403</td>
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<tr>
<td>(Constant)</td>
<td>18.410</td>
<td>0.0000</td>
</tr>
</tbody>
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\[ R^2 = 0.077 \]
\[ F = 6.978 \]
\[ p < 0.0001 \]
Table 9. Regression of Sense of Control on Economic Hardship, Demographic Variables, and Economic Stress.

<table>
<thead>
<tr>
<th>Independent Variable</th>
<th>B</th>
<th>p</th>
</tr>
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<tbody>
<tr>
<td>Income</td>
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<td>.0000</td>
</tr>
<tr>
<td>Income Loss</td>
<td>-.045</td>
<td>.2890</td>
</tr>
<tr>
<td>Unstable Work</td>
<td>-.053</td>
<td>.2031</td>
</tr>
<tr>
<td>Age</td>
<td>-.031</td>
<td>.4458</td>
</tr>
<tr>
<td>Education</td>
<td>.335</td>
<td>.0000</td>
</tr>
<tr>
<td>Marital</td>
<td>-.028</td>
<td>.4839</td>
</tr>
<tr>
<td>Economic Stress</td>
<td>.259</td>
<td>.0000</td>
</tr>
<tr>
<td>(Constant)</td>
<td>15.670</td>
<td>.0000</td>
</tr>
</tbody>
</table>

$R^2 = .232$

$F = 22.613$

$p < .0001$
control but not in the anticipated direction. African American women who report higher levels of economic stress have higher levels of sense of control ($B = .259$). The initial positive association ($r = .253$, $p < .05$) between economic stress and sense of control remains after controlling for demographic and economic hardship indicators. The overall model was significant ($F = 22.613$, $p < .0001$) and accounted for 23.2 percent of the variance.

The final set of analyses were focused on the impact that demographic measures, both economic hardship and stress, and the hypothesized buffering variables have on depressive symptoms for African American women. As noted earlier, depressive symptoms is a crucial outcome variable because the scores represent the degree to which certain stressors diminish an individual's abilities for adjustment. First we are interested in the variation in depressive symptoms when it is regressed on all the study variables. Table 10 depicts the results of these analyses.

As for demographic variables, only age was significantly related to depressive symptoms, suggesting that older African American women are less likely to feel depressed than younger African American women. Neither education nor marital status had a significant association with depressive symptoms.

In terms of economic hardship, income and income loss are significant predictors of depressive symptoms. African American women with higher income report lower depressive symptoms scores ($B = -.137$). Women who reported income loss are more likely to report depressive symptoms ($B = .095$). In addition, economic stress is also significantly related to depression. African American women who
perceived their economic situation as stressful were more likely to report depressive symptoms ($B = .325$). Turning to the direct effects of the proposed buffering variables on depression, only two of the four variables show significant effects in the directions hypothesized. Active participation in religion is significantly related to depressive symptoms. The greater the involvement in religious activities, the lower the depressive symptoms ($B = -.109$). As hypothesized, social support had a significant negative association with depressive symptoms ($B = -.239$); women who perceive more social support have fewer symptoms. Contrary to expectations, sense of control and religious importance were not significantly related to lower depressive symptoms.

Two additional research questions are pertinent to this study. First, we are concerned with whether or not any of the sociocultural factors actually reduce the relationship between economic stress and depressive symptoms. As noted in chapter 3, this buffering may take the form of either mediating or moderating effects. For mediating effects to be present, two conditions must be met. One is that the indirect causal linkage from the economic stress measures to the proposed mediator and the association of the mediator with depressive symptoms both need to be significant. Of the possible mediators from these proposed buffer variables, only social support meets this criteron. The other condition is that the introduction of the mediating variable significantly reduces the association between the target independent and dependent variables. Clogg (1995) has proposed a procedure for testing for significant change in this coefficient. The test of this association did not support the interpretation of social
Table 10. Regression of Depressive Symptoms on Economic Hardship, Demographic Variables, and Economic Stress.

<table>
<thead>
<tr>
<th>Independent Variable</th>
<th>B</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
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<td>0.0014</td>
</tr>
<tr>
<td>Income Loss</td>
<td>0.095</td>
<td>0.0267</td>
</tr>
<tr>
<td>Unstable Work</td>
<td>-0.009</td>
<td>0.8298</td>
</tr>
<tr>
<td>Age</td>
<td>-0.101</td>
<td>0.0165</td>
</tr>
<tr>
<td>Education</td>
<td>0.073</td>
<td>0.1054</td>
</tr>
<tr>
<td>Marital</td>
<td>-0.021</td>
<td>0.6001</td>
</tr>
<tr>
<td>Economic Stress</td>
<td>0.325</td>
<td>0.0000</td>
</tr>
<tr>
<td>Religious Importance</td>
<td>-0.032</td>
<td>0.5120</td>
</tr>
<tr>
<td>Religious Involvement</td>
<td>-0.109</td>
<td>0.0118</td>
</tr>
<tr>
<td>Social Support</td>
<td>-0.239</td>
<td>0.0000</td>
</tr>
<tr>
<td>Sense of Control</td>
<td>-0.027</td>
<td>0.6071</td>
</tr>
<tr>
<td>(Constant)</td>
<td>9.202</td>
<td>0.0000</td>
</tr>
</tbody>
</table>

\[ R^2 = 0.244 \]
\[ F = 13.099 \]
\[ p < 0.0001 \]
social support as a mediating variable between the economic measures and depressive symptoms.

The other type of buffering influence is a mediating effect. In order to test this hypothesis, a series of models similar to the one depicted in Table 8 were created including an interaction variable. The interaction variables were developed by multiplying the economic stress item with each of the proposed sociocultural buffer variables. These interactions were tested independently, one at a time. None of the hypothesized buffering effects, as tested by the interaction variables, proved to be significant.

Another important research hypothesis centers around the relationship between economic hardship, economic stress, and depressive symptoms. Previous studies (Pearlin 1989) have shown that the relationship between economic hardship and depressive symptoms is primarily mediated through perceptions of economic constraint. Here, we were concerned with whether or not the direct impact of economic hardship explains depressive symptoms for African American women, or if this relationship is buffered by a third variable. The following formula was used to test for mediating effects (Clogg 1995):

\[ d = b_\gamma - b_{xyz} \]

\[ se(d) = \left[ (SE b_{xyz})^2 - ((SE b_\gamma)^2 \times (MS RESD_{xyz} / MS RESD_\gamma)) \right]^{1/2} \]

where: SE B xyz represents the standard error for model 2.
SE B xy represents the standard error for model 1

MS RESD xyz represents the mean square residual for model 2

MS RESD xy represents the mean square residual for model 1

In the current model, we get a d = .0002 (SE = .001, p< .05). Thus,

\[ S(d) = \left( (0.029297)^2 - ((0.029490)^2 \times (2.04961/2.18520)) \right)^{1/2} \]

\[ = 0.0065345 \]

\[ = .0808363 \]

Table 11 represents the results of the calculations. Given the t-ratio, the conclusion that can be drawn from this analysis is that economic stress does not serve as a mediator between economic hardship and depressive symptoms. Therefore, variation in depressive symptoms for this sample of southern African American women is primarily explained by the direct impact of the economic conditions. This finding is different from studies conducted in rural and urban Midwestern states that suggest that the impact of economic hardship is mediated through economic stress.

The purpose of this study was to examine the relationships between economic hardship and two mental health outcomes, economic stress and depressive symptoms, for southern African American women. Factors such as income, the experience of an income loss, and educational level were found to explain the differences in economic stress among southern African American women. In addition, family income level and loss of income account for the differences in depressive symptoms for members of this group.
Another focal point of this study was to determine the degree to which sociocultural variables such as social support, sense of control, and two measures of religiosity either mediate or moderate the relationship between economic hardship and mental health outcomes for southern African American women. Only one of the religiosity variables, religious involvement, was found to be a significant predictor of depressive symptoms. This suggests that active participation in religious activities, not just simply the importance of religion, is associated with lower levels of depressive symptoms. None of the interaction effects proved to be significant. However, social support was found to act as a mediator between economic stress and depressive symptoms. This latter finding speaks to importance of social networks in shaping the experiences of African American women.
Table 11: Comparison of Coefficients: Depressive Symptoms Regressed on Income and Economic Stress

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Model 1</th>
<th>Model 2</th>
<th>d</th>
<th>t = d/s(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>4.131</td>
<td>2.397</td>
<td>-0.166</td>
<td>-2.801</td>
</tr>
<tr>
<td></td>
<td>(.178)</td>
<td>(.344)</td>
<td>(.059)</td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td>-0.170</td>
<td>-0.132</td>
<td>-0.038</td>
<td>0.0295</td>
</tr>
<tr>
<td></td>
<td>(.029)</td>
<td>(.029)</td>
<td>(.007)</td>
<td></td>
</tr>
<tr>
<td>Economic Stress</td>
<td>0.647</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(.111)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Standard errors are in parentheses.
Recent macroeconomic changes in the U.S. economy coupled with adverse social conditions have placed African American women at risk for poor mental health (Allen and Britt 1991). The situation for African American women in many southern states is further heightened by the fact that there has been a legacy of pervasive poverty and economic decline for several years. In addition, African American women face many health, family, and economic stressors that pose challenges to their abilities to maintain a desired quality of life. Despite the current status of African American women, very few investigators have sought to systematically examine the economic stress-distress relationship for this group (McLoyd et al. 1994; Taylor et al. 1991). In recent years, a body of research has emerged that either compared African Americans to Whites with regard to subjective perceptions of mental health, or a more serious distress outcome such as depression. Generally these findings suggest that African Americans as a group are more likely to report lower levels of life satisfaction and happiness. Further, African Americans report higher levels of depressive symptoms in terms of lifetime and 30-day prevalence (Blazer et al. 1995). When the mental health of African American women has been considered, they have been found to be less happy, more depressed and less satisfied with life compared to all other race/gender groups (Bracy 1976; Blazer et al. 1995; Neighbors et al. 1983).
Theoretically this study is linked to a social stress model that takes into account the adaptation factors needed to buffer the impacts of stressful conditions on mental health. This study was a departure from previous ones in that attention was given to in-group variation among southern African American women. Further the present study offers an understanding of a domain specific stressor, in this case, economic stress, as its focal point. Also, unlike previous studies, our focus is on a population that, as a group, has been subjected to chronic economic stress.

A key focus of recent mental health studies has been on the sociodemographic correlates of mental health (Blazer et al. 1995; Jones-Webb 1993; Kessler et al. 1985). Generally, people who are older, married, and have attained relatively high socioeconomic status report lower levels of distress (Kessler and Cleary 1980; Kessler et al. 1985; Jones-Webb 1993). Thus, the first set of hypotheses for this study examined the variability in economic stress controlling for demographic factors. It was hypothesized that the demographic variables would be inversely related to mental health outcomes. Findings suggest that southern African American women in the communities of interest are less likely to report economic stress if they have high incomes, are married, and are older. One of the most interesting findings based on this particular model is that African American women with high educational levels also report high levels of economic stress. Whereas it was believed that economic stress would differ among African American women, the finding that highly educated African American women feel economically constrained was not anticipated. Perhaps
this relationship occurs because African American women with higher education levels may not be able to command the pay and promotions in southern communities that are often associated with advanced education.

Similarly, the second set of hypotheses pertain to the relationship between sociodemographic characteristics and depressive symptoms. The association mirrors the predictors of economic stress, however an additional demographic variable, education, is also inversely related to the depressive symptoms outcome. These findings are similar to previous studies that examine the relationship between demographic characteristics and distress (Jones-Webb 1993; Kessler et al. 1988).

Some research has shown that the indicators of economic hardship increases the risk for economic stress (Brody et al. 1994; Conger and Elder 1994; McLoyd and Flanagan 1990; McLoyd et al. 1994). Taking these findings into consideration, a third set of hypotheses were constructed emphasizing the relationship between the indicators of economic hardship and economic stress. It was hypothesized that African American women with high incomes would report less economic stress than those with lower incomes. Also, women who had experienced a financial loss or periods of work interruption were expected to report high levels of economic stress. Results indicate that the variability of economic stress for African American women mainly differs by income and the experience of an income loss. More specifically, southern African American women with higher incomes were more likely than lower income level African American women to feel less economic constraint. In addition, African American women who had experienced an income loss were more likely to report
feelings of economic stress. These findings speak to the notion that the economic conditions that are experienced by African American women in southern communities can affect their mental health, particularly economic stress.

Along the same lines, a fourth set of hypotheses were established to test the relationship between economic hardship and depressive symptoms. Economic hardship is believed to impact depressive symptoms in two ways: (1) a direct effect or, (2) through the mediating influences of economic stress (Catalano and Dooley 1977, 1983; Conger and Elder 1994; Pearlin et al. 1981). When the relationship between economic hardship and depressive symptoms is examined, findings reveal that higher income levels are associated with lower depressive symptoms scores and loss of income with increased symptoms. It would seem more likely that African American women who did not have consistent work would report depressive symptoms. Perhaps in this case the deprivation associated with very low incomes and experiencing an income loss prove more salient to explaining the specific economic conditions that result in depression for African American women in southern locales. Relatively speaking, African American women who may have trouble maintaining a job may still see sporadic periods of work as better than no work or income at all. Also, unstable work may be a reflection of the nature of the local labor market.

Also pertinent to this set of hypotheses was the mediating role that economic stress played in the relationship between economic hardship and depressive symptoms. A test for a mediating effect proved insignificant. For this study, economic hardship had a direct impact on depressive symptoms. This is contrary to previous works that
suggest that the impact of economic hardship on depressive symptoms is mediated through felt economic constraint (Conger and Elder 1994; McLoey et al. 1994; Pearlin et al. 1981). Findings from this study indicate that the direct impact of pervasive poverty is more salient for explaining depressive symptoms for African American women in the communities of interest. In sum, it appears as that economic hardship in the form of income level and the experience of financial loss are the key determinants of mental health outcomes for African American women in southern communities.

A fifth set of hypotheses pertained to the relationship between economic stress, depressive symptoms, and sociocultural variables. A holistic way of looking at these relationships is to first examine the association between economic stress and depressive symptoms. It was hypothesized that African American women who report high levels of economic stress would also report high levels of depressive symptoms. Results indicate that for African American women in these communities economic stress is a significant predictor of depressive symptoms. Given that the economic conditions of these communities are viewed as chronic stressors, this finding is consistent with previous research that connects persistent stressors with increased psychological distress (Liem and Liem 1978; Pearlin et al. 1981; Turner and Lloyd 1995). It is important to note that this result should be considered within the context of southern African American communities. Unlike residents of Midwestern states whose economic stress is primarily a source of financial crises that took place during the 1980s, most notably the farm crisis, the important factor for southern communities is the intergenerational nature of poverty. Perhaps African American women have
created mechanisms for adjusting to those economic conditions. Previous studies on the mental health of African American women found that the effects of socioeconomic indicators were mediated through other mechanisms. Socioeconomic status did not have a direct impact on depressive symptoms (Taylor et al. 1991).

A second procedure for understanding the aforementioned association is to examine the relationship between economic stress and personal resources (i.e. sociocultural variables). Here it was expected that economic stress would diminish the coping abilities of African American women. Results indicate that economic stress is positively correlated with social support, suggesting that even when southern African American women experience economic constraint, there is still a sense that a social network exists that may provide the desired instrumental and emotional support needed. This finding echoes the importance of social support for African American women in stressful circumstances. Stack (1974) and Ladner (1971) have both documented the existence and significance of vast social support networks for African American women. Further, these results reveal that social support is an important variable for understanding economic stress among members of this group.

In addition, economic stress was positively associated with increased levels of religiosity and sense of control. Overall it may be concluded that the economic conditions experienced by African American women does not reduce their coping capabilities. This finding points to the resiliency of African American women despite adverse predicaments.
Also, an important issue for understanding the associations between economic stress and depression is the relationship between personal resources and depressive symptoms. Coping resources have been found to significantly reduce the presence of depressive symptoms for the general population and for African American women in particular (Billings and Moos 1981, 1984; Gibbs and Fuery 1994; Sarason et al. 1994; Thoits 1995). For this study, social support, religiosity, and sense of control were the primary coping resources. In terms of religiosity, only religious involvement was a significant predictor. A number of studies on Black mental health note the importance of prayer and religious activities as important mechanisms for the promotion of positive mental health for African Americans (Neighbors and Jackson 1996). Therefore the role that the religion variables played in this model is not surprising.

Perhaps the most interesting finding of all is that sense of control did not significantly reduce depressive symptoms for African American women. Further investigation is needed to determine how African American women view locus of control. Mirowsky and Ross (1990) suggest that the primary fallacy of many control measures is that either external or internal control is measured without considering the role of both. Mirowsky and Ross measure of control was used (Mirowsky and Ross 1990), but perhaps the best way to understand this variable is to examine the differences in mental health outcomes based on the extent to which African American women maintain either an internal or external sense of control.

A final set of hypotheses relate to the possible moderating influences of the sociocultural variables for the economic stress-depressive symptoms relationship. It
was expected that the examination of economic stress interactively with the sociocultural variables would result in a moderating effect on depressive symptoms. In this situation none of the tests for interactions proved to be significant. However, this does not negate the findings from analyses that clearly show the significant, direct relationship of sociocultural variables to depressive symptoms. It appears that sociocultural factors, with the exception of sense of control, may reduce the occurrence of depressive symptoms, but it does not serve as a buffer between economic stress and depressive symptoms.

Several interesting findings emerged regarding the impact of economic conditions on mental health for African American women. First, it is apparent that African American women do not experience economic stress and depressive symptoms in the same way. Women who are married, older and have high incomes are less likely to experience economic stress and depression. Education also plays a role in determining depressive symptoms, with the more educated African American women experiencing fewer symptoms.

Unlike previous studies that suggest that the impact of economic hardship on depression is mediated through feelings of economic stress, this study provides evidence to the contrary. For this sample of African American women, the overall economic conditions are primary determinants of depressive symptoms. Although these conditions appear to be detrimental to the mental health of African American women, the presence of coping resources such as social support and religiosity help to
reduce depressive symptoms. Surprisingly, none of the coping variables significantly buffered the relationship between economic stress and depressive symptoms.

Next, the implications of these findings taking into account the sociohistorical experiences of African American women are considered. Undoubtedly this study cannot be generalized to all African American women or to all African American women in the southern United States. The results presented here reflect the variation in mental health for African American women from two southern communities: a small metropolitan town in Georgia and a nonmetropolitan town in Mississippi. However, this study is similar to previous studies on African American mental health in that results show that certain sociocultural factors are important for understanding variability in African American women's mental health. For instance, social support and religious involvement are key elements for reducing the impact of depression for African American women. Surprisingly, the extent to which African American women in these communities feel that they have control over their lives has little effect on reducing feelings of depressive symptoms. The last finding is quite surprising given that in many historical and humanitarian accounts of the African American woman's experience, self autonomy is equated with the ability of African American women to withstand the pressures and demands posed by American society (Franklin and Moss 1994; Giddings 1984).

The work of Meyers (1992) suggests that the multiple realities of African American women are shaped by the African American community and society in general. However, within the context of the African American women's community.
members of this group have created their own concepts and standards of what it should and does mean to be simultaneously African, American, and female in this country. This self created image by and for African American women resonates the importance of resiliency and coping in the wake of stressful circumstances. The failure of an African American woman to live up to her social group’s standards regarding self-image leaves her with an inability to tackle the challenges of life. Perhaps future research can focus on the role of self image in relation to mental health for African American women and the coping mechanisms that are used to deal with stress. Clearly what it is needed is a research endeavor that seeks to present a holistic model regarding the systematic relationship of stress and sociocultural variables for African American women, particularly with regard to issues of self autonomy and self image.

Another key issue for understanding the mental health of southern African American women is a reflection of the past and present economic transformations and sociohistorical events that have evolved in the past thirty years (Brewer 1993; Woody 1992). As Brewer (1993) suggests, the movement of African American women workers into predominantly service oriented jobs coupled with restructuring by many U.S. companies has resulted in the creation of a new working class in the African American community for which members of this group can barely sustain themselves. The impact of economic hardship on economic stress not only means that African American women in southern communities are at risk for less than positive mental health but to some extent reflects the types of relationships that African American women have with members of their community, particularly within a family context.
As Wilson (1987) notes, African Americans, particularly Black males, have been marginalized outside of the economic structure. The disadvantages that result for both African American men and women could mean that it will continue to be increasingly harder for African Americans in general to keep their families intact. From a policy perspective this implies that policy programs that promote economic stability, the creation of job opportunities, and the welfare of children are highly critical for southern communities.

Religion has also played an integral role in the lives of individuals who are of African descent. Historically, the importance of religion as both a key institution and a coping mechanism for African Americans is linked to the early presence of Africans in the United States, beginning with enslavement and extending through a number of important eras in American and African American history, most notably the Post Reconstruction Era, the migration of Blacks from the south to the north, and the Civil Rights Movement (Blassingame 1972; Cone 1975, 1991; Hayes 1995).

Throughout this period, African Americans relied on religion as a source of strength to overcome the stressful conditions that resulted from de jure discrimination. More importantly, the African American church became "the source of community life in all its variations-social, economic and cultural" (Hayes 1993:27). The role and relationship of African American women to the Black Church is paradoxical in the sense that African American women have instrumentally viewed this institution as a source of spirituality and advocacy yet many African American women
remain at the margins in terms of leadership activities in the Black Church (Douglas 1994). African American women specifically used their beliefs in spirituality and connections with the Black Church to advocate social change in African American communities. Hayes (1993:39) writing about the early connections between African American women and the Black Church, notes:

They were known as race women, then, in the nineteenth and early twentieth centuries, or club women - women who sought improvement of their race and of American society itself, women who fought against lynching, against the brutalization of Black men and women. Through Christian church, despite opposition from Black and White men, preachers, and White women themselves...these women established an arena for discussion, debates, and implementation of their social, economic, and political agenda vis-a-vis white America...fashioning the Bible as an “iconclastic weapon...and operating from a stance of radical obedience, they compelled those who were not to do so to listen to and take head of their demands.

Along the same lines many unsung heroines of the movement for African American civil liberties were active participants in church related organizations such as the Southern Christian Leadership Conference (SCLC). In fact, Ella Baker, an active participant in the Civil Rights movement, spawned the idea which Martin Luther King, Jr. adopted as the SCLC (Cone 1991).

Given the historical roots of the African American church and the role that African American women have played in the Black Church, it is not surprising that the results from this study show that the importance of religion and active participation in religious activities is related to more positive mental health for African American women. The source of religion as a coping mechanism is not an issue for public policy
but rather a cultural icon that the African American community must continue to foster.

This study sought to increase our understanding of economic conditions and stress for African American women in southern communities. However, this study is not without limitations. For example, the results of this study are based on cross-sectional data; that is, data collected at one point in time. Pearlin (1989) has suggested that a true understanding of stressors within the context of a sociological framework is more likely when stress is measured within the context of a stress process, particularly research that focuses on the changes in mental health at more than one point in time.

Our understanding of economic stress would not only be enhanced by findings based on longitudinal models, but it would clearly open the arena for considering the mediating role of specific social programs designed to ameliorate the economic standing of southern African American women. A recent trend in social welfare reform is the creation of workfare programs. These programs are designed to help women who have been on welfare to make the transition from welfare dependency to a viable place of employment. An interesting stress model would not only examine the changes in depressive symptoms based on longitudinal analyses but would give us insight as to whether these programs really increase the economic and social well-being of African American women in the southern United States.

Another limitation of this study is that data was only collected in two communities. Our understanding of the stress-distress relationship for African American women would not only benefit from longitudinal analyses, but from studies
that utilize a more representative sample of southern African American women. Further, this work could be greatly extended by providing analyses based on the differences in the stress process for both rural and urban African American women in the South.

In sum, we find that for some southern African American women, economic hardship is related to variation in depressive symptoms. It was suggested that the intergenerational nature of poverty in southern African American communities may shape the way that African American women view their economic standing and its consequences for mental health. Economic stress for some groups, particularly White families in the Midwest, is a response to a specific detrimental economic event - agricultural restructuring. Even though similar processes of economic stress are apparent for both Whites and Blacks, the sociohistorical context for African American women may impact their responsiveness to adverse economic conditions. This research also implies that there are differences among African American women with regard to the variability in economic stress and depressive symptoms. Factors such as family income, educational attainment, and age play a role in differentiating these experiences within the African American women's community.

The present work suggests that further research is warranted relative to investigating the relationship between economic conditions and mental health for southern African American women. While this work focuses specifically upon these realities for southern African American women, future research should address the aforementioned and related issues for all African American women. The expansion of
investigation into Black women's mental health will contribute most profoundly to our understanding of the stress process for members of this group.

Finally, a perusal of the mental health literature does not wholly inform us of the mechanisms by which African American women cope with stress and the specific circumstances that Black women themselves view as problematic in their lives. One of the primary fallacies in the analysis of the African American woman's experience is that there has been a tendency to gloss over the social conditions that are so prevalent among African American women. For instance, we are inundated with reports from the media and the popular culture that portray African American women simply as impoverished, single mothers trapped in a culture of dependency. Consequently, these images pervade the imagination of the dominant culture towards them, and leads to erroneous assumptions relevant to the development and implementation of public policies. The current work indicates that more attention should be given to the reality of the economic conditions that affect Black women, as well as the more positive aspects of Black mental health such as resiliency. Despite the fact that there are objective economic circumstances that place African American women at risk for mental health problems, the real challenge for social scientists and policy makers is the acknowledgment that these economic conditions do not wholly define these women rather they define themselves.
APPENDIX A: T-TEST ANALYSES
Table A.1  T-Tests for Independent Samples by Community: Age, Marital, Education

Group 1 = Clarksdale
Group 2 = Albany

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean 1</th>
<th>Standard Deviation 1</th>
<th>Standard Error 1</th>
<th>F Value</th>
<th>2-Tail Prob 1</th>
<th>T Value</th>
<th>Degrees of Freedom</th>
<th>2-Tail Prob</th>
</tr>
</thead>
<tbody>
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<td>Age</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Group 1</td>
<td>48.246</td>
<td>16.337</td>
<td>1.000</td>
<td>.130</td>
<td>.719</td>
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<td>499</td>
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<tr>
<td>Group 2</td>
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<td>16.393</td>
<td>1.072</td>
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<td>Marital</td>
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<td>.502</td>
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<td>Education</td>
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<td>.332</td>
<td>.54</td>
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<td>Group 2</td>
<td>4.338</td>
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</table>
Table A.2  T-Tests for Independent Samples by Community: Income, Income Loss, and Unstable Work

Group 1 = Clarksdale
Group 2 = Albany

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Standard Error</th>
<th>F Value</th>
<th>2-Tail Prob</th>
<th>T Value</th>
<th>Degrees of Freedom</th>
<th>2-Tail Prob</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Group 1</td>
<td>5.407</td>
<td>2.236</td>
<td>.137</td>
<td>.100</td>
<td>.752</td>
<td>-.23</td>
<td>499</td>
<td>.816</td>
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<tr>
<td>Group 2</td>
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<td>.149</td>
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<tr>
<td>Income Loss</td>
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<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Group 1</td>
<td>.337</td>
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<td>1.447</td>
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<td>.045</td>
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<td></td>
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</tr>
<tr>
<td>Unstable Work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>Group 1</td>
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<td>.020</td>
<td>3.012</td>
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<td>.86</td>
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<tr>
<td>Group 2</td>
<td>.103</td>
<td>.304</td>
<td>.020</td>
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</table>
Table A.3  T-Tests for Independent Samples by Community: Social Support, Sense of Control, and Religious Importances

Group 1 = Clarksdale
Group 2 = Albany

<table>
<thead>
<tr>
<th>Variable</th>
<th>Group 1</th>
<th>Standard Deviation</th>
<th>Standard Error</th>
<th>F Value</th>
<th>2-Tail T Value</th>
<th>T Value</th>
<th>Degrees of Freedom</th>
<th>2-Tail Prob</th>
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<tbody>
<tr>
<td>Social Support</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 1</td>
<td>3.112</td>
<td>.481</td>
<td>.029</td>
<td>1.167</td>
<td>.280</td>
<td>-1.30</td>
<td>499</td>
<td>.049</td>
</tr>
<tr>
<td>Group 2</td>
<td>3.176</td>
<td>.610</td>
<td>.040</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sense of Control</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 1</td>
<td>2.9705</td>
<td>.470</td>
<td>.029</td>
<td>.666</td>
<td>.415</td>
<td>-.83</td>
<td>499</td>
<td>.405</td>
</tr>
<tr>
<td>Group 2</td>
<td>3.0112</td>
<td>.622</td>
<td>.041</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religious Importance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Group 1</td>
<td>3.925</td>
<td>.500</td>
<td>.031</td>
<td>3.202</td>
<td>.074</td>
<td>-1.45</td>
<td>499</td>
<td>.046</td>
</tr>
<tr>
<td>Group 2</td>
<td>3.992</td>
<td>.524</td>
<td>.034</td>
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<td></td>
</tr>
</tbody>
</table>
Table A.4  T-Tests for Independent Samples by Community: Religious Involvement, Economic Stress and Depressive Symptoms

Group 1 = Clarksdale  
Group 2 = Albany

<table>
<thead>
<tr>
<th>Variable</th>
<th>Group 1 Mean</th>
<th>Group 2 Mean</th>
<th>Standard Deviation Group 1</th>
<th>Standard Deviation Group 2</th>
<th>Standard Error</th>
<th>F Value</th>
<th>2-Tail Prob</th>
<th>T Value</th>
<th>Degrees of Freedom</th>
<th>2-Tail Prob</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic Stress</td>
<td>2.3901</td>
<td>2.4366</td>
<td>.458</td>
<td>.726</td>
<td>.028</td>
<td>.527</td>
<td>.468</td>
<td>-.87</td>
<td>499</td>
<td>.386</td>
</tr>
<tr>
<td>Depressive Symptoms</td>
<td>3.434</td>
<td>3.280</td>
<td>1.598</td>
<td>1.589</td>
<td>.098</td>
<td>1.013</td>
<td>.315</td>
<td>1.11</td>
<td>499</td>
<td>.268</td>
</tr>
</tbody>
</table>
APPENDIX B: PERCENTAGES AND SCORES FOR SELECTED STUDY VARIABLES
Table B.1. Percentage of Respondents Experiencing Income Loss and Unstable Work by Community

<table>
<thead>
<tr>
<th></th>
<th>Clarksdale</th>
<th>Albany</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income Loss</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>24.7%</td>
<td>25.2%</td>
</tr>
<tr>
<td>No</td>
<td>75.3%</td>
<td>74.8%</td>
</tr>
<tr>
<td><strong>Unstable Work</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>12.7%</td>
<td>10.3%</td>
</tr>
<tr>
<td>No</td>
<td>87.3%</td>
<td>89.7%</td>
</tr>
</tbody>
</table>
Table B.2. Depression Scores and Economic Stress Scores By Community

<table>
<thead>
<tr>
<th></th>
<th>Clarksdale</th>
<th>Albany</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Depression Score</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below 16</td>
<td>64.5%</td>
<td>68.1%</td>
</tr>
<tr>
<td>16 - 21</td>
<td>13.2%</td>
<td>13.5%</td>
</tr>
<tr>
<td>22 and higher</td>
<td>22.1%</td>
<td>19.8%</td>
</tr>
<tr>
<td><strong>Economic Stress Score</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below 14</td>
<td>46.7%</td>
<td>41.2%</td>
</tr>
<tr>
<td>Above 14</td>
<td>52.9%</td>
<td>57.6%</td>
</tr>
</tbody>
</table>
APPENDIX C: QUESTIONNAIRE
MISSISSIPPI-GEORGIA HEALTH AND WELL-BEING QUESTIONNAIRE

ALHT1  I will ask you some questions about your health and needs you may have

In general, would you say your health is…….

1 = Excellent
2 = Very Good
3 = Good
4 = Fair
5 = Poor
8 = DON'T KNOW
9 = REFUSED TO ANSWER

ALHT2  Compared to one year ago, how would you rate your health in general now? Is it…….

1 = Much better
2 = Somewhat better
3 = About the same
4 = Somewhat worse
5 = Much worse
8 = DON'T KNOW
9 = REFUSED

ACAR1  Have you seen a doctor about your health in the past 12 months?

1 = Yes
2 = No
8 = DON'T KNOW
9 = REFUSED

ACAR2  In the past 12 months, have you been hospitalized overnight for any condition?

1 = Yes
2 = No
8 = DON'T KNOW
9 = REFUSED
ACAR3  In the past 12 months, have you gone to a mental health professional for assistance?

   1 = Yes  
   2 = No [GOTO ACAR5]  
   8 = DON'T KNOW [GOTO ACAR5]  
   9 = REFUSED [GOTO ACAR5]

ACAR5  How satisfied are you with the health care available to you in your community? Are you.....

   1 = Very satisfied  
   2 = Satisfied  
   3 = Dissatisfied  
   4 = Very Dissatisfied  
   8 = DON'T KNOW  
   9 = REFUSED

AINS1  Are you covered by a health insurance plan other than Medicaid?

   1 = Yes [GOTO AHLT3]  
   2 = No  
   8 = DON'T KNOW [GOTO AHLT3]  
   9 = REFUSED [GOTO AHLT3]

AHLT3  The following questions are about activities you might do during a typical day. We would like to know if your health limits you in any of these activities.

Does your health limit you in vigorous activities, such as lifting heavy objects, or participating in physical work, a lot, a little or not at all?

   1 = Yes, a lot  
   2 = Yes, a little  
   3 = No, not at all  
   8 = DON'T KNOW  
   9 = REFUSED

AHLT4  Does your health limit moderate activities, such as walking, climbing stairs, or moving a table a lot, a little, or not at all?

   1 = Yes, a lot  
   2 = Yes, a little  
   3 = No, not at all  
   8 = DON'T KNOW  
   9 = REFUSED
AHLT5 Now we are interested in knowing if you have had any of the following problems with your work or other regular daily activities as a result of your physical health during the past 4 weeks.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>DK</th>
<th>REF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

a. Did you cut down on the amount of time you spent on work or other activities?

b. Were you limited in the kind of work or other activities you did?

AHLT6 During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of any emotional problems (such as feeling depressed or anxious)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>DK</th>
<th>REF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

a. Did you cut down on the amount of time you spent on work or other activities?

b. Did you accomplish less than you would have liked?

AHLT7 During the past 4 weeks to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors or groups? Was it........

1 = Not at all
2 = Slightly
3 = Moderately
4 = Quite a bit
5 = All the time
8 = DON'T KNOW
9 = REFUSED
ALST1 Now, I am going to read some statements about your life in general. Please tell me if you agree or disagree with each one.

I am just as happy as when I was younger

1 = Agree
2 = Disagree
8 = DON'T KNOW
9 = REFUSED

ALST2 Life is hard for me most of the time.

1 = Agree
2 = Disagree
8 = DON'T KNOW
9 = REFUSED

ALST3 As I look back on my life, I am fairly well satisfied.

1 = Agree
2 = Disagree
8 = DON'T KNOW
9 = REFUSED

ALST4 I sometimes feel that life isn't worth living.

1 = Agree
2 = Disagree
8 = DON'T KNOW
9 = REFUSED

ALST5 I expect good things to happen to me in the future.

1 = Agree
2 = Disagree
8 = DON'T KNOW
9 = REFUSED

ALST6 In general, how satisfied are you with life today? Would you say you are very satisfied, satisfied, dissatisfied, or very dissatisfied?

1 = Very satisfied
2 = Satisfied
3 = Dissatisfied
4 = Very dissatisfied
8 = DON'T KNOW
9 = REFUSED
ADEP1  Now, I am going to read some statements about how you might have felt during the past week. Please tell me the number of days in the past including today that:

You felt happy:

1 = 0 days  
2 = 1-2 days  
3 = 3-4 days  
4 = 5-7 days  
8 = DON'T KNOW  
9 = REFUSED TO ANSWER

ADEP2  The number of days in the past week including today that:

You felt people were unfriendly:

1 = 0 days  
2 = 1-2 days  
3 = 3-4 days  
4 = 5-7 days  
8 = DON'T KNOW  
9 = REFUSED TO ANSWER

ADEP3  The number of days in the past week including today that:

Your sleep was restless:

1 = 0 days  
2 = 1-2 days  
3 = 3-4 days  
4 = 5-7 days  
8 = DON'T KNOW  
9 = REFUSED TO ANSWER

ADEP4  You felt sad:

1 = 0 days  
2 = 1-2 days  
3 = 3-4 days  
4 = 5-7 days  
8 = DON'T KNOW  
9 = REFUSED TO ANSWER
ADEX5 
You enjoyed life

1 = 0 days
2 = 1-2 days
3 = 3-4 days
4 = 5-7 days
8 = DON'T KNOW
9 = REFUSED TO ANSWER

ADEX6 
You had crying spells

1 = 0 days
2 = 1-2 days
3 = 3-4 days
4 = 5-7 days
8 = DON'T KNOW
9 = REFUSED TO ANSWER

ADEX7 
You felt hopeful about the future

1 = 0 days
2 = 1-2 days
3 = 3-4 days
4 = 5-7 days
8 = DON'T KNOW
9 = REFUSED TO ANSWER

ADEX8 
You felt you were as good as other people

1 = 0 days
2 = 1-2 days
3 = 3-4 days
4 = 5-7 days
8 = DON'T KNOW
9 = REFUSED TO ANSWER

ADEX9 
You felt that people disliked you.

1 = 0 days
2 = 1-2 days
3 = 3-4 days
4 = 5-7 days
8 = DON'T KNOW
9 = REFUSED TO ANSWER
AEP10  You felt bothered by things that usually don’t bother you.

1 = 0 days
2 = 1-2 days
3 = 3-4 days
4 = 5-7 days
8 = DON’T KNOW
9 = REFUSED TO ANSWER

AEP11  You thought your life had been a failure

1 = 0 days
2 = 1-2 days
3 = 3-4 days
4 = 5-7 days
8 = DON’T KNOW
9 = REFUSED TO ANSWER

AEP12  You felt like not eating; your appetite was poor.

1 = 0 days
2 = 1-2 days
3 = 3-4 days
4 = 5-7 days
8 = DON’T KNOW
9 = REFUSED TO ANSWER

AEP13  You felt you could not get going?

1 = 0 days
2 = 1-2 days
3 = 3-4 days
4 = 5-7 days
8 = DON’T KNOW
9 = REFUSED TO ANSWER

AEP14  You felt lonely?

1 = 0 days
2 = 1-2 days
3 = 3-4 days
4 = 5-7 days
8 = DON’T KNOW
9 = REFUSED TO ANSWER
ADEP15  You had trouble keeping your mind on what you were doing?

1 = 0 days
2 = 1-2 days
3 = 3-4 days
4 = 5-7 days
8 = DON'T KNOW
9 = REFUSED TO ANSWER

ADEP16  You felt that you could not shake off the blues even with help from your family or friends?

1 = 0 days
2 = 1-2 days
3 = 3-4 days
4 = 5-7 days
8 = DON'T KNOW
9 = REFUSED TO ANSWER

ADEP17  You felt that everything you did was an effort?

1 = 0 days
2 = 1-2 days
3 = 3-4 days
4 = 5-7 days
8 = DON'T KNOW
9 = REFUSED TO ANSWER

ADEP18  You felt fearful?

1 = 0 days
2 = 1-2 days
3 = 3-4 days
4 = 5-7 days
8 = DON'T KNOW
9 = REFUSED TO ANSWER

ADEP19  You talked less than usual?

1 = 0 days
2 = 1-2 days
3 = 3-4 days
4 = 5-7 days
8 = DON'T KNOW
9 = REFUSED TO ANSWER
ADEF20  You felt depressed.

1 = 0 days
2 = 1-2 days
3 = 3-4 days
4 = 5-7 days
8 = DON'T KNOW
9 = REFUSED TO ANSWER

ADEF21  Now I'd like to ask you some questions about how you've felt in the past year.

In the past year, have you had 2 continuous weeks or more when you felt sad, blue or depressed; or when you lost all interest or pleasure in things that you usually care about or enjoy?

1 = Yes
2 = No [GOTO ADEF23]
8 = DON'T KNOW [GOTO ADEF23]
9 = REFUSED TO ANSWER [GOTO ADEF23]

ADEF22  Did the period of two or more weeks where you felt sad, blue or depressed follow the death of a loved one?

1 = Yes
2 = No
8 = DON'T KNOW
9 = REFUSED TO ANSWER

ADEF23  Have you felt depressed or sad much of the time in the past year?

1 = Yes
2 = No
8 = DON'T KNOW
9 = REFUSED TO ANSWER
ADEP24  Have you had 2 years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?

1 = Yes  
2 = No  
8 = DON'T KNOW  
9 = REFUSED TO ANSWER

APEV1  We are also interested in events that may have influenced your life. For each event I mention, please tell me if it has happened to you in the past year. In the past year have you…….

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>DK</th>
<th>REF</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Had someone in your household get very ill or injured?</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>b. Had a close relative or friend die?</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>c. Had something stolen from you or your house?</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>c. Broken up with your significant other?</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(husband/boyfriend, lover)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

AECON1  Now I have some questions about your family economic situation. For each statement I read, please tell me if you strongly agree, agree, disagree or strongly disagree.

Our income never catches up with our expenses. Do you…….

1 = Strongly agree  
2 = Agree  
3 = Disagree  
4 = Strongly disagree  
8 = DON'T KNOW  
9 = REFUSED
AEC0N2  We have difficulty paying our bills. Do you.....
          
          1 = Strongly agree
          2 = Agree
          3 = Disagree
          4 = Strongly disagree
          8 = DON'T KNOW
          9 = REFUSED

AEC0N3  We have money left at the end of the month. Do you.....
          
          1 = Strongly agree
          2 = Agree
          3 = Disagree
          4 = Strongly disagree
          8 = DON'T KNOW
          9 = REFUSED

AEC0N4  We have enough money for transportation. Do you....
          
          1 = Strongly agree
          2 = Agree
          3 = Disagree
          4 = Strongly disagree
          8 = DON'T KNOW
          9 = REFUSED

AEC0N5  We have enough money for the food we should have. Do you.....
          
          1 = Strongly agree
          2 = Agree
          3 = Disagree
          4 = Strongly disagree
          8 = DON'T KNOW
          9 = REFUSED

AEC0N6  We have enough money for the medical care we should have. Do you....
          
          1 = Strongly agree
          2 = Agree
          3 = Disagree
          4 = Strongly disagree
          8 = DON'T KNOW
          9 = REFUSED
The following questions ask about important changes you may have experienced during the past year. During the past 12 months did anyone in your house……

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>DK</th>
<th>REF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take a cut in wage or salary</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Suffer a financial loss</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Get laid-off or fired from a job</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Start receiving government assistance</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

Next I am going to read a group of general statements. For each one please tell me if you strongly agree, agree, disagree, or strongly disagree.

There are people I can depend on to help me if I really need it. Do you.....

1 = Strongly agree
2 = Agree
3 = Disagree
4 = Strongly disagree
8 = DON'T KNOW
9 = REFUSED

There are people who enjoy the same social activities I do. Do you.....

1 = Strongly agree
2 = Agree
3 = Disagree
4 = Strongly disagree
8 = DON'T KNOW
9 = REFUSED

I don’t think other people respect my skills and abilities. Do you.....

1 = Strongly agree
2 = Agree
3 = Disagree
4 = Strongly disagree
8 = DON'T KNOW
9 = REFUSED
ASSP4  I have close relationships that provide me with a sense of emotional security and well-being. Do you......

1 = Strongly agree  
2 = Agree  
3 = Disagree  
4 = Strongly disagree  
8 = DON'T KNOW  
9 = REFUSED

ASSP5  There is someone I can talk to about important decisions in my life. Do you......

1 = Strongly agree  
2 = Agree  
3 = Disagree  
4 = Strongly disagree  
8 = DON'T KNOW  
9 = REFUSED

ASSP6  I have relationships where my competence and skill are recognized. Do you......

1 = Strongly agree  
2 = Agree  
3 = Disagree  
4 = Strongly disagree  
8 = DON'T KNOW  
9 = REFUSED

ASSP7  There is no one who shares my interests and concerns. Do you......

1 = Strongly agree  
2 = Agree  
3 = Disagree  
4 = Strongly disagree  
8 = DON'T KNOW  
9 = REFUSED

ASSP8  There is no one I can depend on for aid if I really need it. Do you...

1 = Strongly agree  
2 = Agree  
3 = Disagree  
4 = Strongly disagree  
8 = DON'T KNOW  
9 = REFUSED
ASSP9  
There is no one I feel comfortable talking about problems with. Do you....

1 = Strongly agree
2 = Agree
3 = Disagree
4 = Strongly disagree
8 = DON'T KNOW
9 = REFUSED

ASSP10  
There are people I can count on in an emergency. Do you....

1 = Strongly agree
2 = Agree
3 = Disagree
4 = Strongly disagree
8 = DON'T KNOW
9 = REFUSED

ACTR1  
I am responsible for my own successes. Do you....

1 = Strongly agree
2 = Agree
3 = Disagree
4 = Strongly disagree
8 = DON'T KNOW
9 = REFUSED

ACTR2  
I can do just about anything that I really set my mind to. Do you...

1 = Strongly agree
2 = Agree
3 = Disagree
4 = Strongly disagree
8 = DON'T KNOW
9 = REFUSED

ACTR3  
The really good things that happen to me are mostly luck. Do you...

1 = Strongly agree
2 = Agree
3 = Disagree
4 = Strongly disagree
8 = DON'T KNOW
9 = REFUSED
ACTR4 Most of my problems are due to bad breaks. Do you.....

1 = Strongly agree
2 = Agree
3 = Disagree
4 = Strongly disagree
8 = DON'T KNOW
9 = REFUSED

ACTR5 I have little control over the bad things that happened to me. Do you...

1 = Strongly agree
2 = Agree
3 = Disagree
4 = Strongly disagree
8 = DON'T KNOW
9 = REFUSED

ACTR6 I am responsible for my failures. Do you...........

1 = Strongly agree
2 = Agree
3 = Disagree
4 = Strongly disagree
8 = DON'T KNOW
9 = REFUSED

ACTR7 My misfortunes are the results of mistakes that I have made. Do you...

1 = Strongly agree
2 = Agree
3 = Disagree
4 = Strongly disagree
8 = DON'T KNOW
9 = REFUSED

ACTR8 There’s no sense planning a lot, if something good is going to happen, it will. Do you....

1 = Strongly agree
2 = Agree
3 = Disagree
4 = Strongly disagree
8 = DON'T KNOW
9 = REFUSED
AMARI Now, we are interested in your marital status.

Which of the following best describes your current marital status? Are you...

1 = Married or living with a partner
2 = Separated [GOTO AAGE]
3 = Divorced [GOTO AAGE]
4 = Widowed [GOTO AAGE]
5 = Or have never been married [GOTO AAGE]
6 = REFUSED TO ANSWER [GOTO AAGE]

MQ1 How satisfied are you with your marriage? Are you....

1 = Very satisfied
2 = Satisfied
3 = Dissatisfied
4 = Very Dissatisfied
8 = DON'T KNOW
9 = REFUSED

AREL1 What is your religious preference? Is it Protestant, Catholic, Jewish, some other religion, or no religion?

1 = Protestant
2 = Catholic [GOTO AREL3]
3 = Jewish [GOTO AREL3]
4 = None [GOTO AREL3]
5 = Other
8 = DON'T KNOW
9 = REFUSED TO ANSWER [GOTO AREL3]

AREL2 What specific denomination is that? ____________________________

AREL3 In general, how important is your religion in your day-to-day life?

1 = Very important
2 = Fairly important
3 = Not too important
4 = Not at all important
8 = DON'T KNOW
9 = REFUSED
AREL4 How often do you attend religious services?

1 = Daily
2 = Two or more times a week
3 = Once a week
4 = Two to three times a month
5 = Once a month
6 = Less than once a month
7 = Never
8 = DON'T KNOW
9 = REFUSED

AREL5 How often do you listen to religious programs on radio or watch them on television?

1 = Daily
2 = Two or more times a week
3 = Once a week
4 = Two or three times a month
5 = Once a month
6 = Less than once a month
7 = Never
8 = DON'T KNOW
9 = REFUSED

AREL6 How often do you read religious books?

1 = Daily
2 = Two or more times a week
3 = Once a week
4 = Two to three times a month
5 = Once a month
6 = Less than once a month
7 = Never
8 = DON'T KNOW
9 = REFUSED

AREL7 How often do you pray?

1 = Daily
2 = Two or more times a week
3 = Once a week
4 = Two to three times a month
5 = Once a month
6 = Less than once a month
7 = Never
8 = DON'T KNOW
9 = REFUSED
APROB1 When problems have come up, has there ever been a time when you were about at
the point of a nervous breakdown?
1 = Yes [GOTO APROB1A]
2 = No
8 = DON'T KNOW
9 = REFUSED

APROB1A Thinking about the last time you felt this way, what was the problem which led
to the point of a nervous breakdown?

AAGE What was your age on your last birthday? ________

AEDC What is the highest level of education you have completed?

1 = Less than high school
2 = High school or GED
3 = Some college, vocational or technical training
4 = Two year college degree (associate degree)
5 = Graduate of vocational or technical school
6 = College Graduate (BA/BS)
7 = Some graduate work
8 = Advanced degree (MA, Ph.D., DVM, Lawyer)
A = DON'T KNOW
B = REFUSED

AEMP What is your present employment status? Are you........

1 = Employed full-time
2 = Employed part-time
3 = Employed both full-time and part-time
4 = Farmer [GOTO ASPWK]
5 = Unemployed [GOTO ASPWK]
6 = Disabled [GOTO APSWK]
7 = Retired [GOTO ASPWK]
8 = Student [GOTO ASPWK]
9 = Homemaker [GOTO ASPWK]
A = DON'T KNOW [GOTO ASPWK]
B = REFUSED [GOTO ASPWK]

AOCC What is your main occupation? __________________________
AINC1 Considering all sources, was the combined income of all persons living in your household in 1996 above or below $25,000?

1 = Above [GOTO AINC3]
2 = Below
8 = DON'T KNOW [GOTO AREL1]
9 = REFUSED TO ANSWER [GOTO AREL1]

AINC2 Which of the following groups is closest to your household income in 1996?

1 = 20,000 to 25,000
2 = 15,000 to 20,000
3 = 10,000 to 15,000
4 = 5,000 to 10,000
5 = Below 5,000
8 = DON'T KNOW
9 = REFUSED TO ANSWER

[GOTO AREL1]

AINC3 Which of the following groups is closest to your household income in 1996?

1 = 25,000 to 35,000
2 = 35,000 to 45,000
3 = 45,000 to 55,000
4 = 55,000 to 75,000
5 = 75,000 or more
8 = DON'T KNOW
9 = REFUSED TO ANSWER

AINC4 Does anyone in your household get any support from public assistance programs such as AFDC, Food Stamps, or SSI?

1 = Yes
2 = No
8 = DON'T KNOW
9 = REFUSED
REFERENCES


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