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Discrimination, Serious Psychological Distress, and Church-Based Emotional Support Among African American Men Across the Life Span

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Abstract

Objective: This study tested whether church-based social support buffers the negative effects of discrimination on serious psychological distress (SPD) among three age groups—early, middle, and late adulthood—of African American men.
Methods: Negative binominal regression analyses for discrimination and SPD were performed using data from 1,271 African American men from the National Survey of American Life.
Results: Discrimination was positively associated with SPD for all age groups. An interaction between church-based support and discrimination indicated that under conditions of high levels of support from congregants, discrimination, and SPD were positively correlated. However, discrimination and SPD were unrelated for low levels of church-based support. Further, the interaction was significant for men aged 18–34 and 55 or older but not significant for men aged 35–54.
Discussion: This is the first study to document relationships among discrimination, SPD, and church-based support in a nationally representative sample of African American men. Overall, rather than revealing a stress-buffering function, findings were consistent with the resource mobilization perspective of social support, indicating that higher levels of assistance from church networks are provided when individuals experience high levels of both discrimination and SPD.

Keywords: African American men—Informal social support—Psychological distress—Religion—Stress

Discriminatory events are stressful life experiences and have adverse effects on mental and physical health (Pascoe & Smart Richman, 2009; Pieterse, Todd, Neville, & Carter, 2012). Discrimination is a particularly pernicious stressor for African American men, who are more likely than women to experience discrimination (Utsey, Payne, Jackson, & Jones, 2002) and are more vulnerable to the physical and psychological effects of discrimination (Utsey, 1997; Williams, 2003). For example, African American men reported higher levels of psychological distress in response to discrimination than their female counterparts (Utsey, 1997). Research has suggested that differences in the health effects of discrimination could reflect gender differences in coping strategies. That is, in response to stressors, women tend to seek support from family and friends, which may be a more effective coping strategy (Williams,

2003). African American women tend to receive more support, be more satisfied with the support they receive, and have social ties that are subjectively closer compared to African American men (Lincoln, Taylor, & Chatters, 2013; Rosenfield & Mouzon, 2013; Williams, 2003). Collectively, these findings indicate that social support is more available and beneficial for mental health among women than men. Nonetheless, this body of evidence is based primarily on studies of overall support from family sources; there is scant evidence concerning the adequacy of social support from other groups such as church congregants.

Given African American men's particular vulnerability to the health effects of discrimination and their experiences with socially supportive networks and exchanges, this study investigated whether social support from congregants buffers the harmful effects of discrimination on serious psychological distress (SPD) among African American men in three age groups reflecting the adult life span. Our literature review examines the mental health effects of discrimination among African Americans, specifically men. We also discuss the role of social support in mental health and conclude with a review of research on church-based social support and the focus of the present investigation.

Mental Health Effects of Discrimination

Experiences of discrimination among African Americans are often chronic, perceived as stressful (Clark, Anderson, Clark, & Williams, 1999) and due to their unpredictable and uncontrollable nature, result in feelings of lack of control and mastery (Brown et al., 2000; Clark et al., 1999; Pascoe & Smart Richman, 2009). The deleterious effects of discrimination on the mental health of African Americans, specifically the inability to predict or control their occurrence, are well documented and unequivocal. Discrimination has a range of effects on African Americans including psychological distress (Broman, Mavaddat, & Hsu, 2000; Brown et al., 2000; Williams & Williams-Morris, 2000), depressive symptoms (Klonoff, Landrine, & Ullman, 1999; Williams & Williams-Morris, 2000), and anxiety (Klonoff et al., 1999; Pieterse et al., 2012). Discrimination is also associated with increased risk of psychiatric disorders, such as major depressive disorder (Pieterse et al., 2012; Williams & Williams-Morris, 2000), post-traumatic stress disorder (Pieterse et al., 2012), obsessive-compulsive disorder (Klonoff et al., 1999; Pieterse et al., 2012), generalized anxiety disorder (Williams & Williams-Morris, 2000), and alcohol abuse (Martin, Tuch, & Roman, 2003). Among African Americans, diminished psychological well-being (Broman et al., 2000; Williams et al., 2012; Williams & Williams-Morris, 2000), decreased happiness (Williams & Williams-Morris, 2000), life satisfaction (Williams & Williams-Morris, 2000), and mastery (Broman et al., 2000; Williams et al., 2012) are related to experiences of discrimination.

Research on African American men similarly demonstrated that discrimination is associated with poorer psychological functioning. Utsey and Payne (2000) found that discrimination was associated with elevated levels of depressive symptoms and anxiety for two groups of African American men—members of a clinical (residential substance abuse treatment) group and those in a nonclinical group. Men from the clinical subsample were more sensitive to the effects of discrimination than men in the nonclinical sample and had higher levels of depressive symptoms and anxiety in response to discrimination. Among college-educated African American men, those reporting more discriminatory experiences also indicated lower levels of general mental health (Sellers, Bonham, Neighbors, & Amell, 2009). This work adds to the body of research on African American men indicating that experiences of discrimination are associated with depressive symptoms (Britt-Spells, Slebodnik, Sands, & Rollock, 2016; Hammond, 2012), psychological distress (Britt-Spells et al., 2016), substance abuse (Utsey, 1997), poorer social functioning, lower emotional well-being, and increased negative affect (Bennett, Merritt, Edwards, & Sollers, 2004; Utsey et al., 2002). African American men experience disproportionate exposure to discrimination events and are more vulnerable to the detrimental health effects of discrimination. In sum, African American men's greater likelihood of experiencing discrimination, coupled with their sensitivity to the effects of discrimination, results in an excess in both exposure and vulnerability to discrimination.

Informal Social Support and Mental Health

Various forms and sources (e.g., family, friends) of informal social support are associated with mental health outcomes among African Americans. This includes higher levels of subjective well-being (Lincoln, 2000; Nguyen, Chatters, Taylor, & Mouzon, 2016; Taylor, Chatters, Hardison, & Riley, 2001) and protective effects against mental health problems (Levine, Taylor, Nguyen, Chatters, & Himle, 2015; Lincoln & Chae, 2012; Lincoln, Chatters, & Taylor, 2003). Social support is protective against psychological distress, depressive symptoms, and major depressive disorder among African Americans (Taylor et al., 2015). Social support from friends is associated with a decreased likelihood of meeting criteria for social anxiety disorder (Levine et al., 2015). Other research indicated that among African Americans, social support is negatively associated with posttraumatic stress disorder (Nguyen, Chatters, Taylor, Levine, & Himle, 2016) and suicidality (Kaslow et al., 2000; Lincoln, Taylor, Chatters, & Joe, 2012; Vanderwerker et al., 2007).

Church-Based Social Support

The majority of research on social support and mental health and well-being has examined assistance from extended family and, to a lesser extent, friends. In contrast, less research has examined the relationship between church-based social support and mental health, and even fewer studies have

focused on African Americans. This is despite the importance of religion and the church in this population (Taylor, Chatters, & Levin, 2004). In fact, evidence from national estimates indicates that the majority of African Americans report receiving support from congregants (Chatters, Taylor, Lincoln, & Schroepfer, 2002). Church-based social support is defined as an exchange of informal support between congregants that includes emotional support, information and advice, and tangible forms of assistance (Taylor & Chatters, 1986; Taylor et al., 2004). The most common types of support exchanged are advice and encouragement, companionship, assistance during illness, prayers, and financial aid (Taylor & Chatters, 1986; Taylor et al., 2004). Evidence has suggested that similar to social support from family and friends, church-based social support among African Americans can protect against mental and physical health problems. Chatters, Taylor, Woodward, and Nicklett (2015) found that church-based and extended family support had independent effects on mental health among African Americans. Support from congregants was associated with lower levels of depressive symptoms and psychological distress, protective effects that were independent of those of family support. That is, even in the presence of family support, support from congregants made a unique contribution to respondents' mental health. The beneficial effects of church-based support on depression and depressive symptoms have also been identified in the general population (Krause & Wulff, 2005; Nooney & Woodrum, 2002). Church-based support protects against suicidality such that respondents who reported receiving high levels of emotional support from congregants were less likely to report suicidal ideation (Chatters, Taylor, Lincoln, Nguyen, & Joe, 2011). Church-based support has also been associated with better psychological well-being (Krause, 2004), higher levels of life satisfaction (Krause, 2004; Lim & Putnam, 2010), and lower levels of anxiety (Graham & Roemer, 2012). With respect to physical health, church-based support protects against frailty and mortality among older adults (Bowles et al., 2000; Krause, 2006). Additionally, Krause (2010) reported that respondents who had a close friend at church viewed their health more favorably than respondents without a close friend at church.

Similar to the general social support literature, most of the research on the stress-buffering hypothesis examined either general social support or family support; very few studies examined whether social support from congregants buffers the effects of stress on health outcomes. Krause's (2005) study of race differences in stress-coping relationships found that financial strain was predictive of worse self-rated health for both older African Americans and Whites. However, for African Americans, the inclusion of church-based emotional support attenuated this association such that financial strain and self-rated health were unrelated under conditions of high levels of church-based emotional support. For White respondents, church-based emotional support was ineffective in buffering the effects of financial strain on self-rated health, suggesting that church-based emotional support is an effective coping resource for African Americans but not Whites. This is perhaps not surprising given the historical significance of the church as a cultural, civic, and religious institution in the African American community; social relationships in the church constitute an important source of support for African Americans (Taylor et al., 2004)

Collectively, this body of evidence suggests that church-based support may be a viable stress coping resource for African American men may be effective in protecting against the harmful effects of discrimination. In fact, prior research indicated that African American men may benefit more from their church-based relationships than African American women (Taylor & Chatters, 1988). African American men tend to receive more support from congregants (Taylor & Chatters, 1988), possibly because they are more likely to occupy positions of leadership in the church, which confers greater status and visibility. As a consequence, African American men may garner increased support from congregants, making church-based support a particularly important coping resource for this group.

Focus of the Present Investigation

The current study sought to determine whether church-based social support is effective for buffering the impact of everyday discrimination on SPD among African American men. We hypothesized that everyday discrimination will be positively associated with SPD and that church-based emotional support will reduce or buffer the harmful effects of everyday discrimination on SPD. A second purpose of this study was to determine whether the stress-buffering role of church-based support varies for three age groups of African American men. Studies on gender and cohort differences regarding involvement in and attachment to churches (Brown, Taylor, & Chatters, 2015; Taylor et al., 2004) indicated that male and younger African Americans are less likely to participate in and benefit from connections with church-based support networks. Prior research has indicated that among older adults, social support's stress-buffering function varies across age groups, with older adults benefiting more than younger groups (Krause, 2005; Matt & Dean, 1993). Relatively old older adults might experience more chronic stressors, such as chronic health problems and financial strain, and tend to have smaller social networks and fewer social resources (Cornwell, Laumann, & Schumm, 2008; McPherson, Smith-Lovin, & Brashears, 2006) due to losses resulting from deaths, relocations, and illness. The confluence of multiple persistent stressors and limited social resources likely impairs personal stress coping abilities in this age group more than in younger age groups. Thus, stress coping strategies that rely on social support may have a stronger effect on reducing the negative psychological sequelae of stress for relatively old older adults as compared to younger adults. Accordingly, we predicted that the stress-buffering function of church-based support

will be stronger among African Americans in late adulthood than African Americans in early and middle adulthood.

Methods

Sample

The National Survey of American Life: Coping with Stress in the 21st Century (NSAL) was collected by the Program for Research on Black Americans at the University of Michigan's Institute for Social Research. The African American sample is the core sample of the NSAL. The field work for the study was completed by the Institute for Social Research's Survey Research Center, in cooperation with the Program for Research on Black Americans. The NSAL featured a national multistage probability design consisting of 64 primary sampling units involved 6,082 face-to-face interviews with individuals aged 18 or older, including 3,570 African Americans, 891 non-Hispanic whites, and 1,621 Blacks of Caribbean descent (for a more detailed discussion of the NSAL sample, see Jackson et al., 2004). This study used a subsample of African American men from the NSAL. After listwise deletion of cases due to missing data on the SPD and discrimination variables (66 missing cases), the analytic sample featured 1,205 African American men. Listwise deletion is considered acceptable and has little impact on the validity of statistical inferences if missing data represents less than 10% of the sample.

Measures

Independent variables

Church-based emotional support was measured by summing items of a 3-item scale. The items asked, "How often do the people in your church: (a) make you feel loved and cared for, (b) listen to you talk about your private problems and concerns, (c) express interest and concern in your well-being?" Response categories ranged from 1 (never) to 4 (very often), with higher scores indicating higher levels of support. This measure was created by the Program for Research on Black Americans for use in the second wave of the National Survey of Black Americans (1987–1988) (see Taylor, Lincoln, & Chatters, 2005) and the NSAL. They are an adaptation of measures that have been historically used for family support networks. Church-based emotional support scores ranged from 3 to 12, and the Cronbach's alpha for this subscale was 0.73. Given that some minimal level of service attendance is necessary to establish social ties and assistance, church-based emotional support was only assessed for respondents who indicated that they attended religious services at least a few times a year. This practice is consistent with other research in this area and reflects a general practice in survey research. Everyday discrimination was measured with a summary score of 10 items developed by Williams, Yu, Jackson, and Anderson (1997) that assess episodes of unfair treatment experienced during the past 12 months (Cronbach's $\alpha = 0.89$). Response categories ranged from 1 (less than once a year) to 5 (almost everyday), and discrimination scores ranged from 0 to 50. Age was measured by constructing three distinct age groups representing early (aged 18–34), middle (aged 35–54), and late (aged 55 or older) adulthood.

Dependent variable

SPD was assessed by the Kessler 6, a 6-item scale designed to assess nonspecific psychological distress including symptoms of depression and anxiety during the past 30 days (Kessler et al., 2002; Kessler et al., 2003). Items are designed to identify individuals: (a) with a high likelihood of having a diagnosable mental illness and associated limitations and (b) who have mental health problems severe enough to cause moderate to serious impairment in social and occupational functioning and require treatment. The six items assess how often the respondent felt: nervous, hopeless, restless or fidgety, so depressed that nothing could cheer them up, that everything was an effort, and worthless. Each item was measured on a 5-point Likert scale ranging from 0 (*none of the time*) to 4 (*all of the time*). Positive valence items were reverse coded; summed scores ranged from 0 to 23, with higher scores reflecting higher levels of SPD (Cronbach's $\alpha = 0.83$).

Demographic control variables

Multivariate analysis controlled for educational attainment, family income, and region. Educational attainment and family income were scored continuously; education was assessed in years. Marital status was coded to differentiate respondents who were married or cohabiting; separated, divorced, or widowed; and never married. Region was coded to distinguish between the South, Northeast, North Central, and West. Missing data for family income and education were imputed for the entire NSAL sample (African American, Caribbean Black, and non-Hispanic White men and women) using an iterative regression-based multiple imputation approach incorporating information about age, sex, region, race, employment status, marital status, home ownership, and nativity of household residents. Family income, coded in dollars, was positively skewed (skewness = 3.70). Because of its skewed distribution, we used the log of family income.

Analysis Strategy

Due to the nonnormal distribution and overdispersion ($M = 3.41$, $S^2 = 15.32$) of SPD, we used negative binomial regression to examine the association between discrimination and SPD and the moderating effects of church-based support on this relationship. Although negative binomial regression is typically used to model overdispersed count data, we used negative binomial regression in the current analysis because it is the best available analysis for

dealing with the overdispersed distribution of SPD. In the case of an overdispersed outcome variable, negative binomial regression prevents standard errors in the model from being biased downward, which would lead to spuriously large *z*-values and inflation of type I error (Long, 1997). Moreover, previous research of SPD (see Mouzon, Taylor, Nguyen, & Chatters, 2016) has established that the use of negative binomial regression is an appropriate solution for the overdispersion of SPD scores. We used an interaction term of discrimination and church-based emotional support to estimate the moderating effects of church-based support on the association between discrimination and SPD. We used a subgroup analysis approach to determine whether the stress-buffering effects of church-based emotional support varied by age group. The association between discrimination and SPD and the interactive effects of discrimination and church-based support were estimated separately for the early, middle, and late adulthood age groups. Using a two-step approach to test the hypotheses, SPD was first regressed on discrimination and church-based emotional support. In the second step, the discrimination and church-based emotional support interaction term was added to the regression. All multivariate analyses controlled for demographic differences and took into account the complex multistage clustered design of the NSAL sample, unequal probabilities of selection, nonresponse, and poststratification.

Results

Characteristics of the sample and the three age groups are presented in Table 1. Half of the men in the sample were either married or cohabiting and slightly more than half of the sample resided in the South (57%). On average, men reported having completed high school and the average family income was $38,652.67. Bivariate analyses of key study variables indicated that except for region and church-based emotional support, the three age groups differed on all other variables. In terms of marital status, the early adulthood group had the smallest proportion of married or cohabiting individuals (34%) and the largest proportion of individuals who had never married (61%), whereas the middle adulthood group had the largest proportion of individuals who were either married or cohabiting (59%). Men in the late adulthood group had the lowest level of educational attainment (11 years) and family income ($33,766.59). In terms of everyday discrimination, men in the early adulthood group reported experiencing discriminatory events most frequently (16), whereas those in the late adulthood group reported experiencing discriminatory events least frequently (9). African American men in the early adulthood group reported the highest levels of SPD (3.7) and those in late adulthood reported the lowest levels of SPD (3.0).

The first step of the multivariate analysis found that for all three age groups, discrimination was positively associated with SPD (Table 2, Models 1a, 2a, 3a). With the addition of the interaction term for discrimination and church-based emotional support, the main effect for discrimination was no longer significantly associated with SPD in any of the age groups (Models 1b, 2b, 3b). However, there was a significant interaction between discrimination and church-based emotional support for men in the early and late adulthood groups, but not for men in the middle adulthood group. The interactive effect for early (Figure 1) and late (Figure 2) adulthood showed weak to moderate positive associations between discrimination and SPD for men who reported low levels of church-based emotional support. Among men who reported high levels of church-based emotional support, however, there was a strong

Table 1. Distribution of Characteristics of African American Men in the National Survey of American Life

	All men (N = 1,205)	Young (n = 394)	Middle (n = 533)	Late (n = 278)	Test
Marital status					χ^2 = 62.43*
Married or cohabiting	531 (49.79)	132 (34.33)	272 (59.23)	127 (56.79)	
Separated, divorced, or widowed	301 (19.76)	18 (4.73)	153 (24.32)	130 (37.00)	
Never married	373 (30.45)	244 (60.94)	108 (16.46)	21 (6.22)	
Region					χ^2 = 0.93
Northeast	144 (15.82)	46 (18.08)	61 (14.38)	37 (14.94)	
North Central	183 (16.13)	60 (16.93)	75 (15.09)	48 (17.02)	
South	782 (57.33)	262 (56.40)	348 (58.07)	172 (57.35)	
West	96 (10.72)	26 (8.59)	49 (12.46)	21 (10.69)	
Education	12.26 (2.68)	12.64 (1.91)	12.64 (2.28)	11.00 (3.73)	F = 9.07*
Family income	38,652.67 (36,568.67)	37,373.17 (36,411.31)	42,146.96 (33,259.29)	33,766.59 (41,917.10)	F = 1.50*
Discrimination	13.39 (9.42)	15.56 (9.20)	13.36 (9.13)	10.35 (9.46)	F = 2.97*
Church-based support	8.71 (2.44)	8.66 (2.48)	8.68 (2.41)	8.80 (2.44)	F = 1.40
Serious psychological distress	3.41 (3.91)	3.68 (3.50)	3.42 (4.10)	2.98 (4.08)	F = 3.41*

Note: Percentages, presented within parentheses, and N are presented for categorical variables. Means and SD, presented within parentheses, are presented for continuous variables. Percentages are weighted and frequencies are unweighted.

*p < .001.

Table 2. Negative Binomial Regression Analysis for Serious Psychological Distress Among African American Men

	b (*SE*)					
	Young		Middle		Late	
	Model 1a	Model 1b	Model 2a	Model 2b	Model 3a	Model 3b
Education	−0.09 (0.04)*	−0.08 (0.04)*	−0.05 (0.03)	−0.05 (0.03)	0.01 (0.02)	0.01 (0.02)
Family income	0.02 (0.05)	0.01 (0.06)	−0.16 (0.07)*	−0.16 (0.07)*	−0.49 (0.13)**	−0.51 (0.13)***
Region						
South[a]	--	--	--	--	--	--
Northeast	−0.04 (0.25)	−0.04 (0.26)	−0.40 (0.24)	−0.41 (0.24)	−0.07 (0.25)	−0.09 (0.24)
North Central	0.24 (0.19)	0.22 (0.18)	0.16 (0.17)	0.16 (0.17)	−0.27 (0.19)	−0.30 (0.18)
West	0.23 (0.33)	0.17 (0.31)	−0.37 (0.21)	−0.37 (0.21)	−0.08 (0.33)	−0.11 (0.32)
Marital status						
Married/cohabiting[a]	--	--	--	--	--	--
Separated, divorced, or widowed	0.18 (0.36)	0.18 (0.34)	0.02 (0.19)	0.01 (0.19)	−0.01 (0.23)	−0.02 (0.22)
Never married	0.07 (0.11)	0.06 (0.11)	−0.02 (0.13)	−0.02 (0.13)	0.22 (0.27)	0.23 (0.29)
Discrimination	0.03 (0.01)***	−0.01 (0.01)	0.04 (0.01)***	0.05 (0.03)	0.03 (0.01)*	−0.04 (0.03)
Church-based support	0.01 (0.01)	−0.08 (0.04)	0.05 (0.03)	0.07 (0.05)	−0.06 (0.04)	−0.13 (0.05)*
Discrimination × Church-based support	--	0.01 (0.01)**	--	−0.01 (0.01)	--	0.01 (0.01)*
Intercept	1.45 (0.76)	2.27 (0.79)**	2.62 (0.75)**	2.43 (0.84)**	6.07(1.35)***	6.99 (1.46)***
F	5.55	5.24	4.17	3.66	4.17	3.72
Complex design df	34	34	34	34	32	32
N	304	304	413	413	224	224

Note: Degrees of freedom associated with *F* statistics are (9, 26) for Models 1a and 2a, (10, 25) for Models 1b and 2b, (9, 24) for Model 3a, (10, 23) for Model 3b. b:unstandardized regression coefficient; SE: standardized error; df: degrees of freedom; [a]reference category.
*$p < .05$; **$p < .01$; ***$p < .001$.

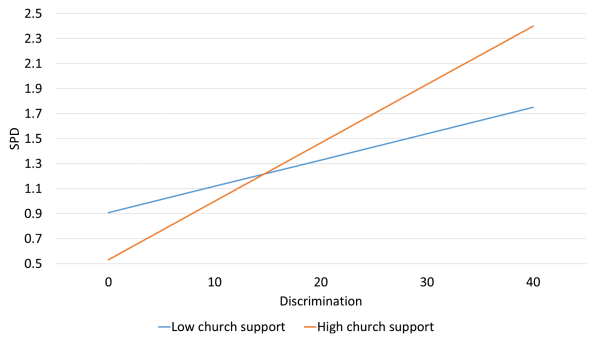

Figure 1. Predicted probability of SPD by discrimination and church-based emotional support among African American men in the young adult group. SPD = Serious psychological distress.

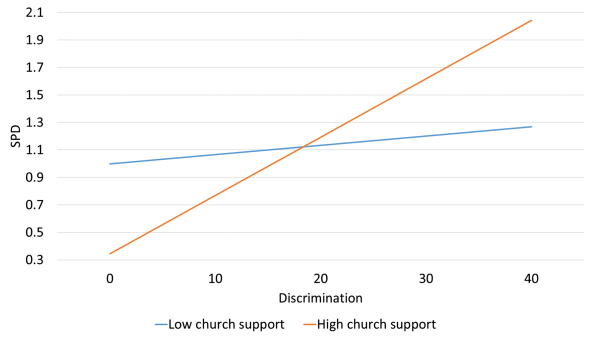

Figure 2. Predicted probability of SPD by discrimination and church-based emotional support among African American men in the late adult group. SPD = Serious psychological distress.

positive association between discrimination and SPD. That is, high levels of reported everyday discrimination were associated with high levels of both SPD and church-based emotional support.

Discussion

This study tested whether church-based emotional support buffered the association between discrimination and SPD across different age groups of African American men. Overall, the data indicate that discrimination is deleterious to African American men's mental health across three age groupings of the adult life span. Men in the early, middle, and late adulthood groups who reported more instances of discrimination also reported higher levels of SPD. This pattern is concordant with extant research indicating that discrimination is predictive of SPD and other psychiatric symptoms and disorders among African Americans, particularly men (Hammond, 2012; Watkins, Hudson, Caldwell, Siefert, & Jackson, 2011; Williams & Williams-Morris, 2000).

Study findings did not confirm our hypothesis. We found that church-based emotional support did not buffer the effects of discrimination on SPD among African American men. Instead, the significant interactions for discrimination and church-based emotional support among young and middle-aged African American men indicated that resource mobilization was operating in relation to coping with discrimination (Thoits, 2011; Wheaton, 1985). The resource

mobilization perspective states that stressful events perceived as unmanageable result in a distress response. To alleviate that response, individuals reach out to members of their network to mobilize support for coping with the stressor. In addition, support network members may recognize visible signs of a person's distress and mobilize around the individual to provide increased support in coping with problematic situations. Evidence for the resource mobilization perspective has indicated that individuals who experience increases in stressful events at one time point report receiving increased social support at a later time point (McFarlane, Norman, Streiner, & Roy, 1983), suggesting that coping resources (social support) were mobilized during the intervening period.

Other studies consistent with the resource mobilization perspective found that African American and Caribbean Black respondents who reported suicidal ideation had more frequent contact with congregants compared to those who did not report suicidal ideation (Chatters et al., 2011). Similarly, Balbuena, Baetz, and Bowen's (2014) prospective study found that among individuals who attended religious services, those who reported worsening depressive symptoms were more likely to continue to attend religious services or even increase their attendance. Positive associations between religious behaviors and outcomes reflect individual efforts to cope with these negative experiences by marshaling church-based social support.

In the current analysis, resource mobilization for coping with discrimination was apparent for young (aged 18–34) and older (aged 55 or older) men. Men in early and late adulthood who reported high levels of discrimination and SPD also indicated high levels of church-based emotional support. One interpretation of this finding is that experiencing high levels of discrimination is associated with elevated SPD (e.g., feeling hopeless, nervous, restless, fidgety, depressed). Congregants who become aware of the individual's difficulties may increase the provision of emotional support in response to the visible presentation of psychological distress.

Alternatively, men who experience high levels of SPD in response to increasing discriminatory incidents may be more likely to request emotional support from congregants for help coping with their distress, which results in higher levels of church-based emotional support. In contrast, for men with low levels of church-based emotional support, as discriminatory incidences increased, SPD only modestly increased. This suggests that this group of men was less sensitive to discrimination stress, such that even as discriminatory experiences increased, these men exhibited minimal to moderate levels of SPD. Thus, these lower levels of SPD are less likely to be noticed by congregants and would not signal to congregants that respondents in this group require assistance. On the other hand, it may be that these men perceived discriminatory experiences as less distressing, so that they did not perceive a need to mobilize their support network to help with coping.

Evidence of resource mobilization was not apparent for African American men in middle adulthood (aged 35–54). This may suggest that because men in this age group (who are more likely to be married or cohabiting) have access to support from a spouse or significant other, they are less likely to elicit aid from church networks. Moreover, men in this age group are also more likely to be employed; employment provides access to coworkers who are another source of support. Additionally, men in middle adulthood have higher family income, granting them easier access to professional help in response to indications of SPD. Accordingly, given access to several alternate sources of support, men in middle adulthood may be less likely to seek support from congregants for dealing with elevated levels of SPD.

This study contributes to the limited literature on the role of church-based social support in coping with discrimination among African American men. This is the first study to examine the moderating role of church-based emotional support in the relationship between discrimination and SPD among African American men in three age groups. Prior evidence suggested that, given tendencies toward emotional stoicism and use of externalizing strategies, seeking social support from others is an infrequent and generally less effective stress coping strategy for men. Moreover, because receiving church-based assistance is associated with regular attendance, men as infrequent church attenders were thought to be less likely to receive support from this group. Despite this, the current findings indicate that congregants are a viable source of emotional support for African American men in terms of coping with discrimination. Men in this study who reported experiencing high levels of discrimination and indicated elevated levels of SPD also showed high levels of emotional support from congregants. In contrast to prior research, these findings suggest that African American men do use emotional support from congregants when coping with elevated levels of distress associated with experiencing discrimination. Further, the fact that men in early and late adulthood but not middle adulthood relied on church-based emotional support as a coping resource underscores the importance of considering age-group differences in how and for whom support functions as a stress-coping resource. Evidence of the moderating role of church-based support in three distinct age groups illustrated how differences across the adult life course shape African American men's social relationships and influence the use of church-based support for coping with stress. Importantly, these findings provide a more nuanced understanding of the functions of church-based relationships at different stages of adult development. Collectively, study findings provide important information for developing and tailoring interventions to groups that would benefit most from stress coping resources available via church-based support. Continuing efforts to target interventions toward a specific client group enhances their effectiveness and appropriateness and may be of particular relevance and

benefit for mental health interventions involving African American men.

Limitations and Future Directions

We acknowledge that several limitations should be considered when interpreting the results of this study. First, there are several limitations associated with negative binomial regression. Negative binomial models do not maintain the constancy of sums, and they can be significantly biased or misestimated in smaller samples (i.e., $N < 100$) (Lord, 2006; Lord, Park, & Levine, 2013). However, this is not a problem in the current analysis, as sample sizes for the three age groups exceed 100.

Second, the cross-sectional design limits causal interpretations. For example, we are unable to determine conclusively if experiences of discrimination lead to elevated levels of SPD or alternatively, whether men with higher levels of SPD are more likely to perceive discrimination. However, longitudinal studies have largely found that discrimination precedes mental health and illness, not the reverse (Brown et al., 2000). Further, although our causal interpretations were consistent with the results, it is not possible to determine the exact causal pathways among church-based support, discrimination, and SPD. For instance, it is unclear if men experiencing high levels of SPD and discrimination reached out to congregants to mobilize support resources that subsequently resulted in higher levels of church-based support. These and other questions regarding the specification of causal pathways (e.g., protective effects, resource mobilization) for discrimination, church-based emotional support, and SPD await confirmation with prospective data.

A third limitation is that the age-group differences identified in this study may be confounded by cohort effects. In effect, the stress-coping patterns identified may be the result of shared social and historical experiences specific to each age group, rather than true developmental or age-related differences in using church-based support as a stress-coping resource. Considering the birth years for the three cohorts of men—1946 and earlier for late adulthood, 1947–1966 for middle adulthood, and 1967–1983 for early adulthood—these cohorts of men have experienced significant differences in historical and social events. Given the historical involvement of religious institutions in the lives of African Americans, there may be possible cohort differences in religious socialization experiences and attitudes about seeking assistance from church networks for young, middle-aged, and older men.

Future research should use longitudinal designs to clarify the causal relationship between discrimination and SPD across age cohorts and explore the availability of social (e.g., being married or partnered) and material (e.g., income) resources for coping with discrimination among middle-aged African American men. This will help to verify the causal pathways among discrimination, SPD, and church-based support. Additionally, future research should examine whether the association between discrimination and SPD and the moderating role of church-based support differs by respondents' attributions for discrimination (e.g., race, age, gender, social class). For example, is discrimination that respondents attribute to their race associated with greater SPD than discrimination that respondents attribute to their social class?

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Conflict of Interest

On behalf of all authors, the corresponding author states that there is no conflict of interest.

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