

“THEY HAVE SAID THAT I WAS SLIGHTLY DEPRESSED BUT THERE ARE CIRCUMSTANCES THAT BRING THAT ON”: HOW MIDDLE-AGED AND OLDER AFRICAN AMERICAN MEN DESCRIBE PERCEIVED STRESS AND DEPRESSION

Emily K. Cornish, MPH¹;
Erin M. Bergner, MPH, MA¹;
Derek M. Griffith, PhD^{1,2}

Objective: Few studies have focused on how men perceive stress and depression, and even fewer have examined how men of a specific racial or ethnic group describe their experiences of these conditions. African American men tend to define health in ways that are inclusive of their physical health, health behaviors, and mental health, but research has largely failed to explore how men put their health and mental health in social contexts. The objective of this article is to explore how middle-aged and older African American men who self-identify as having depression: 1) differentiate stress from depression; and 2) describe depression.

Design: Using data from semi-structured, individual interviews conducted between March and April 2014, we used a phenomenological approach to examine how men describe, experience, and perceive stress and depression.

Setting: Nashville, Tennessee.

Participants: 18 African American men aged 35-76 years who self-reported a previous or current diagnosis of depression.

Results: Men talked about the experiences of stress and how many of them viewed chronic stress as expected and depression as a normal part of life. They used phrases like being “slightly depressed” or “I take a light antidepressant” to describe how they feel and what they are doing to feel better. Within these narratives, men had difficulty distinguishing between stress and depression and they primarily explained that depression was the result of external stressors and strains.

Conclusions: Men may have difficulty distinguishing between stress and depression and they may frame the causes of depression in ways that decrease their perceived culpability for its causes and limit their perceived

INTRODUCTION

Women are diagnosed with depression at twice the rate of men, yet men have higher rates of suicide, substance abuse, and externalizing behavior (eg, risk taking, violence, aggression), which suggest that depression may be underdiagnosed in men.¹ The notion that gender beliefs, norms and ideals are linked to depression in men is not new, but how these differences are explained has been a source of contention and complication.^{1,2} Among men, research has found a relationship between adhering to traditional male roles and depression, and studies have found a significant association between gender role conflict and depression.³ Men tend to report symptoms congruent with traditionally masculine norms, such as preoccupation with work failure, social withdrawal, avoidance of affect, and self-medication.⁴ Men with depression may be more

likely to distract themselves, less likely to seek help, increase conflict and anger in interpersonal relationships, use more alcohol or other mood-altering substances, and express concern about productivity and level of functioning in employment domains.^{2,4,5} Despite these patterns, there have been no consistent differences in the specific depressive symptoms that men and women endorse.^{1,5} If men suspect they may have depression, they may be more likely to hide these negative emotional and psychological experiences than be concerned with the risk of self-medicating because they fear how the stigma of depression may affect their jobs, friendships, and family relationships.³

Four basic frameworks have been used to describe the relationship between gender and depression among men: a) depression is the same in men and women, reifying sex differences in the prevalence of depression; b) the ways that men express, respond to and

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¹Center for Research on Men's Health, Vanderbilt University, Nashville, Tennessee

²Center for Medicine, Health, and Society, Vanderbilt University, Nashville, Tennessee

Address correspondence to Emily K. Cornish, MPH; Project Director, Center for Research on Men's Health; Vanderbilt University; 2301 Vanderbilt Place PMB# 401814; Nashville, TN 37240-1814. 615.875.8478; emily.k.cornish@vanderbilt.edu

experience depression are linked to notions of masculinity; c) the notion that gender norms influence how men experience, express and respond to depression; and d) masculinity affects men's responses to negative affect, stress and depression.¹ Despite this research, it is unclear how gender shapes the perceptions and experiences of depression among middle-aged and older African American men, aged 35-76 years.

While African American men tend to experience lower rates of depression than African American women, the high rates of morbidity and mortality from stress-related chronic illnesses suggest that depression and mental health may be underappreciated as a problem in this population.⁶⁻⁸ African American men are exposed to a number of stressors that increase their risk for poor mental health; these men experience depressive symptomatology in ways that differ from African American women.^{8,9} African American men are more likely than their White male counterparts to say that mental illness and seeking treatment are signs of weakness, associated with shame and embarrassment, and that they are concerned with stigma associated with issues often stemming from too much stress.^{10,11} While some critical research has been conducted on gender differences in depression among African Americans and patterns of depression among African American men,^{7-9,12} most of the work that explores why and how African American men experience depression has predominantly included younger men.^{10,11} Thus, research is needed that focuses on middle-aged and older men to understand better if there are differences in the determinants, perceptions and

descriptions of stress and depression as African American men move through the life course.^{13,14} There also is a need to explore how the context of men's lives and experiences shape how they distinguish among life stressors, psychological strains and depression.^{15,16} Furthermore, research has failed to explore how African American men aged 35-76 years talk about or express concern about their mental health in relation to the stress of their everyday lives.

The objective of our research was to explore how middle-aged and older African American men who self-report having depression: 1) differentiate stress from depression; and 2) describe depression. Offering insight into this area can facilitate our ability to improve the mental health of this population by providing a window into how they understand and experience stress and depression.

METHODS

This article presents findings from data collected as part of a larger study that was conducted between March and April 2014; the study aimed to explore the social determinants of middle-aged and older African American men's health behavior and perceptions of manhood.^{17,18}

Setting

This study was conducted among African American men living in and around metropolitan Nashville, Tennessee (Davidson County), the second largest metropolitan statistical area in Tennessee.¹⁹ African Americans comprise approximately 28.4% of the population in Nashville.¹⁹

Recruitment and Participants

We recruited a convenience sample using word of mouth, fliers and the social networks of staff and partner organizations. Men eligible to participate: 1) primarily identified as African American or Black; 2) were between the ages of 35-76; and 3) did not identify any cognitive or physical health issues that limited their ability to engage in regular, moderate or vigorous physical activity. This article focuses on the analysis and results of the 18 interviews with men who self-reported a previous or current diagnosis of depression within the interview. Table 1 summarizes the demographic and health characteristics of interview participants. Participants were, on average, aged 52 years. Approximately 17% of the men were married, and two-thirds of the men made < \$40,000 annually.

Study Design

Trained research assistants conducted semi-structured, in-depth individual interviews in a community venue in private rooms. The interview protocol proceeded from general questions to more specific questions about health, stress, and the intersection of race and gender with interviewer prompts to encourage probing for greater detail. All procedures were in accordance with the ethical standards of the responsible committee on human experimentation and with the Helsinki Declaration of 1975, as revised in 2000. Informed consent was obtained from all study participants, and the study was approved by the Vanderbilt University Institutional Review Board. Interviews lasted an average of 1 hour and 30 minutes, which included participant completion of a demographic survey.

Each participant was compensated \$50 for participating in the interview.

Data Analysis

Although interview participants were not asked specifically about mental health, the primary objective for data analysis was to explore the role that mental health plays in how men defined health and how they perceived and coped with stress. For this article, we examined data from participants' responses to the following interview questions: 1) Has a doctor ever told you that you have (shown list of chronic conditions)? 2) How do you define health? 3) What are your biggest stressors? and 4) How do you deal with stress?

As part of the interview, we gave participants a list of chronic conditions and asked them to identify any current or previous medical diagnoses. Self-reporting depression from the provided list of chronic conditions may have primed participants to talk about depression; however, aside from this list of conditions including depression, no direct questions about depression were asked throughout the duration of the interview. All discussion of depression was initiated and occurred within responses to interview questions about stress.

Interviews were audio recorded, transcribed verbatim, and imported into the qualitative data software package NVivo10. A phenomenological approach, appropriate for exploring the meanings and perspectives of research participants, was used to analyze the participant data. The goal of this approach is to develop a composite description of "what" and "how" people experience a particular phenomenon in the context

Table 1. Selected participant characteristics

Demographic characteristics	%	n
African American men	100%	18
Average age, years	Mean = 51.8 years (range = 37-68 years)	
Marital status		
Divorced	44.4%	8
Married	16.7%	3
Member of an unmarried couple	5.6%	1
Never married	27.8%	5
Separated	5.6%	1
Income category		
<\$19,999	55.6%	10
\$20,000-\$39,999	11.1%	2
\$40,000-\$74,999	-	0
>\$75,000	11.1%	2
Unreported	22.2%	4
Health, social characteristics		
Self-reported depression	100%	18

of their everyday lived experience.²⁰ The data organization and analysis process we used were similar to the methods previously used by the principal investigator and colleagues.^{14,21-24}

Two trained research analysts who also facilitated the interviews, reviewed the interview transcripts to check for accuracy, familiarize themselves with the transcripts, enhance the reliability of the coding process, and develop an initial codebook. They coded three transcripts to identify all answers to the specified interview questions, and to agree upon definitions that would indicate when a code occurred and how text should be assigned a particular code. We assessed inter-rater reliability after this initial coding and the research team discussed any discrepancies in coding until they agreed. This process resulted in an inter-rater reliability of 74.4%. After establishing this rate of inter-rater reliability, we divided the remaining interviews among the research analysts. Explicit mention of mental health received its own code, as

it occurred frequently within responses to questions asking about stress.

This initial coding was followed by members of the research team reviewing the transcripts in order to inductively identify recurring concepts and topics. We then completed in-depth textual analysis and open coding of the transcripts, which allowed for identification of themes and subthemes. Staff used highlighting and margin notes to: a) summarize themes across interviews, using a combination of *in vivo* restatements of the data and direct quotes; and b) document potential questions, connections, underlying themes, and possible implications of the text for further analysis. Coded text was 'chunked' into segments of text that represented distinct quotes that conveyed their original meaning apart from the complete transcripts. Each data chunk included all codes assigned to that segment of text, the unique identifier of the speaker, the date of the interview, the overall question the individual was responding

to, and any other stimuli (prompts, comments of other participants) that appeared to influence the content of the statement.²⁵ These segments were then further analyzed for similarities and differences that clustered to classify emerging themes.²⁶ We grouped similar themes into broader categories and identified concise quotes that captured the overall meaning of the theme that we could present in this article.

RESULTS

Is There a Difference Between Stress and Depression?

Part of the challenge in distinguishing between stress and depression is that the men used the terms interchangeably when answering interview questions specifically about stress. Men who talked about their health and stress through a negative lens did so in a way that attempted to normalize depression for African American men as a whole. They perceived that stress and depression were common experiences for African American men. As a 45-year-old man noted, *"I'm Black. I'm born into depression and stress. I was raised it's nothing unusual, it's just what it is."* Both stress and depression were considered normal parts of life. A 53-year-old man stated, *"It [physical activity] helps me deal with stress because we are a stressful people. We come from a stressful history,"* as though stress was an inherent part of what it meant to be part of his demographic group. Another man (aged 61 years) explained how depression was a common experience, and didn't seem to think it warranted any additional attention, *"Depression, yes, I had, but depres-*

sion... I think everybody has," normalizing the experience of the diagnosis.

In addition, a 48-year-old man stated that he goes through depression, but *"It's just something... that's just something that I got to deal with. But, I can deal with it though."* This strategy of normalizing depression presented the issue as though it is just part of life that men should be able to deal with independently. In this context, depression was not any different from what others are experiencing; and if other people can deal with it, so can he.

Part of the challenge was that it was also difficult for men to differentiate between stress and depression. One 52-year-old man said, *"I believe often in the African American community, the difference is not defined between stress and depression. Some people are so depressed that they don't understand or some people are so stressed that they don't understand that they are going through a bout of depression."*

It was challenging for men to determine when stress might be depression, particularly in the context of their own lives. This man also noted, *"When you don't know which of those two categories [stress and depression] you are in, how do you treat it?"* Differentiating between stress and depression, but being unclear if what he was experiencing was a condition that might benefit from treatment is an important step before one would seek professional help or treatment.

These men talked specifically about how these stressors significantly impaired their ability to manage family, friends and the activities of their daily lives, which is one of the components of what distinguishes a mental health problem that can be managed indepen-

dently from one that may benefit from professional treatment. While some stressors may be ameliorated through seeking support from friends, family and prayer, others may require seeking professional mental health treatment. For example, one man stated, *"Stress... I've been stressed out and don't know it. I can't do nothing like at one time."* A 48-year-old indicated, *"Man, they need to go to God and prayer, man, dealing with stress. Or, maybe they need to go see a doctor... see somebody, a psychiatrist or something."* This man was unsure about how men should deal with increased levels of stress, though he acknowledged that stress is something that warrants seeking professional help if it becomes overwhelming. Overall, how to decide when to seek what type of support seemed to be a common problem for these men.

Nuances when Talking about Depression

Even though depression was not asked about directly, all participants in this study reported that a medical professional told them they had depression; however, many of the men who talked about their experience with depression deemphasized how depression affected them or their lives. These men gave the impression, or seemingly wanted to give the impression, that depression was something that was manageable and context-specific. For example, one 62-year-old man indicated, *"They have said that I was slightly depressed, but there are circumstances that bring that on."* This framing of depression seemed to reflect an effort for this older man to not only downplay the diagnosis but to highlight the external context that was the

stimulus for depression. Similarly, a 43-year-old man stated, “*I have been told that I had depression,*” once again downplaying the diagnosis by placing the responsibility of the diagnosis on a medical provider. A 57-year-old man stated, “*I take a light antidepressant.*” His use of the term light and other men’s use of the term ‘slight’ seems to minimize the perceived significance or severity of the diagnosis. One 63-year-old participant specifically tied his depression to his inability to find employment, but was no longer experiencing that depression. “*I had some depression going on that’s because I was having trouble finding employment but that has ceased.*” Another 53-year-old man offered a shoulder shrug when asked to indicate his medical conditions, responding, “*I guess depression,*” as though it was an afterthought to the other conditions on the list.

DISCUSSION

The objective of this article was to illustrate the conditions under which middle-aged and older African American men defined symptoms as stress or depression, and to explore the social contexts and circumstances that may have contributed to these descriptions. Our objective was not to differentiate between stress and depression, but to illuminate how men labeled their symptoms and experiences, and how they struggled to identify the point at which they should seek professional help. These challenges are particularly striking given that a medical professional had previously diagnosed each of these men with depression.

While previous research has documented that men experience depression at a lower rate than women do,^{1,5,8} men appear to experience negative affect – whether labeled as stress or depression – at a rate that warrants greater intervention and treatment. In our study, men often used different terms related to stress that might be more socially acceptable and less stigmatizing than “mental health” or “depression.” Similarly, Kendrick and colleagues found that instead of “depression,” younger African American men often used the word “stress,” and attributed most of their related experiences to their identities as African American men.¹⁰ Similar to studies of their younger counterparts, the middle-aged and older men in this study found euphemisms and other ways to describe depression, but they differed in what they identified as sources of stress. Consistent with notions of gender role strain that highlight how stress and strain are shaped by developmental context, the middle-aged and older men in our study were more likely to discuss family and employment-related concerns that are consistent with provider role strain as triggers for depression than their younger adult counterparts whose lives tend to be more focused on fulfilling student and work roles and responsibilities.^{8,15,27}

In talking about stress and depression, our sample of African American men distanced themselves from the condition by using ‘they’ or ‘men,’ even though they reported that they felt depressed. While they were open to discussing it, they still distanced themselves from labeling their symptoms as depression. It is, however, encouraging that these men incorpo-

rated mental health into their overall definition of health, as it reveals an understanding of the role mental health plays in their everyday life. These findings appear most consistent with Addis’ gendered responding framework, which suggests that gendered notions affect how men interpret and respond to negative affect.¹

Limitations

Some men willingly talked about mental health concerns such as depression, while others merely touched on it in passing, without further explanation. As this was not the focus of the interview, interviewers did not frequently probe to discuss mentions of mental health more in depth. Future research should explore how our findings may be consistent with the experiences of men who may be different races, ethnicities, ages, or live in other geographical locations. With 18 men participating in these interviews, our findings may not be generalizable to other groups of men of different races, ages or different geographical locations. However, the core findings may aid in the exploration of stress and depression within the population of interest, as little research currently exists explicitly focusing on stress and depression among African American men aged 35-76 years.

CONCLUSION, IMPLICATIONS AND FUTURE DIRECTIONS

Improving men’s health requires moving past describing patterns of stress and depression to exploring and elucidating how and under what

conditions men experience negative affect. It may not be that Black men ignore depressive symptoms, but rather that they are either unaware of the signs and symptoms that warrant or would benefit from professional treatment.⁹ Future research should explore how middle-aged African American men conceptualize these concepts and describe them in the context of their lived experiences, and examine more explicitly the ways that these men understand and differentiate between stress and depression.

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CONFLICT OF INTEREST

No conflicts of interest to report.

AUTHOR CONTRIBUTIONS

Research concept and design: Cornish, Griffith; Acquisition of data: Cornish, Griffith; Data analysis and interpretation: Cornish, Bergner, Griffith; Manuscript draft: Cornish, Bergner, Griffith; Acquisition of funding: Griffith; Administrative: Cornish, Bergner, Griffith; Supervision: Griffith

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