



# Black-White Differences in Social, Psychological, and Medical Correlates of Depression in the United States

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Unfortunately, limited knowledge exists about the causes and consequences of depression and depressive symptoms among minorities and subpopulations. In this editorial, I summarize a growing literature suggesting that presentations, epidemiology, risk factors, and consequences of major depressive disorder (MDD) and depressive symptoms depend upon race, gender, and their intersections.

While American Blacks have lower risk for MDD than White Americans,<sup>1</sup> they report higher levels of depressive symptoms.<sup>2,3</sup> Blacks have lower access and trust to the health care system, compared to Whites.<sup>4,5</sup> As a result, their MDD is commonly left as untreated.<sup>6</sup> In line with the above note, the cross-sectional association between MDD and depressive symptoms is stronger for Blacks than Whites.<sup>7</sup> This, however, is not the case for the longitudinal association between depressive symptoms and MDD<sup>8</sup> which is stronger for Whites than Blacks.<sup>8</sup>

The cognitive elements that are core to depression may also be specific to race.<sup>9,11</sup> Depression is more strongly linked to low mastery<sup>10</sup> and self-esteem<sup>9</sup> for Whites than Blacks.<sup>10</sup> The same finding can be seen in elderly<sup>10</sup> and youth,<sup>11</sup> indicating that these results are robust. Blacks with depressive symptoms maintain high levels of hope<sup>12</sup> and positive emotions.<sup>13</sup> Higher concordance of positive emotions and depressive symptoms<sup>12,13</sup> may explain why depressive symptoms, depression,<sup>14-19</sup> and other negative emotions<sup>20-22</sup> increase risk of chronic diseases<sup>20-22</sup> or obesity in Whites but not in Blacks. The same may explain why depression is linked to inflammation in Whites but not in Blacks,<sup>23-25</sup> as positive emotions undo the harmful effects of negative emotions.

The story is even more complex. Some of the above links are different for Black men, suggesting that it is not race but the intersection of race and gender that impacts these links. This view is in line with the intersectionality approach.<sup>28-30</sup> Some examples are the reverse link between depression and obesity,<sup>27</sup> failure of the link between sustained depression and obesity,<sup>31</sup> and lack of protective effects of education and income on depressive symptoms among elderly.<sup>32</sup> High education credentials are positively associated with increased depressive symptoms over time<sup>33</sup> and MDD is positively associated with income among male Black youth.<sup>34</sup> These unexpected findings are at least in part due to racism and discrimination.<sup>35</sup>

These findings also depend on design, as results are different in longitudinal and cross-sectional studies.<sup>36</sup> At each cross-section, there is more risk of comorbid depression – chronic disease for Blacks than for Whites.<sup>36</sup> The bidirectional links between depressive symptoms and chronic disease over time are weaker for Blacks.<sup>14-22</sup> That is, depressive symptoms that have a good predictive role in chronic disease for Whites do not have the same role for Blacks.<sup>14-22</sup> Depression also does not similarly reflect risk of obesity for race and gender groups at each time point<sup>27</sup> and over time.<sup>26,31</sup> Sustained depressive symptoms only co-occur with sustained obesity among White women.<sup>31</sup>

To conclude, the intersection of race and gender alters the social, psychological, medical, and biological correlates of depression. These factors include education, income, stress, mastery, self-esteem, chronic disease, obesity, and mortality. Future research should explore the role of cultural, behavioral, contextual, and political factors in causing such heterogeneities.

**Ethical Approval**

Not applicable.

**Conflict of Interest Disclosures**

None.

**References**

- Williams DR, Gonzalez HM, Neighbors H, Nesse R, Abelson JM, Sweetman J, et al. Prevalence and distribution of major depressive disorder in African Americans, Caribbean blacks, and non-Hispanic whites: results from the National Survey of American Life. *Arch Gen Psychiatry*. 2007;64(3):305-15. doi: 10.1001/archpsyc.64.3.305.
- Jackson PB. Role occupancy and minority mental health. *J Health Soc Behav*. 1997;38(3):237-55.
- Myers HF, Lesser I, Rodriguez N, Mira CB, Hwang WC, Camp C, et al. Ethnic differences in clinical presentation of depression in adult women. *Cultur Divers Ethnic Minor Psychol*. 2002;8(2):138-56.
- United States. Public Health Service. Office of the Surgeon General, Center for Mental Health Services (US), United States. Substance Abuse, Mental Health Services Administration and National Institute of Mental Health (US), 2001. Mental health: Culture, race, and ethnicity: A supplement to mental health: A report of the Surgeon General. Department of Health and Human Services, US Public Health Service.
- Gary FA. Stigma: barrier to mental health care among ethnic minorities. *Issues Ment Health Nurs*. 2005;26(10):979-99. doi: 10.1080/01612840500280638.
- Neighbors HW, Caldwell C, Williams DR, Nesse R, Taylor RJ, Bullard KM, et al. Race, ethnicity, and the use of services for mental disorders: results from the National Survey of American Life. *Arch Gen Psychiatry*. 2007;64(4):485-94. doi: 10.1001/archpsyc.64.4.485.
- Assari S, Moazen-Zadeh E. Ethnic Variation in the Cross-sectional Association between Domains of Depressive Symptoms and Clinical Depression. *Front Psychiatry*. 2016;7:53. doi: 10.3389/fpsy.2016.00053.
- Moazen-Zadeh E, Assari S. Depressive Symptoms Predict Major Depressive Disorder after 15 Years among Whites but Not Blacks. *Front Public Health*. 2016;4:13. doi: 10.3389/fpubh.2016.00013.
- Assari S. Association Between Self-Esteem and Depressive Symptoms Is Stronger Among Black than White Older Adults. *J Racial Ethn Health Disparities*. 2017;4(4):687-95. doi: 10.1007/s40615-016-0272-6.
- Assari S, Lankarani MM. Reciprocal Associations between Depressive Symptoms and Mastery among Older Adults; Black-White Differences. *Front Aging Neurosci*. 2016;8:279. doi: 10.3389/fnagi.2016.00279.
- Assari S, Caldwell CH. The Link between Mastery and Depression among Black Adolescents; Ethnic and Gender Differences. *Behav Sci (Basel)*. 2017;7(2). doi: 10.3390/bs7020032.
- Assari S, Lankarani MM. Depressive Symptoms Are Associated with More Hopelessness among White than Black Older Adults. *Front Public Health*. 2016;4:82. doi: 10.3389/fpubh.2016.00082.
- Lankarani MM, Assari S. Positive and Negative Affect More Concurrent among Blacks than Whites. *Behav Sci (Basel)*. 2017;7(3). doi: 10.3390/bs7030048.
- Assari S, Burgard S, Zivin K. Long-Term Reciprocal Associations Between Depressive Symptoms and Number of Chronic Medical Conditions: Longitudinal Support for Black-White Health Paradox. *J Racial Ethn Health Disparities*. 2015;2(4):589-97. doi: 10.1007/s40615-015-0116-9.
- Assari S, Moazen-Zadeh E, Lankarani MM, Micol-Foster V. Race, Depressive Symptoms, and All-Cause Mortality in the United States. *Front Public Health*. 2016;4:40. doi: 10.3389/fpubh.2016.00040.
- Assari S, Lankarani MM. Chronic Medical Conditions and Negative Affect; Racial Variation in Reciprocal Associations Over Time. *Front Psychiatry*. 2016;7:140. doi: 10.3389/fpsy.2016.00140.
- Assari S. Hostility, anger, and cardiovascular mortality among Blacks and Whites. *Res Cardiovasc Med*. 2017;6(1):e34029. doi: 10.5812/cardiovascmed.34029.
- Assari S, Sonnegga A, Pepin R, Leggett A. Residual Effects of Restless Sleep over Depressive Symptoms on Chronic Medical Conditions: Race by Gender Differences. *J Racial Ethn Health Disparities*. 2017;4(1):59-69. doi: 10.1007/s40615-015-0202-z.
- Assari S, Burgard S. Black-White differences in the effect of baseline depressive symptoms on deaths due to renal diseases: 25 year follow up of a nationally representative community sample. *J Renal Inj Prev*. 2015;4(4):127-34. doi: 10.12861/jrip.2015.27.
- Assari S. General Self-Efficacy and Mortality in the USA; Racial Differences. *J Racial Ethn Health Disparities*. 2017;4(4):746-57. doi: 10.1007/s40615-016-0278-0.
- Assari S. Race, sense of control over life, and short-term risk of mortality among older adults in the United States. *Arch Med Sci*. 2017;13(5):1233-40. doi: 10.5114/aoms.2016.59740.
- Assari S, Lankarani MM, Burgard S. Black-white difference in long-term predictive power of self-rated health on all-cause mortality in United States. *Ann Epidemiol*. 2016;26(2):106-14. doi: 10.1016/j.annepidem.2015.11.006.
- Case SM, Stewart JC. Race/ethnicity moderates the relationship between depressive symptom severity and C-reactive protein: 2005-2010 NHANES data. *Brain Behav Immun*. 2014;41:101-8. doi: 10.1016/j.bbi.2014.04.004.
- Vrany EA, Berntson JM, Khambaty T, Stewart JC. Depressive Symptoms Clusters and Insulin Resistance: Race/Ethnicity as a Moderator in 2005-2010 NHANES Data. *Ann Behav Med*. 2016;50(1):1-11. doi: 10.1007/s12160-015-9725-0.
- Stewart JC. One Effect Size Does Not Fit All--Is the Depression-Inflammation Link Missing in Racial/Ethnic Minority Individuals? *JAMA Psychiatry*. 2016;73(3):301-2. doi: 10.1001/jamapsychiatry.2015.3205.
- Hawkins MA, Miller DK, Stewart JC. A 9-year, bidirectional prospective analysis of depressive symptoms and adiposity: the African American Health Study. *Obesity (Silver Spring)*. 2015;23(1):192-9. doi: 10.1002/oby.20893.
- Assari S. Association Between Obesity and Depression Among American Blacks: Role of Ethnicity and Gender. *J Racial Ethn Health Disparities*. 2014;1(1):36-44. doi: 10.1007/s40615-014-0007-5.
- Bowleg L. The problem with the phrase women and minorities: intersectionality-an important theoretical framework for public health. *Am J Public Health*. 2012;102(7):1267-73. doi: 10.2105/ajph.2012.300750.
- Bauer GR. Incorporating intersectionality theory into population health research methodology: challenges and the potential to advance health equity. *Soc Sci Med*. 2014;110:10-7. doi: 10.1016/j.socscimed.2014.03.022.
- Crenshaw K. Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. *University of Chicago Legal Forum*; 1989:139-67.
- Carter JD, Assari S. Sustained Obesity and Depressive Symptoms over 6 Years: Race by Gender Differences in the Health and Retirement Study. *Front Aging Neurosci*. 2016;8:312. doi: 10.3389/fnagi.2016.00312.
- Assari S, Nikahd A, Malekhamdi MR, Lankarani MM, Zamanian H. Race by Gender Group Differences in the Protective Effects of Socioeconomic Factors Against Sustained

- Health Problems Across Five Domains. *J Racial Ethn Health Disparities*. 2016. doi: 10.1007/s40615-016-0291-3.
33. Assari S. Combined Racial and Gender Differences in the Long-Term Predictive Role of Education on Depressive Symptoms and Chronic Medical Conditions. *J Racial Ethn Health Disparities*. 2017;4(3):385-96. doi: 10.1007/s40615-016-0239-7.
  34. Assari S, Caldwell CH. High Risk of Depression in High-Income African American Boys. *J Racial Ethn Health Disparities*. 2017. doi:10.1007/s40615-017-0426-1.
  35. Assari S. Unequal Gain of Equal Resources across Racial Groups. *Int J Health Policy Manag*. 2017;7(1):1-9. doi: 10.15171/ijhpm.2017.90.
  36. Watkins DC, Assari S, Johnson-Lawrence V. Race and Ethnic Group Differences in Comorbid Major Depressive Disorder, Generalized Anxiety Disorder, and Chronic Medical Conditions. *J Racial Ethn Health Disparities*. 2015;2(3):385-94. doi: 10.1007/s40615-015-0085-z.

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