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Introduction

A considerable body of research documents a relationship between sex-role identity and psychological distress, specifically depressive symptoms (Baucom & Danker-Brown, 1979; Small, Gessner & Ferguson, 1984; Whitley, 1985). However, only a few studies (Pierce, 1970; Gibb, 1988) have investigated this issue among African American men, despite historical and contemporary accounts of the impact of economic and social marginalization on the gender roles of African American men (Majors & Gordon, 1994; Harris, 1995; Marriott, 1996). Given that sex-role identity is a complex product of socialization experiences, biology, dominant cultural norms, subcultural influences and unique circumstances (Harris, 1995), it may provide an important focus for understanding factors affecting the mental health of African American men.

Conceptualized as the acceptance of socially defined roles and behaviors associated with being male or female, sex-role identity has in recent years been operationalized along two independent dimensions of masculine and feminine sex-role types (Bem, 1974; Whitley, 1985). The classic feminine sex-role type is often characterized by nurturing, people-oriented interpersonal qualities, while the classic masculine sex-role type is one of instrumentality, self efficacy and social competence. Considerable controversy exists on how sex-role identity relates to psychological distress or depression. Some studies indicate that a high endorsement of masculine traits accounts for lower depression and an absence of neurotic tendencies (Berzins, Welling & Wetter, 1978; Whitley, 1985), while findings on the relationship of feminine sex role traits and depression are less clear. Prior studies have found no significant relationship (Whitley, 1985); a direct positive relationship (Holahan & Spence, 1980); and a modest inverse relationship (Chevron, et. al., 1978). However, most of these findings come from studies of predominantly white populations and need to be explored among African American men.

Purpose of Analysis. A preliminary analysis was conducted to examine the distribution of sex-role identity in a probability based sample of 446 African American men and to examine its relationship to mental health, specifically depressive symptoms. Data were obtained through personal interviews with probability sample of African American residents, 18 years of age and older, of a major Eastern city. Details on sampling are published elsewhere (Gary, Brown, Milburn, Ahmed, & Booth, 1989).

Measurement. Comprised of a 10 item masculinity and a 10 item femininity scale, the Bem Sex-Role Inventory (BSRI; Bem, 1974) was used to measure sex-role identity. Examples of characteristics from the masculinity scale included "ambitious", "dominant" and "self-reliant", while those from the femininity scale included "affectionate," "gentle," and "understanding". Respondents specified on a scale from "1" (never or almost never true) to "7" (always or almost always true) how well each trait characterized themselves. Responses to items from the feminine sex-role type were summed to obtain a score on the femininity scale, while items from of the masculine sex-role type were summed to provide a score on the masculinity scale. The internal consistencies of both the masculinity and

femininity scales were good; Cronbach's alpha was .77 and .84, respectively. For this analysis, the masculinity and femininity scales were cross-classified to produce four sex-role types. High scores on the masculinity scale in combination with low femininity scores were categorized as masculine. Conversely, high femininity scores and low on masculinity scale scores were categorized as feminine. High scores on both scales were classified as androgynous, while low scores on both were labeled as undifferentiated. Depressive symptoms were measured by the Center for Epidemiologic Studies Depression Scale (CESD; Radloff, 1977). The CESD consists of 20 items which reflect components of depression. Responses are summed to obtain a total symptom score which ranges from 0 to 60.

Results

Data were first examined to assess the distribution of the four sex-role types among African American men. The largest percentage of men (38.2%) were androgynous, while somewhat lower, but similar percentages were classified as masculine (24.3%) and undifferentiated (23.7%). As expected, only a small percentage (13.8%) were categorized as feminine, reflecting a strong endorsement of feminine traits and a weak support of masculine characteristics. That the majority of African American men were not in the masculine category suggests that the traditional masculine sex-role type may not be not useful or meaningful in terms of the gender roles and experiences that African American men encounter. These findings also support the earlier contentions of Franklin (1984) who noted that substantial numbers of African American men are androgynous, e.g. that they have a sex role identity encompassing strong endorsement of both masculine and feminine characteristics.

With regard to mental health, Figure 1 displays the relationship of sex-role type to depressive symptoms. An analysis of variance shows that depressive symptoms varied significantly according to sex role type ($F_{(3, 522)} = 12.80, p < .001$). Androgynous-typed men had the least depressive symptoms ($\bar{X} = 10.1, sd = 9.7$), while feminine-typed men had slightly more depressive symptoms ($\bar{X} = 12.3, sd = 8.1$). However, the mean for masculine-typed men was even greater ($\bar{X} = 13.1, df = 8.0$) and undifferentiated men had the highest level of depressive symptoms with a mean of 16.0 ($sd = 9.9$); this is equivalent to the CESD cutoff score used to screen for clinical depression.

Clearly these data indicate that African American men who are androgynous have better mental health as reflected in having the lowest level of depressive symptoms. Given that they strongly view themselves with both feminine-typed nurturing and interpersonal qualities along with masculine-typed traits of instrumentality, self-efficacy and social competence, these men provide themselves with a greater repertoire of self perceptions and coping styles than those who are feminine or masculine-typed. This extended repertoire may be particularly useful in buffering economic, social and racial discrimination stressors as well as engendering positive adaptations to changing gender role expectations. On the other hand, undifferentiated-typed African American men who do not see themselves strongly along masculine or feminine dimensions of sex-role identity appear at greatest risk for depression. This lack of strong identification with either masculine or feminine characteristics may reflect what Franklin (1984) calls a legacy of nondefinition among

African American men. Without a strong sense of identification, the undifferentiated may be in anomic circumstances which lead not only to depression but also to other negative mental health consequences associated with substance abuse, suicide and homicide (Franklin, 1994).

Although these analyses were only preliminary, they point to the need for additional research on the association between sex role identity and mental health among African American men. Additional investigation is needed to examine the social construction of sex-role identity among African American men, to develop cultural appropriate measurement, to ascertain if there are social structural differences in sex-role types and to further explore the associations of sex-role identity to the mental health of African American men. Further understanding can lead to the development of prevention and intervention efforts which mitigate the negative effects on mental health of racial discrimination, economic marginalization and changing gender role expectations.

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Depressive Symptoms by Sex-Role Type for African-American Men

