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Resilience Among Urban African American Male Adolescents: A Study of the Protective Effects of Sociopolitical Control on Their Mental Health[1,2]

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Resilience refers to the notion that some people succeed in the face of adversity. In a risk-protective model of resilience, a protective factor interacts with a risk factor to mitigate the occurrence of a negative outcome. This study tested longitudinally the protective effects of sociopolitical control on the link between helplessness and mental health. The study included 172 urban, male, African American adolescents, who were interviewed twice, 6 months apart. Sociopolitical control was defined as the beliefs about one's capabilities and efficacy in social and political systems. Two mental health outcomes were examined—psychological symptoms and self-esteem. Regression analyses to predict psychological symptoms and self-esteem over time were conducted. High levels of sociopolitical control were found to limit the negative consequences of helplessness on mental health. The results suggest that sociopolitical control may help to protect youths from the negative consequences of feelings of helplessness. Implications for prevention strategies are discussed.

KEY WORDS: adolescence; African American; resiliency; mental health.

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Research on mental health among adolescents has traditionally focused on risk factors, problem behaviors, and their consequences (Dryfoos, 1990; Hawkins, Catalano, & Miller, 1992; Jessor & Jessor, 1977; Newcomb & Felix-Ortiz, 1992). An alternative approach is to study factors that help youths at risk avoid negative outcomes. The theoretical framework underlying this approach is resilience (Garmezy, 1991; Rutter, 1987; Werner & Smith, 1992). Resilience refers to those factors and processes that interrupt the trajectory from risk to problem behavior or psychopathy (Zimmerman & Arunkumar, 1994). A resilience perspective contributes to the understanding of the development of competencies, assets, and strengths in youths' lives. It differs from risk-avoidance or positive mental health because these factors do not involve context specific action needed to overcome adversity (Rutter, 1993). Resilience may refer to both maintenance of healthy development despite the presence of a threat, or to recovery from trauma (Garmezy & Masten, 1991; Staudinger, Marsiske, & Baltes, 1993).

Rutter (1985, 1993) suggested that resilience is both mutually determined by environmental and individual factors and context specific. This means that both environmental factors and individual differences in responding to environmental stressors influence how individuals successfully adapt to adverse circumstance. Researchers have suggested several mechanisms to explain how environmental and individual factors help to offset the negative effects of risks factors (Garmezy, Masten, & Tellegen, 1984; Gordon, 1995; Luthar, 1991; Rutter, 1985; Zimmerman & Arunkumar, 1994). One of these mechanisms is explained by the risk-protective model. In a risk-protective mechanism a protective factor reduces the effects of a risk factor on a negative outcome. This is typically assessed by examining the interaction effect of the risk and protective factor for predicting an outcome (Zimmerman & Arunkumar, 1994). A protective factor may operate in one context, but not in another. In fact, the same factor may be a protective factor in one situation and a risk factor in another (Rutter, 1993).

Low income, urban, African American youths, for example, not only must cope with the stress associated with adolescence, but also are challenged by the chronic social demands of economic deprivation and disadvantage (Franklin, 1982; Gibbs, 1989; Myers, 1982; Rosella & Albrecht, 1993). Institutionalized racism, unemployment, poor educational outcomes, violence and high death rates are, for many of them, part of their everyday lives (Reed, 1988; Spurlock, 1986; Sum, Harrington, & Goedicke, 1987; Warshauer & Monk, 1978). Their persistent exposure to racism, unemployment, limited opportunities, and poverty may exacerbate feelings of helplessness, knowing that they cannot alter undesirable situations (Fernando, 1984; Neighbors, 1987). Neighbors (1987) suggested that a sense of helplessness among African Americans is derived from negative expectations

originating from limited social, economic, and educational opportunities. Helpless individuals see themselves as not being in control of the significant forces affecting their lives (Abramson, Seligman, & Teasdale, 1978; Seligman & Peterson, 1986; Sue & Zane, 1980) and report more depression, anxiety, and low self-esteem (Lloyd, 1980; Loeb, Beck, & Diggory, 1971; Pearlin *et al.,* 1981; Seligman, 1975; Seligman & Peterson, 1986; Sue & Zane, 1980).

Thus, many urban, African American youths may be particularly vulnerable to negative mental health outcomes because of the sense of helplessness that can develop from racism, disadvantage, and limited social, economic, and educational opportunities. Despite stressful social conditions, however, most African American youths grow up to be well-functioning and productive adults (Anderson, Eaddy, & Williams, 1990). Unfortunately, research with African American youths has emphasized cataloguing risk factors, describing pathology, and studying problem behaviors (Franklin & Jackson, 1990; Sue, Ito, & Bradshaw, 1982; Williams, Lavizzo-Mourey, & Warren, 1994). Few researchers have studied why or how some youths, especially urban, African American adolescents, develop into well-functioning and relatively healthy individuals in the face of adversity (Cicchetti & Garmezy, 1993; Luthar, 1991; Nettles & Pleck, 1994). Our study contributes to this approach in an attempt to identify strengths and resources in their lives. Our test of adolescent resilience, however, is not based upon the high-risk nature of our sample per se. Rather, it is based on the potential vulnerability to feeling helpless resulting from the social/economic context in which the youths in our sample live. The purpose of this study is to test longitudinally the risk-protective effects of sociopolitical control on the link between helplessness (risk factor) and mental health (outcome) in a sample of youths who may be particularly vulnerable, yet are rarely studied in a positive light.

MENTAL HEALTH

Depression is one of the most significant negative outcomes of adolescence because it can lead to potential life-threatening outcomes (Reynolds, 1990a). Approximately 15% of youths reported feelings of sadness and unhappiness (Compas, Orosan, & Grant, 1993). Some researchers have found higher rates of depressive moods among African American youths than their White counterparts (Flemming & Offord, 1990), while others have reported lower rates for African Americans (Dornbusch *et al.,* 1991; Nettles & Pleck, 1994). Several researchers documenting the incidence and prevalence of depression among African American adolescents in clinical

and community samples have found rates of mild to moderate depression from 20 to 40%, while severe depression rates varied from 5 to 15% (Gibbs, 1989; Kaplan *et al.,* 1984; Schoenbach *et al.,* 1983). Among African Americans, low income male adolescents were at high risk for depression (Gibbs, 1989; Poussaint, 1990; Schoenbach *et al.,* 1983).

Depression in adolescents, however, may not be expressed as a single symptom, but as a set of symptoms. It might include lowered self-esteem, fatigue, social withdrawal, poor school performance, sleeping and eating problems, and self-destructive behaviors (Petersen *et al.,* 1993; Reynolds, 1990b). Anxiety symptoms, for example, are commonly found coexisting with depression among adolescents, children, and adults (Petersen *et al.,* 1993; Schoenbach *et al.,* 1983; Strauss *et al.,* 1988). Compas *et al.* (1993) suggested that anxiety and depression are difficult to separate among adolescents. The co-morbidity of anxiety and depression increased the likelihood of severe long-term emotional problems (Reynolds, 1990b).

Helpless individuals see themselves as not being in control of the forces that importantly affect their lives (Abramson *et al.,* 1978; Seligman & Peterson 1986; Sue & Zane, 1980). Helplessness, in turn, may induce depression, anxiety, and low self-esteem (Lloyd, 1980; Seligman, 1975; Seligman & Peterson, 1986; Sue & Zane, 1980). Several researchers have suggested that the effects of personal helplessness on mental health can be modified by strategies that enhance control over events (Abramson *et al.,* 1978; Fernando, 1984; Seligman & Peterson, 1986; Sue & Zane, 1980).

PERCEIVED CONTROL

While perceptions of control are not equivalent to actual control, the feeling that one has control may be a vital factor affecting mental health outcomes (Gary, 1985; Taylor & Brown, 1988; Sue & Zane, 1980). Paulhus (1983) described a conceptual model that distinguishes spheres of control into personal, interpersonal, and sociopolitical domains. Perceived control may vary from one sphere to the other (Paulhus, 1983; Hulbary, 1975). Personal control refers to control in the nonsocial environment such as personal achievement and self-efficacy. Helplessness is an indicator of the absence of control in one's personal domain. Interpersonal control refers to perceptions about interactions in dyads and group contexts such as intimate relations and the family context. Sociopolitical control refers to beliefs that actions in the social and political system can lead to desired outcomes. Sociopolitical control may contribute to self-esteem and self-

confidence, making it more likely that individuals will take action to respond to challenges in other spheres of their lives (Rutter, 1993).

Feelings of control in sociopolitical contexts may protect low income, urban, African American youths from depression and low self-esteem by counteracting the feelings of helplessness they may develop from growing up disadvantaged. Williams *et al.* (1994) suggested that the study of the relationship between political control and health status among members of minority groups is needed to further our understanding of the association between race and health. LaVeist (1992), for instance, examined the effects of African Americans' political control and postneonatal mortality in several U.S. cities. He found an association between political control and improved health outcomes. Nonetheless, little is known about how sociopolitical control may or may not enhance the health of racial and ethnic minorities.

Sociopolitical control is related to several indices of political and social activism, such as voting, boycotting, and writting letters to politicians (Zimmerman & Zahniser, 1991). Research on sociopolitical control in youths, however, is limited and has produced mixed results. Long (1975) studied political efficacy, social deprivation, and self-competence among African American and White adolescents. He examined whether individuals deprived of social and economic opportunities have low self-competence and low political efficacy, and whether low self-competence is associated with low political efficacy. Political efficacy was defined as the belief about one's ability to influence policy and government officials. African American adolescents reported higher social deprivation, and lower self-competence and political efficacy than Whites. Among African Americans no relationship was found between social deprivation and self-competence, or self-competence and political efficacy. For both African Americans and Whites, however, social deprivation was negatively associated with political efficacy. In a similar study, Hulbary (1975) found that African American adolescents reported more sociopolitical control and self-esteem than Whites. He concluded that socioeconomic deprivation was not related to sociopolitical control.

Consequently, we hypothesize that perceived sociopolitical control will reduce the negative consequences of perceived personal helplessness on mental health outcomes. This hypothesis provides a test of the risk-protective model of resilience which suggests that a protective factor moderates the relationship between a risk factor and an outcome. In our case, we examine the moderating effects of sociopolitical control on the relationship between helplessness (risk factor) and mental health and distress (self-esteem and psychological symptoms). The risk-protective model is tested analytically by examining the interaction between helplessness and sociopo-

litical control for predicting mental health outcomes. The test of an interaction effect to examine a risk-protective model of resilience is consistent with resilience theory (Garmezy *et al.,* 1984; Zimmerman & Arunkumar, 1994). This study contributes to our understanding of how urban, male, African American youths who report feeling personally helpless may, nevertheless, avoid negative mental health outcomes. This is an especially vital group to study because these youths are not typically included in research (Gibbs, 1984), and their geographic and ethnic background makes them particularly vulnerable to many deleterious outcomes (Wilson, 1987, 1991). It is useful to point out, however, that our test of the risk-protective hypothesis is not based on the demographic characteristics of the sample (e.g., urban, male, African American). Rather, the study is a test of the effect sociopolitical control may have on the relationship between personal helplessness and mental health outcomes. The results of the study may also assist us in designing community interventions based on a strengths rather than a deficit perspective.

METHOD

Research Participants

The sample consists of 172 African American, male adolescents from Baltimore, Maryland, who completed two interviews (in 1988–1989), 6 months apart, and who had complete data on all study variables (i.e., listwise deletion). The original sample included 254 African American male adolescents. Youths who left school before graduation were intentionally oversampled. Their mean age at Time 1 was 16.8 years (SD = 1.32). Sixty nine percent (n = 119) had left school before graduation. Most of the youths who left school did so in the 9th (n = 43; 36%) and 10th (n = 30; 25%) grades ($\bar{x}$ = 9.5; SD = 1.16). At the time of the first interview, youths no longer attending school had been out of school for an average of 9.6 months (SD = 8.90). Our response rate from Time 1 to Time 2 was 68%.

Educational attainment of the youths' parents ranged from less than 7th grade to at least some postcollege education. The parent with the highest completed grade was used to indicate parent education level. The mean educational level for parents was 4.35 (SD = 1.06). The median level of education was a high school degree, with 51% of youths' parents having completed high school. Sixteen percent of the youths had parents with an education level below high school, and 33% had parents with at least some post-high-school education.

Procedure

Recruitment

Youths were recruited to participate in the study in four ways: (1) mail solicitations of randomly selected youths from school district dropout lists (n = 58; 34%); (2) recruitment by peers paid to enlist youths from their neighborhoods (n = 27; 15%); (3) referrals from community programs such as the Urban League (n = 64; 37%); and (4) solicitation through media, posters, and flyers (n = 22; 13%). Two cases had missing recruitment data, but were not eliminated in subsequent analyses.

Data Collection

Participants were informed that all information shared with the research team was confidential and legally protected from subpoena. They were paid $15 for an initial 90-min interview and $35 for a second interview, 6 months later. Trained interviewers verbally administered structured questionnaires, followed by a series of open-ended questions. Consent forms from both the youths and their parents (if they were under 18 years of age) were obtained. Nine trained interviewers, African Americans (n = 4), Whites (n = 5), males (n = 2) and females (n = 7), carried out the interviews. Analyses did not indicate any effects of interviewer ethnicity or gender on the study variables.

Measures

Psychological Symptoms

The anxiety and depression subscales from the Brief Symptom Inventory (Derogatis & Spencer, 1982) were combined to form a single index of psychological symptoms. Youths were asked how much discomfort they felt in the last week for a list of 12 symptoms. The items were rated on a 5-point Likert scale (1 = not at all; 5 = extremely). The Cronbach alpha was .78 at Time 1 and .83 at Time 2, and the average inter-item correlations were .23 and .30, respectively.

Self-esteem

Positive feelings about oneself were measured with five items from Rosenberg's (1965) self-esteem scale. The items were rated on a 5-point

Likert scale (1 = not at all accurate; 5 = completely accurate). Sample items included, "I feel that I am a person of worth, at least on an equal with others," and, "I feel that I have a number of good qualities." The Cronbach alpha at Time 1 was .65 and .77 at Time 2, and the average inter-item correlations were .27 and .40, respectively.

Personal Helplessness

Personal helplessness was measured by a 7-item scale developed by Pearlin *et al.* (1981). A 5-point Likert response scale was used (1 = not at all accurate; 5 = completely accurate). Sample items included, "There is really no way I can solve some of the problems I have," and, "There is little I can do to change many of the important things of my life." The Time 1 Cronbach alpha was .68, and the average inter-item correlation was .30.

Sociopolitical Control

A 17-item sociopolitical control scale was used (Zimmerman & Zahniser, 1991). The measure used the same 5-point Likert scale employed for self-esteem and helplessness. Sample items included, "People like me are generally well qualified to participate in the political activity and decision making in our country," "A good many local elections aren't important enough to bother with," and, "I can usually organize people to get things done." The Time 1 Cronbach alpha was .62 and the average inter-item correlation was .09.

Data Analysis

First, we conducted attrition analysis to examine how our longitudinal sample differed from our Time 1 sample. Then we examined the risk-protective effects of sociopolitical control using hierarchical multiple regression. Two regression equations were conducted to predict Time 2 psychological symptoms and Time 2 self-esteem. Predictor variables were entered in the following order: Time 1 measures of the criterion variables, age, Time 1 personal helplessness, Time 1 sociopolitical control, and the interaction term between Time 1 personal helplessness and sociopolitical control. In order to prevent multicollinearity effects between the interaction terms and their single components, helplessness and sociopolitical control were

centered to their means, then multiplied to form interaction terms (Aiken & West, 1991). As suggested by Aiken and West (1991), however, unstandardized coefficients are reported and graphed.

RESULTS

We conducted analyses to examine differences between youths with both data points (n = 172), and those with only Time 1 data (n = 82). These attrition analyses indicated no differences between these youths for all Time 1 variables studied. In addition, we compared youths recruited by different methods—mail, peers, community agencies, and media—on all study variables. We found that youths recruited through the media reported less self-esteem at Time 1 ($\bar{x}$ = 18.60; SD = 3.90) than youths recruited by mail ($\bar{x}$ = 21.24; SD = 3.30) or community agencies ($\bar{x}$ = 21.80; SD = 2.70) ($F(3, 167) = 5.70$; $p < .05$). Age also differed by recruitment strategy. Youths recruited by mail were older ($\bar{x}$ = 17.30; SD = 1.12) than youths recruited through community agencies ($\bar{x}$ = 16.50; SD = 1.37) ($F(3, 167) = 3.75$; $p < .05$). No other differences were found for recruitment strategy.

Means, standard deviations, skewness, and actual range for the study variables are presented in Table I. Zero-order correlations are reported in Table II. Age is not correlated with any other variable; all the other variables are correlated in the expected direction. The two Time-2 dependent variables are slightly correlated (r = −.22). These correlations also suggest that multicollinearity among predictors is not a problem. In addition, the correlations indicate an association between the risk factor and outcomes studied. Time 1 helplessness is associated with psychological symptoms and less self-esteem.

Table III presents final equation beta coefficients and R^2 square change for each step in the equations predicting psychological symptoms and self-

Table I. Means, Standard Deviations, Skewness, and Range for all Study Variables

	$\bar{x}$	SD	Skewness	Actual Range
Psychological symptoms 1	21.70	7.4	1.24	12–53
Psychological symptoms 2	20.3	7.5	1.40	12–52
Self-esteem 1	21.0	3.3	−.90	9–25
Self-esteem 2	21.0	3.4	−1.06	5–25
Age	16.8	1.3	.17	15–19
Helplessness 1	11.10	4.2	.65	5–25
Sociopolitical control 1	55.80	9.5	−.15	21–83

Table II. Zero Order Correlations Among Predictors

	1	2	3	4	5	6	7
1. Psychological symptoms 1	.—						
2. Psychological symptoms 2	.45[b]	.—					
3. Self-esteem 1	−.26[b]	−.28	.—				
4. Self-esteem 2	−.16[b]	−.22[b]	.45[b]	.—			
5. Age	.04	.12	.05	.03	.—		
6. Helplessness 1[a]	.43[b]	.35[b]	−.27[b]	−.32[b]	−.07	.—	
7. Sociopolitical control 1[a]	−.17[b]	−.28[b]	.26[b]	.30[b]	.10	−.37[b]	.—

[a] Variables centered to their means.
[b] $p < .05$.

esteem. In the analysis to predict psychological symptoms, significant effects were found for Time 1 psychological symptoms, age, sociopolitical control, and the interaction term (sociopolitical control × personal helplessness). The total variance accounted for was 28%. The interaction between sociopolitical control and personal helplessness contributed 3% of the variance ($F = 8.12$; df = 5, 166; $p < .05$). The interaction effect indicates that the negative effects of personal helplessness on the change in mental health over time vary according to the levels of sociopolitical control.

In the regression equation predicting self-esteem, effects were found for the Time 1 measure and the interaction term. Thirty two percent of the variance was explained in this analysis. The interaction term accounted for 2% of the variance ($F = 4.48$; df = 5, 166; $p < .05$). The results indicate

Table III. Final Unstandardized Raw (and Standardized) Regression Coefficients, *t*-test Statistic, and R^2 Change for Each Step for Helplessness and Sociopolitical Control on Mental Health and Self-Esteem

	Psychological Symptoms 2			Self-esteem 2		
	b[a]	*t*	R^2	b[a]	*t*	R^2
Psychological symptoms 1	.34 (.34)	4.73[b]	.19[b]	.—	.—	.—
Self-esteem 1	.—	.—	.—	.41 (.41)	5.6[b]	.25[b]
Age	.73 (.13)	1.99[b]	.01	−.03 (−.01)	−.16	.00
Helplessness 1	.20 (.12)	1.52	.03[b]	−.11 (−.14)	−1.94	.04[b]
Sociopolitical control 1	−.13 (−.17)	−2.40[b]	.03[b]	.04 (.12)	1.76	.01
Helplessness 1 × sociopolitical control 1	−.03 (−.19)	−2.85[b]	.03[b]	.01 (.14)	2.12[b]	.02[b]

[a] The numbers in parentheses represent the standardized regression coefficients (β).
[b] $p < .05$.

that the negative effects of personal helplessness on the change in self-esteem over time are modified by changes in sociopolitical control. The interaction effects between sociopolitical control and personal helplessness on psychological symptoms and self-esteem are examined in detail below.

Interaction Effects

The interaction effects between sociopolitical control and helplessness were further probed following the analytical procedure outlined by Aiken and West (1991). This procedure explores the statistical significance of the simple slope effects of one predictor, while regressing the dependent variable on the other predictor. In this case, we tested the significance of three simple slopes (mean, and 1 *SD* below and above the mean) for sociopolitical control. Figures 1 and 2 depict the plot of the interaction effects for psychological symptoms and self-esteem, respectively. The lines represent simple regression equations of psychological symptoms and self-esteem on personal helplessness (centered values) at mean, and 1 *SD* above and below the mean of sociopolitical control. The figures represent the full regression equations with all main effects, interaction terms, and the constant. The nature of the interactions is that the magnitude of the relationship between personal helplessness and psychological symptoms and self-esteem are reduced at high levels of sociopolitical control.

Post hoc examinations on the statistical significance of the simple slopes

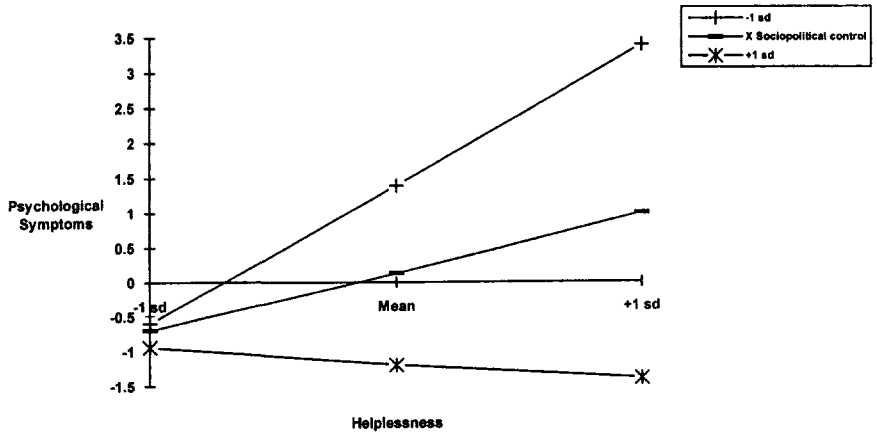

Fig. 1. Regression of psychological symptoms on helplessness at different values of sociopolitical control.

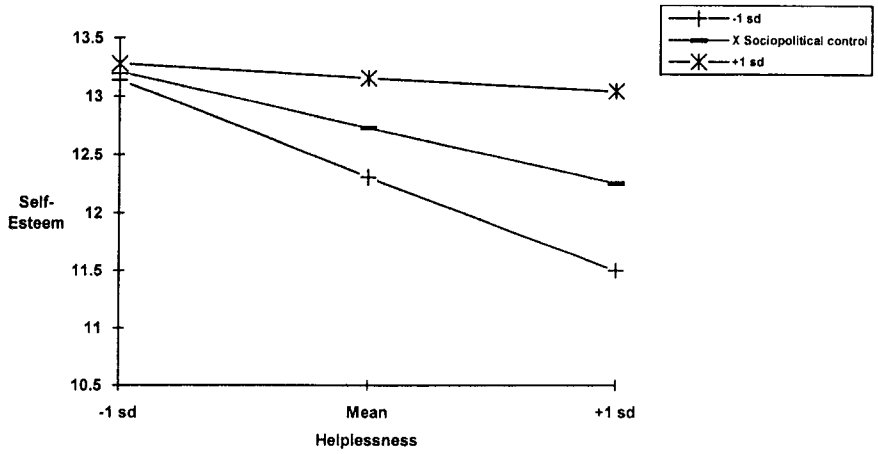

Fig. 2. Regression of self-esteem on helplessness at different values of sociopolitical control.

(Aiken & West, 1991) for each of the three regression lines on psychological symptoms and self-esteem were also conducted. For the regression analysis on psychological symptoms, the simple slope for the regression line 1 *SD* above the mean of sociopolitical control was -.04 (se = .17; t = -.25; df = 169; ns). The simple slope of the regression line for 1 *SD* below the mean was .45 (se = .15; $t = 2.99$; df = 169; $p < .05$). The simple slope for the mean was .28 (se = .13; $t = 2.11$; df = 169; $p < .05$). These results indicate that at average or below average levels of sociopolitical control, personal helplessness covaries with psychological symptoms, but the relationship between personal helplessness and mental health disappears at above average scores of sociopolitical control.

The analysis of the interaction effects on self-esteem revealed similar results. The simple slope for high values of the sociopolitical control regression line was $-.02$ (se = .07; $t = -.36$; df = 169; ns); for low values the slope was $-.19$ (se = .06; $t = -3.00$; df = 169; $p < .05$); and for the mean of sociopolitical control the simple slope was $-.11$ (se = .06; $t = -1.94$; df = 169; $p < .05$). The results for the regression of self-esteem are the same as with psychological symptoms. The association between personal helplessness and self-esteem diminishes at high levels of sociopolitical control.

DISCUSSION

The results of this study suggest that sociopolitical control is a protective factor for youths who feel helpless in personal domains. While we found

that helplessness was a risk factor for negative mental health outcomes as evidenced by theoretically consistent, cross-sectional and longitudinal zero-order correlations between these two variables, sociopolitical control moderated the negative effects of personal helplessness on mental health outcomes in our sample. Psychological symptoms did not vary as levels of personal helplessness increased for youths who reported the highest levels of sociopolitical control. Psychological symptoms increased as personal helplessness increased for youths with average or below average sociopolitical control, but at different rates. Psychological symptoms increased most rapidly as helplessness increased for youths with below average sociopolitical control. Self-esteem also did not vary as levels of personal helplessness increased for youths who reported the highest levels of sociopolitical control.

Myers (1989) proposed that the mental health of African American youths is an outcome of the interaction between individuals and their social environment. He also suggests that youths' emotional problems are adaptive problems rather than intrinsically pathological. The results of this study support this idea because the effects of personal helplessness on mental health and self-esteem were moderated by youths' feelings of control in social and political domains. Individuals with sociopolitical control believe that they can take effective actions in social and political domains. Control in this sphere appears to offset low perceptions of personal helplessness. The living conditions of low income, urban, African American males may generate feelings of personal helplessness. Helplessness, however, does not necessarily lead to poor mental health (Fernando, 1984). As several researchers have suggested, feelings of control and efficacy may modify the effects of helplessness on mental health (Abramson *et al.,* 1978; Neighbors, 1987; Seligman & Peterson, 1986; Sue & Zane, 1980). Our results provide additional support for these conclusions. In this sample, the effects of personal helplessness on the change in mental health over time were modified by beliefs about one's efficacy in the social and political arena. Nevertheless, our analyses do not definitely rule out the possibility that helplessness may have moderated the influence of (low) sociopolitical control. Insofar as our results are consistent with prior research on helplessness, mental health, and control, and our interpretation follows our a priori research hypotheses, we favor the notion that control moderates helplessness. Future research that tests these competing interpretations, however, would be useful.

Research on the determinants of mental health among African Americans suggested that efforts to exert control may help prevent and alleviate emotional problems (Brown *et al.,* 1992; Gary, 1985; Maton *et al.,* 1996; Robinson, 1990). Participation in social and voluntary organizations has

been associated with psychological well-being (Brown *et al.*, 1992; Gary, 1985; Robinson, 1990). Taylor and Brown (1988) also suggested that the belief in one's ability to handle the social environment may be especially helpful in overcoming adversity, setbacks, and potential damages to self-esteem. Our results provide additional evidence that perceived control may act as a protective factor against risks associated with psychological distress. It is noteworthy that our results refer to changes in mental health outcomes over time because Time 1 measures of these variables were included as predictors. Thus, our study design strengthens the primarily cross-sectional findings in this literature.

A limitation of this study is that we have only measured perceptions of sociopolitical control. Perceptions of sociopolitical control, however, may be vital for understanding healthy development among urban, African American males. Taylor and Brown (1988) suggested that perceptions are as critical to mental health as actual control. Perceptions of sociopolitical control are related to several indices of political and social activism, such as voting, boycotting, writing letters to politicians, leading groups, organizing one's neighbors, and involvement in local political decisions (Paulhus, 1983; Zimmerman & Zahniser, 1991). A related concern is that all the data are based on self-reports. This may introduce response bias or some underlying trait (e.g., negative affectivity) that may confound the results. Some researchers, however, have found adolescents' self-reported measures of mental health are valid (Reynolds, 1990a; Schoenbach *et al.*, 1983). Theoretically consistent results with two different measures that are negatively correlated with each other also enhance our confidence in our conclusions. Nevertheless, future research that includes multiple measures using different methods would be beneficial.

The fact that the study included only urban, African American males, some of whom left school before graduation, limits its generalizability. The goal of the study, however, was to explore alternative mechanisms of adaptation among a rarely studied, yet somewhat vulnerable (due to the potential for feeling helpless), population of African American youths. This is significant because this population is rarely studied and least effectively addressed by programs and policy (Gibbs, 1989; Zimmerman, Salem, & Maton, 1995). In addition, their school status puts them at risk for many negative outcomes including alcohol and drug use (Mensch & Kandel, 1988, Newcomb & Bentler, 1986), economic disadvantage (Rumberger, 1987), and violent behavior (MMWR, 1994).

Although respondent attrition did not bias our longitudinal sample, self-esteem and age were associated with recruitment strategy. Age was controlled for in each of the regression equations so these differences did not confound the results. One explanation for our self-esteem results could

be an artifact of the way youths were recruited into our study. Yet, this may not be a plausible interpretation for several reasons. First, the self-esteem results are the same as those found for psychological symptoms (which were not associated with recruitment strategy). Second, the results for self-esteem are theoretically consistent with our *a priori* hypotheses. Third, a logical explanation for why youths recruited by media (versus letter or agency) would be expected to report higher levels of self-esteem may be wanting. Nevertheless, random selection of respondents would be more desirable to help eliminate possible alternative explanations of findings.

Finally, the variance explained by the interaction between sociopolitical control and helplessness in the analyses presented was relatively small (3% and 2%). This was expected because typically the explained variance by the addition of an interaction term is relatively small. The finding of interaction effects, however, provides useful information about adolescent development. Abelson (1985) pointed out that variance explained alone may be misleading because it does not account for cumulative influence that may be meaningful. The minimal effects found for the interaction effect may be due to the order in which variables were entered in the equations. After controlling for age and the single risk and protective variables, relatively little variance was left to be accounted for by the interaction term. The deposition of interaction effects indicates that although limited variance is explained, the effects of sociopolitical control in reducing the influence of helplessness on psychological well-being is meaningful.

An extensive body of research has been developed on psychological risk factors among African American youths. Prevention strategies often focus primarily on reducing risk. This study suggests that an alternative approach could be to enhance protective factors as a way to reduce negative outcomes (Nettles & Pleck, 1994). Community interventions that provide opportunities for involving youths in action groups, such as church groups and voluntary and neighborhood organizations, may help protect them from other risks they face. The idea is to enhance perceptions of control and foster abilities and knowledge to act in sociopolitical processes through community participation. Research on the effects of youths' participation in voluntary organizations and in political processes has suggested that through such participation youths come in contact with public issues, and develop skills and knowledge leading to forms of community and political action (Hanks, 1981). Future research may also benefit from analysis of factors that predict sociopolitical control. This would enable researchers to focus interventions on those factors as a way to improve mental health outcomes by enhancing sociopolitical control.

The study's main objective was to investigate a protective factor model of resilience. Resilience is a process of successful adaptation despite the fact that a risk factor may be present (Garmezy & Masten, 1991). Contrary to research that emphasizes pathology and risks among youths, this framework highlights positive aspects of mental health that might be applicable to all populations. The study has provided an instance of how this perspective might contribute to the understanding of competency development and the role of psychosocial processes in maintaining psychological well-being among urban, African American, male youths.

REFERENCES

Abelson, R. (1985). A variance paradox: When a little is a lot. *Psychological Bulletin, 97,* 129–133.

Abramson, L., Seligman, M., & Teasdale, J. (1978). Learned helplessness in humans: Critique and reformation. *Journal of Abnormal Psychology, 88,* 49–74.

Aiken, L. S. & West, S. G. (1991). *Multiple regression: Testing and interpreting interactions.* Newbury Park, CA: Sage.

Anderson L., Eaddy, C. L., & Williams, E. A. (1990). Psychological competence: Toward a theory of understanding positive mental health among Black Americans. In D. Ruiz (Ed.), *Handbook of mental health and mental disorders among Black Americans* (pp. 255–271). Westport, CT: Greenwood Press.

Brown, D. R., Gary, L. E., Greene, A. D., & Milburn, N. G. (1992). Patterns of Social Affiliation as Predictors of Depressive Symptoms Among Urban Blacks. *Journal of Health and Social Behavior, 33,* 242–253.

Cicchetti, D., & Garmezy, N. (1993). Prospects and promises in the study of resilience. *Development and Psychopathology, 5,* 497–502.

Compas, B., Orosan, P., & Grant, K. (1993). Adolescent stress and coping: Implications for psychopathology during adolescence. *Journal of Adolescence, 16,* 331–349.

Derogatis, L. R., & Spencer, P. M. (1982). *The Brief Symptom Inventory (BSI): Administration Scoring, and Procedures Manual—I.* Baltimore, MD: Johns Hopkins University School of Medicine, Division of Medical Psychology.

Dornbusch, S. M., Mont-Reynaud, R., Ritter, P. R., Chen, Z., & Steinberg, L. (1991). Stressful events and their correlates among adolescents of diverse backgrounds. In M. E. Cohen & S. Gore (Eds.), *Adolescent stress: Causes and consequences* (pp. 111–130). New York: Aldine de Gruyter.

Dryfoos, J. G. (1990). *Adolescents at risk.* New York: Oxford University Press.

Fernando, S. (1984). Racism as a cause of depression. *International Journal of Social Psychiatry, 30,* 41–49.

Flemming, J. E., & Offord, D. R. (1990). Epidemiology of childhood depressive disorders: A critical review. *Journal of the American Academy of Child and Adolescent Psychiatry, 29,* 571–580.

Franklin, A. (1982). Therapeutic interventions with urban black adolescents. Ethnic minority research: Research trends and directions. In E. Jones & S. Korchin (Eds.), *Minority mental health* (pp. 267–295). New York: Praeger.

Franklin, A., & Jackson, J. (1990). Factors contributing to positive mental health among Black Americans. In D. Ruiz (Ed.), *Handbook of mental health and mental disorder among Black Americans* (pp. 292–307). Westport, CT: Greenwood Press.

Garmezy, N. (1991). Resilience and vulnerability to adverse developmental outcomes associated with poverty. *American Behavioral Scientist, 34,* 416–430.

Garmezy, N., & Masten, A. S. (1991). The protective role of competence indicators on

children at risk. In E. M. Cummings, A. L. Greene, & K. H. Karraker (Eds.), *Life-span developmental psychology: Perspectives on stress and coping* (pp. 151–174). New Jersey: Lawrence Erlbaum Publishers.

Garmezy, N., Masten, A. S., & Tellegen, A. (1984). The study of stress and competence in children: A building block of developmental psychopathology. *Child Development, 55,* 97–111.

Gary, L. E. (1985). Correlates of depressive symptoms among a select population of Black men. *American Journal of Public Health, 75,* 1220–1222.

Gibbs, J. T. (1984). Black adolescents and youth: An endangered species. *American Journal of Orthopsychiatry, 54,* 6–21.

Gibbs, J. T. (1989). Black American adolescents. In J. T. Gibbs, L. N. Huang, & Associates, *Children of color: Psychological interventions with minority youth* (pp. 179–223). San Francisco: Jossey-Bass.

Gordon, K. (1995). Self-concept and maturational patterns of resilient African American high school students. *Journal of Black Psychology, 21,* 239–255.

Hanks, M. (1981). Youth, voluntary associations and political socialization. *Social Forces, 60,* 211–223.

Hawkins, J. G., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for school and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin, 112,* 64–105.

Hulbary, W. (1975). Race, deprivation, and adolescents self images. *Social Science Quarterly, 56,* 105–114.

Jessor, R., & Jessor, S. L. (1977). *Problem Behavior and Psychosocial Development: A Longitudinal Study of Youth.* San Diego, CA: Academic Press.

Kaplan, S., Landa, B., Weinhold, C., & Shenker, I. (1984). Adverse health behaviors and depressive symptomatology in adolescents. *Journal of the American Academy of Child Psychiatry, 23,* 595–601.

LaVeist, T. A. (1992). The political power and health status of urban blacks: Mapping new territory. *American Journal of Sociology, 97,* 1080–1095.

Lloyd, C. (1980). Life events and depressive disorder reviewed. I. Events as predisposing factors. II. Events as precipitating factors. *Archives of General Psychiatry, 37:* 529–548.

Loeb, A., Beck, A. T., & Diggory, J. (1971). Differential effects of success and failure on depressed and non-depressed patients. *Journal of Nervous and Mental Disease, 152,* 106–114.

Long, S. (1975). Malevolent estrangement: Political alienation and political justification among black and white adolescents. *Youth & Society, 7,* 99–129.

Luthar, S. (1991). Vulnerability and resilience: A study of high-risk adolescents. *Child Development, 62,* 600–616.

Maton, K. I., Teti, D. M., Corns, K. M., Vieira-Backer, C. C., Lavine J. R., Gouze K. R., & Keating, D. P. (1996). Cultural specificity of support sources, correlates and contexts: Three studies of African-American and Caucasian youth. *American Journal of Community Psychology, 24,* 551–587.

Mensch, B. S., & Kandel, D. B. (1988). Dropping out of high school and drug involvement. *Sociology of Education, 61,* 95–113.

Morbidity and Mortality Weekly Report. (1994). *Health risk behaviors among adolescents who do and do not attend school—United States, 1992.* March 4, 1994, Volume 43, No. 8.

Myers, H. F. (1982). Stress, ethnicity, and social class: A model for research with Black populations. Ethnic minority research: Research trends and directions. In E. Jones & S. Korchin (Eds.), *Minority mental health* (pp. 118–147). New York: Praeger.

Myers, H. F. (1989). Urban Stress and mental health in Black youth: An epidemiologic and conceptual update. In R. Jones (Ed.), *Black adolescents* (pp. 123–152). Berkeley, CA: Cobb & Henry.

Neighbors, H. W. (1987). Improving the mental health of Black Americans: Lessons from the community mental health movement. *The Milbank Quarterly, 65* (Suppl. 2).

Nettles, M. S., & Pleck, J. H. (1994). Risk, resilience, and development: The multiple ecologies of black adolescents in the United States. In R. Haggery, L. Sherrod, & M. Rutter

(Eds.), *Stress, risk, and resilience in children and adolescents* (pp. 147–181). Cambridge: Cambridge University Press.

Newcomb, M. D., & Bentler, P. M. (1986). Drug use, educational aspirations, and work force involvement: The transition from adolescence to young adulthood. *American Journal of Community Psychology, 14,* 303–321.

Newcomb, M. D. & Felix-Ortiz, M. (1992). Multiple protective and risk factors for drug use and abuse: Cross-sectional and prospective findings. *Journal of Personality and Social Psychology, 63,* 280–296.

Paulhus, D. (1983). Sphere specific measures of perceived control. *Journal of Personality and Social Psychology, 44,* 1253–1265.

Pearlin, L. I., Menaghan, E. G., Lieberman, M. A., & Mullan, J. T. (1981). The stress process. *Journal of Health and Social Behavior, 22,* 337–356.

Petersen, A., Compas, B., Brooks-Gunn, J., Stemmler, M., Ey, S., & Grant, K. (1993). Depression in Adolescence. *American Psychologist, 48,* 155–168.

Poussaint, A. (1990). The mental health status of Black Americans, 1983. In D. Ruiz (Ed.), *Handbook of mental health and mental disorders among Black Americans.* Westport, CT: Greenwood Press.

Reed, R. (1988). Education and achievement of young Black males. In J. T. Gibbs (Ed.), *Young, Black, and male in America: An endangered species.* Dover, MA: Auburn House.

Reynolds, W. M. (1990a). Depression in children and adolescents: Nature, diagnosis, assessment, and treatment. *School Psychology Review, 19,* 158–173.

Reynolds, W. M. (1990b). Introduction to the nature and study of internalizing disorders in children and adolescents. *School Psychology Review, 19,* 137–141.

Robinson, D. (1990). Depression among Blacks: An epidemiological perspective. In D. Ruiz (Ed.), *Handbook of mental health and mental disorders among Black Americans* (pp. 71–94). Westport, CT: Greenwood Press.

Rosella, J. D., & Albrecht, S. A. (1993). Toward an understanding of the health status of Black adolescents: An application of the stress-coping framework. *Issues in Comprehensive Pediatric Nursing, 16,* 193–205.

Rosenberg, M. (1965). *Society and the Adolescent Self-Image.* Princeton, NJ: Princeton University Press.

Rumberger, R. W. (1987). High school dropouts: A review of issues and evidence. *Review of Educational Research, 57,* 101–121.

Rutter, M. (1985). Resilience in the face of adversity: Protective factors and resistance to psychiatric disorder. *British Journal of Psychiatry, 147,* 598–611.

Rutter, M. (1987). Psychological resilience and protective mechanisms. *American Journal of Orthopsychiatry, 57,* 316–331.

Rutter, M. (1993). Resilience: Some conceptual considerations. *Journal of Adolescent Health, 14,* 626–631.

Schoenbach, V., Kaplan, B., Wagner, E., Grimson, R., & Miller, F. (1983). Prevalence of self-reported depressive symptoms in young adolescents. *American Journal of Public Health, 73,* 1281–1287.

Seligman, M. (1975). *Helplessness: On depression, development and death.* San Francisco: W. H. Freeman.

Seligman, M., & Peterson, C. (1986). A learned helplessness perspective on childhood depression: Theory and research. In M. Rutter, C. Izard, & P. Read (Eds.), *Depression in young people: Developmental and clinical perspectives* (pp. 223–249). New York: Guilford.

Spurlock, J. (1986). Development of self-concept on African American children. *Hospital and Community Psychology, 37,* 66–70.

Staudinger, U. M., Marsiske, M., & Baltes, P. B. (1993). Resilience and levels of reserve capacity on later adulthood: Perspectives from life-span theory. *Development and Psychopathology, 5,* 541–566.

Strauss, C. C., Last, C. G., Hersen, M., & Kazdin, A. E. (1988). Association between anxiety and depression in children and adolescents with anxiety disorders. *Journal of Abnormal Child Psychology, 16,* 57–68.

Sue, S., Ito, J., & Bradshaw, C. (1982). Ethnic minority research: Research trends and direc-

tions. In E. Jones & S. Korchin (Eds.), *Minority Mental Health* (pp. 37–58). New York: Praeger.

Sue, S., & Zane, N. (1980). Learned helplessness theory and community psychology. In M. S. Gibbs, J. R. Lachenmeyer, & J. Sigak (Eds.), *Community psychology: Theoretical and empirical approaches* (pp. 121–143). New York: Gardner.

Sum, A., Harrington, P. E., & Goedicke, W. (1987). One fifth of the nation's teenagers: Employment problems of poor youth in America, 1981–1985. *Youth & Society, 18,* 195–237.

Taylor, S. E., & Brown, J. D. (1988). Illusion and well-being: A social psychological perspective on mental health. *Psychological Bulletin, 103,* 193–210.

Warshauer, M., & Monk, M. (1978). Problems in suicide statistics for Whites and Blacks. *American Journal of Public Health, 68,* 383–388.

Werner, E. E., & Smith, R. S. (1992). *Overcoming the odds: High risk children from birth to adulthood.* Ithaca, NY: Cornell University Press.

Williams, D., Lavizzo-Mourey, R., & Warren, R. (1994). The concept of race and health status in America. *Public Health Reports, 109,* 1, 26–41.

Wilson, W. J. (1987). *The truly disadvantaged: The inner city, the underclass, and public policy.* Chicago: University of Chicago Press.

Wilson, W. J. (1991). Studying inner-city social dislocations: The challenge of public agenda research. *American Sociological Review, 56,* 1–14.

Zimmerman, M., & Zahniser, J. (1991). Refinements of sphere-specific measures of perceived control: Development of a sociopolitical control scale. *Journal of Community Psychology, 19,* 189–204.

Zimmerman, M. A., & Arunkumar, R. (1994). Resiliency research: Implications for schools and policy. *Social Policy Report, 8,* 1–18.

Zimmerman, M. A., Salem, D. A., & Maton, K. I. (1995). Family structure and psychosocial correlates among urban male African-American adolescent males. *Child Development, 66,* 1598–1613.