

Toward a Unified Theory of Depression Among Urban African American Youth: Integrating Socioecologic, Cognitive, Family Stress, and Biopsychosocial Perspectives

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With the recent increase in empirical studies investigating depression among urban African American youth comes the need to refine and integrate theoretical perspectives that address culture-specific etiologic mechanisms and developmental trajectories. The purpose of this article is to review four theories of depression relevant to the study of African American adolescents and to offer suggestions for the integration of theories to enhance the culturally relevant design of empirical investigations. It is argued that all four theories—socioecologic, cognitive, family stress, and biopsychosocial—center on the role of oppression in the development of urban Black youth and that an integrated theory would assume this underlying construct as its core focus. A macrotheoretical model synthesizing the four theories is presented, with oppression identified as the key catalyst in the chain of factors that might ultimately lead to adolescent depression. Implications for further theory development and empirical research on adolescent depression are discussed.

Keywords: *depression; African American; adolescence; oppression; theory*

Despite mainstream American psychology's penchant for data-driven, empirical research and rigorous commitment to methodological orthodoxy over theoretical acumen (Danziger, 1990), the role of theory in psychological

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investigations cannot be overstated. Theory offers a way to organize ideas toward the increased understanding of a phenomenon by focusing on explanation and meaning. Theory provides clinicians and educators with the schemas they access during an intervention, and theory guides researchers by specifying meaningful questions about the etiology of psychological difficulties. Recent psychological theories have tended to assume a more microsystemic or “minitheory” perspective, focusing on the explanation of a specific element of human development (Thomas, 1999). A central argument of this article is that the abandonment of a macrotheoretical perspective has served to fragment knowledge about adolescent depression—particularly among urban African American youth¹—and that a macrotheoretical articulation of the phenomenon is needed to integrate ideas and research results.

New developments in theory are also currently needed to address the paradigm shift within psychology that increasingly recognizes the role of culture in human development and mental health (see, for example, Betancourt & Lopez, 1993; Cole, 1996; Fowers & Richardson, 1996; Iijima Hall, 1997; Shweder, 1990). Traditional theories of development and psychopathology are rooted in Eurocentric conceptual frameworks that ascribe primacy to individualistic metatheoretical propositions at the expense of the collectivist values that underlie the cognitive processes of non-Europeans (see Helms, 1992). Cognitive theory and cognitive therapy, for example, have been criticized for conflicting with the collectivist values of some cultures (e.g., Scorzelli & Reinke-Scorzelli, 1994). Cognitive therapy focuses on the modification of individual maladaptive thoughts and feelings with little regard for the environmental determinants that might require modification to alleviate depressive symptoms. This emphasis emerges from the Eurocentric value of individualism and individual change (as opposed to societal or environmental change) as the key to symptom relief and, as such, encourages conformity to the existing structure of one’s social context (Fancher, 1995). Not only do theories often assume Eurocentric values and metatheoretical propositions, but also empirical investigations employing traditional theoretical frameworks have most often examined European American samples and sought to generalize results irrespective of cultural background or ethnicity (McLoyd, 1998a). The removal of the European American lens when examining the development of ethnic minority children will ultimately contribute to a richer appreciation for the diversity of human development. A critical evaluation of traditional theories in psychology contributes to the ongoing dialogue on

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culture and mental health, as well as the paradigm shift toward a more reflexive, culturally sensitive discipline. This paradigm shift is, in part, the result of changing demographics within American society, resulting in large increases in the number of minority children and adolescents and the subsequent need to address culture-specific development (McLoyd, 1998a).

The purpose of this article is to (a) review theoretical contributions to the literature on depression among urban African American youth, (b) offer suggestions for a more integrated and unified theory, and (c) discuss the implications of these theories for further theory development and ongoing empirical research. This article is not intended to offer a new theoretical perspective on depression. Rather, its aim is to construct a rough synthesis of four perspectives that share an underlying, suggested etiologic mechanism. The purpose of such an endeavor, it should be clarified, is not to mask the heterogeneity of etiologic processes by suggesting a lack of within-group difference. Rather, integration of diverse theoretical perspectives serves to highlight areas of overlap in conceptualizations of development and disorder.

DEPRESSION AMONG URBAN AFRICAN AMERICAN YOUTH

Depressive symptoms include cognitive, affective, and behavioral components, and depressed youth demonstrate feeling states associated with apathy, social isolation, and sadness (American Psychiatric Association, 1994). Given the pervasiveness of major depression during adolescence in the United States, with epidemiological studies discovering up to a 25% lifetime prevalence rate (Kessler, Avenevoli, & Merikangas, 2001), the need to increasingly channel resources toward a thorough understanding of depression is recognized as a major social responsibility. In large-scale adult epidemiological studies, African Americans report fewer depressive symptoms than other ethnic groups (Kessler et al., 1994; Weissman, Bruce, Leaf, Florio, & Holzer, 1991). Most epidemiological investigations of adolescent depression have not been conducted with African Americans and do not consider ethnic differences in depressive symptomatology (e.g., Cohen et al., 1993; Fleming & Offord, 1990; Lewinsohn, Hops, Roberts, Seeley, & Andrews, 1993). Studies that have focused on differential prevalence rates by race during adolescence do not report consistent findings, with some finding no differences (e.g., Kandel & Davies, 1982) and others finding higher prevalence rates among African Americans (e.g., Garrison, Jackson, Marsteller, McKeown, & Addy, 1990; Garrison, Schluchter, Schoenbach, & Kaplan,

1989). Epidemiological studies, although important for establishing treatment initiatives and allocating resources, do not typically address issues of etiology and consequently offer little insight for theory development. In the case of urban Black youth, the epidemiological literature fails to present a clear story on depression.

Reviews of adolescent depression fail to specify the unique cultural and contextual factors that may be implicated in the etiology of depression for urban African Americans. The traditional conceptual frameworks for understanding child and adolescent development obscure important culture-based differences in the lives of minority youth (McLoyd, 1998a). Transcending a discussion on racial or ethnic differences in depression, a critical dialogue on theory and the nature of depression for urban Black youth offers important implications for the healthy development of all youth in our society. To adequately construct a culturally appropriate model of depression for urban African American adolescents, it is necessary to appreciate the potential etiologic pathways to depression that might be specific to the experience of this population.

A REVIEW OF FOUR THEORIES

Theoretical contributions to the literature on depression among African Americans offer four general etiologic paradigms relevant to understanding depression among African American adolescents. Some of these perspectives consider the development of general distress or psychopathology, whereas others more specifically seek to explain depression. Because this article is concerned primarily with the development of depression, the implications of these more general theories of psychopathology for depression will be discussed. What I will call the *socioecologic* model emphasizes the effects of racism, discrimination, economic oppression, and powerlessness on psychological well-being (e.g., Akbar, 1991). In contrast, the *cognitive* model emphasizes the role of perceptual processing, internalized racism, and locus of control (e.g., Harrell, 1979). A third paradigm, the *family stress* model, suggests that poor economic conditions lead to parental psychopathology and poor parenting that result in increased risk for child and adolescent psychopathology (e.g., McLoyd, 1998b). Finally, the *biopsychosocial* model attempts to integrate biological, psychological, and sociological perspectives to explain the development of depression among African Americans (e.g., Myers, 1993). Each of these models offers possible accounts for the development of depression among African Americans, but

no one theory on its own presents a comprehensive account of the myriad etiologic factors that may explain depression among African American youth. Although many of the theories are perhaps equally relevant to the etiology of depression among adults, the implications of theories for depression among youth comprise the focus of this review. The remainder of this section elaborates on these four perspectives.

SOCIOECOLOGIC MODEL

Among individuals of African descent, one recurring theme involves an extended history of oppression, both on the African continent and in lands to which Africans have experienced forced migration such as the Americas (Baldwin, 1984). The socioecologic perspective posits that depression occurs as the deleterious outcome of the individual's experiences with an unjust society replete with economic, social, cultural, and intellectual oppression for individuals of non-European descent. One of the first articulations of this perspective in the pre-civil rights era was offered by Kardiner and Ovesey (1951), two physicians who interviewed African Americans from all social strata and offered a qualitative analysis of depression. According to Kardiner and Ovesey, depression represents "a reflection of being a member of a despised group, but one which is also deprived of the opportunities for self-realization in those forms current in our society" (p. 364). Restricted economic opportunities serve to limit the self-actualization potential of African Americans, resulting in feelings of hopelessness and despair. These responses are viewed as characteristics of depression and are thought to represent an appropriate psychological response to a negative environmental situation.

Central to the socioecologic perspective are notions of oppressive social forces, the inherent limitations of minority status, and the interaction of minority status with low socioeconomic position. According to Akbar (1991), by effectively destroying human dignity and blocking human development, oppression exerts unnatural pressures on individuals. These pressures can result in alienation through a process by which the individual learns to distrust the social environment. In this formulation, it is society that is inherently pathological, and the manifestation of pathology in oppressed individuals is merely a natural extension of societal illness. This aspect of the socioecologic perspective emphasizes the idea that mental illness is fundamentally rooted in large-scale social injustice (e.g., Albee, 1986; Hilliard, 1981/1988).

The idea that minority status itself represents a stressor is also central to the socioecologic model. Membership in a minority group is considered

intrinsically stressful because it forces the individual to potentially face hostility, prejudice, and lack of support from the larger society (Moritsugu & Sue, 1983). According to this perspective, feelings of isolation and alienation from the dominant culture can result in negative psychological outcomes (Moritsugu & Sue, 1983).

The socioecologic perspective suggests that the co-occurrence of minority status and low socioeconomic status (SES) is key because it creates a multiplicity of potential environmental risk factors. Empirical evidence supports this notion by identifying that psychological distress is especially evident among minorities of low SES (e.g., Kessler & Neighbors, 1986). The experience of both social (e.g., racism) and economic (e.g., limited access to resources) forms of oppression places African Americans at an increased level of risk. Thus, from the socioecologic perspective, African American adolescents are at risk for depression as a result of historical and ongoing prejudice, discrimination, and economic deprivation (Gibbs, 1990). Multiple forms of oppression in society lead to internalized feelings of powerlessness and helplessness, which in turn lead to negative adjustment outcomes (e.g., depressed mood) when African American adolescents encounter stress.

The socioecologic model, because it considers a host of unique cultural and historical factors relevant to the development of urban African American youth, represents a theory of high cultural relevance. However, this perspective fails to identify the mechanisms by which social, historical, and contextual factors lead to individual depressive symptoms. With its focus decidedly on forces beyond the individual level, it is difficult to use the socioecologic perspective to explain the specific trajectory of development that results in depression for urban Black youth.

COGNITIVE MODEL

The cognitive perspective on depression in the African American community focuses on distorted self-schemas based on internalized and perceived racism that result in perceptual distortions, perceptual-cognitive passivity, and an external locus of control (Clark, Anderson, Clark, & Williams, 1999; Landrum-Brown, 1990; Vance, 1988). In this perspective, the individual internalizes a distorted self-schema that reflects the racist ideology of society (Landrum-Brown, 1990). The individual's self-schema, which serves as a set of organized representations about the self through which the individual filters information (Hammen, 1997), becomes severely distorted and essentially "anti-self" (Landrum-Brown, 1990). The extent to which the individual's moment-to-moment cognition results in the perception of racism in daily interactions influences stress responses, which in turn affects health

outcomes (Clark et al., 1999). Perceptual distortions, including the false identification of racism in the environment, will serve to reinforce a negative self-schema. In a context of powerlessness and an absence of sustainable material resources to affect one's social position (Jackson & Neighbors, 1996), the individual may develop a lack of belief in internal causality and the ability to change one's circumstances.

Harrell (1979) describes a variety of cognitive styles that African Americans use to cope in the context of an oppressive society. It is what he describes as a "historically aware cognitive flexibility" that is most likely to lead to depression. Individuals who use this cognitive style acknowledge the historical struggle of African Americans and the continued presence of racism in society. This psychological awareness, he argues, can lead to pessimism and feelings of hopelessness, which in turn can trigger depressed mood. Although this style does have potentially positive effects, such as promoting increased awareness of the historical quality of the oppressive social climate, it more often results in cognitive vulnerability to depression.

Another variant of the cognitive perspective ascribes primacy to the role of attributions in the development of psychological disorder among individuals of low SES. Wheaton (1980) argues that fatalism—the attributional tendency to identify external sources of causation for negative events—is an important mediator in the relationship between SES and psychopathology. Specifically, children who are socialized in the context of low SES learn to emphasize environmental rather than individual causes of certain behaviors and events. The sense of fatalism that develops increases vulnerability to disorder by undermining persistent coping efforts (Wheaton, 1980). If an individual believes that there is nothing he or she can do to effect meaningful change in the environment, a sense of helplessness develops. Thus, according to this model, depression is the result of stable, external cognitive attributions. This cognitive model shares key similarities with the reformulated learned helplessness theory (Abramson, Seligman, & Teasdale, 1978), but there are important distinctions to note. First, Wheaton's theory offers an explicit framework for understanding the relationship between SES and psychological distress, rather than a general theory of the role of attributional processes. Second, the learned helplessness and traditional cognitive theories of depression (e.g., Beck, 1967) argue that the individual's tendency to attribute problems or failures to internal, stable factors results in depression. Wheaton's formulation suggests just the opposite—that the attribution of problems to external forces leads to feelings that one is incapable of effecting environmental change. Both versions of the theory make conceptual sense and may be equally empirically verifiable. Wheaton's formulation might better speak

to the unique experience of African Americans, given its consideration of SES.

The cognitive perspective resonates strongly with research and theory that posits cognitive distortions or a depressive cognitive style as central to the development of depression across the lifespan (Beck, 1987; Garber & Flynn, 1998). However, not only does the cognitive theory of depression rely extensively on internal, individual factors at the expense of a thorough consideration of social, historical, and environmental factors that might lead youth to develop depressive symptoms, it also has received limited empirical support and has been criticized for not offering a complete and accurate explanation of depression (Coyne & Gotlib, 1983; Haaga, Dyck, & Ernst, 1991; Segal & Dobson, 1992).

FAMILY STRESS MODEL

Given the salience of family and kinship networks in African American culture (see Bagley & Carroll, 1998; Sudarkasa, 1988), the family stress model offers a particularly relevant perspective on how African American adolescents might develop depressive symptomatology. This model has been used to examine psychopathology among children and adolescents from a diversity of ethnic backgrounds. Primary to the theory is the role of SES. The model postulates that poverty and economic loss within the family can lead to adolescent psychopathology indirectly by increasing parental stress, parental vulnerability to psychopathology, and negative parenting behaviors (McLoyd, 1990, 1998b). For instance, one mediational pathway implied by the family stress model is the link from chronic poverty to parental psychopathology, impaired parenting, and subsequent increases in adolescent depression (i.e., poverty → parental psychopathology → parental behaviors → child/adolescent psychopathology). Although only one of several potential mediational models, this hypothesized pathway illustrates a way in which chronic poverty can exert a negative effect on adolescent adjustment by eroding family processes. Similarly, another variant of the model postulates that emotional distress coupled with economic pressure can disrupt the marital relationship, compromising parenting skills and placing the adolescent at risk (Conger, Rueter, & Conger, 2000).

Empirical investigations lend support to the basic premise of the family stress model—that the relationship between economic disadvantage and adolescent adjustment is mediated by proximal (e.g., family) environmental experiences (e.g., Conger et al., 2000; Felner et al., 1995). Parenting variables can also be conceptualized as moderators of adjustment within the family stress framework, thus providing a protective mechanism to prevent

adolescents from developing problems despite conditions of poverty (McLoyd, 1998b). Although there is great diversity in the family composition and experience of urban African American adolescents, the family stress model helps illustrate how economic conditions can have both direct (e.g., by limiting access to resources) and indirect (e.g., by compromising effective parenting) effects on socioemotional development and adjustment. The theory recognizes the family as the primary ecology of human development (see Bronfenbrenner, 1986) and the ways in which social and historical processes such as socioeconomics and economic marginalization affect the family system. In this way, it is more comprehensive a theory than it may initially appear. But its emphasis on the mediational role of family context comes at the expense of a thorough articulation of the causal role of family economics, which is in part the product of uncontrollable social forces that serve to limit opportunity.

BIOPSYCHOSOCIAL MODEL

Myers (1982, 1993) developed a model of depression among African Americans that incorporates biological, psychological, and social factors. In this model, African Americans are hypothesized to experience greater levels of chronic stress than European Americans due to oppressive social and economic conditions (Myers, 1982). The model includes endogenic (e.g., genetic predisposition) and exogenic (e.g., experiences with discrimination) antecedents to depression, as well as both internal (e.g., self-concept) and external (e.g., social support) mediators of the stress-depression relationship (Myers, 1982). Relative to other groups, Myers (1982) argues, African Americans have a higher basal stress level due to experiences with oppression beginning in childhood. In a more recent explication of this biopsychosocial perspective, Myers (1993) suggests that biobehavioral reactivity to stress might be more physically and emotionally damaging to African Americans due to basic biological differences (e.g., greater vulnerability to hypertension among African Americans). African Americans demonstrate greater cardiovascular reactivity to stress, which can result in a greater vulnerability to depression, given the effects of this reactivity on neurotransmitter activity (Myers, 1993). In sum, a combination of biological, endogenous, and exogenous factors can lead to depression for African Americans through a variety of mediational and moderational processes. Myers's (1982, 1993) theory is consistent with Clark et al.'s (1999) formulation of racism as a stressor that has effects on biological functioning with subsequent implications for health outcomes. An increasing line of research on the biology of depression continues to offer biological correlates of depressive disorder and

possible genetic etiologic mechanisms (see Drevets, 2001; Kumar, 2000), but little of this work has focused on African Americans and their unique psychosocial experience.

The biopsychosocial perspective seeks to integrate biological, psychological, and sociological factors, but the theory's emphasis on biological factors limits the theory's integrative aspirations. This focus also approaches biological determinism in its metatheoretical assumptions by suggesting a biological etiology of depression. The biological account of depression has been sharply criticized in the literature on mental health among the disadvantaged because it slights the role of social forces in the development of distress (e.g., Russell, 1995). The biopsychosocial perspective, because it considers sociological factors, is not intrinsically reductionistic, but accounts that accord heavy etiologic weight to biological factors are subject to ideological scrutiny in light of prior attempts to use biological factors to justify racism (e.g., Herrnstein & Murray, 1994).

DEPRESSION AND GENDER

Scholars of gender studies have long argued that gender role is a primary constructive element of identity (e.g., Bem, 1993). Gender establishes expectations for individual behavior by constructing roles for each person within society (Lorber, 1994), and emotional experiences and responses to life experience represent a critical point of divergence for males and females in American culture (Shields, 2000). No theoretical discussion of adolescent depression can be considered complete without acknowledgment of its sex-specific nature. Irrespective of culture and class, females consistently report more depressive symptoms than males beginning in adolescence and continuing into adulthood (Culbertson, 1997; Nolen-Hoeksema & Girgus, 1994; Petersen, Sarigiani, & Kennedy, 1991). Theoretical explanations of this phenomenon have centered on issues of gender role and sex-specific socialization processes, such as the emphasis in female socialization placed on relationships and emotional response tendencies that might make females more prone to ruminative coping styles (e.g., Nolen-Hoeksema, 1987, 1990). A growing body of literature in feminist theory and gender studies has also begun to address the ways in which patriarchal culture might influence depression through experiences with oppression and marginalization (e.g., Schreiber, 2001; Stoppard, 2000; Ussher, 1991).

Although all urban African American youth experience the legacy of racism and both economic and social marginalization, males and females may respond differently to this experience because of sex differences in

socialization (Franklin, 1994). With a social status lower than almost every other social group because of class, race, and sex (hooks, 1984), urban African American female adolescents might be particularly vulnerable to adverse responses to oppression. Although female independence is often a characteristic element of the socialization process for inner-city African American families, as females age and interact with the dominant culture they become aware of social obstacles rooted in racism and sexism (Franklin, 1994). If they internalize these experiences, they may be more likely to develop depressive symptoms. Research with urban African American females has not always supported the notion that they respond to oppressive social forces in a way that places them at risk for depression (e.g., Gibbs, 1985), but some studies suggest that Black adolescent females are particularly at risk for adverse mental health outcomes (e.g., Pryor Brown, Powell, & Earls, 1989).

For the purposes of this article, the primary implication of the influence of sex and gender role in the development of depression is that theories and models of depression might be more applicable to females than males because their responses to the challenges of development in the context of adversity differ. The theories presented here might be more salient for females, and a unified theory of depression among urban Black youth must acknowledge that sex and gender role inherently influence every factor associated with the etiology of depression.

SUMMARY

Empirical investigations of psychopathology benefit from consideration of etiologic theories. The theoretical perspectives reviewed suggest a host of possible causal pathways for the development of depression among urban African American youth. A core component of all the theories centers on the role of oppression—both historical and concurrent with daily experience—in the psychological development of African Americans. Circumstances of oppression and social marginalization are related to both the internal (e.g., cognitive) and external (e.g., socioecologic stressors) experience of African American youth, who are in a process of ongoing socioemotional development. Socioecologic stress such as poverty and experiences with racism might serve as a catalyst to activate cognitive and biological vulnerabilities to depression, especially for those adolescents without protective resources (e.g., positive family environment). The four theories considered together elucidate the myriad factors implicated in the development of adolescent depression among African Americans, but each theory on its own offers a limited etiologic perspective.

TOWARD A UNIFIED THEORY

A central argument of this article is that theory provides the basic schemas necessary for parents, teachers, therapists, and mental health researchers to understand the problems of childhood and adolescence. Although the four theories reviewed are disparate in their foci, the central theme of oppression unites them. Oppression—understood as an implicit social force—lays the foundation for a host of adverse individual consequences for youth. As specified in the socioecologic theory, the oppression of African Americans is entangled with the history of forced migration, enslavement, and racism and discrimination following emancipation. Although oppression might not be unique to African Americans and is likely an experiential component in the lives of members of many marginalized groups, the distinct history of the African American people suggests a potentially inimitable encounter with oppressive social forces. This history is transmitted from generation to generation and remains a core part of the African American experience that shapes identity. Acknowledgment of oppression as the fundamental root cause of child and adolescent maladjustment among African Americans represents the first step toward integration of theoretical perspectives.

Oppression is a complex construct that includes psychological, sociological, and political elements. For our purposes in exploring adolescent depression, we are primarily concerned with *psychological oppression*, which can be defined as “the internalized view of self as negative and as not deserving more resources or increased participation in societal affairs, resulting from the use of affective, behavioral, cognitive, linguistic, and cultural mechanisms designed to solidify political domination” (Prilleltensky & Gonick, 1996, p. 130). Psychological and political oppression are intimately related, the latter focusing more on institutional barriers to distributive justice within society, but both aspects of oppression are inherently tied to the asymmetric power relationships that lead to alienation and marginalization within a society (Prilleltensky & Gonick, 1994, 1996). A focus on oppression as a culture-specific component of the development of urban, low-income, African American youth represents an initial step toward the adoption of a unified, culturally relevant theory of depression.

An integrated model to explain depression among urban African American youth must assume a transactional quality in which social and individual factors are considered in tandem. Figure 1 offers a preliminary model that demonstrates the type of interactive perspective needed. In this model, the role of oppression as catalyst to a host of social, interpersonal, and intrapersonal problems is identified. Oppression is best understood as a latent variable in this model, for it is not quantifiable in the tradition of mainstream

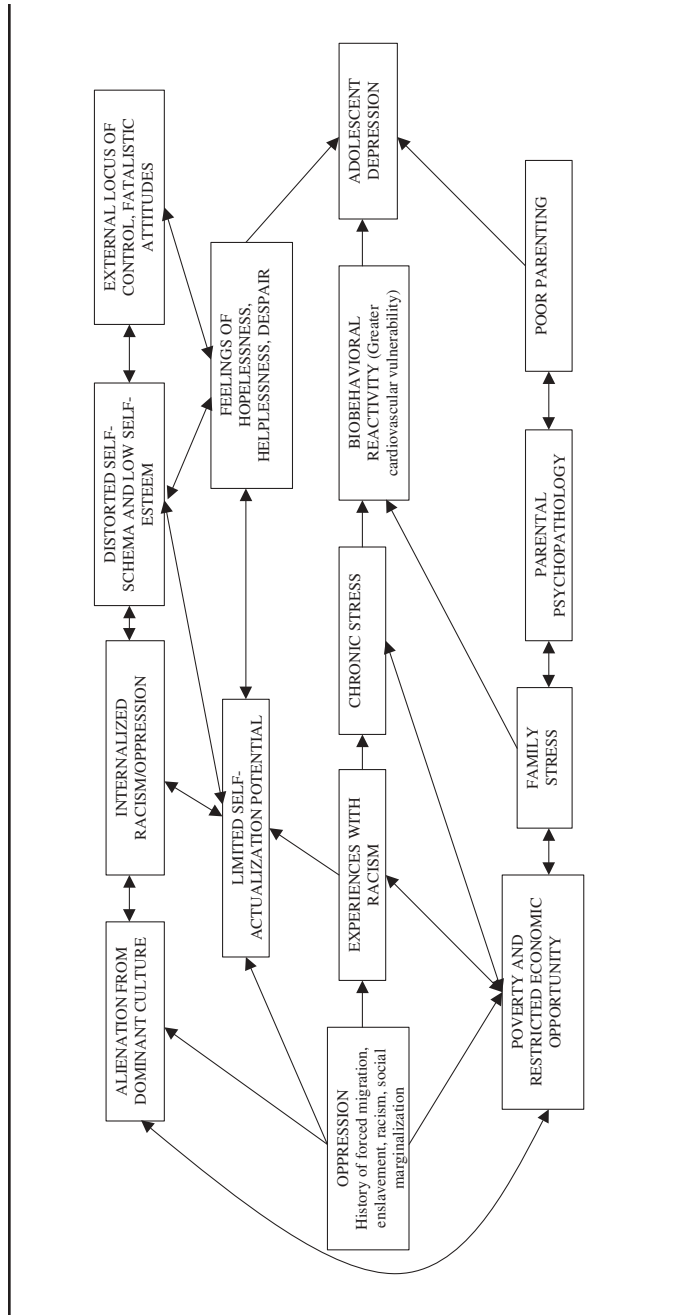


Figure 1: A Unified Macrotheory of Depression Among Urban Black Youth

NOTE: In this macrotheoretical model of depression among urban Black youth, multiple pathways are identified that might result in adolescent depression. The figure is meant to illustrate the myriad, complex, interconnected factors that are implicated in the development of depression. Unidirectional arrows suggest a direct causal link between variables, whereas bidirectional pathways suggest bidirectional influences between variables.

psychology. Oppression provides the mechanism by which factors known to cause or be associated with depression develop among low-income, urban African Americans.

An integrated model recognizes the primacy of oppression but acknowledges the multiplicity of intervening factors that ultimately lead to adolescent depression. Specifically, oppression results in myriad interconnected phenomena that, in the absence of moderating factors, can lead urban Black youth to suffer. In one pathway, specified by both the socioecologic and family stress theory, the history of societal oppression and resulting system of discrimination that affords privilege to European Americans at the expense of African Americans results in a significant disparity in economic opportunity between groups. This disparity in opportunity can translate to conditions of poverty, especially for urban Blacks who have suffered from the redistribution of precious social and economic capital from cities to suburbs in the latter half of the 20th century (Lopez & Stack, 2001). These economic inequities alone do not result in adolescent depression. Rather, poverty leads to increased family stress, which in turn leads to poor parenting and ultimately adolescent psychopathology. Considering possible sex differences in this pathway, females might be more likely to be negatively affected by family stress because they tend to become more emotionally involved in the family's problems than males (Gore, Aseltine, & Colten, 1993). As a consequence, they might be more likely to develop depressive symptoms in response to conditions of family stress than males.

A second pathway, informed largely by cognitive theory, suggests that historical oppression can lead—through alienation from the dominant culture—to internalized oppression/racism in some, which in turn results in low self-esteem, feelings of powerlessness and hopelessness, and potentially an external locus of control. Coupled with a potentially distorted self-schema, these feelings can ultimately result in depressive symptoms among youth. Because females tend to use cognitive response tendencies that are more likely to result in depressive symptoms (Nolen-Hoeksema, 1987, 1990), they might be more likely to experience internalized oppression/racism and the other cognitive effects of a history of oppression and social marginalization. Males, in contrast, may be more likely to cognitively disengage from social norms in response to their experience of oppression, resulting in less depression and more antisocial behavior (see Taylor, 1991).

A third pathway, largely informed by the biopsychosocial perspective, suggests that historical and ongoing oppression has created a developmental context replete with chronic stress and experiences with racism for urban Black youth. Coupled with a greater cardiovascular vulnerability to stress

and higher biobehavioral reactivity to stress among African Americans, these experiences may result in adolescent depressive symptoms.

A final sample pathway suggests that the link between oppression and adolescent depression need not be represented by an extensive series of mediators. Rather, oppression limits self-actualization potential for urban Black youth, which in and of itself can result in the feelings of helplessness and despair that are associated with depression.

Equally important to recognition of the multiple etiologic pathways for adolescent depression among African Americans is an appreciation for the interconnections among constructs specified by theories. Although it is convenient and necessary for ease of understanding to sketch a linear model that contains a start and a finish, human problems do not always occur as the result of some linear process of specific variables (see Richter, 1986). The proclivity for linear models of behavior is deeply ingrained in the Western, Eurocentric thinking that informs the modernist philosophy of science underlying mainstream psychology (see Gergen, 1992, 2001). Basic linear models have provided important information on trajectories of both normal and abnormal development, such as the identification of factors that place an individual at risk for depression (e.g., Garrison et al., 1990; Ge, Lorenz, Conger, Elder, & Simons, 1994; Lewinsohn et al., 1994; Nolen-Hoeksema, Girgus, & Seligman, 1992). But these models focus heavily on prediction and control of problematic development at the expense of thoroughly understanding the origins, implications, and individual meaning of the interrelationships among variables. For example, an increasingly extensive literature has examined the relationship between life stress and depressive symptoms among low-income, inner-city Black youth (e.g., D'Imperio, Dubow, & Ippolito, 2000; Klein, Forehand, & Family Health Project Research Group, 2000; Stiffman, Chueh, & Earls, 1992; Zimmerman, Ramirez-Valles, Zapert, & Maton, 2000). This research typically has examined the simple—albeit longitudinal—relationship between stress and depression, with little attempt to address questions of the origin of life stress, its myriad forms, its meaning for different individuals, and the other factors that are affected by increased stress (e.g., biobehavioral reactivity). In its simplicity, this type of research often fails to consider other variables that might interact with predictors or mitigate their effects on mental health outcomes.

Although a macrotheoretical model possesses increased complexity, interconnections among variables are readily apparent in the unified theoretical framework presented here. For example, poverty and restricted economic opportunity are intimately related to racism and the resulting chronic stress for many African Americans. The feelings of helplessness and despair

caused by internalized racism are certainly also implicated in an adolescent's reaction to family stress and may serve to exacerbate symptoms.

In summary, a unified theory of adolescent depression among African Americans assumes as its central etiologic construct *oppression*, understood as a latent sociological phenomenon that affects urban Black youth in every aspect of their development. From this core construct emerges myriad pathways that may result in adolescent depression. These pathways are likely to differ based on sex and gender role, given the powerful influence of gender on human development and response to developmental context. Although it may be possible to identify specific trajectories of development for youth, understanding the etiology of depression in a purely linear way obscures the underlying interconnectedness of variables and promotes Eurocentric thinking about disorder and development.

IMPLICATIONS FOR FUTURE RESEARCH

The purpose of this article was to review four theories of depression directly relevant to urban African American youth and to suggest an integrated, macrotheoretical model. The article was not meant to suggest a new theory of depression, nor was it meant to discourage future research from investigating adolescent depression using linear models. Rather, its intent was to raise awareness among researchers of the inherent metatheoretical challenges of attempting to apply simplistic linear models to the behavior or development of urban Black youth. It is important to note that this theoretical account was considered relevant for a subpopulation of African Americans—low-income, Black youth of the inner-city. Certain aspects of the model might generalize to the experience of other African American youth, but the diversity of the Black community and the Black experience cannot be ignored. Also, the macrotheoretical perspective articulated here is by no means exhaustive in its inclusion of factors that affect the development of depression among Black youth. For example, the degree to which youth internalize oppression is likely related to their self-perceived cultural identity, which has demonstrated relationships with a host of psychological and behavioral factors (see Burlew & Smith, 1991; Phinney, 1990). Another issue not directly addressed by the model involves the question of resilience—the dynamic process by which individuals display competence and positive mental health outcomes despite developmental contexts of risk (Luthar, Cicchetti, & Becker, 2000). In research on urban Black youth, evidence of resilience has been explained by such culture-specific factors as the

prominence of extended kin networks and social support systems transmitted between generations (see McCubbin, Thompson, Thompson, & Futrell, 1998). Future research is needed to understand how resilient youth transcend the powerful force of psychological oppression and its myriad consequences. The remainder of the article offers specific suggestions for future research to encourage advancement of knowledge in the field.

Investigators wishing to assume a quantitative approach in the tradition of mainstream American psychology must isolate some of the uniquely psychological constructs specified in the unified theory. In many cases, the relationships among these variables have already been examined (e.g., the well-documented relationship between poverty and depression, stress and depression, parental psychopathology and child psychopathology). One key variable that has not been examined quantitatively is internalized oppression/racism. Because this construct represents a potentially important link between societal oppression and individual adjustment, it is worthy of empirical examination. Future research might design an instrument intended to measure this construct, following articulation of a reasonable operational definition. The construct might be defined as the individual perception of self as inferior because of race or rightly marginalized within society because of intrinsic lower status. Future quantitative studies are needed to examine this construct in relation to others specified by the theories using longitudinal, culturally and ecologically sensitive methodologies.

In addition to traditional quantitative psychological research, more qualitative studies of adolescent adjustment among urban African Americans are needed. Qualitative data provide a richness sometimes unavailable through quantitative methods and open investigators to the possibility of discovering new etiologic constructs not previously conceived, and qualitative methods can better reveal the distinctly "cultural quality of psychological phenomena" (Ratner, 1997, p. 53). Through unstructured or semistructured interviewing, participant observation, ethnographic fieldwork, focus groups, and similar qualitative methods, the transactional nature of the relationships among variables might be discovered. Also, individual differences in responses to such forces as chronic stress, poverty, and adversity can be solicited by allowing youth to voice their own unique experiences.

Ultimately, an integrative approach that embraces methodological pluralism will result in the greatest contribution to knowledge in the field. A multimethod approach, informed by a variety of epistemological perspectives, can best elucidate the true nature of depression, its causes, consequences, and subtle nuances. Interdisciplinary research teams are needed to address the growing developmental problems of urban Black youth. Psychologists, sociologists, anthropologists, and other social scientists have much to

offer toward the development of new collaborative research programs that will yield meaningful data on the unique experience of urban African American adolescents.

A pluralistic approach might also adopt the epistemological perspective of critical psychology (e.g., Prilleltensky & Fox, 1997) and community psychology (e.g., Rappaport, 1987). Both of these perspectives dismiss the notion of psychological inquiry as the value-free accumulation of knowledge in favor of it as the acquisition of knowledge with specific implications for modifications to the status quo. Researchers must increasingly tailor their investigations toward specification of some action-oriented end so that the potential for social change is not discarded. With the possibility for social change comes the capacity for empowerment, a process in which individuals can gain greater control over the events that influence their lives (Fawcett et al., 1994). Toward a social science that offers meaningful insights into how individuals and groups can act to effect change in their ecologies of development, research on adolescent depression among African Americans must adopt an epistemology that offers the possibility of empowerment. Only through empowerment can the optimal development of urban Black children be ensured.

NOTE

1. For the purposes of this article, the terms *urban African American youth* and *urban Black youth* refer to low-income inner-city adolescents of African descent who represent the progeny of African Americans brought to North America in the slave trade. An extensive literature suggests that these youth are at risk for a host of adverse mental health outcomes (see Gibbs, 1984, 1990, 1998; Jagers, 1996). It must be acknowledged, however, that this group represents a distinct subset of the African American population and that arguments presented herein are intended to primarily generalize to this subset.

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