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The Influence of Race/Ethnicity and Gender on Psychological and Social Well-Being

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ABSTRACT. Psychological and social well-being was investigated, using a sample of non-disadvantaged African American men and women, and White men and women. Three standardized scales, the Generalized Contentment Scale, the Kansas Marital Satisfaction Scale, and the Cohesion subscale of the Family Adaptability and Cohesion Evaluation Scale were used to measure well-being. The data were analyzed through t-test, ANOVA, and regression statistical procedures.

An association between race, gender and well-being was supported. More importantly, race was found to be the most important single variable in predicting levels of well-being. These results may support the continuing significance of race in the lives of African American individuals and families. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: <getinfo@haworthpressinc.com> Website: <<http://www.HaworthPress.com>> © 2001 by The Haworth Press, Inc. All rights reserved.]

KEYWORDS. Well-being, race, gender, middle class, African American individuals and families

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Journal of Ethnic & Cultural Diversity in Social Work, Vol. 9(3/4) 2001

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INTRODUCTION

During the last decade the psychological and social well-being of the American public has become a popular topic of investigation in social work and in related academic and professional disciplines. A review of these investigations reveals at least three limitations that impede the continuing development of practice relevant knowledge in this area. Few of the studies completed employ African Americans as research participants. African Americans have been either totally excluded, or included in small numbers, even when large samples are used. In addition, when African Americans are represented in these samples, most have been drawn from samples of disadvantaged or stressed family units. As a result, little is known about well-being among African American subjects. Also in most studies on well-being either race or gender have been investigated; few studies have evaluated the effects of race and gender concurrently. Finally, although well-being is a multidimensional construct consisting of individual, marital, and family life dimensions, data collection has primarily been limited to the use of only one of these indicators of the dependent variable.

Thus, to inform social welfare practice, continuing studies of well-being need to include larger samples of African American families from diverse economic and social backgrounds. Moreover, data analyses plans in these studies need to include multivariate methods to assess the joint as well as the unique effects of race and gender on multiple measures of psychological and social well-being.

LITERATURE REVIEW

Well-being is defined as the quality of an individual's life in society (Andrews & Robinson, 1991). Conflicting findings have emerged from existing investigations of the well-being of African American subjects. Many investigators have found race/ethnicity to be influential (Husaini, Moore, & Castor, 1991; Mookherjee, 1998; Redmond, 1988; Stock, Okun, Haring, & Ritter, 1985; Young & Kahana, 1995), while others report finding no differences in well-being between African American and White respondents when socioeconomic factors were controlled (Larson, 1978; Neff & Husaini, 1980). When relationships between race/ethnicity and well-being are reported, African American samples have been found to possess lower levels of well-being (Husaini et al., 1991; Johnson & Johnson, 1992; Redmond, 1988; Stock et al., 1985; Thompson, 1986), even when variables such as income, age, marital status, education, sex, and urban vs. rural residence are controlled. Yet, in other

studies, lower levels of well-being have been reported among White respondents (Johnson & Johnson, 1992; Thompson, 1986; Young & Kahana, 1995).

With regard to gender and well-being, it has been asserted that women experience lower levels of well-being as a result of the greater amount of stress they incur in juggling responsibilities at work and home, and discrimination they encounter throughout their daily existence (Aneshensel, 1986). However, in many empirical investigations, women have been found to possess higher levels of well-being when compared to men (Borden & Berlin, 1990; Mookherjee, 1997; Wood, Rhodes & Whelan, 1989). It has been argued that although women experience more stress, they develop better coping strategies than men (Borden & Berlin, 1990). These coping mechanisms may enable women to experience life situations more positively, allowing for a greater sense of well-being.

Gender and race/ethnicity have been studied concurrently in only a few investigations. In these studies, African American women reported the lowest level of well-being compared to African American men, White men, and White women (Redmond, 1988). In addition, several specific variables have been identified that potentially contribute to levels of well-being among African American and White men and women. Job satisfaction, for example, was found to contribute to the well-being of all four groups (Crohan, Antonucci, Adelman, & Coleman, 1989). Those individuals who reported higher levels of job satisfaction also reported higher levels of well-being, regardless of gender or race/ethnicity. Similarly, education was also found to have a positive effect on well-being, but only for African American women and White men and women (Norval & Weaver, 1981). The higher the educational level of individuals in these three groups, the higher the level of well-being. For African American men however, education did not affect levels of well-being.

Empirical findings from these studies certainly suggest some sort of relationship between race/ethnicity, gender, and well-being. However, as summarized above, conclusions about the nature and even direction of these influences are contradictory. Therefore, there is a need for more research about the differences and similarities in levels of well-being between African American and White populations in general, as well as gender differences within and between these populations.

METHODS

Hypotheses

Because of the limited amount of empirical literature and conflicting findings about the well being of African American populations, directional hy-

potheses were not be formulated. Rather, following procedures employed in earlier research on non traditional family units (Green and Crooks, 1989), the null hypothesis was tested for the relationship between race/ethnicity and gender, and each of the three dependent variables, individual well being, marital well being, and family well being.

Subjects and Sampling

This study involved secondary analyses of data collected between February, 1988 and March, 1990 by the Virginia Commonwealth University School of Social Work and the Virginia Army National Guard (VA ARNG). The aim of the original investigation was to study retention rates among VA ARNG members. All guard members across the state of Virginia were included in the initial sampling frame. The result was the return of 6,244 questionnaires, representing a 71.2% return rate. In addition to gathering data on the actual VA ARNG members, data were also collected from the spouses of guard members through survey method. Approximately 50% of these surveys were returned and included 2,014 subjects.

For the present study, only married, African American and White male subjects from the original National Guard sample, and married, African American and White female spouses who responded to the spouse survey were added to the composite data set. As a result 4,530 subjects were included in the current sample: 2,665 (58.8%) men and 1,865 (41.2%) women. There were 3,549 (78.3%) White respondents and 981 (21.7%) African American respondents. This sample included 2,003 White men, 662 African American men, 1,546 White women, and 319 African American women. Specific demographics are included in Table 1. As is indicated in Table 1, the sample represented a relatively young group in that the mean age was 35.0, with 80.2% of the respondents age 42 or younger. The average length of time married was 10.8 years. Most of the respondents reported having at least one dependent, and most of the respondents worked full time in a civilian job.

The sample aggregated for this study were primarily non disadvantaged persons; 71% of the subjects reported incomes above \$20,000. Education had a bimodal distribution with about half (45.9%) of the respondents indicating high school as their highest level of education, and about half (47.3%) of the remaining having completed at least one to two years of college. Although the White and African American subjects in the sample fit the general profile of "middle class," there were some socioeconomic differences by race/ethnicity. In general, the White subjects had higher levels of education ($X^2 = 64.06, p < .001$) and higher incomes ($X^2 = 76.37, p < .001$).

TABLE 1. Demographics of Merged Sample

Variable	African Am. Men (n = 662)		African Am. Women (n = 319)		White Men (n = 2,003)		White Women (n = 1,546)	
	M	SD	M	SD	M	SD	M	SD
Age	33.3	7.4	34.0	7.1	35.4	9.2	35.6	8.9
Marital Length	8.2	7.1	9.9	7.1	10.5	8.7	12.4	8.8
Variable	f	%	f	%	f	%	f	%
Education								
8th grade or less	3	.5	2	.6	15	.7	21	1.4
9th, 10th or 11th	53	8.5	28	8.9	86	4.3	93	6.0
High school	324	51.9	145	45.9	855	44.7	693	45.0
1-2 yrs. college	165	26.4	80	25.3	511	26.7	354	23.0
3-4 yrs. college	59	9.5	47	14.9	266	13.3	260	16.9
Graduate school	20	3.2	14	4.4	180	9.4	120	7.8
Income								
Less than \$5000	28	4.4	7	2.4	28	1.4	14	1.0
\$5000-\$9999	37	5.8	15	5.1	73	3.7	31	2.1
\$10-\$19,999	143	22.4	40	12.5	330	16.9	153	10.5
\$20-\$29,999	187	29.4	83	28.1	466	23.8	310	21.3
\$30-\$39,999	128	19.3	83	28.1	422	21.1	369	23.9
\$40-\$49,999	70	10.6	44	13.8	337	17.2	276	18.9
over \$50,000	44	6.6	23	7.2	299	15.3	304	20.9
Employment								
Full-time in Guard	65	9.9	2	.6	378	18.9	4	.3
Full-time civilian	540	82.6	203	64.0	1409	70.6	776	50.4
Part-time civilian	16	2.4	33	10.4	56	2.8	227	14.7
Employed, but ill	3	.5	4	1.3	9	.5	14	.9
Self employed	12	1.8	4	1.3	66	3.3	80	5.2
Unemployed/laid off	13	2.0	14	4.4	36	1.8	28	1.8
in school	1	.2	2	.6	18	.9	37	2.4
Homemaker	0	0.0	45	14.2	1	.1	352	22.8
Retired	1	.2	0	0.0	6	.3	2	.1
Volunteer	1	.2	1	.3	3	.2	0	0.0
Other	2	.3	9	2.8	14	.7	21	1.4
Dependents								
No dependents	97	15.4	45	14.1	430	22.4	378	24.5
Dependents	531	84.6	274	85.9	1489	77.6	1168	75.5

Measures

One problem in terms of measuring well-being, is that there is not a universal definition or universal operationalization of well-being. As a result,

well-being has been measured using various devices including life satisfaction scales, depression scales, morale scales, distress scales, and self esteem scales, just to name a few. In addition, in most of the social work literature, investigators created Likert-type scales to gather the data. There are reliability and validity questions about these measures and thus the reliability and validity of results reported from these studies. Furthermore, respondents often perceived themselves to have lower levels of well-being when asked this type of Likert-type question, compared to their score when given a standardized measure of well-being (see for example McKenzie & Campbell, 1987; Romaniuk, McAuley, & Arling, 1983).

In addition, in most studies of race/ethnicity and well-being, only one aspect of well-being has been evaluated. For example, in some studies only depression, an individual aspect of well-being, was measured; in others, only marital satisfaction as a social aspect of well-being was evaluated. In contrast, in this study, multiple dimensions of the well-being were analyzed through the use of three standardized measures. The Generalized Contentment Scale (GCS) developed by Hudson (1982) was used to measure individual, psychological well-being. This scale is designed to measure moderate to severe, but non psychotic depression. Respondents are asked to answer a twenty five item, Likert-type scale, concerning their feelings about "behaviors, attitudes, and events" associated with depression. The responses are then scored, from a possible range of 0 to 100. A score above 30 (plus or minus 5), suggests the presence of clinical depression. Likewise, a score below 30 (plus or minus 5), may indicate the absence of clinical depression. Cronbach's alpha in the present study was .92, indicating excellent internal consistency.

Marital well-being was assessed by the Kansas Marital Satisfaction Scale (KMSS), which is designed to measure marital satisfaction between married couples (Schumm, Paff-Bergen, Hatch, Obiorah, Copeland, Meens, & Bugaighis, 1986). Respondents are asked to respond to three questions in which the respondent is given a choice of five responses: very dissatisfied (5); dissatisfied (4); neutral (3); satisfied (2); and very satisfied (1). Responses are summed, with a possible range from 3 to 15 points. The higher the score, the lower the level of marital satisfaction. The scale has been used in numerous studies, and alpha scores have ranged from .81 to .98, with the majority of studies reporting alphas of .90 or higher (Schumm, 1990). Alpha in the present study was .96, indicating excellent internal consistency for this measure as well.

Family well-being was assessed by the cohesion component of the Family Adaptability and Cohesion Evaluation Scale (Olsen, McCubbin, Barnes, Larsen, Muxen & Wilson, 1983). This scale usually referred to as FACES III, is a self report questionnaire, which consists of 20 items. Respondents are asked to respond to questions about how frequent identified events occur in the family. They are

given five possible responses along a Likert-type scale: (1) almost never; (2) once in a while; (3) sometimes; (4) frequently; and (5) almost always. Responses to the ten adaptability questions are summed to obtain an adaptability score. Likewise, responses to the ten cohesion items are summed to obtain a cohesion score.

In ongoing research, the validity of the adaptability dimension of the FACES III scale has been questioned and documented (Chang, Schumm, Coulson & Bollman, 1994; Green, Harris, Forte & Robinson, 1991; Perosa & Perosa, 1990). Also, an earlier study using the present data demonstrated that the cohesion dimension has a linear, rather than curvilinear association with family functioning (Green et al., 1991). Therefore, in this study, only the cohesion scale was analyzed, using a linear rather than curvilinear method. Cronbach's alpha in the present study was .88, indicating good internal consistency.

Data Analyses

The data were first analyzed using t-test and One Way ANOVA statistics. Then, to control for socioeconomic variables (education and income) multiple regression procedures were employed. The regression design included the following: (1) the independent variables gender and race/ethnicity were recoded into dummy variables. "Male" was assigned a value of "0", and "female" was assigned a value of "1". Likewise, "White American" was assigned a "0" value and "African American" was assigned a value of "1"; (2) three regression equations were used, one for each dependent variable; and (3) hierarchical methods of variable entry were used. Specifically, the demographic variables (income and education) were entered first so that any relationships between the independent variables and dependent measures would be evaluated after variance explained by the two demographic variables had been evaluated. One consequence of a large sample is that even the smallest differences are significant at the .05 level of significance (Judd, Smith, & Kidder, 1991). Therefore, in this study, the alpha was set at .001, rather than the conventional .05.

FINDINGS

Findings from this study result in rejection of the null hypothesis, that there is not a relationship between race/ethnicity, gender, and well being. An association between race/ethnicity, gender and well being was supported. However, the association between the variables was found to be much more complex than reported in other studies identified in the literature review.

Mean scores for measures of the three dependent measures are reported by race/ethnicity in Table 2. As expected in this non-clinical, non-disadvantaged

sample, most of the respondents scored in the optimal range on each measure, indicating moderate to high levels of contentment, marital satisfaction, and family functioning. However, White American respondents reported higher levels of well-being on all three indicators. Although these differences were neither profound or clinically significant with regard to established cutting points, all three were statistically significant.

Comparison of the means of the four subgroups (African American men, African American women, White men, and White women) on each of the measures of well-being are summarized in Table 3. Note on Table 3 that there were statistically significant differences found between the subgroups on each measure of well-being. Overall, White women reported the highest levels of well-being, and African American men the lowest. White men and African American women aggregated in the middle, between the other two.

Findings from the multivariate analyses are summarized in Table 4. At least three findings are prominent: (1) In the controlled model, race/ethnicity, income, education, and gender collectively accounted for 9% ($R^2 = .090$) of the variance in the GCS, and 9.5% ($R^2 = .095$) of the variance observed in the Co-

TABLE 2. T-Test for Race/Ethnicity on Each Dependent Variable

Variable	White			African American			t	df
	M	SD	n	M	SD	n		
GCS	23.9	14.7	3,395	27.5	16.4	897	-6.02***	1304.26
KMSS	4.5	2.4	3,319	5.3	3.0	853	-7.60***	1160.35
Cohesion	38.6	7.1	3,347	34.7	7.7	883	13.46***	1315.65

Note. Lower GCS scores indicate higher levels of contentment. Lower KMSS scores indicate higher levels of marital satisfaction. Higher Cohesion scores indicate higher levels of family cohesion.
*** $p < .001$

TABLE 3. One Way Analysis of Variance: Race/Ethnicity-Gender Subgroups

Measure	African Am. Men			African Women			White Men			White Women			df	F
	n	M	SD	n	M	SD	n	M	SD	n	M	SD		
GCS	586	29.9	16.6	311	23.1	15.0	1,885	24.7	15.3	1,510	22.9	13.9	3	32.25***
KMSS	554	5.2	2.9	299	5.4	3.1	1,838	4.5	2.4	1,481	4.5	2.5	3	24.74***
Cohesion	577	33.9	7.8	306	36.3	7.0	1,853	37.9	7.6	1,494	39.4	6.4	3	86.48***

*** $p < .001$.

TABLE 4. Multiple Regression

Variable	B	SE B	b
GCS (N = 4,011)			
Step 1 R ² = .082			
Income	-1.922	.171	-.188***
Education	-2.144	.236	-.152***
Step 2 R ² = .090			
Income	-1.734	.173	-.170***
Education	-2.178	.235	-.154***
Gender	-2.272	.465	-.075***
Race/Ethnicity	1.860	.572	.050***
KMSS (N = 3,910)			
Step 1 R ² = .003			
Income	-.087	.031	-.051
Education	-.023	.042	-.009
Step 2 R ² = .018			
Race/Ethnicity	.813	.103	.127***
Income	-.059	.031	-.034
Gender	.064	.083	.012
Education	-.012	.042	-.005
Cohesion (N = 3,962)			
Step 1 R ² = .054			
Education	1.178	.118	.170***
Income	.505	.085	.101***
Step 2 R ² = .095			
Race/Ethnicity	-.173	.281	-.173***
Education	1.181	.116	.170**
Gender	1.590	.228	.106***
Income	.294	.085	.059***

*** p < .001

hesion scale. Only 1.8% ($R^2 = .018$) of the variance in the KMSS was accounted for in the controlled model, indicating that socioeconomic variables explained more of the differences in well-being with regard to contentment and family functioning than to marital satisfaction. (2) Gender and race/ethnicity together were much more important in predicting levels of family cohesion, than in predicting levels of contentment. Most of the variance in contentment scores was explained by income and education. The amount of variance in contentment scores increased by less than 1% ($R^2 = .082$; $R^2 = .090$) when education and income were controlled and race/ethnicity and education were added. Yet, almost 1/2 of the increase of differences in family cohesion scores was explained by controlling the socioeconomic variables and adding gender and race/ethnicity. The variance explained increased from 5.4% ($R^2 = .054$) to 9.5% ($R^2 = .095$) in the controlled model. (3) Race/ethnicity was significant to the prediction of GCS scores ($b = .050, p < .001$), KMSS scores ($b = .127, p < .001$), and Contentment scores ($b = -.173, p < .001$), in each of the respective controlled models. Gender though, was found to be associated with GCS scores ($b = -.075, p < .001$) and Cohesion scores ($b = .106, p < .001$), but did not influence KMSS scores ($b = .012, p = .441$).

DISCUSSION

It is important to remember that moderate to high levels of well-being were found for each group on each measure in this sample of non-disadvantaged and primarily non-clinical persons. This is significant because, despite stress and other negative life occurrences described in the literature as often experienced by African American individuals and women in general, levels of functioning remained non-clinical. However, with effect size understandably small for each of the three dependent variables investigated, the findings revealed a systematic pattern of association between race/ethnicity, gender, and well-being. In each of the three regression equations, one or both of these variables made statistically significant contributions to differences in well-being scores.

The most important trend to emerge from the secondary analyses of the data, however, was the consistency with which race/ethnicity remained significant in each of the equations when all predictor variables were considered simultaneously. In other words, race/ethnicity did matter, even in this sample of non-disadvantaged African American subjects. This idea is not new. Many have proposed that middle class status for African Americans has consequences that affect psychological and social well-being (Boyd-Franklin, 1989; Carroll, 1998; Essed 1991; Travis & Velasco, 1994). These negative consequences are thought to result from stress experienced by middle income Afri-

can American people due to the occurrence of chronic discrimination and prejudice in general and in the workplace in particular. Essed (1991) suggests that these events of perceived racism are emotionally taxing and drain large amounts of cognitive energy from African American individuals. Boyd-Franklin suggests this risk is doubled for middle income African Americans, because, in most cases, both spouses work outside the home. This appears to be the case in this study, in that 76.4% of the African American men had spouses employed outside the home. Consequently, as the individual's energies are drained to manage these experiences, the couple and family unit are also affected.

In addition to the consequences of discrimination experienced at the workplace, non disadvantaged African Americans are often in constant fear of losing what they have obtained. In order to prevent this "disaster," they spend longer hours at the workplace, take less vacation time, and consequently spend less time together as a couple and/or family (Coner-Edwards & Spurlock, 1988). Thus, individual, marital, and family functioning may be affected. It should be noted however, that the sample in this study was a non clinical sample and that for the most part, African American subjects scored in the "healthy" range on each of the well-being measures. Moreover, although race/ethnicity was a factor in predicting levels of well-being, African American subjects in this sample were not so adversely affected that their scores indicated severe problems in either of the well-being areas.

Another significant finding from this study is the comparatively low levels of well-being noted among the African American men. This finding is not surprising given that the effects of racism and discrimination are suggested to be particularly harmful to well-being among African American men (Dyson, 1993; Franklin & Boyd-Franklin, 2000). The stigma experienced by African American men, along with restricted economic opportunities, affect aspects of African American men's individual well-being (e.g., self esteem and psychology) and relationships with others (e.g., African American women in general, spousal relationships, and relationships with other family members). It is proposed that, regardless of socioeconomic status, African American men are affected emotionally by adverse social risk factors, including a comparatively shorter life expectancy due to stress related illnesses and homicides (Dyson, 1993). Added to these risk factors are prejudice and discrimination experienced first hand or vicariously through family members and friends, along with historical events, such as the killing of powerful African American men like Medgar Evers, Malcolm X, and Martin Luther King Jr., and current violence associated with discrimination and prejudice, such as the beating of Rodney King, and the dragging death of James Byrd (Dyson, 1993; Franklin & Boyd-Franklin, 2000). In response to these adverse social conditions and hor-

rific events, African American men often experience several psychological reactions such as a sense of lack control over their lives (Dyson, 1993), increased anxiety, and heightened feelings of vulnerability (Franklin & Boyd-Franklin, 2000). Consequently, African American men, regardless of socioeconomic status, experience lower levels of well-being.

Conversely, the highest levels of well-being were observed among White women. The fact that most of the White women in this study worked outside of the home may have directly and indirectly had a positive effect on their level of well-being. Studies in which White women have been used as the primary subject have found that work outside the home increases their level of self esteem, which consequently increases their level of well being (Terry & Scott, 1987). This is said to be especially true for women whose husbands support their choice to work outside the home (Ray, 1990). Work may also contribute toward high levels of well being for White women in another way. Feminists, again speaking primarily about White women, argue that in marriages in which both spouses work outside the home, greater equality in decision making exist (Baber & Allen, 1992). Results from studies indicate that more equity in decision making results in higher levels of well-being for women (Ray, 1990).

IMPLICATIONS FOR SOCIAL WORK PRACTICE AND RESEARCH

The finding in this study that race/ethnicity is associated with psychological and social well-being supports the necessity of ethnic sensitivity in social work practice. When conferring with an African American client, social workers are encouraged to enlist them in dialogue about the relevance of prejudice and discrimination to the identified problem, and to assess the effects (if any) discrimination and prejudice have on the client's individual and social functioning. This should be done regardless of the client's socioeconomic status. Further, several theorists (see for example, Akbar, 1991; Feagin, 1991; Harrell, 1979, 2000) identify modes of coping adopted by African American people in response to racism, prejudice, and discrimination, and the positive and dysfunctional aspects of each. Thus social workers are encouraged to inquire about the coping mechanisms used by the client and client system, and empower African American clients to identify and use coping strategies that are productive in their specific situation.

Clinical depression was not found among African American subjects in the sample. Perhaps many of the respondents in this sample intuitively employ positive coping strategies. However, given the inordinate amount of stress often experienced by African American people, practitioners are encouraged to

screen carefully for depression (Paniagua, 1998). Symptoms of depression are often overlooked in African American individuals in general, and especially missed when working with non disadvantaged African American clients. According to Paniagua, this omission is largely due to stereotypical perceptions by practitioners that African American individuals are less likely to suffer from depression. Harrell (2000) cautions however, that we must be careful of the inclination to regard the functioning of African American clients as exclusively a response to racism, discrimination and prejudice, and remember that individual development and family functioning are molded by many elements.

The findings may also provide empirical support for continuing advocacy for social justice among African Americans, regardless of income. The social work literature, practice principles, and research about diversity in general infrequently identify the less disadvantaged among "populations at risk." In fact, Feagin (1991) suggests that middle income African American lifestyles are viewed as free of discrimination and the social concerns and problems associated with this experience. Results from this study contradict this perspective.

Men in general, and African American men specifically, seek mental health services, including social work services, less frequently than women. Even when African American men come for services, it is often difficult to keep them engaged in the therapeutic process (Franklin, 1992). This is particularly problematic given the comparatively low levels of well-being noted among the African American men in this study. Franklin argues that there are many complex reasons why African American men are reluctant to seek social work and other mental health services, including the stigmatism associated with asking for help and the negative experiences African American men encounter with public agencies and institutions. Social workers must be zealous in their efforts to engage African American men in the helping process. Often attempts are not made because of the belief by practitioners that men in general, and African American men especially, will not participate. Boyd-Franklin (1988) suggests that engaging African American men in the helping process often requires direct contact, even if this can only be done through telephone contact. Frequently, African American male family members are summoned via message from the practitioner, sent through the wife/mother.

Developing trust between the social work practitioner and African American male clients is presented as the most crucial element in engaging African American men in the helping process (Franklin, 1992). Core social work skills such as empathy, sensitivity, and concern are thought to facilitate a positive alliance between the practitioner and African American male client (Jones, Gary, & Jospitre, 1982).

Obviously, more research in the area of well-being among all African American families is needed. Although the empirical influence of race/ethnic-

ity was observed consistently in the present study, the results may not be generalizable. Data from the secondary analyses were originally collected 10 years ago from a non probability sample of civilian reservists (and spouses) in a single component of the US military residing in a single southeastern state. On the other hand, in spite of the datedness and narrowness of the sample of research subjects, this unique and large sample of non-disadvantaged African Americans provides an opportunity to further explore the relationship between race and well-being.

Other variables pertinent to the African American experience such as the role of work, and job satisfaction on well-being also require further examination. Another important consideration for future research on well-being is the issue of how well-being is defined and measured. A relationship between race/ethnicity and gender and well-being was found in this study, but the direction and magnitude of that relationship was different depending on the measure of well-being. This may explain why earlier studies showed conflicting findings. Therefore, findings from future studies should also be considered from this outlook. Lastly, the effect of discrimination and prejudice on levels of well-being is theoretical rather than empirically supported. More research is needed in which this association is directly investigated.

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