

Status Inequalities, Perceived Discrimination, and Eudaimonic Well-being: Do the Challenges of Minority Life Hone Purpose and Growth?*

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Considerable prior research has investigated links between racial/ethnic status and diverse aspects of mental functioning (e.g. psychological disorders, quality of life, self-esteem), but little work has probed the connections between minority status and eudaimonic well-being. Derived from existential and humanistic perspectives, eudaimonia describes engagement in life challenges and is operationalized with assessments of purpose in life, personal growth, autonomy, environmental mastery, self-acceptance, and positive relations with others. Using Midlife in the United States (MIDUS), a national survey of Americans aged 25–74, plus city-specific samples of African Americans in New York City and Mexican Americans in Chicago, minority status was found to be a positive predictor of eudaimonic well-being, underscoring themes of psychological strength in the face of race-related adversity. Perceived discrimination was found to be a negative predictor of eudaimonic well-being, although such effects were gender-specific: it was women, both majority and minority, with high levels of discrimination in their daily lives whose sense of growth, mastery, autonomy, and self-acceptance was compromised.

Current research underscores the diversity of findings regarding race and psychological functioning. On the one hand, Hughes and Thomas (1998; Thomas and Hughes 1986) have found that African Americans in the United States report consistently lower levels of quality of life (measured in terms of happiness, life satisfaction, marital happiness, mistrust, anomie, etc.) than whites over nearly three decades (1972–1996). On the other hand, the National Comorbidity Survey (Kessler et

al. 1994) revealed that African Americans are not more likely than whites to have psychiatric disorders (affective, substance-use, or multiple disorders), and additional work has similarly shown no racial differences in psychological distress (Williams and Harris-Reid 1999). The literature on self-esteem has recurrently documented no differences between blacks and whites (Cross 1991; Gray-Little and Hafdahl 2000; Jackson and Lassiter 2001; Porter and Washington 1989).

Although such evidence underscores areas of psychological vulnerability as well as strength among African Americans, it does not address a key aspect of psychological functioning that has received growing attention in studies of well-being. A recent integrative review (Ryan and Deci 2001) distilled the field

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into two broad traditions: One deals with happiness and life satisfaction (hedonic well-being), and the other deals with human potential and functioning in life (eudaimonic well-being). Although the quality of life research described above (Hughes and Thomas 1998) captures the meaning of hedonic well-being (see also Kahneman, Diener, and Schwarz 1999), and shows persistent vulnerability in such assessments between blacks and whites, little is known about racial/ethnic differences in eudaimonic aspects of well-being, such as whether one's life is viewed as having meaning and purpose or whether one has the sense that he or she has been able to realize his or her talents and potential through time (see Ryff 1989; Ryff and Keyes 1995).

The purpose of the present study was to investigate racial/ethnic differences in multiple aspects of eudaimonic well-being. Minority status is particularly relevant for understanding variation in these more existential challenges in living. Although it can be argued that disparities in life opportunity accompanying the minority experience undermine the purpose and direction that one brings to life, counter arguments also have merit. Victor Frankl (1992), for example, conceived of the profound, life sustaining power of life purpose during his three-year ordeal in a Nazi concentration camp. That is, adversity and challenges in life sometimes contribute to a deepened sense of purpose and meaning in life. Our aim was to investigate which of these two perspectives receives greater empirical support in findings from a national survey.

Along with race/ethnicity, we also focused on gender and educational disparities in eudaimonic well-being. Prior empirical studies have found that men and women differ on aspects of well-being, and that those with greater education tend to have higher eudaimonic well-being (Ryff and Singer 1998). Such findings have been restricted to white majority samples, leaving unanswered whether similar patterns would be evident for minority samples. *Co-occurring inequalities* were also of interest. Race (Williams 1999), gender (Bird and Fremont 1991; Heimer 1996), and educational standing (Ross and Wu 1995) have all been viewed within the framework of status inequality and its adverse effects on health (mental or physical). Thus, an important question is whether combinations of inequality, what some have called double jeopardy (Ferraro and

Farmer 1996), are associated with even lower well-being. Given that strength may be honed in the face of adversity, we were also open to the possibility that combinations of status disadvantage might actually be linked with a higher sense of life purpose.

Investigating interactions among multiple status characteristics also allowed us to probe the concept of *status inconsistency* (e.g., Ashford 1990)—namely, having disadvantage in one realm (e.g., race, gender) but advantage in another (e.g., education). In this regard, we were interested in whether high educational standing (an achieved status) might have differential consequences for the well-being of ethnic minorities or women, compared to majority or male respondents. That is, educational attainment, and the benefits that accompany it, may be particularly conducive to a heightened sense of realizing personal potential among those who also deal with assigned status disadvantage (i.e., being African or Mexican American, or female).

A final objective of the study was to examine the extent to which perceived discrimination (Williams et al. 1997) undermines, or possibly contributes to, eudaimonic well-being. When viewed as a type of life stressor (Kessler, Michelson, and Williams 1999), perceived discrimination would be expected to compromise well-being. However, viewed as an explanation for negative feedback received from others (Ruggiero and Taylor 1997), perceived discrimination could serve as a self-protective attribution. Our aim was to evaluate which of these two formulations would receive greater empirical support. Although perceived discrimination is obviously relevant for racial/ethnic minorities, we were also interested in whether such perceptions might undermine (or enhance) the well-being of women and those with low educational standing, because gender and educational differences have been documented in perceptions of being treated unfairly (Kessler, Mickelson, and Williams 1999).

EUDAIMONIC WELL-BEING: CONFRONTING EXISTENTIAL CHALLENGES OF LIFE

An extensive literature, much of it generated in the 1950s and 1960s, articulated the contours of optimal human functioning. Included were views of self-actualization (Maslow

1968), maturity (Allport 1961), individuation (Jung 1933), life-span development (Erikson 1959), the fully functioning person (Rogers 1961), and positive mental health (Jahoda 1958). These humanistic accounts emphasized the full growth of the individual and successful negotiation of challenges confronted in life, such as finding meaning and purpose, having a sense of mastery, and being capable of autonomous action.

Drawing on points of convergence in these theoretical formulations, Ryff (1989) developed structured, self-report instruments to measure six dimensions of eudaimonic well-being: purpose in life, environmental mastery, autonomy, personal growth, positive relations with others, and self-acceptance. Findings from multiple studies (see Ryff and Singer 2002 for reviews) with primarily white samples have shown replicable age and gender differences on these aspects of well-being. Some aspects of well-being, such as purpose in life and personal growth, show notable decrements (cross-sectionally) from young adulthood through midlife and old age, while others, such as environmental mastery or positive relations with others (for men), show age increments, and still others (self-acceptance) show no age differences. In addition, evidence shows that women have higher profiles on positive relations with others, and sometimes on personal growth, than men.

Recently, Keyes, Shmotkin, and Ryff (2002), using data from the Midlife in the U.S. (MIDUS) survey, documented that psychological, or eudaimonic well-being (operationalized by the above dimensions), is conceptually related to, but empirically distinct from, subjective (hedonic) well-being (positive and negative affect, life satisfaction). Their inquiry also demonstrated that age, education, and personality characteristics are prominent predictors of who has various *combinations* (high vs. low scores) of eudaimonic and hedonic well-being. For example, younger adults with higher education are most likely to have low subjective but high psychological well-being, which is also predicted by having high levels of openness to experience.

For the most part, eudaimonic well-being has been absent in efforts to characterize the psychological functioning of racial and ethnic minorities, although studies of social inequality have shown that those with disadvantaged educational status have lower well-being

(Marmot et al. 1997; Ryff et al. 1999). Ryff, Keyes, and Hughes (forthcoming) recently investigated age differences in eudaimonic well-being as a function of race/ethnicity. Using data from the Midlife in the U.S. survey plus subsamples of African Americans in New York City and Mexican Americans in Chicago, their analyses found age trajectories on minority samples similar to those described above, suggesting comparable life course profiles of well-being. On the other hand, minority women showed generally lower profiles on well-being compared to men, with the effects most pronounced for the Chicago and New York subsamples.

INDIVIDUAL DIFFERENCES IN PERCEPTION OF DISCRIMINATION

Beyond the question of whether status disadvantage (racial/ethnic, gender, educational) enhances or undermines eudaimonic well-being, we were also interested in the subjective experience of discrimination (Williams 1999). Two studies using national probability samples have found that self-reports of discrimination are adversely related to both physical and psychological distress (Williams and Chung forthcoming; Jackson, Williams, and Torres 1997). Moreover, in findings from a major metropolitan area, discrimination made an incremental contribution to racial disparities in health over that of socioeconomic status; in combination with socioeconomic status, discrimination completely explained racial differences in physical health (Williams et al. 1997). African Americans in this investigation reported higher levels of both major episodic experiences of discrimination (such as being fired or failing to get a promotion) and everyday experiences of unfair treatment (such as receiving poor service in restaurants or being treated with lack of courtesy and respect). Williams and Harris-Reid (1999) summarize further studies with other minority groups (Mexican Americans, Asian Americans), which indicate links between racial discrimination and psychological distress.

Emphasizing psychological processes, internalized racism has also been positively related to psychological distress, depressive symptoms, substance abuse, and chronic physical health problems (Taylor and Jackson 1990; Williams et al. 1997; Williams and Chung,

forthcoming). Alternatively, a growing literature has explored variation among minority group members in whether they perceive the discrimination that confronts them. In experimental contexts, for example, it has been found that the tendency to minimize discrimination protects self-esteem and maintains the perception of control in one's performance (Ruggiero and Taylor 1997). Other work has found that the link between perceived racism and mental health is moderated by racial socialization (Fischer and Shaw 1999). Also, the generally negative consequences of perceiving oneself as a victim of racial prejudice can be somewhat alleviated by identification with one's ethnic group (Branscombe, Schmitt, and Harvey 1999).

Given the phenomenological origins of eudaimonic well-being, the subjective experience of discrimination is particularly relevant for understanding variation in perceptions of life purpose and meaning, sense of mastery, and personal growth. Pertinent to the Midlife in the U.S. survey which our inquiry uses, Kessler, Mickelson, and Williams (1999) previously described the prevalence and distribution of perceived discrimination. Using a multi-item instrument that assessed both chronic and acute (lifetime) discriminatory experience, they found that perceived discrimination is common in the total population, with 33.5 percent of respondents reporting exposure to major lifetime discrimination and 60.9 percent reporting exposure to day-to-day discrimination. Although more prevalent among individuals with disadvantaged social status, perceived discrimination did not explain the associations between such status and mental health problems. However, numerous significant interactions were evident among status characteristics (age, gender, marital status, education, income, race/ethnicity), with the patterns for educational status being particularly clear: the association between perceived discrimination and mental problems (depression, anxiety) were significantly stronger among respondents with low levels of educational attainment.

RESTATEMENT OF KEY AIMS

To reiterate, the primary objectives of the present investigation were to: (1) investigate relationships between three status characteris-

tics (race/ethnicity, gender, educational standing) and various aspects of eudaimonic well-being, (2) examine interactions among these status characteristics (i.e., co-occurring inequalities) and reported well-being, and (3) investigate the role of perceived discrimination as a further moderator of relationships between the above statuses and eudaimonic well-being. Such aims were implemented with the Midlife in the U.S. national survey, plus city-specific samples of African Americans (New York) and Mexican Americans (Chicago). The latter allow for assessing variation within (blacks in the national sample, blacks in New York) as well as between (African Americans, Mexican Americans) minority groups.

METHODS

Sample

The Midlife in the U.S. 1995 national survey was conducted with a probability sample (using random digit dialing procedures) drawn from noninstitutionalized, English-speaking adults, aged 25 to 74, residing in the 48 contiguous states. The sample was stratified by age and sex, with oversampling of males between the ages of 65 and 74. With a response rate of 70 percent for the telephone phase and a response rate of 87 percent for a follow-up self-administered questionnaire (combined response rate = $.70 \times .87 = 61\%$), the national sample consists of 3,032 adults. Compared to the October 1995 Current Population Survey, the unweighted Midlife in the U.S. sample has more well-educated respondents and fewer young and married adult respondents. Our analyses from the national survey are based on the 2,485 white and 339 blacks respondents.

The racial subsamples consisted of 339 African Americans drawn from New York City and 235 Mexican Americans drawn from Chicago. The latter studies used home rather than phone interviews (to maximize response rates) with quota samples of ethnic/racial minorities in Chicago and New York City. (Possible mode effects, phone versus home interviews, are considered in discussing the findings). A key objective was to investigate effects of neighborhood and socioeconomic characteristics. The sampling design utilized census block groups as the primary sampling unit, with blocks selected on the basis of

socioeconomic characteristics (above or below median income) and ethnic density (greater or less than 30%). At the level of individual respondents, the quota sampling targeted approximately equal numbers of men and women within the selected census block groups. The city-sample respondents completed about 65 percent of the material used in the national survey, along with detailed descriptions of community, family, and kinship membership and stress in the workplace. Where possible, ethnicity of the interviewer matched that of the respondent.

As detailed in Table 1, the national sample of whites and blacks was older, consisted of more females, and had a higher level of education than the city samples. In particular, over two-thirds of the Mexicans from Chicago had not graduated from high school, and just over 20 percent of the blacks in the national sample and in the New York sample had less than a high school education. Only 12 percent of the whites in the national sample had not graduated from high school, while about 23 percent had 16 or more years of education. In turn, just over 70 percent of the whites and blacks in the national sample were currently employed either part-time or full-time, compared with 51 percent of the New York blacks and 62 percent of the Mexicans. The whites in the national sample and the Mexicans were more likely to be currently married, while just over half of the

blacks in the national sample and only 28 percent of the blacks in the New York sample were married. Overall, the national sample is older, consists of more females, is more educated, and is more likely to be employed than the city samples, and the whites and Mexicans are most likely to be married.

The socioeconomic differences among the racial/ethnic samples underscore the rationale for including the city-specific subsamples—namely, that they brought greater diversity and heterogeneity to investigation of the links between minority status and well-being. Although the African Americans from New York had comparable levels of education to blacks in the national sample, the New York sample had a greater representation of males, nonemployed, and unmarried respondents. The Chicago Mexican American sample, in turn, while comparable in gender distribution to the New York sample, had notably lower levels of education and a greater likelihood of being married. We will return to these sampling differences in interpretation of the findings.

Measures

Psychological well-being. In the original validation study (Ryff 1989), each of six dimensions of well-being was operationalized with a 20-item scale that showed high internal

TABLE 1. The Midife in the U.S. sample description (sampled weighted; total N = 3,398)

	MIDUS Whites		MIDUS Blacks		New York Blacks		Chicago Mexicans	
	N	%	N	%	N	%	N	%
Age								
25 to 39	960	39.0	149	44.3	158	49.8	133	57.3
40 to 59	1,006	40.8	132	39.4	107	33.8	80	34.5
60 to 74	498	20.2	55	16.3	52	16.4	19	8.2
Gender								
Males	1,086	43.7	125	36.8	172	50.7	123	52.3
Females	1,399	56.3	214	63.2	167	49.3	112	47.7
Education								
Less than 12	296	11.9	71	21.1	66	20.6	156	69.3
12 Years or GED	984	39.6	118	34.8	106	33.0	41	18.2
13 to 15 Years	620	24.9	90	26.7	102	31.8	23	10.2
16 Years	343	13.8	38	11.3	28	8.7	5	2.2
17 or More Years	243	9.8	21	6.1	19	5.9	0	0.0
Employment Status								
Not Employed	716	28.8	98	29.0	165	48.7	89	37.9
Part or Full	1,769	71.2	240	71.0	174	51.3	146	62.1
Marital Status								
Never or Not	718	28.9	163	48.0	242	71.4	61	26.0
Married	1,767	71.1	176	52.0	97	28.6	174	74.0

Note: All chi-squared tests for differences in proportions between race/ethnic groups were statistically significant at $p < .001$ (two-tailed).

consistency and test-retest reliability, as well as convergent and discriminant validity with other measures. For the national survey, however, the scales were radically reduced in length: Only 3 of the original 20 items were used to measure each construct. Rather than select these items to maximize high internal consistency (alpha reliability), we decided to represent the multifactorial structure of each parent scale. That is, each of the six dimensions of well-being had multiple underlying factors, and these meaningfully reflected the theoretical origins of the scales. In effect, the objective was to bring short-form scales into a national survey, but to do so in a way that maintained the conceptual foundations on which the scales were built. As such, alpha coefficients for the scales in the full Midlife in the U.S. sample indicated reasonably good reliability: autonomy (.48), environmental mastery (.52), personal growth (.55), positive relations with others (.58), purpose in life (.37), self-acceptance (.59). The shortened scales correlated from .70 to .89 with parent scales (Ryff and Keyes 1995). Intercorrelations among the scales ranged from moderate to high, although prior analyses have supported the six-factor model of well-being (Ryff and Keyes 1995). Such analyses, along with other studies investigating well-being as an outcome in various life challenges (see Keyes, Shmotkin, and Ryff 2002), underscore the multidimensional structure of eudaimonic well-being: it is not a single thing.

Illustrative items for each scale are as follows: "I tend to be influenced by people with strong opinions" (negatively-phrased, autonomy), "I am quite good at managing the many responsibilities of my daily life" (positively-phrased, environmental mastery), "For me, life has been a continuous process of learning, changing, and growth" (positively-phrased, personal growth), "Maintaining close relationships has been difficult and frustrating for me" (negatively-phrased, positive relations with others), "I sometimes feel as if I've done all there is to do in life" (negatively-phrased, purpose in life), and "When I look at the story of my life, I am pleased with how things have turned out" (positively-phrased, self-acceptance).

Perceived discrimination. Discrimination was measured as the perception of discriminatory experiences on a daily basis. In the nation-

al survey, these data were collected in the self-administered questionnaire, but the data were collected in-person for the ethnic/racial subsamples. Instructions between the two were slightly different, with discrimination explicitly mentioned in the former but not the latter. Nine examples of discriminatory experience were listed: how often the respondent was treated with less courtesy than other people, was treated with less respect than other people, received poorer service than other people at restaurants or stores, was called names or insulted, was threatened or harassed; and how often other people acted as if they thought the respondent was not smart, was dishonest, was not as good as they are, and as if they were afraid of the respondent. Respondents were asked how often, on a daily basis, they experienced such forms of discrimination and response categories for the national survey were "often," "sometimes," "rarely" or "never." In the ethnic/racial study, response categories were slightly different (i.e., "very often," "often," "occasionally," "rarely" or "never.") Scores on the nine items were summed to arrive at a discrimination scale. To make the scales equivalent, the categories very often and often were combined in the latter. Internal consistency (coefficient alpha) of the discrimination scale was .90. The discrimination scale was top coded at a score of 24, because there were so few respondents with scores in the range from 25 to 27.

RESULTS

Descriptive Group Differences

Table 2 presents mean levels of perceived discrimination and total psychological well-being by race. Analyses of group-level differences in average levels of perceived daily discrimination revealed differences among all racial groups. In the national sample, African Americans had significantly higher scores than whites, who in turn perceived more discrimination than African Americans in New York City, who perceived more discrimination than Mexican Americans in Chicago. Although perceived daily discrimination correlated negatively with overall psychological well-being ($r = -.19, p < .001$), group differences in overall

TABLE 2. Means of Perceived Discrimination and Total Psychological Well-Being by Race (sample weighted)

	Perceived Discrimination	Total Psychological Well-Being
MIDUS Whites _a	3.6 _{b,c,d} (4.4)	98.9 _{c,d} (14.3)
MIDUS Blacks _b	10.1 _{a,c,d} (6.1)	98.5 _{c,d} (14.7)
New York Blacks _c	2.3 _{a,b,d} (3.7)	103.6 _{a,b} (15.4)
Chicago Mexicans _d	1.2 _{a,b,c} (2.6)	101.8 _{a,b} (13.8)
Total	3.9 (4.9)	99.5 (14.5)
F-value	256.9***	12.9***

*** $p < .001$ (two-tailed)

Note: Subscripts refer to statistically significant ($p < .05$ two tailed) contrasts between means based on the oneway ANOVA and the Tukey Honestly Significant Difference procedure. Numbers in parentheses are standard deviations.

well-being did not parallel the group differences in perceived discrimination. Mean-level contrasts in Table 2 revealed that the African Americans in New York City and Mexican Americans in Chicago had higher levels of overall well-being than the whites or blacks in the national sample. That the city-specific samples reported both lower perceived discrimination and higher well-being may reflect the different modes of data collection in the latter samples (face-to-face interviews). The central questions of this inquiry pertain, however, not to differences in average levels on particular variables, but rather to the relationships among variables. Whether the city-specific samples emerge as unique in those analyses is addressed below.

Multivariate Analyses: The Prediction of Well-Being

For the multivariate analysis, data from the national sample and racial/ethnic samples were combined to allow for assessment of possible differences among the three minority samples, as well as between each of these samples and the white majority group. Separate regression models were run for each of the six scales of psychological well-being and for average total well-being. Results were generally the same, whether using weighted or unweighted data. The one exception pertained to outcomes for self-acceptance, where differences between the two analyses are noted below.

Each analysis included age, employment status, and marital status as sociodemographic control variables. Model 1 added gender and racial/ethnic status to the equation and allowed for entrance of significant interactions between these two variables. Race was coded to maximize the majority/minority contrast; thus, the contrast category is white. Model 2 added educational status and possible significant interactions with gender and race. Model 3 added perceived discrimination and significant interactions with variables in steps 1 and 2. The interactions were tested using the forward enter procedure with an alpha for entry of $p \leq .05$. Findings from these analyses are summarized in Tables 3 through 5.

Self-acceptance. Model 1 of Table 3 reveals that self-acceptance was significantly predicted by gender and race, with women having more negative scores than men, and all three minority groups having more positive scores than whites. Model 2 shows that education was a significant positive predictor of self-acceptance, but also reveals a significant interaction with blacks in the national sample. At low levels of education, blacks in the Midlife in the U.S. survey reported much higher levels of self-acceptance than whites. However, for each unit increase in education, self-acceptance increased .51 for whites, but only .05 (i.e., .51 minus .46) for blacks. Thus, as education increased, the racial gap in self-acceptance diminished.

Model 3 reveals the continuing influence of all prior factors except gender when perceived

TABLE 3. Ordinary Least Squares Regression of Self-Acceptance and Environmental Mastery onto Predictors and Controls (unstandardized coefficients)

Self-Acceptance			
Predictor	Model 1	Model 2	Model 3
Females (Males = 0)	-.28*	-.22	.02
National Sample, African American	.76**	2.1***	2.6***
National Sample, Caucasian	—	—	—
New York, African American	1.2***	1.5***	1.3***
Chicago, Mexican American	.86***	1.6***	1.3***
Education		.51***	.50***
Education X National Sample, African American		-.46*	-.28
Perceived Daily Discrimination			-.10***
Discrimination X Females			-.07***
<i>Controls:</i>			
Age	.02***	.02***	.02*
Employed (Unemployed = 0)	.66***	.51***	.50***
Currently Married (Not Married/Separated = 0)	1.0***	1.1***	.95***
α	14.4	12.9	13.7
Environmental Mastery			
Predictor	Model 1	Model 2	Model 3
Females (Males = 0)	-.45***	-.42***	-.27
National Sample, African American	.52*	.58*	1.5***
National Sample, Caucasian	—	—	—
New York, African American	.98***	1.1***	.87***
Chicago, Mexican American	1.9***	2.3***	2.0***
Education		.26***	.27***
Perceived Daily Discrimination			-.11***
Discrimination X Females			-.06**
<i>Controls:</i>			
Age	.03***	.03***	.02***
Employed (Unemployed = 0)	.38**	.29*	.28
Currently Married (Not Married/Separated = 0)	.31**	.32**	.23
α	14.3	13.6	14.3

* $p < .05$ ** $p < .01$ *** $p < .001$ (two tailed)

Note: Adjusted R^2 of final (step 3) model for self-acceptance = .09. Adjusted R^2 of final (step 3) model for environmental mastery = .07.

discrimination is added to the equation. Perceived discrimination was a strong negative predictor of self-acceptance, but it was qualified by a significant interaction with gender. At low levels of discrimination, males and females had similar levels of self-acceptance. However, as perceived discrimination increases, self-acceptance decreases only $-.10$ for males, but $-.17$ for females. Thus, at higher levels of discrimination, women reported lower levels of self-acceptance than men.

When the sample was weighted, there was no interaction of gender and perceived discrimination. Instead, the relationship of education with self-acceptance depended on race and gender for the MIDUS sample. This was the only instance in which weighted and unweighted analyses differed.

Environmental mastery. Model 1 of Table 3 reveals that being female was a strong negative predictor of mastery, while minority status was

a significant positive predictor (more strongly so for the city-specific subsamples). Education emerged as a strong positive predictor of environmental mastery in model 2, while perceived discrimination was a significant negative predictor in model 3. The continuing influence of race and education was also evident after accounting for perceptions of discrimination. The relationship of perceived discrimination with mastery was also found to depend on the gender of the respondent. At low levels of discrimination, males and females had the same level of environmental mastery. However, as discrimination increases, environmental mastery decreased by only $-.11$ for males, but $-.17$ for females. Thus, at higher levels of discrimination, females reported lower levels of environmental mastery than males.

Purpose in life. Model 1 of Table 4 reveals that only Mexican Americans were more likely, compared to whites, to have low levels of

purpose in life. Model 2, however, reveals that the relationship of education with purpose in life depends on racial status. In the Midlife in the U.S. survey race and education interaction reveals that blacks in the national sample benefit more from education than all other racial groups in the study. At low levels of education, both blacks and whites reported the same levels of purpose in life. However, while whites experience a .63 boost in life purpose for each unit increase in education, blacks experience a 1.36 boost (.63 + .73) in purpose for each unit increase in education. Thus, with increased education, there is a growing gap in purpose in life between blacks and whites, with the more educated blacks having higher life purpose than equally educated whites in the Midlife in the U.S. survey. The Mexican Americans in Chicago do not experience a benefit in purpose

in life from increased education. Here, the interaction of education and Mexican American status was $-.63$, which cancelled out the net gain of $.63$ for each unit increase in education. Thus, at the highest levels of education, purpose in life was highest among the Midlife in the U.S. survey blacks, followed by the blacks in New York City and the whites in the Midlife in the U.S. survey, and lowest among Mexicans in Chicago.

Model 3 also reveals that perceived discrimination was a negative predictor of life purpose. Although there were no significant interactions with perceived discrimination, previously described interactions between race and education (model 2) remained significant in model 3.

Positive relations with others. Model 1 of Table 4 reveals a main effect of gender in which

TABLE 4. Ordinary Least Squares Regression of Purpose in Life and Positive Relations with Others onto Predictors and Controls (unstandardized coefficients)

Purpose in Life			
Predictor	Model 1	Model 2	Model 3
Females (Males = 0)	.01	.02	.01
National Sample, African American	.19	-1.3	-.89
National Sample, Caucasian	—	—	—
New York, African American	.03	.30	.11
Chicago, Mexican American	-.72**	1.2*	.83
Education		.63***	.63***
National Sample, African American X Education		.59**	.73**
Chicago, Mexican American X Education		-.64*	-.63*
Perceived Daily Discrimination			-.12***
<i>Controls:</i>			
Age	-.02***	-.02***	-.03***
Employed (Unemployed = 0)	.82***	.56***	.55***
Currently Married (Not Married/Separated = 0)	.83***	.84***	.75***
α	16.4	14.6	15.4
Positive Relations With Others			
Predictor	Model 1	Model 2	Model 3
Females (Males = 0)	.96***	1.0***	1.3***
National Sample, African American	1.3**	1.4**	2.4***
National Sample, African American X Females	-1.8**	-1.8**	-1.5*
National Sample, Caucasian	—	—	—
New York, African American	1.6***	1.8***	1.5***
Chicago, Mexican American	1.8***	2.4***	2.1***
Chicago, Mexican American X Females	-1.6**	-1.6**	-1.9***
Education		.33***	.35***
Perceived Daily Discrimination			-.12***
Discrimination X Females			-.09**
<i>Controls:</i>			
Age	.02**	.02***	.01
Employed (Unemployed = 0)	.44**	.32	.31
Currently Married (Not Married/Separated = 0)	1.4***	1.4***	1.3***
α	13.5	12.5	13.3

* $p < .05$; ** $p < .01$; *** $p < .001$ (two tailed)

Note: Adjusted R^2 of final (step 3) model for purpose in life = .09. Adjusted R^2 of final (step 3) model for positive relations with others = .08.

females report significantly higher positive relations with others than males. However, the relationship of gender with positive relations was also qualified by race. White males in the Midlife in the U.S. survey reported the lowest level of positive relations (13.3), while white females in the Midlife in the U.S. survey reported higher levels (14.6). Similarly, black males in New York reported a lower level of positive relations (14.8) than black females in the New York subsample (16.1). In contrast, black males had higher levels of positive relations (15.7) than black females in the Midlife in the U.S. survey (14.2). Similarly, Mexican males in the Chicago subsample had more positive relations with others (16.7) than Mexican females (14.8).

Education was a significant positive predictor of positive relations (model 2), and perceived daily discrimination was a significant negative predictor (model 3). However, the relationship of perceived discrimination and positive relations with others depends on the gender of the respondent. Generally, positive relations decrease as discrimination increases, but at a faster rate for females ($-.21 = -.12 + -.09$) than males ($-.12$). As a result, positive relations with others is much higher among women than men when discrimination is low. As discrimination increases, the gender gap in positive relations disappears.

Personal growth. Model 1 of Table 5 reveals that the Midlife in the U.S. survey blacks and New York blacks had significantly higher scores on personal growth than the whites. Education was a significant predictor (model 2), and, once added to the model, all minority groups were significantly more likely than whites to have high assessments of their own personal growth. In model 3, the relationship of perceived discrimination with personal growth was found to depend on the gender of the respondent. Among males, there is no relationship between perceived discrimination and personal growth. However, personal growth decreased .05 for each unit increase in discrimination for females. Thus, at low levels of discrimination, males and females report similar high levels of personal growth. As the perception of discrimination increases, personal growth decreases for females, but not for males. Thus, highly discriminated against males report more personal growth than highly discriminated against females.

Autonomy. Model 1 of Table 5 reveals that being female was a significant negative pre-

dictor of autonomy. In addition, African Americans in New York were significantly more likely than whites to have high levels of autonomy. In model 2, the interactions of race and education reveal that education is associated with autonomy for Mexican Americans in Chicago, but not for whites in the national sample. Thus, at the lowest levels of education, the Mexicans have a mean level of autonomy that is 1.1 lower than the mean for MIDUS whites (15.2). However, as education increases, autonomy increases .63 for Mexicans, who, at the highest level of education, had more autonomy (17.2) than the Midlife in the U.S. survey whites (15.2). This interaction is entirely explained by racial differences in perceived discrimination in model 3.

The interaction of education for blacks in the New York sample in model 2 was not explained by perceived discrimination in model 3. Moreover, the main effect difference between whites and New York blacks is not significant in models 2 or 3. Thus, the interaction indicates that at the lowest level of education, whites and blacks in New York had the same level of autonomy (15.2). However, as education increased, the autonomy of the New York blacks increased while the whites' autonomy remained constant. Thus, at the highest level of education, blacks in New York had much higher levels of autonomy (17.2) than whites (15.2).

In model 3, the results reveal that perceived discrimination is associated with autonomy only among Mexicans and females. Dealing first with the issue of race, this interaction reveals that Mexicans report less autonomy than whites in the Midlife in the U.S. survey at low levels of discrimination. However, autonomy increases .33 for each unit of discrimination for Mexicans. As a result, at higher levels of perceived discrimination, Mexicans report more autonomy than whites.

With regard to gender, males and females have similar levels of autonomy at the lowest levels of discrimination. However, females' autonomy decreased .07 for each unit increase in discrimination, while males' autonomy remained constant across levels of discrimination. Thus, highly discriminated against males report more autonomy than highly discriminated against females.

A final set of supplemental analyses (not shown) were conducted for total psychological well-being, using average scores across the six

TABLE 5. Ordinary Least Squares Regression of Personal Growth and Autonomy onto Predictors and Controls (unstandardized coefficients)

Personal Growth			
Predictor	Model 1	Model 2	Model 3
Females (Males = 0)	.09	.08	.06
National Sample, African American	.60**	.72**	.98***
National Sample, Caucasian	—	—	—
New York, African American	1.2***	1.4***	1.3***
Chicago, Mexican American	-.11	.70**	.60**
Education		.53***	.54***
Perceived Daily Discrimination			-.02
Discrimination X Females			-.05*
<i>Controls:</i>			
Age	-.02***	-.02***	-.01***
Employed (Unemployed = 0)	.70***	.51***	.51***
Currently Married (Not Married/Separated = 0)	.16	.17	.15
α	18.1	16.5	16.7
Autonomy			
Predictor	Model 1	Model 2	Model 3
Females (Males = 0)	-.43***	-.43***	-.17
National Sample, African American	.20	.20	.60*
National Sample, Caucasian	—	—	—
New York, African American	1.8***	.78	.72
Chicago, Mexican American	-.22	-1.1*	-1.5**
Education		-.01	-.02
Education X New York, African American		.40*	.38*
Education X Chicago, Mexican American		.62*	.52
Perceived Daily Discrimination			-.02
Discrimination X Females			-.07**
Discrimination X Chicago, Mexican American			.33***
<i>Controls:</i>			
Age	.03***	.03***	.03***
Employed (Unemployed = 0)	.30*	.29*	.29*
Currently Married (Not Married/Separated = 0)	-.06	-.05	-.10
α	15.2	15.2	15.4

* $p < .05$ ** $p < .01$ *** $p < .001$ (two tailed)

Note: Adjusted R² of final (step 3) model for personal growth = .07. Adjusted R² of final (step 3) model for autonomy = .05.

dimensions. Minority group status was a significant positive predictor of overall well-being, although it was qualified by an interaction with gender for the Midlife in the U.S. survey blacks: African American males in the national sample scored higher than both African American women and white men and women. Education was also a significant positive predictor of well-being, with no interaction effects. However, the effects of perceived discrimination were found to vary by race and gender. Mexican Americans did not experience comparable decrements in overall well-being from increased discrimination that other racial groups experienced. Thus, at higher levels of discrimination, Mexican Americans in Chicago reported much higher overall well-being than either blacks in the New York and national samples, or than whites in the nation-

sample. Regarding gender, males and females had similar levels of overall well-being at low levels of discrimination. However, at higher levels of perceived discrimination, females had lower total well-being compared to males.

DISCUSSION

The purpose of this study was to investigate relationships between status inequality—defined primarily in terms of race/ethnicity, but also due to gender and educational standing—and humanistic, existential aspects of well-being. The latter emphasize realization of human potential and the struggle to make life meaningful and worthwhile, even in the face of adversity. Measured with outcomes such as

purpose in life and personal growth, eudaimonic well-being constitutes an addition to findings on race and quality of life (Hughes and Thomas 1998), or race and psychiatric disorders (Kessler et al. 1994; Williams and Harris-Reid 1999).

To this query, we also brought interest in co-occurring inequalities (i.e., combinations of race/ethnicity, gender, education) and the role of perceived discrimination, which probes the subjective experience of being treated unfairly relative to others. The overarching questions were how the status variables, individually or interactively, relate to reported levels of purpose in life, personal growth, environmental mastery, self-acceptance, and so on, as well as how linkages of social status with well-being are moderated by the perception that one has been treated unfairly in everyday experience (e.g., lack of courtesy and respect) and major life events (e.g., denied a bank loan). We examined these questions in the context of a national survey that included comparison between black and whites as well as with supplemental city-specific samples of African Americans from New York and Mexican Americans from Chicago.

A first and central finding of the investigation is that minority status, across multiple racial/ethnic groups, is a consistently *positive* predictor of eudaimonic well-being, relative to majority/white status. This pattern was evident for all well-being dimensions with two minor exceptions. For autonomy, it was evident for two of the three minority samples, but not for Mexican Americans in Chicago, while for purpose in life such positive effects were evident only after education was added to the model. Thus, for all outcomes minority groups were advantaged relative to whites, and in most cases, these effects remained significant even after other factors (e.g., perceived discrimination, interaction effects) were accounted for. Therefore, the answer to our opening inquiry—i.e., is minority status linked with higher levels of humanistic and existential well-being—is yes. Numerous interactive effects added layers of specificity to the results.

For purpose in life, perhaps the most existential element of well-being, given its emphasis on finding meaning and direction, the minority advantage was not evident until interactions with educational status were also in the model. These analyses revealed that, with

gains in education, there is a greater gap between blacks and whites in the national sample, such that more educated blacks have a heightened sense of purpose relative to well-educated whites. A similar pattern was obtained for autonomy, where at lower levels of education whites and blacks in New York had similar levels of autonomy, but as education increased, blacks' reported autonomy levels increased while it remained constant for whites. Such findings implicate status inconsistencies (e.g., being a highly educated minority member) and suggest that educational attainment, an achieved status, may contribute differentially to the life purpose or autonomy of those with assigned minority status. Because our data are cross-sectional, we cannot rule out the possibility that high levels of purpose in life and autonomy may also have contributed to the pursuit of higher education. Both directional influences seem plausible.

Nonetheless, Mexican Americans in Chicago did not experience a benefit in purpose in life from increased education, perhaps reflecting their considerably lower educational standing overall (about two-thirds had less than 12 years of education). Further, for self-acceptance, a measure related to self-esteem (Ryff 1989) where considerable minority research has been conducted (Gray-Little and Hafdahl 2000; Jackson and Lassiter 2001), the interaction between race and education showed that the Midlife in the U.S. survey blacks reported higher levels of self-acceptance relative to whites, but only among those with *lower* levels of education. How race, education, and psychological well-being are interrelated is thus a complex story varying by the dimension of well-being under consideration.

Extending the theme of dimension-specific outcomes, only one interaction of race and gender occurred, and this was for positive relations with others. Prior findings have shown women to have higher scores than men on this interpersonal aspect of well-being (Ryff 1989; Ryff and Keyes 1995; Ryff and Singer 1998). Black males in the survey and Mexican males in Chicago, however, had *higher* levels of positive relations with others than their female counterparts. The advantage of white females over white males persisted in the national sample, with a similar pattern evident among African Americans in New York City. The group-specific patterns for this outcome were overshadowed by the notable consistency of

the gender effects once perceived discrimination was brought to the analyses.

We had noted contrasting perspectives on how perceived discrimination might be linked with well-being. When construed as a stressor (Kessler, Michelson, and Williams 1999), it would be expected to compromise well-being. However, viewed as an explanation for the negative feedback one receives from others (Ruggiero and Taylor 1997), perceived discrimination might serve as a self-protective attribution. Our findings supported the former perspective: Perceived discrimination was a consistently negative predictor of psychological well-being. However, a prominent finding across multiple outcomes (self-acceptance, environmental mastery, positive relations with others, personal growth, autonomy) was that such perceptions were specific to women. That is, for all subgroups in the analyses (African Americans, Mexican Americans, and whites), the adverse effects of high levels of perceived discrimination on well-being were evident for women, but not men.

These gender differences are a notable point of departure from prior research on majority samples, where women have repeatedly shown comparable or better profiles of well-being (positive relations with others, personal growth) relative to men (Ryff and Singer 1998). Thus, not only do the data draw attention to the lower profiles of well-being among minority women relative to minority men—specifically, for positive relations with others (African Americans in the national sample and Mexican Americans in Chicago)—they also underscore the compromised well-being evident among all women, majority and minority, who see themselves as suffering from chronic discriminatory experience.

Combinations of status inequality, referred to as double jeopardy (Dowd and Bengtson 1978; Ferraro and Farmer 1996), have been hypothesized to compromise health and well-being. Prior findings on race and quality of life (Hughes and Thomas 1986) and race and psychological disorders and distress (Kessler et al. 1994; Williams and Harris-Reid 1999) have, however, given little emphasis to gender differences. Our findings show that the well-being of minority women is, indeed, compromised, but only among those who perceive high levels of discrimination. As such, the results underscore the importance of including the subjective experience of racism and sexism in daily

life into analyses to account for variation in psychological well-being. In addition, the results on white majority women add a qualifier to prior findings based on more select community samples. For white women in MIDUS who perceive high levels of discrimination, all aspects of well-being except purpose in life were compromised.

Our investigation is limited by various factors, including possible mode effects and sampling restrictions. We found that both city-specific minority samples reported significantly lower perceived discrimination than blacks and whites in the national sample. These differences may reflect a reduced tendency to report experiences of discrimination in a face-to-face interview format, as was followed with the city samples. Perhaps a distressing topic for racial minorities, perceived discrimination may be more reliably assessed in self-administered questionnaires. Our multiple racial/ethnic groups were also qualified by sociodemographic differences. Blacks in the Midlife in the U.S. sample were highly educated, and although this limits the generalizability of the findings, it made the educational contrast with blacks in New York City informative. Mexican Americans in Chicago, in turn, had notably lower levels of education, thereby adding to the heterogeneity of the minority samples, but also creating other key dimensions of difference among them. Despite differences in education, marital status, and employment status across the minority samples, there was a good deal of consistency across the relational findings summarized above. When it comes to eudaimonic well-being, evidence across all three minority samples revealed positive advantage relative to white samples. Such advantage shifts to disadvantage among minority women (again, across all three samples) who perceive high levels of discrimination in their lives. Replication with more representative minority samples is needed.

Another factor our study does not address is *how* minority group experience conveys advantage in eudaimonic well-being. In fact, were it not for the negative effects exerted by perceived discrimination, the minority advantage in well-being would have been even more marked. For some aspects of well-being (purpose in life, autonomy), our findings show that having access to higher education may be important. Educational attainment not only increases opportunities in the workplace, but

likely provides cognitive and emotional skills for dealing with racism. It may also influence how individuals believe others view them (i.e., reflected appraisals may improve as education improves). Alternatively, for other aspects of well-being (self-acceptance), our findings showed that it was MIDUS African Americans with lower levels of education who reported higher levels of self-acceptance than comparably educated whites. Thus, caution must be employed in arguing that educational advancement translates into gains in well-being.

Other avenues pertain to racial socialization (Fischer and Shaw 1999) and group identification (Branscombe, Schmitt, and Harvey 1999), which may be important influences, not only for dealing with discriminatory experience, but also for instilling meaning, purpose, pride, and commitment to self-realization. Applied to family life, the cultural identity of parents and what it implies for cultural socialization of children (Spencer, Swanson, and Glymph 1996) may be relevant for nurturing eudaimonic well-being. Frankl (1992) eloquently argued that it is not suffering, per se, but suffering without meaning that is devastating to the individual. Applied to racial/ethnic challenges, parents may play essential roles as meaning-makers as their children are confronted with racism and discrimination. Work on emotion-coaching versus emotion-dismissing parents (Gottman, 2001) may also be relevant. Emotion-coaching parents help children name and interpret their negative emotions, whereas the latter dismiss negative affect, or view it as something to get over. Emotion-coaching about racism may serve critical meaning-making functions in the face of adversity and simultaneously offer psychosocial tools for preparedness for future discriminatory experience. The growing literature on positive emotion (Frederickson 1998) and its role in undoing the aftereffects of negative emotion may be another critical angle.

The emergent literatures on growth through crisis (e.g., Tedeschi and Calhoun 1995) and resilience (Luthar, Cicchetti, and Becker 2000) also provide useful frameworks for understanding how positive strengths may emerge from adversity. While not explicitly focused on the difficulties of minority life, these studies point out that not all individuals exposed to severe trauma or the chronic difficulties of poverty, family alcoholism or mental illness are damaged by the experience. Many flourish

nonetheless and, in fact, gain from the experience. Numerous factors have been identified to account for such outcomes (e.g., personality factors, intelligence, social support, religion/spirituality), all of which are probable elements of resilience in the minority context as well.

It is important to emphasize that nothing we put forth regarding the psychological strengths of racial/ethnic minorities disputes the downside—i.e., that mental and physical health can be undermined by the stresses of racism (Williams 1999). What we are attempting to clarify, drawing on our own prior work (Keyes 2002; Singer et al. 1998), is that both stories can simultaneously be true. That is, advantage in well-being can exist concomitantly with negative outcomes. The recognition that the positive side of mental health is not merely the absence, or inverse, of the negative but rather is an independent realm of mental functioning is a central theoretical message of our paper.

Finally, the present findings speak to those studying links between psychosocial stress such as racism, and health, including intervening biological processes (Clark et al. 1999; Guyll, Matthews, and Bromberger 2001). As this work proceeds, it is important to remember that psychological strengths may also have import for biology, providing potentially protective roles in unfolding trajectories of morbidity and mortality. Singer and Ryff (1999) recently demonstrated that those with persistently positive social relationships through time were less likely to have high allostatic load (a summary index of wear and tear on multiple physiological systems, see Seeman et al. 2001) than those with chronic negative relationships, and further showed that such benefits were particularly evident in contexts of persistent economic adversity. An important question for future health research is whether the psychosocial strengths of minority respondents confer protective benefits at the biological level.

REFERENCES

- Allport, Gordon W. 1961. *Pattern and Growth in Personality*. New York: Holt, Rinehart, and Winston.
- Ashford, Sheena. 1990. "Upward Mobility, Status Inconsistency, and Psychological Health." *Journal of Social Psychology* 130:71–76.
- Bird, Chloe E. and Allen M. Fremont. 1991.

- "Gender, Time Use, and Health." *Journal of Health and Social Behavior* 32:114–29.
- Branscombe, Nyla R., Michael T. Schmitt, and Richard D. Harvey. 1999. "Perceiving Pervasive Discrimination among African Americans: Implications for Group Identification and Well-Being." *Journal of Personality and Social Psychology* 77:135–49.
- Clark, Rodney, Norman B. Anderson, Vernessa R. Clark, and David R. Williams. 1999. "Racism as a Stressor for African Americans." *American Psychologist* 54:805–16.
- Cross, William E. 1991. *Shades of Black: Diversity in African-American Identity*. Philadelphia, PA: Temple University Press.
- Dowd, James J. and Vern L. Bengtson. 1978. "Aging in Minority Populations: An Examination of the Double Jeopardy Hypothesis." *Journal of Gerontology* 33:427–36.
- Erikson, Erik. 1959. "Identity and the Life Cycle." *Psychological Issues* 1:18–164.
- Ferraro, Kenneth F. and Melissa M. Farmer. 1996. "Double Jeopardy to Health Hypothesis for African Americans: Analysis and Critique." *Journal of Health and Social Behavior* 37:27–43.
- Fischer, Ann R. and Christina M. Shaw. 1999. "African Americans' Mental Health and Perceptions of Racist Discrimination: The Moderating Effects of Racial Socialization Experiences and Self-Esteem." *Journal of Counseling Psychology* 46:395–407.
- Frankl, Victor E. 1992. *Man's Search for Meaning*, 4th ed. Boston, MA: Beacon.
- Fredrickson, Barbara L. 1998. "What Good Are Positive Emotions?" *Review of General Psychology* 2:300–19.
- Gottman, John. 2001. "Meta-Emotion, Children's Emotional Intelligence, and Buffering Children from Marital Conflict." Pp. 23–39 in *Emotion, Social Relationships, and Health*, edited by C. D. Ryff and B. H. Singer. New York: Oxford University Press.
- Gray-Little, Bernadette and Adam R. Hafdahl. 2000. "Factors Influencing Racial Comparisons of Self-Esteem: A Quantitative Review." *Psychological Bulletin* 126:26–54.
- Guyll, Max, Karen A. Matthews, and Joyce T. Bromberger. 2001. "Discrimination and Unfair Treatment: Relationship to Cardiovascular Reactivity among African American and European American Women." *Health Psychology* 20:315–25.
- Heimer, Carol A. 1996. "Gender Inequalities in the Distribution of Responsibility." Pp. 241–73 in *Social Differentiation and Social Inequality*, edited by J. N. Baron, D. B. Grusky, and D. J. Treiman. Boulder, CO: Westview Press.
- Hughes, Michael and Melvin E. Thomas. 1998. "The Continuing Significance of Race Revisited: A Study of Race, Class, and Quality of Life in America, 1972 to 1996." *American Journal of Sociology* 63:785–95.
- Jackson, Pamela B. and Sonia P. Lassiter. 2001. "Self-Esteem and Race." Pp. 223–54 in *Extending Self-Esteem Theory and Research: Sociological and Psychological Currents*, edited by Timothy J. Owens, Sheldon Stryker, and Norman Goodman. New York: Cambridge University Press.
- Jackson, James S., David R. Williams, and Myriam Torres. 1997. *Perceptions of Discrimination: The Stress Process and Physical and Psychological Health*. Ed. by A. Maney. Washington, DC: National Institute for Mental Health.
- Jahoda, Marie. 1958. *Current Concepts of Positive Mental Health*. New York: Basic Books.
- Jung, Carl G. 1933. *Modern Man in Search of a Soul*. New York: Harcourt, Brace, & World.
- Kahnman, Daniel, Ed Diener, and Norbert Schwarz, Eds. 1999. *Well-Being: The Foundations of Hedonic Psychology*. Thousand Oaks, CA: Sage Publications.
- Kessler, Ronald C., Katherine A. McGonagle, Shanyang Zhao, Christopher B. Nelson, Michael Hughes, Suzann Eshleman, Hans-Ulrich Wittchen, and Kenneth S. Kendler. 1994. "Lifetime and 12-Month Prevalence of DSM-III-R Psychiatric Disorders in the United States." *Archives of General Psychiatry* 51:8–19.
- Kessler, Ronald C., Kristin D. Mickelson, and David R. Williams. 1999. "The Prevalence, Distribution, and Mental Health Correlates of Perceived Discrimination in the United States." *Journal of Health and Social Behavior* 40:208–30.
- Keyes, Corey L. M. 2002. "The Mental Health Continuum: From Languishing to Flourishing in Life." *Journal of Health and Social Behavior* 43:207–22.
- Keyes, Corey L. M., Dov Shmotkin, and Carol D. Ryff. 2002. "Optimizing Well-Being: The Empirical Encounter of Two Traditions." *Journal of Personality and Social Psychology* 87: 1007–1022.
- Luthar, Suniya S., Dante Cicchetti, and Bronwyn Becker. 2000. "The Construct of Resilience: A Critical Evaluation and Guidelines for Future Work." *Child Development* 71:543–62.
- Marmot, Michael, Carol D. Ryff, Larry L. Bumpass, Martin Shipley, and Nadine F. Marks. 1997. "Social Inequalities in Health: Converging Evidence and Next Questions." *Social Science and Medicine* 44:901–10.
- Maslow, Abraham. 1968. *Toward a Psychology of Being*, 2nd ed. New York: Van Nostrand.
- Porter, Judith R. and Robert E. Washington. 1979. "Black Identity and Self-Esteem: A Review of Studies of Black Self-Concept." *Annual Review of Sociology* 5:53–74.
- Rogers, Carl R. 1961. *On Becoming a Person*. Boston, MA: Houghton Mifflin.

- Ross, Catherine E. and Chia-Ling I. Wu. 1995. "The Links between Education and Health." *American Sociological Review* 60:719-45.
- Ruggiero, Karen M. and Donald M. Taylor. 1997. "Why Minority Group Members Perceive or Do Not Perceive the Discrimination That Confronts Them: The Role of Self-Esteem and Perceived Control." *Journal of Personality and Social Psychology* 72:373-89.
- Ryan, Richard M. and Edward L. Deci. 2001. "On Happiness and Human Potentials: A Review of Research on Hedonic and Eudaimonic Well-Being." *Annual Review of Psychology* 52:141-66.
- Ryff, Carol D. 1989. "Happiness Is Everything, Or Is It? Explorations on the Meaning of Psychological Well-Being." *Journal of Personality and Social Psychology* 57:1069-81.
- Ryff, Carol D. and Corey L. M. Keyes. 1995. "The Structure of Psychological Well-Being Revisited." *Journal of Personality and Social Psychology* 69:719-27.
- Ryff, Carol D., Corey L. M. Keyes, and Diane L. Hughes. Forthcoming. "Psychological Well-being in MIDUS: Profiles of Ethnic, Racial Diversity and Life Course Uniformity" in *How Healthy Are We: A National Study of Well-Being at Midlife*, edited by Orville G. Brim, Carol D. Ryff, and Ronald C. Kessler. Chicago: University of Chicago Press.
- Ryff, Carol D., William J. Magee, Kristen C. Kling, and Edward H. Wing. 1999. "Forging Macro-micro Linkages in the Study of Psychological Well-being." Pp. 247-78 in *The Self and Society in Aging Processes*, edited by Carol D. Ryff and Victor W. Marshall. New York: Springer.
- Ryff, Carol D. and Burton Singer. 1998. "Middle Age and Well-Being." Pp. 707-19 in *Encyclopedia of Mental Health*, edited by H. S. Friedman. San Diego, CA: Academic Press.
- . 2002. "From Social Structure to Biology: Integrative Science in Pursuit of Human Health and Well-Being." Pp. 541-55 in *Handbook of Positive Psychology*, edited by C. R. Snyder and S. J. Lopez. New York: Oxford University Press.
- Seeman, Teresa E., Bruce S. McEwen, John W. Rowe, and Burton H. Singer. 2001. "Allostatic Load as a Marker of Cumulative Biological Risk." *Proceedings of the National Academy of Sciences* 98: 4770-75.
- Singer, Burton and Carol D. Ryff. 1999. "Hierarchies of Life Histories and Health Risk." *Annals of the New York Academy of Sciences* 896:96-115.
- Singer, Burton, Carol D. Ryff, Deborah Carr, and William J. Magee. 1998. "Life Histories and Mental Health: A Person-Centered Strategy." Pp. 1-51 in *Sociological Methodology*, edited by A. Raftery. Washington, DC: American Sociological Association.
- Spencer, Margaret B., Dena P. Swanson, and Alvin Glymph. 1996. "The Prediction of Parental Psychological Functioning: Influences of African American Adolescent Perceptions and Experiences of Context." Pp. 337-82 in *The Parental Experience in Midlife*, edited by C. D. Ryff and M. M. Seltzer. Chicago: University of Chicago Press.
- Taylor, Jerome and Beryl Jackson. 1990. "Factors Affecting Alcohol Consumption in Black Women, Part II." *The International Journal of Addictions* 25:1415-27.
- Tedeschi, Richard G. and Lawrence G. Calhoun. 1995. *Trauma and Transformation: Growing in the Aftermath of Suffering*. Thousand Oaks, CA: Sage.
- Thomas, Melvin E. and Michael Hughes. 1986. "The Continuing Significance of Race: A Study of Race, Class, and Quality of Life in America, 1972-1985." *American Sociological Review* 51:830-41.
- Williams, David R. 1999. "Race, Socioeconomic Status, and Health: The Added Effects of Racism and Discrimination." *Annals of the New York Academy of Sciences* 896:173-88.
- Williams, David R., and An-Me Chung. Forthcoming. "Racism and Health" in *Health in Black America*, edited by Rose C. Gibson and James S. Jackson. Thousand Oaks, CA: Sage Publications
- Williams, David R. and Michelle Harris-Reid. 1999. "Race and Mental Health: Emerging Patterns and Promising Approaches." Pp. 295-314 in *A Handbook for the Study of Mental Health: Social Contexts, Theories, and Systems*, edited by Allan V. Horwitz and Teresa L. Scheid. New York: Cambridge University Press.
- Williams, David R., Yan Yu, James S. Jackson, and Norman B. Anderson. 1997. "Racial Differences in Physical and Mental Health: Socioeconomic Status, Stress, and Discrimination." *Journal of Health Psychology* 2:335-51.

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