Race, Ethnicity and Mental Health: 
Introduction to the Special Issue*

DAVID T. TAKEUCHI
University of Washington

DAVID R. WILLIAMS
University of Michigan


Race and ethnicity have been and continue to be associated with residence in safe and supportive neighborhoods, employment in good paying and fulfilling jobs, attendance at schools with exceptional learning environments, and quality health care (National Research Council 2001). Explanations for the persistent effects of race and ethnicity in our daily lives have taken different forms and often reflect the social and political circumstances of an era. For example, biological determinism or essentialism sees people as belonging to fixed groups based on a set of putative biological features. While this is still a relatively common view of race, it was the prevailing scientific ideology during the nineteenth and twentieth centuries, with scientific studies of the time, including the social sciences, drawing conclusions that tended to reinforce this racial stratification system rather than contest it (McKee 1993). Scientific research since then, including findings from the Human Genome Project, clearly indicates that our racial categories do not capture fixed biological differences between population groups. Some have argued that because the essentialist view has been shown to be flawed, we should abandon the use of race in scientific research. The American Sociological Association recently issued a statement that highlights the importance of continuing to collect data on race and the need for more careful and deliberate analyses of the continuing significance of racial hierarchies in multiple domains of life (American Sociological Association 2003).

A recent report from the Surgeon General of the United States indicates that mental health is one area where race and ethnicity continue to matter, affecting the incidence, prevalence, severity, course, and treatment of mental health problems (U.S. Department of Health and Human Services 2001). The papers in this special issue respond to the ASA’s call and seek to advance this next level of research that goes beyond both the documentation of race and ethnic differences in mental health and the oversimplified debates about race versus socio-economic status. Instead, we are attempting to construct research questions that are substantively richer, more nuanced, and better contextualized.

A constant tension in the sociology of mental health is the debate over the measurement of mental health and mental illness (Horwitz 2002). This is of special relevance to the study of race and mental health. The pattern of racial differences in mental health status varies by the indicator of mental health status under consideration, with some racial and ethnic minority groups having levels of mental health that are better than expected (U.S. Department of Health and Human Services 2001). Understanding the role of race in mental health must begin with a comprehensive measurement of the mental health construct and a systematic evaluation of the extent to which there are race and ethnic influences on mental health assessment.

Four papers address facets of this issue in unique ways and point to important directions

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for future research. Neighbors and colleagues investigate how a patient’s race influences the type of psychiatric diagnoses given by a clinician. While Neighbors et al. use a clinical setting for their study, Alegria and McGuire consider a related issue using survey research data. They test whether certain symptoms are differentially associated with psychiatric disorders for various racial and ethnic groups, as well as other social categories. Instead of clinical diagnoses, they use data obtained from a structured interview schedule administered by lay interviewers. Ryff, Keyes, and Hughes provide a fresh perspective by investigating how race and ethnicity are connected to eudemonic well-being, or the sense of a purpose in life, personal growth, autonomy, and environmental mastery. Brown argues that theoretical understandings of the nature of racial stratification should more clearly inform the sociology of mental health’s approach to the study of race, ethnicity, and mental health. He illustrates this approach by using critical race theory to suggest that the racial stratification system could lead to the development of distinctive mental health problems for both dominant and subordinate groups.

Sociologists generally agree that race and ethnicity are socially constructed and that members placed in these categories vary considerably in the degree they identify with these labels. There is also growing scientific interest in the extent to which racial and ethnic discrimination is a psychosocial stressor that can adversely affect mental health. Research is needed to examine how identity (and other potential resources) and discrimination relate to each other and combine to affect psychological health. Sellers and colleagues use a prospective design to examine racial identity and its influence on psychological distress among African Americans. Mossakowski focuses on ethnic identity as a resource among Filipino Americans, the second largest Asian American ethnic group. Both studies include measures of perceived discrimination (as well as other stressors) to test how identities and stress combine to affect distress.

As indicated earlier, race and ethnicity have persistent effects on many social, economic, and health indicators. What is lacking is a clear delineation of all the relevant social and cultural factors that tie race and ethnicity to these outcomes. A set of six papers in this issue inspect the mechanisms and processes that mediate or moderate the effects of race and ethnicity on mental health. Forman examines how one aspect of the racial organization of the workplace (the tendency that some jobs are tied to certain racial groups) can influence the psychological distress and well-being of African Americans. George and Lynch assess the trajectories of acute stressors and depression over three time periods. They pay particular attention to whether the patterns of association between the growth of stress and depression are similar or unique for African Americans and whites. In another study using data over time, Gore and Aseltine examine the factors that mediate race and ethnicity and depressed mood in a sample of young adults who have recently graduated from high school. One of their purposes is to demonstrate how the disadvantage in the transition from adolescence into adulthood can have negative consequences for mental health, especially for some racial and ethnic groups. Lincoln, Chatters, and Taylor test whether the social and psychological factors that are associated with distress are the same for African Americans and whites. An important feature in their analyses is the inclusion of both social support and negative interactions. Most of the papers in this volume center on psychological distress or well-being. Martin and Roman remind us that the study of other types of problems can provide theoretical insight about how race and mental health are associated with various health outcomes. They consider how risky coping strategies are linked to different types of problem drinking patterns among African Americans. A sixth paper in this set brings insight about how race and ethnicity operate in a different country. Wu and colleagues include samples representing 12 different ethnic categories and focus on testing hypotheses that include socio-economic status, social support, and the interaction between ethnicity and socio-economic status.

We conclude this volume with a paper that examines how factors linked to race may adversely affect even relatively advantaged segments of subordinate racial and ethnic populations. This is an important issue for future research. Some research suggests that middle class status is often positively related to stress, and stress-related outcomes such as suicide and hypertension for African American males (Williams 2003). These findings and Brayboy-Jackson’s and Stewart’s paper highlight the
importance of paying attention to the intersections of race, class, and gender. They argue that upward mobility does not necessarily lead to social acceptance, and that prejudice and discrimination in the middle class may be more normative than previously recognized. Their paper provides some theoretical insight regarding how token stress and social rejection can lead to mental health problems for the African American middle class.

Each paper in this special issue addresses an important topic that will need to be addressed in future studies. We provide a few of our own ideas about some possible directions. With few exceptions, the papers in this special issue examine the heterogeneity of African Americans or make comparisons between African Americans and whites. Thus, like much of the available empirical literature in the sociology of mental health, the experience of other racial and ethnic groups are not adequately captured in the papers in this special issue. The inclusion of groups such as Native Americans, Asian Americans, and Latinos will help refine theories that contextualize or link race and ethnicity to mental health.

Also lacking in the study of mental health is an examination of how historical events and power differentials shape the current well-being of groups of people. Each racial and ethnic group has a different history, with some groups indigenous to this country, others voluntarily migrating, and still others seeking refuge to avoid genocide, wars, and political persecution. We do not know how these historical circumstances influence the mental health of people living in contemporary times. Is the mental health of today’s generation affected by the historical traumas, such as oppression and slavery, endured by one’s ancestors? Are these experiences and their association with mental health earlier generations? Answers to these and other complex questions will go a long way in promoting policies and programs that will reduce racial inequities in American society. New theories and methods are needed to better understand how advantage and disadvantage accumulate over the life course and across generations to affect mental health.

The empirical papers in this volume use survey research data and quantitative analyses to shed light on the topic of this special issue. While these studies provide insight about race and ethnicity, many are constrained by their methodological approach and existing scientific knowledge to provide insufficient depth about the precise mechanisms and processes that actually link race to mental health. For this task, more qualitative methods and analyses, more theoretically informed quantitative epidemiological data, and more sophisticated multilevel studies are needed to investigate how macro-social structures and micro-processes lead to better or worse mental health.

In many respects, we are in an excellent time and place to make significant advances in the study of race, ethnicity, and mental health. One reason for this positive outlook is that a number of reports from a wide range of professional, federal, and private agencies have advocated for more and better research on race, ethnicity, and health. Topics such as prejudice, discrimination, and racism are no longer placed at the fringe of scholarly debates but are considered worthy of scientific scrutiny and investigation. We trust that the papers in this special issue will also provide another reason for this optimism.

REFERENCES


David T. Takeuchi is Professor in the School of Social Work and Department of Sociology at the University of Washington. His research focuses on investigating the social, structural, and cultural contexts that are associated with different health outcomes, especially among racial and ethnic minorities. He also examines the use of health services in different ethnic communities. He is currently involved in a national study of Latinos and Asians investigating the prevalence and correlates of mental health problems.

David R. Williams is Harold W. Cruse Collegiate Professor of Sociology and Senior Research Scientist at the Survey Research Center, Institute for Social Research, the University of Michigan. He is centrally interested in the determinants of socioeconomic and racial differences in physical and mental health. He is currently involved in projects examining discrimination and health, religious involvement and health, and the social distribution of psychiatric disorders in the U.S. and South Africa.