CHAPTER 9

Race, Ethnicity, and Culture in the Sociology of Mental Health

TONY N. BROWN
SHERRILL L. SELLERS
KENDRICK T. BROWN
JAMES S. JACKSON

INTRODUCTION

The growing racial and ethnic heterogeneity of the U.S. population will require mental health researchers to think more seriously about sociocultural variation. To date, researchers have not given sufficient attention to how race, ethnicity, and culture are linked to one another and to mental health. For instance, race can be an important factor in predicting exposure and vulnerability to stress, coping strategies, social support, and, in turn, mental health status. Race, however, grossly aggregates people and often hides subtle, and not so subtle, variations in mental health status and functioning. This aggregation masks and perhaps distorts ethnic differences and cultural influences within racial groups. It is neither scientifically nor clinically valid to categorize, sample or theorize about racial groups—such as Whites, Asians, Hispanics, or Blacks—without recognizing the ethnic variation and cultural influences within these populations.

Despite this heterogeneity, many social scientists are content to “control” for race or
Tony N. Brown ET AL.

ethnicity (i.e., to include race as a background factor in statistical models) without fully considering the sociological meaning of these constructs. They are content to make disclaimers about the difficulties in sampling and studying discrete ethnic groups, or the difficulties in accounting for the complexities of cultural influences. For these reasons, we have an incomplete understanding of how race, ethnicity, and culture individually, and in interaction, influence mental health.

This chapter briefly highlights the complexity of studying race, ethnicity, and cultural influences, specifically as these three constructs relate to the sociology of mental health. We argue that race, ethnicity, and culture influence mental health status in three important ways. First, the reliable and valid assessment of mental health is hindered by an inadequate sampling of racial and ethnic groups. Second, race and ethnicity are social statuses that can be associated with stressful experiences among subordinate groups. For example, conflicting cultural influences, experiences of discrimination, and immigration are often associated with, and directly related to, adverse mental health outcomes. Third, and finally, predictors of mental health outcomes can vary in important ways depending upon race, ethnicity, and cultural influences.

These three issues provide the organizing framework for this chapter. Though broad in scope, our discussion is not meant to be exhaustive; rather, we aim to illustrate the implications of these issues for the study of mental health within a sociological framework and thus to provide a directive for researchers in the mental health field. To adequately explore these issues, we first define the concepts of race, ethnicity, culture, and cultural influences. We then briefly review what is currently known about the distribution of mental health outcomes across several racial and ethnic populations. We conclude this chapter by suggesting a research plan for the next millennium, a period that will see phenomenal changes in racial, ethnic, and cultural diversity in the United States.

UNCONFOUNDING RACE, ETHNICITY, AND CULTURE: A MURKY MESS OF MISCONCEPTIONS

In secular and academic circles, the concepts “race,” “ethnicity,” and “culture” are frequently used but rarely defined (Adebimpe, 1994; Wilkinson & King, 1987; Williams, Lavissio-Mourey, & Warren, 1994). In some cases, these terms are used interchangeably. For example, published articles in the sociological literature describe “Hispanics” or “American Indians” as racial groups (Williams, 1997). Such classifications fail to distinguish between race and ethnicity. In addition, culture, and “cultural influences,” are not well understood. In particular, sociologists often fail to consider the impact of cultural influences on individuals and racial groups. This oversight often leads to the discussion of cultural influences as “residual effects.” The confounding of these terms complicates the study and understanding of mental health status and functioning in the United States. The following sections define the constructs of race, ethnicity, and cultural influences in a theoretically meaningful way. These definitions establish a common language that will allow us to discuss the mental health implications of these constructs in a clear way.

Defining Race

Race is undoubtedly one of the least understood sociological terms in use today (Wilkinson & King, 1987; Williams, 1997). Some scholars believe that race is a biological category