ABSTRACT. Using secondary data analysis, we proposed and tested a structural model of subjective well-being using LISREL V. Separate analyses were performed on samples of Asians (N = 142), Blacks (N = 338), Hispanics (N = 188), and Whites (N = 293). Exogenous predictor variables were age, serious personal loss, occupational status, and employment status. Endogenous predictors were self-perceived health, physical activity, and strength of social ties. Results indicated that within group models were somewhat different from each other. We concluded that analyses done separately by ethnicity yielded more accurate representations of structural models of subjective well-being, and provide evidence that ethnic groups are reference groups in which determinants of subjective well-being operate differentially.

INTRODUCTION

Theoretical explanations of subjective well-being can be classified into two general categories. In the first category are those that propose global subjective well-being can be explained in terms of satisfaction with specific domains of life (Andrews and Withey, 1974). Medley (1976) and Cutler (1979) used satisfaction with such domains as family life, health, standard of living, and occupation to predict global subjective well-being. Michalos (1980, 1982, 1983) extended this approach by measuring the perceived gap between desired and actual outcomes in specific domains; then using the gap scores to predict global subjective well-being.

In the second category are theories that posit subjective well-being is determined largely by psychosocial states of individuals. Theorists such as Campbell, Converse, and Rodgers (1976) and Markides and Martin (1979) have suggested that subjective assessments of various psychological states and sociological statuses are more important determinants of subjective well-being than objective assessments. For example, Larson (1978) and George and Landerman (1982) have argued that self-perceived health measures provide better estimates of global subjective well-being than objective measures (e.g., physician's ratings). Larson concluded that purely objective measures "are not necessarily the most accurate estimates of the extent to which a
person's condition is painful and debilitating". Other psychosocial constructs posited to affect subjective well-being include "social integration" (Liang, Dvorkin, Kahana and Mazian; 1980), "reference group" (Hyman, 1942), and "stress and role loss" (Elwell and Maltbie-Crannell, 1981).

Our intention in this study was to develop and test a psychosocial causal mode of subjective well-being in four ethnic groups. Figure 1 depicts the initial model, and inspection reveals that social ties is one focal construct in the model. This follows from a symbolic interaction perspective (Mead, 1934).

From this perspective, we interpret subjective well-being as emerging from social interaction, especially that with family and friends. Social interaction provides a frame of reference by which subjective well-being is judged, and different ethnic backgrounds may provide unique social contexts within which members see and evaluate themselves.

The causal model used in this study is presented in Figure 1. This model contains 4 exogenous predictors, 3 endogenous predictors and the outcome measure, life satisfaction.

**Exogenous Predictor Variables**

**Age.** After reviewing 17 national polls conducted between 1948 and 1977, Witt, Lowe, Peek, and Curry (1980) found the relation between age and