Social Mobility and Psychological Distress: Differences among Black American Men and Women

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Abstract

Research indicates that social mobility affects the mental and physical health of black Americans (Alston & Knapp 1974; Isaacs 1984; Parker & Kleiner 1966; Sellers 2000). A few researchers also explored factors that might buffer or exacerbate the effects of mobility on well-being (Isaacs 1984; Parker & Kleiner 1966). The current study continues this line of inquiry and examines the hypothesis that the moderating effects differ by gender. Guided by the integration of a life course perspective and the stress paradigm, this study examined associations of psychological distress, race-related factors, and intergenerational occupational social mobility among black American men and women. Based on data from the National Survey of Black Americans (NSBA), support for the hypothesis was found. Upwardly mobile black men who experienced racial discrimination reported significantly higher levels of psychological distress; no significant relationships were found for black women. The opposite pattern was found for perceptions of discriminatory intent. No associations were found for black men, while black women who felt that whites wanted to keep blacks down reported higher levels of distress. Patterns for racial composition of the workplace also differed by gender. For nonmobile black men, a mostly white work environment was associated with higher levels of distress. For black women, the composition of the workplace appeared to exacerbate the stress of mobility but had little impact on the distress of downwardly and nonmobile women.

Introduction

Social mobility, defined as "movement which places an adult person in a social world that significantly differs from the one into which she or he was socialized during childhood," (as quoted in Broman 1989) is an important facet of American democratic society (Hochschild 1995). Social mobility validates the idea that the U.S. is a land of opportunity in which hard work and talent are the primary requisites for success. Social mobility is a key aspect of socioeconomic status. It is expected that upward mobility will have psychological benefits and downward mobility will adversely affect well-being (Jackson & Curtis 1972). But mobility experience is, in fact, far more complicated. Upwardly mobile individuals may find themselves providing financial support, job leads, and other instrumental support to poorer family members (Higginbotham & Cannon 1988; Higginbotham & Weber 1992). If black,

the upwardly mobile person may have to contend with majority group racial hostilities and insensitivities, as well as within group animosities. The stress of achievement may be two-pronged--increased demands from the family of origin and alienation from the current destination group. These factors combined may adversely affect the health of upwardly mobile individuals.

Previous studies assumed that social mobility was an unproblematic process (Higginbotham & Cannon 1988) and conceptualized the mobility experience in a narrow sense of individual movement: a lone (usually white) male struggling to achieve (e.g., Horatio Alger stories, Sidel 1991). This study considers social mobility to be a process generated, shaped and transformed by race and gender. The central hypothesis is that individual outcomes depend on not only personal characteristics, but also on structural factors related to group membership. Specifically, relationships between social mobility and mental health vary for black men and women by level and type of racial experience (e.g., racial composition of workplace, experience of racial discrimination).

Background

There has been a link between race and social mobility since the country's founding. Enslaved Africans provided material resources for the upward mobility of a segment of whites and ideological fodder for others. For instance, planters suggested that lower status whites would not work hard because such work would make these low status whites appear no better than enslaved Africans (see Byrd quote in Hochschild 1995). Years later, as blacks benefitted from their own labors and began to climb the U.S. socioeconomic ladder, Frazier (1962) criticized upwardly mobile blacks for being status seekers in a world of make-believe. Hare (1965) worried that upwardly mobile blacks had become self-centered and highly materialistic and were retreating from the plight of other nonmobile or downwardly mobile blacks. Similarly, Wilson (1987) expressed the concern that movement out of segregated neighborhoods placed less fortunate blacks in the path of pathology. Still others questioned mobility's impact on blacks' ethnic identity and racial authenticity (Benjamin 1991; Cose 1993).

Turning to the relationship between social mobility and health among black Americans, the few studies that have been done offer inconsistent findings. For example, Alston and Knapp (1974) found that upwardly mobile blacks were more satisfied with life, but Isaacs (1984) did not find a significant relationship between social mobility and life satisfaction among black men. Steele (1978), in a study of upper and middle class individuals in a small New England city, found that, compared to nonmobile blacks, upwardly mobile blacks scored higher on depression-related measures. In contrast, in their study of blacks in Philadelphia, Parker and Kleiner (1966) found that, compared to nonmobile blacks, upwardly mobile blacks had somewhat

lower symptom scores.

Only two studies considered potential moderating factors of the impact of social mobility on health among black Americans. Parker and Kleiner (1966) found that goal striving stress[1] modified the relationship between social mobility and mental health in interesting and complex ways. Upwardly mobile individuals with high goal striving stress had higher scores on scales measuring symptoms of disorder. In contrast, low status, nonmobile individuals with low goal striving stress had lower symptom scores. Parker and Kleiner speculated that high achieving black Americans were unable to reduce their striving even after achieving success. Furthermore, "this continued achievement striving suggests the anomic effects of the differentially restricted opportunity structure the Negro faces in American society" (Parker & Kleiner 1966: 297). It is also possible that upwardly mobile individuals experience racial discrimination and hostility (in and out of the workplace) and are well aware that their economic and social positions are distressingly precarious. Race-related factors prod upwardly mobile black Americans to continue striving, resulting in decreased psychological well-being (Feagin & Sikes 1994).

In addition to the moderating effects of goal striving stress, Parker and Kleiner (1966) examined the perceptions of Black Americans on opportunity structure and discrepancy from the reference group. They found that, compared to nonmobile blacks, downwardly mobile blacks who perceive the system to be open are at the highest risk of poor mental health, although these associations were weak. Interestingly, they found that reference group discrepancy had no significant effects on the relationships between social mobility and mental health.

Isaacs (1984), using a subset of the National Survey of Black Americans (NSBA),[2] also examined three moderating factors: social integration (i.e., family closeness, number of close friends, and marital status), isolation from other blacks (i.e., racial compositions of present job and neighborhood), and group identity (i.e., group identity and group ideology). She found that social isolation/integration measures had the strongest impact, while group identity had the weakest impact on the relationships between social mobility and measures of well-being. Most important for the current study, Isaacs found that mostly or all black workplaces have a slightly positive effect on the relationship between mobility and happiness, although this relationship was not significant. She also found that upwardly and downwardly mobile men who worked in integrated environments reported lower levels of life satisfaction. Unfortunately, Isaacs does not examine symptoms of distress or disorder.

[1] Goal striving stress is defined as the discrepancy between aspirations and achievements.
[2] 436 black American males between the ages of 21 and 46.

The two studies that introduced moderators (Isaacs 1984; Parker & Kleiner 1966) have limited comparability. Only one moderator, group identity, is comparable, but the consistency between the two studies is intriguing. Neither study found significant moderating effects. Isaacs notes, "this [the limited influence of group identity] is quite interesting since so much of the literature is devoted to the importance of group identity for blacks" (Isaacs 1984: 232). It is possible that other racial ideological factors, such as perceptions of discriminatory intent, condition associations between social mobility and health. In addition, neither study considered gender differences. Perhaps racial ideology moderates associations for one gender group but not the other.

The role of gender in social mobility and health has generally not been explored. Research on social mobility has largely focused on males, typically examining fathers and sons. Yet, gender influences the process of mobility (Higginbotham & Weber 1992), determines whether mobility is stressful (McAdoo 1978, 1982), and affects the resources and vulnerabilities related to the mobility experience (Kulis 1987; Sellers 2000). Gender comparative studies of social mobility and health are scarce and the findings are also somewhat inconsistent. In the only all-female study, Ellis (1952) found that, compared to their nonmobile counterparts, upwardly mobile women reported similar levels of happiness but were also more likely to self-report psychosomatic ailments. Interestingly, Ellis (1952) did not describe the racial composition of her sample, although it appears to be non-minority. Steele (1978) found only one significant, albeit intriguing, gender by mobility interaction. He found that downwardly mobile men and nonmobile women rated themselves as less efficacious than upwardly mobile men and women (Steele 1978). Steele speculates that men have a singular mobility experience, their own, while women must weave their trajectory together with that of their husbands, fathers and children. Unfortunately, Steele combined gender groups and did not investigate gender differences within racial groups.

In a study of men and women in a large Columbian city, Micklin and Leon (1978) found that upwardly mobile women had lower symptom scores than upwardly mobile men, however, women had higher symptom scores for all other mobility patterns. For instance, downward mobility appeared to be more stressful for women. Micklin and Leon (1978) reasoned that, for men, current socioeconomic status is more salient than past hardships or advantages, while, for women, upward occupational mobility may shield them from otherwise stressful life situations (i.e., becoming a housewife).[3]

[3] Relationships among gender, social mobility and marital status are quite complex. For majority women, marriage can be a mobility strategy in that majority women are more likely to marry higher than their status of origins (Bertaux & Thompson 1997). For a variety of reasons, including the mobility experiences of black men, this mobility strategy is less of an option for black women.

These findings, while provocative, are circumscribed by the small number of women in the sample (12%) and the lack of gender-inclusive measures of social mobility, such as using mother's education as the basis for a measure of social mobility.

To reflect the fact that women "participated in a different status system than their male counterparts," Schwab and colleagues developed additional measures of mobility (Schwab et al. 1979: 167). They found that, for men, their own occupational mobility is most influential in increasing or decreasing risk of psychiatric disturbance. Schwab et al. (1979), in contrast to Ellis (1952), found no association between social mobility and mental health for non-married, working women. They did find relationships for working wives.[4] Women who worked and whose husbands were occupationally downwardly mobile had more physical illness and poorer mental health (Schwab et al. 1979).

Neither Broman (1989) nor Parker and Kleiner (1966) found gender differences in their studies of social mobility and health among black American men and women. Given the historical and contemporary differences in patterns of social mobility (Sokoloff 1992), mental health status (Kessler & McLeod 1984), and demands in the private sphere (Higginbotham & Cannon 1988; Hunter & Sellers 1998; Rollins 1995) these findings are surprising. However, the meager number of studies that simultaneously consider gender within a racial group precludes generalizations and highlights the need for further study.

The inconsistent findings relating social mobility, health, and race point to four methodological weaknesses. First, the majority of the studies did not control for factors known to be related to mental health. The limited use of statistical controls increased the difficulty of determining a true mobility effect. Second, the studies used different measures of social mobility and health. In the above-mentioned studies, health was operationalized as life satisfaction (Alston & Knapp 1974; Isaacs 1984), internal locus of control (Steele 1978), or symptoms of disorder (Parker & Kleiner 1966). Measures of social mobility included occupation, education and composite scores such as the Duncan SEI (Parker & Kleiner 1966; Steele 1978). Third, analytic approaches ranged from reporting bivariate associations to investigating mobility tables. Few studies used multivariate techniques. The final limitation, and perhaps the problem under which the others may be subsumed, is that the studies of the health consequences of social mobility appear disconnected from broader social science theory and research. For example, a growing body of literature has linked race-related fac-

[4] Because social mobility was occupation-based, non-working wives were not examined. Introducing full-time homemakers into mobility studies is an important area for future research.

tors to health (Landrine & Klonoff 1996; Williams 1996), including racial discrimination (Jackson et al. 1995; Krieger 1990; Landrine & Klonoff 1996), racial environment of the workplace (Kirby & Jackson 1999) and group identity (R. Sellers, Morgan, & Brown 1999; Brown, Sellers & Gomez *under review*), but only two studies of the health consequences of social mobility among black Americans considered race-related factors.

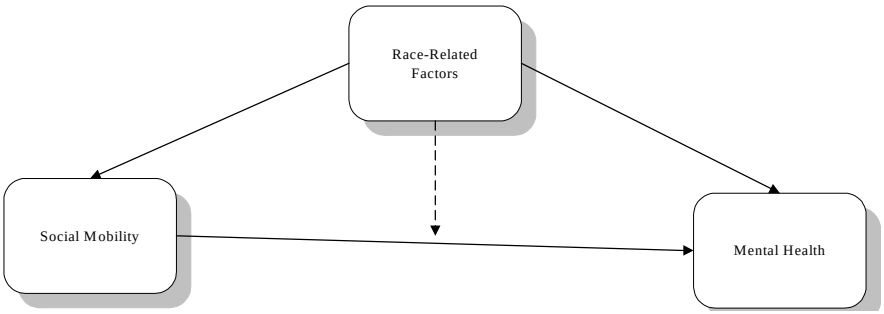
Conceptual Considerations--Life Course & Stress

To overcome the aforementioned limitations, a broader conceptual approach is needed. This is possible with the integration of a life course approach and the stress paradigm. Social mobility research implicitly uses three principles central to a life course approach (George 1996). First, social mobility is predicated on a concept of time which is consistent with life course interest in timing, transitions and trajectories. Mobility takes place over time (as well as space) and involves trajectories such as downward relative to one's parents. The second principle, attention to intergenerational transmission of social patterns, translates into a concern with stability of class position and its implications for achieving social equality (Jencks 1990). A consideration of macrosocial factors, such as the Great Depression and Civil Rights Movement, is the third principle. These sociohistorical factors shape mobility expectations, opportunities and constraints (Elder 1994; Jackson & Sellers 1997). For instance, the last major Civil Rights bill was passed in 1965. With legal barriers removed, blacks' expectations with regard to upward mobility were raised.

A life course approach provides a broad conceptual framework for a study of the mental health consequences of social mobility. However, it provides few details about specific mechanisms that link social mobility and health and more specifically about the processes that might moderate these associations. These empirical and explanatory gaps may be filled by the stress paradigm (Pearlin & Skaff 1996). There are two schools of thought which offer explanations regarding why social mobility might be linked to health. The first, as outlined by Holmes and Rahe (1967), emphasizes that social mobility involves adjustment and change. The alternative, as outlined by Brown and Harris (1978), emphasizes loss and the meaning a person gives to life experiences. Social mobility probably encompasses both stress of change and subjective interpretation of the experience as stressful. The stress related to status inconsistency offers an excellent example. Cose (1993) relates numerous accounts of upwardly mobile blacks who have been mistaken for the busboy, the doorman or the maid. Their rage is quite understandable in that racism precludes many of the honors and perks that come with achievement (Cose 1993).

An alliance between the life course approach and the stress paradigm raises several lines of inquiry. This study examines whether the associations among race-related

Figure 1.



factors, social mobility, and mental health differ for black men and women. Figure 1 presents a blueprint for the study. Adapted from House (1981), the figure illustrates the moderating effects of race-related factors.[5] Race-related factors may alter the health damaging effects of social mobility by providing an alternative explanation for mobility or the lack thereof. Race-related factors may moderate the relationship between social mobility and well-being in part because they come between the mobility experience and individual health. Experience of discrimination is a probable candidate because it directly assesses blocked opportunities for upward social mobility (Essed 1990; Feagin 1991; Feagin & Sikes 1994). Racial ideology is also a probable moderating factor because ideology is the foundation for interpretation and underscores the meaning a person gives to his/her racial group (and to the unfair treatment potentially attached to the group). For instance, perceptions of discriminatory intent (i.e., the view of whites as benign or malevolent toward blacks) might alter the damaging effects of social mobility by serving as a buffer between self and achievement. Upwardly mobile blacks who feel that whites desire to help improve the socioeconomic conditions of blacks may form alliances with whites which, in turn, strengthen their occupational position, lessen feelings of isolation and remove concerns about

[5] It should be noted that the causal arrow could pass from mental health to social mobility. This argument is consistent with the social selection or drift hypothesis which suggests that individuals who already suffer health problems drift into lower social classes or do not rise out of these positions (Ellis & Lane 1967). In contrast, social causation arguments posit that adversity and stress engender poor health (Dohrenwend et al. 1992). There is evidence to support both hypotheses, although more empirical support has been provided for the social causation perspective (Aneshensel 1992; Steele 1978) and is, thus, the perspective adopted for this study. Over the life course, however, causation and selection probably operate simultaneously and interactively to influence social mobility and its effects on health.

tokenism.[6] The potential moderating effects of racial composition of the workplace are less clear. Perhaps upwardly mobile blacks in mostly black environments must be concerned with within group animosities, while those in most white environments must contend with the difficulties associated with being a numeric minority.

Data and Methods

Data for this study are cross-sectional, drawn from the National Survey of Black Americans (NSBA). Conducted in 1979, the NSBA addressed a range of issues important to black Americans, including religious beliefs, family relationships, labor force participation, personal and group identity, and physical and mental health. Since this study examines occupational social mobility, a subsample of the NSBA, including those who were potentially full-time in the labor force (not retired and between the ages of 21 and 62), was selected for analysis, resulting in a sample of 1,579.

Analyses of the effects of social mobility must consider origins, destinations and social mobility, that is, where one started, where one ended up and the pattern of deviations from origins and destinations (Duncan 1966; Hendrickx et al. 1993; Hope 1975; House 1978). This analysis begins with a mobility table.

In this mobility table, the diagonal represents those respondents who were nonmobile (cells a, f, k and p); cells such as m and n represent those who were upwardly mobile,

Respondent's Strata (j destinations)

Father's Strata (i origins)	**Upper**	**Middle**	**Lower**	**Farm**
Upper	a	b	c	d
Middle	e	f	g	h
Lower	i	j	k	l
Farm	m	n	o	p

[6] Tokens are "often treated as representatives of their category, as symbols rather than individuals" (Kanter 1977: 208).

and cells such as b and c represent those who were downwardly mobile.[7] Mobility patterns can be described using dummy variables to represent the rows and columns in the mobility table (Broman 1989; Halaby & Sobel 1979; Hope 1975). One could create dummy variables for all cells, arguing in effect that all movement is important. However, because some cells are theoretically more important than others, a more interesting analytic strategy is to examine mobility patterns. The pattern examined in this study contrasts upwardly, downwardly and nonmobile individuals.[8]

The analysis plan for this study is straightforward. Using Ordinary Least Squares (OLS) regression, models are estimated examining associations between social mobility and mental health. Next, interactions between social mobility and race-related items are explored. Analyses were conducted separately for men and women.[9] Models are presented in two steps. Models in column "a" include the main effects. Models in column "b" add a series of multiplicative interaction terms between social mobility and race-related factors. These terms were included to assess the extent to which race-related factors moderate the relationship between social mobility and mental health. The interaction terms will be graphically presented to illustrate gender differences in the relationships among social mobility, race-related moderators and mental health. In all analyses, age, income, education and employment status were included as controls.

Dependent Variable

Psychological distress, which was asked only of those respondents who reported a serious personal problem (approximately 62 percent), is a scale based on seven items that asked how often respondents felt lonely, lethargic, had crying spells, etc. Responses for each item ranged from "never" to "very often" on a five-point scale.

[7] Farming presents an interesting challenge. Agribusiness has created a cohort of successful farmers. Overall, however, black farmers have not benefitted from these advancements. (See, for example, the recent legal action taken by black farmers regarding inequality in loan provision.)

[8] The equation for this analysis is: $MH_{ij} = b_1 + b_2X_2 + b_3X_3 + b_4X_4 + b_5X_5 + b_6X_6 + b_7X_7 + b_{8downward} + b_{9upward}$, where MH is the mean score for mental health, b_1 is the mean of the omitted cell, x_2, x_3, and x_4 are dummy variables representing father's strata (origins), x_5, x_6 and x_7 represent respondent's destinations, and b_8 and b_9 are the mobility pattern (nonmobile is the excluded category).

[9] In prior analyses, significant interactions between gender and social mobility were found.

Independent Variables

Social mobility was measured by comparing the occupational status of father and respondent.[10] Based on the Weberian conceptualizations, occupations were bracketed into four strata (Vanneman & Cannon 1987). Occupations classified as upper strata included positions such as lawyer, physician, and bank officer. Middle strata positions included occupations such as insurance agent, postal clerk, and plumber. Lower strata occupations included bus drivers, garbage collectors and hairdressers. Farm strata is self-explanatory. In this standard occupational classification, housewives cannot readily be classified and are excluded from this analysis. Respondents in strata higher than their fathers were considered upwardly mobile, those at the same level were nonmobile, and those who were in a lower strata were scored as downwardly mobile. The measure of mobility was dummy coded; nonmobiles were the excluded category.

Three race-related factors were considered. Racial discrimination assessed whether respondents had experienced discrimination within the past month. Responses were coded (1) yes and (0) no. Racial composition of job assessed the racial composition of the work environment. Responses ranged from mostly black to mostly white. They were dummy coded, with "about even" as the excluded category. Perception of whites' discriminatory intent was a dichotomous variable. Responses were coded such that (1) indicated the view that whites wanted to keep blacks down, (0) indicated otherwise.

Control variables included age, income, education and employment status. Age was calculated using respondent's date of birth. An income-to-needs ratio compared total family income to a poverty-need-standard based on family size and composition.

[10] Gender was salient in the choice of father's rather than mother's occupational strata as the basis from which to measure respondent's social mobility. This decision was based on three factors. First, classic research on social mobility has investigated relationships between fathers and sons. Second, it was not possible to incorporate housewives into a traditional occupational hierarchy, and over 30 percent of the respondents reported that their mothers did not work outside of the home. This proportion was dramatically reduced for respondents; only 1.5 percent of the respondents (25 women) were classified as full-time housewives. This dramatic drop in the number of full-time housewives is indicative of the changing roles of women, the trend towards increased labor-force participation for women, and the shifts in the economy such that families require two incomes to maintain their middle-class status (Hochschild 1995; Hunter & Sellers 1998). Third, the regression analysis of associations between social mobility and health revealed that father's occupation as the basis on which to measure social mobility explained more total variance than other measures (Sellers 2000).

Education was measured by the number of years of schooling completed.[11] Employment was coded (1) employed and (0) not employed.

Results

Table 1 shows the descriptive statistics for the sample. Almost 62 percent of the respondents were women. Male respondents were more likely to be employed and had significantly higher income-to-needs ratios, suggesting that men were less likely to be poor. Men in the sample were also slightly better educated than women, with 22.2 percent having some college education, compared to only 16.6 percent of women. The percentage of college graduates were similar (11.1 percent of men compared to 10.4 percent of women), however, women were more likely to have graduated from high school (32.4 percent of men compared to 36.0 percent of women).

Few gender differences are apparent for social mobility, although it appears that a greater percentage of men (14% vs. 12.7% of women) were downwardly mobile. Over half of the respondents experienced upward mobility, although a greater percentage of women were upwardly mobile (51.6% vs. 54.6%). About a third of the men (34.4%) and women (32.7%) were nonmobile. These mobility patterns diverge from that of white men. Featherman and Hauser (1978) found that for white men, the most common pattern was stability of class position from one generation to the next. Several factors may account for the social mobility of blacks during this period, particularly a changing economy and the opening of occupational hierarchies (Hochschild 1995).

Few gender differences are apparent for race-related factors. Black men were more likely to report experiencing racial discrimination (14.2% vs. 11.2% for black women). Compared to black women, black men were more likely to work in mostly black environments and less likely to perceive that whites had discriminatory intentions. Men reported modest levels of psychological distress (Mean 2.96), while women reported higher levels (Mean 3.54).

Table 2 presents the unstandardized regression coefficients for the associations among social mobility, psychological distress and experience of discrimination. Model A shows that men who have experienced discrimination reported higher levels of psych-

[11] Because social mobility is a facet of socioeconomic status (SES), there is some question about the inclusion of other SES measures such as income and education in the model. There is a potential risk of over-controlling, thereby minimizing important mobility effects. However, finding significant effects with additional controls strongly supports the argument for a mobility effect.

Table 1: Sample Characteristics

	Men		Women	
	N	(%)	N	(%)
Gender				
Men	595	(38.2)	---	
Women	---		964	(61.8)
Age				
21-34	286	(47.5)	450	(46.1)
35-54	245	(40.7)	406	(41.6)
55-61	71	(11.8)	121	(12.4)
Region				
% South	305	(50.7)	501	(51.3)
Employment Status				
Employed	463	(76.9)	594	(60.8)
Not employed	31	(5.1)	35	(3.6)
Income-Needs Ratio	2.64		1.9	
Education				
Grade School	202	(34.2)	355	(36.9)
High School	191	(32.4)	346	(36.0)
Some College	131	(22.2)	160	(16.6)
College	66	(11.1)	100	(10.4)
Mobility Trajectories				
downward	64	(14.0)	85	(12.7)
nonmobile	157	(34.4)	218	(32.7)
upward	236	(51.6)	364	(54.6)
Discrimination				
Discrimination (percent yes)	83	(14.0%)	113	(11.7%)
Racial Composition of Workplace				
Mostly black	129	(26.2%)	136	(22.4%)
Half & half	130	(26.4%)	174	(28.7%)
Mostly white	233	(47.4%)	297	(48.9%)
Discriminatory Intent	222	(39.5%)	397	(44.3%)
Psychological Distress	2.96		3.54	

Table 2
Unstandardized OLS Regression Coefficients
Predicting life satisfaction, psychological distress, and physical health

Traditional Mobility Pattern	Men		Women	
	a	**b**	**a**	**b**
Mobility Pattern				
Downward	-.135	-.290	-.290	-.351
	(.284)	(.298)	(.210)	(.218)
Upward	-.020	-.123	.075	.107
	(.265)	(.271)	(.191)	(.196)
Racial Ecology				
Discrimination	.308*	-.046	.187	.222
	(.147)	(.239)	(.129)	(.238)
Moderating Effect				
Discrimination * Downward		.680		.381
		(.485)		(.419)
Discrimination * Upward		.539*		-.159
		(.215)		(.292)
Constant	3.102***	3.211***	4.236***	4.241***
	(.297)	(.302)	(.216)	(.217)
R-squared	.091	.104	.083	.087
F	1.902	1.899	3.451	3.126
R-square change		.013+		.004
N	261		507	

+p < .1 *p < .05 **p < .01 ***p < .001
adjusted for age, income, education, employment status, origins and destinations

ological distress. As shown in Model B, a significant interaction effect was found. Compared to the nonmobile, downwardly mobile men who have experienced discrimination have higher levels of psychological distress. For women, experience of discrimination was unrelated to psychological distress, and no significant interactions between social mobility and discrimination were found.

Figure 2 illustrates the interaction effect for social mobility and the experience of racial discrimination by gender. Men who have experienced racial discrimination reported higher levels of distress than those who did not, and experiencing discrimi-

Figure 2
Moderating effects of racial discrimination on the relationship between social mobility and psychological distress for men and women

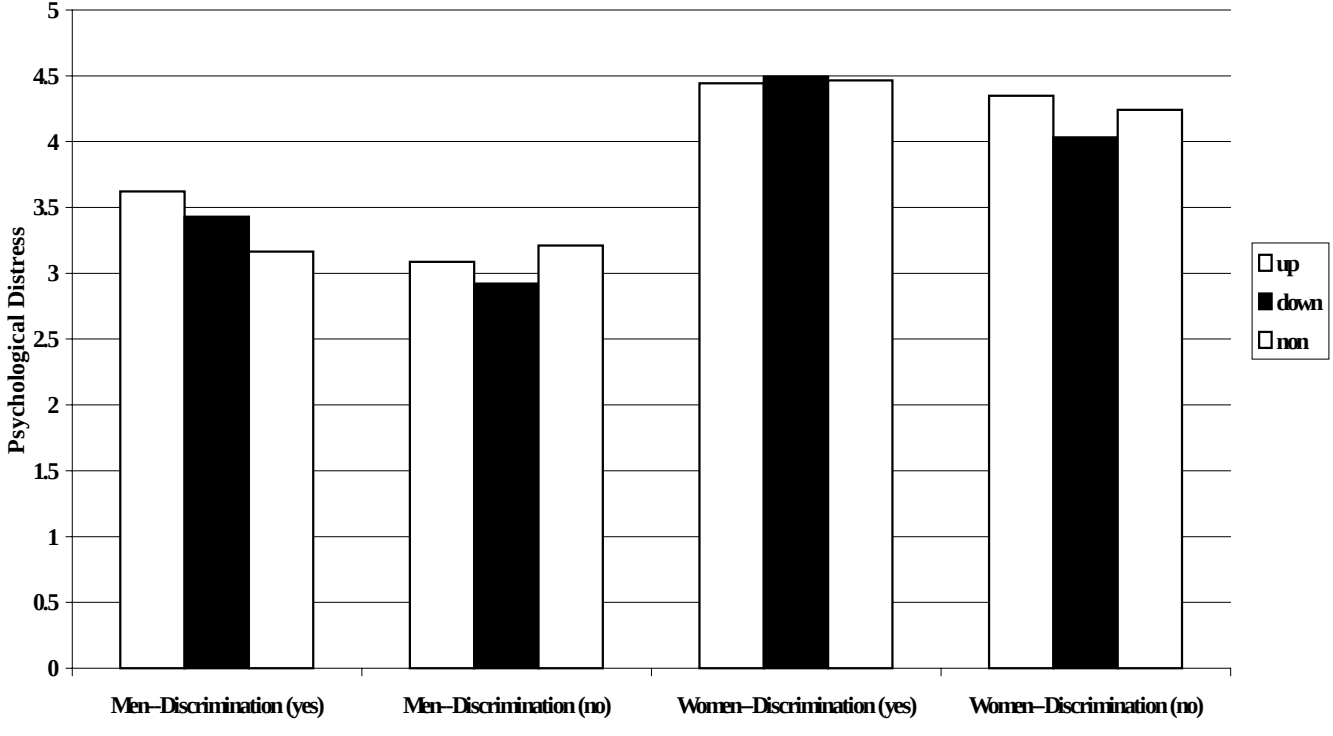


Table 3
Unstandardized OLS Regression Coefficients
Predicting psychological distress including moderating effects of racial composition of the work place

Traditional Mobility Pattern	Men		Women	
	a	**b**	**a**	**b**
Mobility Pattern				
Downward	.048	.276	-.299	-.832
	(.300)	(.508)	(.258)	(.378)
Upward	-.114	.119	.182	-.033
	(.285)	(.362)	(.225)	(.291)
Racial Composition				
Mostly Black	-.186	-.221	.097	-.216
	(.184)	(.280)	(.144)	(.236)
Mostly White	-0.05	.327	-0.02	-.227
	(.158)	(.263)	(.124)	(.222)
Moderating Effects				
Black * Downward		.220		.762*
		(.572)		(.465)
Black * Upward		.039		.435
		(.401)		(.307)
White * Downward		-.524		.779*
		(.510)		(.440)
White * Upward		-.574*		.220
		(.348)		(.276)
Constant	3.414***	3.350***	4.099	4.249***
	(.370)	(.405)	(.345)	(.365)
R-squared	.059	.083	.051	.065
F	.911	1.001	1.343	1.308
R-square change		.014		.014+
N	218		340	

+p < .1 *p < .05 **p < .01 ***p < .001
adjusted for age, income, education, employment status, origins and destinations

nation moderated the relationship between social mobility and psychological distress. Men who were upwardly mobile and had experienced discrimination reported significantly higher levels of psychological distress than other black men.

Table 3 presents the analysis of psychological distress, social mobility and racial composition of the workplace. For men, as shown in Model A, no significant main effects for racial composition of the workplace on psychological distress were found. Model B indicates one significant interaction. Upwardly mobile men who work in predominately white environments apparently have significantly lower levels of distress. As with black men, there were no significant main effects using Model A, but Model B revealed significant interactions. Compared to nonmobile black women, downwardly mobile black women who work in racially imbalanced environments have lower levels of psychological distress.

Figures 3a and 3b illustrate the influence of racial composition of workplace on associations between social mobility and psychological distress. Since the main effects of workplace were not significant, the patterns of associations are only suggestive. Nonetheless, the figures show an intriguing pattern. Working in mostly white environments has dramatic impact on nonmobile men and upwardly mobile women in opposite directions. Further study is needed with stronger measures of workplace racial composition and mental health.

Table 4 presents the analysis for moderating effects of perceptions of whites' discriminatory intent. For men, no significant associations were found. For women, as shown in Model B, upwardly mobile women who feel whites want to keep blacks down have higher levels of psychological distress.

Figure 4 presents the moderating effects of perceptions of whites' discriminatory intentions on the relationship between social mobility and psychological distress. The highest level of distress is found among upwardly mobile women who believe whites want to keep blacks down.

Discussion

This study delineated a set of processes that buffered or exacerbated the mental health consequences of social mobility among black American men and women. Support for the central hypothesis that these moderating factors differ for men and women was found. It appears that the experience of discrimination has more impact on the well-being of black men than black women, but perceptions of discriminatory intent are more salient for upwardly mobile black women. Patterns for racial composition of the workplace also differed by gender. It appears that working in a predominately white environment has a salubrious impact on relationships between mobility and health for men. These gender differences may be related to position in the social structure which, in turn, influences the risks for poor mental health and the resources one can bring to bear (Link & Phelan 1995). Upwardly mobile men may be disconnected from the caring and protective system of the black community, resulting in

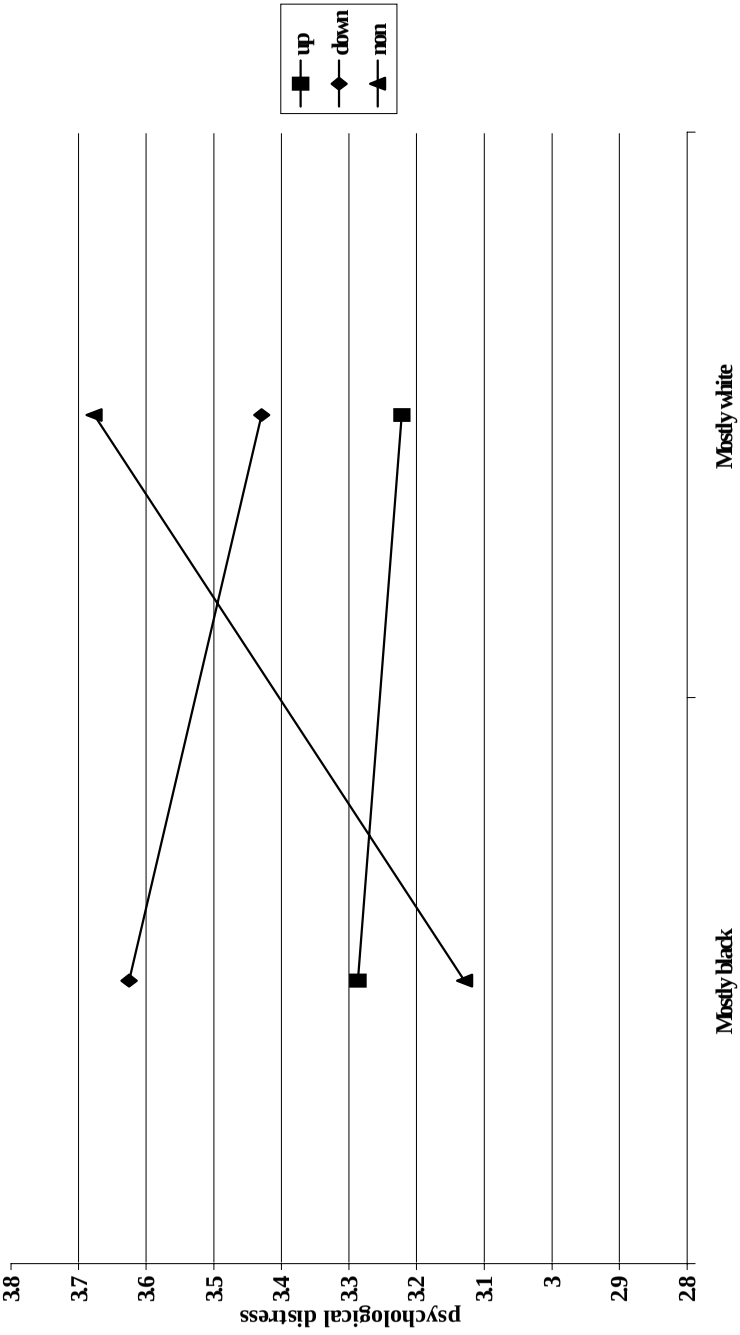


Figure 3a
Moderating effects of racial composition of work place on relationship between social mobility and psychological distress for men

Figure 3b

Moderating effects of racial composition of workplace on relationship between social mobility and psychological distress for women

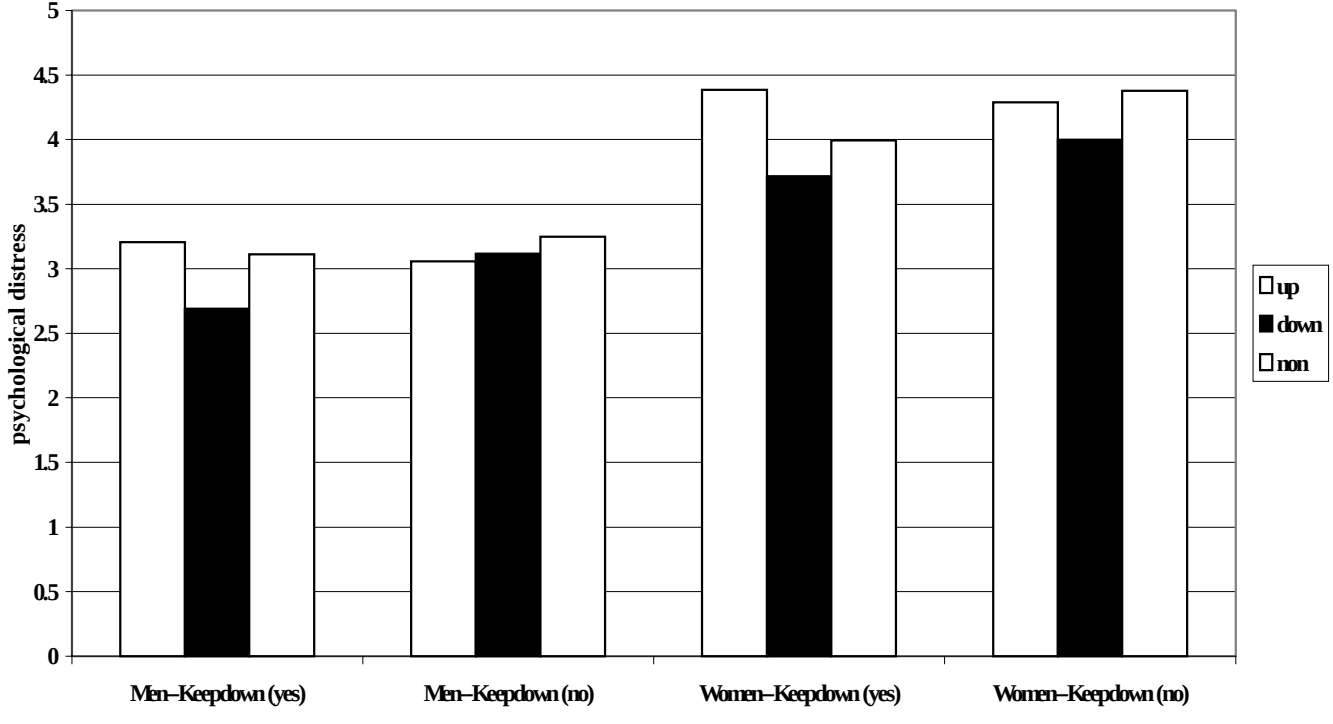
Table 4
Unstandardized OLS Regression Coefficients
Predicting psychological distress including the moderating effects of perceptions of whites discriminatory intent

Traditional Mobility Pattern	Men		Women	
	a	**b**	**a**	**b**
Mobility Pattern				
Downward	-.213	-.129	-.331	-.381
	(.291)	(.315)	(.221)	(.260)
Upward	-.049	-.188	.107	-.091
	(.270)	(.295)	(.197)	(.214)
Racial Ecology				
Discriminatory Intent	-.045	-.136	-.089	-.367*
	(.120)	(.194)	(.090)	(.155)
Moderating Effect				
DI * Downward		-.426		.105
		(.407)		(.290)
DI * Upward		.283		.486*
		(.259)		(.196)
Constant	3.222***	3.247***	4.291***	4.379***
	(.302)	(.311)	(.222)	(.224)
R-squared	.103	.117	.081	.095
F	2.074	2.052	3.143	3.200
R-square change		.014		.013*
N	248		475	

+p < .1 *p < .05 **p < .01 ***p < .001
adjusted for age, income, education, employment status, origins and destinations

fewer supportive associations and poorer psychological well-being, while women may be more embedded in these networks. Simon (1995), in a small qualitative study, finds that gender differences in mental health may be related to differences in meaning of work and family roles for men and women. These differences may also be related to gender differences in the nature and structure of paid employment (Aneshensel & Pearlin 1987; Rosenfeld 1989; Sellers 2000). Pugliesi (1995) found that social networks in the workplace were associated with lower work distress for women but not for men. Additionally, women may experience unique job-related

Figure 4
Moderating effects of perceptions of discriminatory intent on the relationships between social mobility and psychological distress for men and women



stressors such as sexual harassment and gender discrimination (Maume 1999). In other words, for black women, gender rather than racial discrimination may be a more salient moderator of the impact of social mobility on psychological well-being.

Racial composition of the workplace was found to condition the impact of social mobility on mental health. A life course-stress perspective provides some insight into these findings. Kohn (1969) and Sennett and Cobb (1973) argued that parents socialize their children for the class in which the parents are located. Downwardly mobile blacks are likely to have parents in middle and upper strata occupations -- occupations that probably involved more contact with whites. For downwardly mobile men, working with whites could be an indication that the slide downward has not been far. But for nonmobile black men, working in predominately white environments may be related to unmeasured job characteristics, that is, racial composition of the workplace may be correlated with other unmeasured factors that are predictors of psychological well-being. For instance, compared to their white counterparts, black workers are more likely to work in jobs with hazardous conditions (Keita 1998). These conditions may impact the associations between social mobility and mental health.

Working in an integrated environment, compared to a predominately black or predominately white environment, may be salubriously related to psychological well-being because integrated work environments lessen the stress of tokenism (Jackson, Thoits & Taylor 1995). A number of scholars have noted that upwardly mobile blacks are more likely to cross the color-line (Benjamin 1991; Collins 1997; Cose 1993; Higginbotham 1996). Several have speculated that racialized interactions can be stressful (Cose 1993; Wheaton 1983). This study complicates these ideas. Perhaps working in mostly white environments is beneficial (or of no consequence) if one is a black man, but more problematic for black women. There is a scarcity of research on racial composition and, even fewer studies have simultaneously considered gender and race (Reskin, McBrier & Kmec 1999). Yet, organizational demographics are changing (Levy 1998; Sellers 2000), and there is a need to better understand how race, gender and social mobility (as an aspect of social class) impact the well-being of all workers.

Perceptions of discriminatory intent moderated the relationships between social mobility and mental health. Women who are upwardly mobile and feel that whites want to keep blacks down have significantly higher levels of distress than those who do not experience discrimination. Perceptions of dislike or distrust can be harmful (Branscombe, Schmitt & Harvey 1999) and, perhaps, for the upwardly mobile, the pressure to perform combined with the feeling that there are barriers to achievement is particularly harmful. The critiques of Frazier (1962) and Hare (1965) and the angst of Wilson (1987), Cose (1993) and Benjamin (1991) highlight the importance of reference groups for black Americans. Mobility theory suggests that mobile indi-

viduals refer to the group to which they aspire (Ellis & Lane 1967). For blacks, the intersection of race, class and gender complicates the choice. Zora Neale Hurston captures the sometimes anguished cries of middle and upper strata blacks:

> "My people, my people! From the earliest rocking of my cradle days I have heard this cry go up from Negro lips. It is forced outward by pity, scorn, and hopeless resignation. It is called forth by the observations of one class of Negro on the doings of another branch of the brother in black" (Hurston 1969: 223).

The conflict between racial pride and status orientation is an important dilemma faced by black Americans. We have little understanding of the reference groups for black Americans, of how, when and why reference groups shift, or of the associations between reference groups, social mobility and mental health.

Identifying factors that moderate the impact of social mobility on health is relatively new territory. This study suggests that race-related factors are important, as are explorations of more traditional stress-buffering factors such as family support, religiosity and goal striving (Dressler 1991; Neighbors & Sellers *under review*). Additionally, race-related factors may also interact to influence relationships between social mobility and well-being. For instance, Williams, Brown, Sellers and Forman (1999) found that blacks who experienced discrimination and felt close to other blacks reported lower levels of psychological distress than those who experienced discrimination but did not feel close to other blacks. A three-way interaction between race-related factors and social mobility is quite possible. However, this analysis requires additional data. The sparsity of significant main effects suggests the need for stronger measures of mental health, additional measures of race-related factors and consideration of other moderators.

There are three other limitations to this analysis which makes this study's findings suggestive; more research with other data, both quantitative and qualitative, is necessary. The first is that, in the NSBA, the poor were more likely to be nonrespondents (Taylor 1986). These individuals may have experienced greater downward mobility. Higher rates of nonresponse by this group suggest that social mobility may have been underestimated.

The second limitation is that the data were cross-sectional. A life course study of social mobility and its consequences requires longitudinal data. Ideally, one would follow a single cohort over several years (Giele & Elder 1998), studying their mobility trajectories, health outcomes and potential moderating factors. It should be noted that the r-squared (amount of variance explained) is respectable but rather low. This is consistent with other studies (Broman 1989; Brody & McRae 1987), where the r-

squared ranged between .03 and .06. This speaks to the complexity of the associations between social mobility and health and how difficult it is to quantitatively model these associations.

The third limitation is that standard occupational rankings may be less relevant for black Americans because their occupational opportunities have been severely restricted (Kirschenman & Neckerman 1991). In part because of employment discrimination, black parents have often taught their children that "there is no such thing as a lowly occupation," and "do the best you can, whatever you do" (Higginbotham 1985). Such teachings suggest that, for black Americans, self-worth and related health outcomes may be less tied to restricted occupational spheres.

As with blacks, women are largely invisible in classical theories of social stratification and in studies of social mobility. The need to develop measures of socioeconomic position that incorporate gender divisions in their construction is apparent. Composite scores that combine parents' strata may not accurately represent the impact of either parent's origins. Furthermore, occupational destinations may differ for men and women. England (1992) distinguished between occupations based on a range of factors, including physical skills, intellectual demands, and social skills. While these criteria are themselves gendered, the emphasis on incorporating gender divisions into studies of occupations and the consequences of social mobility is important.

Until recently, mobility studies focused on patterns and relationships among men. For men, across racial groups, the mobility message is clear: leave your family of origin, work hard, succeed in the world (e.g., Horatio Alger stories). The mobility message for women is rather confused. On one hand, women are constrained by family obligations and traditions (Kulis 1987). For instance, in a qualitative study of career aspirations, parents were found to be a more confining and conservative influence on women (Bertaux & Thompson 1997). Thompson, in a series of case studies, found that women's mobility was linked to familial status. Upwardly mobile women made their occupational moves before marriage or after a divorce (Bertaux & Thompson 1997). Women were also more likely to attribute their success to help from those around them, while men more likely to consider themselves "self-made."

On the other hand, as the perfume commercial jingles, "I can bring home the bacon, fry it up in a pan, and never let you forget you're a man." In other words, a woman can do it all -- be the breadwinner, run the house, raise the children, and look like a fashion model. Consider the much touted success of Mrs. Fields and Oprah. The message is that women can use traditional "female" skills, make a fortune, and never leave the kitchen or couch. "The implication is that the fulfillment of the American Dream can be simply one clever idea or marketing strategy away" (Sidel 1991: 97).

Sidel continues:

> "Are women's magazines the Horatio Alger novels of our time? Part of their mission is to help women cope with a rapidly changing society. For the 'tips' on hair, fashion, and makeup to the reviews of books, films, and drama and the longer, often thoughtful, articles on health, sexual mores, or work options, they put women in touch with current attitudes, norms, and expectations. And at the same time they reaffirm the American Dream: by telling women repeatedly that they can, if they work hard enough, exercise long enough, eat correctly, and dress fashionably, achieve their dreams. These powerful agents of socialization are reinforcing the ideology that in America the individual can indeed make of herself whatever she chooses. Since there is rarely a suggestion that opportunity is related to economic, political, or social factors beyond the control of the individual, if a woman does not succeed after all these how-to's, perhaps she has no one to blame but herself" (Sidel 1991: 99).

For black women the mobility messages are further complicated by individual and collective concerns, ranging from within racial group sexism to societal misrepresentations of public assistance (Kluegel & Smith 1986) to concerns about racial solidarity (Hunter & Sellers 1998).

This study has shown that the impact of race-related factors on the relationships between social mobility and mental health differ for black men and women. It illustrated the notion that events and experiences in black women's lives not only differ from those of black men but also differentially impact well-being (Hunter & Sellers 1998). Despite substantial growth in the research on race and mental health (e.g., Jackson et al. 1995) and gender and mental health (e.g., Mirowsky & Ross 1995), fewer studies have examined the intersections of race/ethnicity, gender and mental health (Krieger et al. 1990). Such investigations are fruitful avenues for research. As increasing numbers of diverse groups pursue the American dream of upward social mobility, it is paramount that we know what we ask of these groups for them to claim their share of the dream. Otherwise we betray the dream and the dreamer.

References

Alston, Jon and Melvin Knapp. 1974. Intergenerational mobility among black Americans: Background factors and attitudinal consequences. *Journal of Black Studies* 4(3): 285-302.

Aneshensel, Carol. 1992. Social stress: Theory and research. *Annual Review of Soci-*

ology 18: 15-38.

Aneshensel, Carol and Leonard Pearlin. 1987. Structural context of sex differences in stress. In R. Barnett, L. Biener and G. Baruch. (Eds.), *Gender and Stress* (pp. 75-93). New York: Free Press.

Benjamin, Lois. 1991. *The Black Elite: Facing the Color Line in the Twilight of the Twentieth Century*. Chicago: Nelson-Hall.

Bertaux, David and Paul Thompson. 1997. *Pathways to Social Class: A Qualitative Approach to Social Mobility*. Oxford: Clarendon Press.

Branscombe, Nyla, Michael Schmitt, and Richard Harvey. 1999. Perceiving pervasive discrimination among African Americans: Implications for group identification and well-being. *Journal of Personality and Social Psychology* 77(1): 135-149.

Brody, Charles and James A. Mc Rae. 1987. Models for estimating effects of origin, destination, and mobility. *Social Forces* 66(1): 208-225.

Broman, Clifford. 1989. Social mobility and hypertension among blacks. *Journal of Behavioral Medicine* 12(2):123-134.

Brown, George and Tirril Harris. 1978. *Social Origins of Depression*. New York: Free Press.

Brown, Tony, Sherrill L. Sellers, and John Gomez. (*under review*). Internalization of stereotypes and the self-esteem of black Americans.

Collins, Sharon. 1983. The making of the black middle class. *Social Problems* 30: 369-82.

Collins, Sharon. 1997. *Black Corporate Executives: The Making and Breaking of a Black Middle Class.* Philadelphia: Temple Press.

Cose, Ellis. 1993. *The Rage of a Privileged Class*. New York: Harper Collins.

Dohrenwend, Bruce P., I. Levan, P. Shrout, S. Schwartz, G. Naveh, B. Link, A. Skodol, and A. Stueve. 1992. Socioeconomic status and psychiatric disorders: The causation-selection issue. *Science* 255: 946-213.

Dressler, William. 1991. *Stress and Adaptation in the Context of Culture: Depression in a Southern Black Community*. New York: State University of New York Press.

Duncan, Otis Dudley. 1966. Methodological issues in the analysis of social mobility. In A. Smelser and S. Lipset (Eds.), *Social Structure and Mobility in Economic Development* (pp. 51-97). New York: Aldine.

Elder, Glen. 1994. Time, human agency, and social change: Perspectives on the life course. *Social Psychology Quarterly* 57(1): 4-15.

Ellis, Evelyn. 1952. Social-psychological correlates of upward social mobility among unmarried career women. *American Sociological Review* 17: 558-563.

Ellis, Robert and W. Clayton Lane. 1967. Social mobility and social isolation: A test of Sorokin's dissociative hypothesis. *American Sociological Review* 32: 237-252.

England, Paula. 1992. *Comparable Worth: Theories and Evidence*. New York: Aldine de Gruyter.

Essed, Philomena. 1990. *Everyday Racism. Reports from Women of Two Cultures.* Alameda, CA: Hunter House.

Featherman, David and Robert Hauser. 1978. *Opportunity and Change*. New York: Academic Press.

Feagin, Joseph. 1991. The continuing significance of race: Antiblack discrimination in public places. *American Sociological Review* 56: 101-116.

Feagin, Joe and Melvin Sikes. 1994. *Living with Racism: The Black Middle Class Experience*. Boston: Beacon Press.

Frazier, E. Franklin. 1962. *Black Bourgeoisie*. Glencoe, IL: Free Press.

George, Linda. 1996. Missing links: The case for a social psychology of the life course. *Gerontologist* 36(2): 248-255.

Giele, Janet Z. and Glen Elder. 1998. *Methods of Life Course Research: Qualitative and Quantitative Approaches*. Thousand Oaks: Sage.

Halaby, Charles and Michael Sobel. 1979. Mobility effects in the workplace. *American Journal of Sociology* 85(2): 385-416.

Hare, Nathan. 1965. *The Black Anglo-Saxon*. New York: Marzari and Marsell.

Hendrickx, John, Nan Dirk De Graff, Jan Lammers, and Wount Ultee. 1993. Models

for status-inconsistency and mobility: A comparison of the approaches by Hope and Sobel with the mainstream square additive-model. *Quality & Quantity* 27(4): 335-352.

Higginbotham, Elizabeth. 1985. Race and class barriers to black women's college attendance. *Journal of Ethnic Studies* 13(89): 89-107.

Higginbotham, Elizabeth. 1996. Another dream deferred: Reflections on racial discourse and black achievement. Center for African and African American Studies, University of Michigan, Working Paper #21.

Higginbotham, Elizabeth and Lynn Cannon. 1988. *Rethinking Mobility: Towards a Race and Gender Inclusive Theory*. Center for Research on Women, University of Tennessee. Memphis, TN: The University of Memphis.

Higginbotham, Elizabeth and Lynn Weber. 1992. Moving up with kin and community: Upward social mobility for black and white women. *Gender & Society* 6(3): 416-440.

Hochschild, Jennifer. 1995. *Facing Up to the American Dream*. Princeton, NJ: Princeton University Press.

Holmes, Thomas and Richard Rahe. 1967. The social readjustment rating scale. *Journal of Psychosomatic Research* 11: 213-218.

Hope, Keith. 1975. Models of status inconsistency and social mobility effects. *American Sociological Review* 40(June): 322-343.

House, James. 1978. Facets and flaws of Hope's diamond model. *American Sociological Review* 43: 439-42.

House, James. 1981. *Work Stress and Social Support*. Reading, Mass: Addison-Wesley.

Hunter, Andrea and Sherrill L. Sellers. 1998. Feminist attitudes among African American women and men. *Gender & Society* 12(1): 81-99.

Hurston, Zora Neale. 1969. *Dusty Track on Road*. New York: Arno.

Isaacs, Mareasa. 1984. *The Determinants and Consequences of Intergenerational Mobility among Black American Males*. Unpublished dissertation, Brandeis University, The Heller School for Advanced Studies in Social Welfare, Waltham, MA.

Jackson, Elton and Richard Curtis. 1972. Effects of vertical social mobility and status inconsistency: A body of negative evidence. *American Sociological Review* 37: 701-13.

Jackson, James and Sherrill L. Sellers. 1997. Psychological, social and cultural perspectives on minority health adolescence: A Life-course framework. In D. Wilson, J. Rodrigue and W. Taylor (Eds.), *Health Promoting and Health-Compromising Behaviors among Minority Adolescents* (pp. 22-49). Washington DC: American Sociological Association.

Jackson, Pamela Braboy, Peggy Thoits, and Howard Taylor. 1995. Composition of the workplace and psychological well-being: The effects of tokenism on America's black elite. *Social Forces* 74(2): 543-557.

Jencks, Christopher. 1990. What is the true rate of social mobility? In Ronald Breiger (Ed.), *Social Mobility and Social Structure* (pp. 109-126). New York: Cambridge University Press.

Kanter, Rosabet. 1977. Some effects of proportions on group life: Skewed sex ratios and responses to token women. *American Journal of Sociology* 82: 975-991.

Keita, G. 1998. Ethnicity. In S. Sauter, L. Murphy, J. Hurrell and L. Levi (Chapter Eds.), *Encyclopedia of Occupational Health and Safety*, (4th edition, pp. 34.51-34.52). Geneva: International Labor Office.

Kessler, Ronald and Jane McLeod. 1984. Sex differences in vulnerability to undesirable life events. *American Sociological Review* 49: 620-631.

Kirby, Daria and James S. Jackson. 1999. Race saliency, perceived racial discrimination, and job satisfaction. Manuscript submitted for review.

Kirschenman, Joleen and Kathryn Neckerman. 1991. We'd love to hire them, but...: The meaning of race for employers. In C. Jenks and P. Peterson (Eds.), *The Urban Underclass* (pp.202-32). Washington, DC: Brookings Institution.

Kluegel, James and Eliot Smith. 1986. *Beliefs about Inequality: Americans' Views of What Is and What Ought to Be.* New York: A de Gruyter.

Kohn, Melvin. 1969. Class and conformity: A study of values. Homewood, IL: Dorsey.

Krieger, Nancy. 1990. Racial and gender discrimination: Risk factors for high blood pressure? *Social Science and Medicine* 30: 1273-1281.

Krieger, Nancy, D. Rowlet, A. Herman, B. Avery, and M. Phillips. 1990. Racism, sexism, and social class: Implications for studies of health, disease, and well-being. *American Journal of Preventive Medicine* 9: 82-153.

Kulis, Stephen. 1987. Socially mobile daughters and sons of the elderly: Mobility effects within the family revisited. *Journal of Marriage and the Family* 49: 421-433.

Landrine, Hope and Elizabeth Klonoff. 1996. The schedule of racist events: A measure of racial discrimination and a study of its negative physical and mental health consequences. *Journal of Black Psychology* 22(2): 144-168.

Levy, Frank. 1998. *The New Dollars and Dreams.* New York: Russell Sage Foundation.

Link, Bruce and Jo Phelan. 1995. Social conditions as fundamental causes of disease. *Journal of Health and Social Behavior* (extra issue): 80-94.

Maume, Jr., David. 1999. Occupational segregation and the career mobility of white men and women. *Social Forces* 77(4): 1433-1459.

McAdoo, Harriette. 1978. Factors related to stability in upwardly mobile black families. *Journal of Marriage and the Family*, Nov: 761-776.

McAdoo, Harriette. 1982. Stress absorbing systems in black families. *Family Relations* 31: 479-488.

Micklin, Michael and Carlos Leon. 1978. Life change and psychiatric disturbance in a South American city: The effects of geographic and social mobility. *Journal of Health and Social Behavior* 19: 92-107.

Mirowsky, John and Catherine Ross. 1995. Sex differences in distress: Real or artifact? *American Sociological Review* 60: 449-468.

Neighbors, Harold and Sherrill L. Sellers. *(under review)*. The effects of goal-striving stress on the mental health of black Americans.

Oliver, Melvin and Thomas Shapiro. 1995. *Black Wealth/White Wealth.* New York: Routledge.

Parker, Seymour and Robert Kleiner. 1966. *Mental Illness in the Urban Negro Community*. New York: Free Press.

Pearlin, Leonard I. 1989. The sociological study of stress. *Journal of Health and Social Behavior* 30: 241-256.

Pearlin, Leonard I. and M. Skaff, M. 1996. Stress and the life course: A paradigmatic alliance. *Gerontologist* 36(2): 239-247.

Pugliesi, Karen. 1995. Work and well-being: Gender differences in the psychological consequences of employment. *Journal of Health and Social Behavior* 36: 57-71.

Reskin, Barbara, Debra McBrier, and Julie Kmec. 1999. The determinants and consequences of workplace sex and race composition. *Annual Review of Sociology* 25: 335-61.

Rollins, Judith. 1995. *All is Never Said: The Narrative of Odette Harper Hines.* Philadelphia: Temple University Press.

Rosenfeld, Sarah. 1989. The effects of women's employment: Personal control and sex differences in mental health. *Journal of Health and Social Behavior* 30(1): 77-91.

Schwab, John, Roger Bell, George Warheit and R. Schwab. 1979. *Social Order and Mental Health: The Florida Health Study*. New York: Brunner/Mazel.

Sellers, Robert, Laura Morgan, and Tony Brown. 1999. A multidimensional approach to racial identity: Implications for African American children. Paper presented at the Eleventh Annual Kent Psychology Forum.

Sellers, Sherrill L. 2000. Dreams delivered, dreams deferred: The mental and physical health consequences of social mobility among black American men and women. Doctoral dissertation: University of Michigan, Ann Arbor.

Sellers, Sherrill L. 2000. Occupational stress among black Americans: Gaps, problems, and puzzles. Unpublished manuscript.

Sennett, Richard and Jonathan Cobb. 1973. *Hidden Injuries of Class*. New York: Alfred A. Knopf.

Sidel, Ruth. 1991. *On Her Own.* New York: Viking.

Simon, R. 1995. Gender, multiple roles, role meaning and mental health. *Journal of Health and Social Behavior* 36: 182-194.

Sokoloff, Natalie. 1992. *Black Women and White Women in the Professions*. NY:

Routledge.

Steele, Robert. 1978. Relationship of race, sex, social class, and social mobility to depression in normal adults. *The Journal of Social Psychology* 104: 37-47.

Taylor, Robert. 1986. Receipts of support from family among black Americans: Demographic and familial differences. *Journal of Marriage and the Family* 48: 67-77.

Vanneman, Reeve and Lynn Weber Cannon. 1987. *The American Perception of Class*. Temple University Press.

Wheaton, Blair. 1983. Stress, personal coping resources, and psychiatric symptoms: An investigation of interactive models. *Journal of Health and Social Behavior* 24: 208-229.

Williams, David. 1996. The health of the African American population. In Silvia Pedraza & Ruben G. Rumbaut (Eds.), *Origins and Destinies: Immigration, Race, and Ethnicity in America* (pp.406-416). Belmont, CA: Wadsworth.

Williams, David, Tony Brown, Sherrill L. Sellers, and Tyrone Forman. 1999. Racism and mental health: Risk factors and resources. Unpublished manuscript.

Wilson, William J. 1987. *Truly Disadvantaged: The Inner City, the Under Class, and Public Policy*. Chicago: University of Chicago Press.