Well-Being and Resilience

Another Look at African American Psychology

RUTH CHU-LIEN CHAO

African Americans have historically lived in a traumatic environment of oppressive discrimination. Their fortitude, communal and personal, has been sorely tested through years of slavery, Jim Crow laws, and slavery-like conditions that persisted even after the civil rights movement. All these circumstances are attended with various stressors of discrimination and stereotypes under which African Americans have suffered.

For several hundred years, African Americans have lived with racism in regard to use of public facilities and transportation, housing, business operations, and other areas of life. These traumatic life experiences are flatly contradictory to the three Civil War amendments to the U.S. Constitution meant to secure personal freedom and political rights for African Americans. The Thirteenth Amendment prohibited slavery. The Fourteenth Amendment defined American citizenship by requiring states to honor the same due-process guarantees in criminal proceedings that are required for the federal government and to not “deny to any person within its jurisdiction the equal protection of the laws.” The Fifteenth Amendment guaranteed “the right of the citizens of the United States to vote ... [regardless] of race, color, or previous condition of servitude.” These guarantees are as firm as the federal government stands. Unfortunately, throughout history and until quite recently, the majority of African Americans did not totally receive the treatments guaranteed by these amendments. Now, in this, the 21st century,
are African Americans finally freed from these past barriers and adversity? Sadly, the answer for many is still a tragic “no.”

The U.S. Department of Health and Human Services Surgeon General reported (USDHHS, 1999) that compared with Whites, African Americans were more likely to live in poverty, experience unemployment and homelessness, and reside in high-crime neighborhoods. In addition, as recently as 2002, the National Center for Health Statistics reported that African Americans suffered from fewer resources, financial and otherwise, to support them through their struggles. They had higher mortality rates and a shorter life expectancy; were three times more likely to suffer from diabetes; had a 40% higher incidence of heart disease and prostate cancer; were seven times more likely to become infected with HIV; were at greater risk for breast cancer; and had a higher infant mortality rate. Yet, despite this long list of adverse conditions and centuries of exclusion from the socioeconomic mainstream, African Americans have managed to forge striking contributions to American society. Examples are legion: vibrant Africentric cultural independence; a unique legacy of social activism; unparalleled advances in art, sports, and businesses; and a distinctive creativity of spirit, all of which have enriched our nation historically, continuously, and enormously.

Understandably, as social scientists, we are interested in exploring what protective factors supported and enabled many African Americans to successfully cope with their deleterious circumstances and soar high in their achievements. Empirical evidence links cultural factors to their coping behaviors. Culture has been shown to influence how African Americans define stressors (Parks, 1998), evaluate their coping resources (Daly, Jennings, Beckett, & Leashore, 1995), and provide a context for coping (Constantine, Donnelly, & Myers, 2002). The most prominent of cultural factors are resilience and well-being. These cultural factors do not necessarily remove African Americans from harm, but they do appear to reduce its negative effects. Researchers reported that individuals with greater cultural resources tend toward more positive mental health than those with fewer resources (Potts, 1996; Simont, Martone, & Kerwin, 2002; Wilson & Miles, 2001). Because many African Americans succeed despite adversity, the traditional linear assumption that their psychological problems are mostly caused by adverse environment appears inadequate. Instead, the research suggests that well-being and resilience are two indispensable factors for coping with adversity and even thriving in spite of it.

**HISTORY OF THE STUDY OF WELL-BEING AND RESILIENCE AMONG AFRICAN AMERICANS**

Although well-being and resilience are highly correlated with each other, they are two separate factors in African Americans' ability to manage adversity and even flourish in the face of it.
Well-Being

Well-being means a state of happy contentment, with low psychological distress, overall physical and mental health, and a positive outlook on life: in other words, good quality of life (VandenBos, 2007). In recent years, many psychologists have shifted their focus from an emphasis on disorder and dysfunction to one on well-being and robust health. Early proponents of the health perspective included Seligman (1991), Ryff (1989a, 1989b), and Diener (1984), who built on the earlier works of investigators like Bradburn (1969) and Argyle (1987). This positive asset perspective has also enriched the Constitution of the World Health Organization (1948), in which even as early as 1948 health was defined as a state of physical and social well-being and not merely the absence of disease.

Historically, most work on African Americans' well-being utilized a deficit model focused on shortcomings like poverty, residency in a high-crime neighborhood, low socioeconomic status, and victimization by racism and discrimination. This asset-less approach spawned two lines of thought: bottom-up theories and adaptation theories.

Bottom-up explanations argue that it is the sum of life events that is important. A happy life is the accumulation of positive events. A person who is asked to judge his or her life satisfaction is imagined to perform a mental calculation weighing good events against bad ones. Headey, Veenhoven, and Wearing (1991) argued that the whole is the sum of all its parts; satisfaction with life domains of, for example, marriage, family, employment, and health, determined life satisfaction.

A second theoretical model infers that subjective well-being arises from discrepancies between objective circumstances and subjective evaluations. It suggests that happiness or satisfaction results from subjective processes in which comparisons are made between one's status and reference points of importance. This theoretical framework has, in turn, produced social comparison theories and adaptation theories.

In social comparison theories, subjective well-being means that other individuals are used as reference points, and that happiness is gauged by comparing how much better one individual is compared with another. Based on this theory, downward comparison with less fortunate Americans was tested as a predictor of change in general life satisfaction. For example, an African American woman may feel satisfied living in her small studio when she compares herself to a homeless person living on street.

Because the adversities African Americans encounter are often cultural, multicultural scholars focus more on the negative cultural consequence (e.g., identity crisis, traumatic experience related to discrimination) than on the strengths of African Americans. This has resulted in neglecting the various adaptation strategies African Americans under adverse conditions have used to succeed.

Adaptation theories propose that individuals use some point in their life as the prior reference point for comparison to determine their current status of hap-
psychological distress, a life in other words, by psychologists have suction to one on well- perspective included to built on the earlier 7). This positive asset Health Organization state of physical and being utilized a deficit high-crime neighbor and discrimination. tom-up theories and events that is important person who is asked a mental calculation and Wearing (1991) with life domains of, refined life satisfac- ting arises from dis- evaluations. It suggests processes in which points of importance. parison theories and ans that other indi- ing by comparing ased on this theory, sed as a predictor of erican woman may er self to a homeless often cultural mul- tility (e.g., identity on the strengths of s adaptation strat- tain in their life as rent status of hap-

piness. Well-being or life satisfaction results when present status is better than the comparison point. In one study, Adams (1999) reported that African Americans' general life satisfaction, happiness, and family satisfaction were interrelated with one another. In this study, well-being and happiness were strong predictors of each other.

Since the 1970s, racial segregation and integration have been seen as unique experiences for African Americans. In fact, racial segregation was understood to decrease well-being, whereas integration was believed to potentially improve well-being. This second belief is often referred to as the contact hypothesis. It is, however, controversial, with both supporters and detractors.

Supporters of the contact hypothesis argue that specific and direct interpersonal contact can reduce prejudice and hostility among formerly segregated groups (Pettigrew & Tropp, 2000). It was this argument that Kenneth B. Clark (1974) used in his successful plea to the U.S. Supreme Court to overturn the practice of racial segregation in public schools, resulting in the historical Brown v. Board of Education of Topeka (1954) decision. On the other hand, some studies have shown that African Americans could emotionally benefit from segregation in terms of increased self-esteem and well-being (Allport, 1953; Coleman, 1966).

Another line of research on African Americans' well-being follows the assumption that well-being equals the lack of psychological disorders. Thus, the fewer psychological disorders one has, the higher level of well-being one enjoys. This line of research has not proven fruitful. Edwards (1999) contends that it does not accommodate African Americans' definition of mental health, which contains three themes: (1) moral worth and ideological and belief references; (2) competence and determination for youth and religion and spirituality for elders; and (3) interpersonal attributes, particularly self-expression, ability to communicate feelings, having a secure relationship, and assertiveness. Fulfilling these themes is not necessarily dependent on one's state of mental health, and psychological issues may not automatically reduce well-being.

Resilience

Resilience is "the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands. A number of factors contribute to how well people adapt to adversities, predominant among them are (a) the ways in which individuals view and engage with the world, (b) the availability and quality of social resources, and (c) specific coping strategies" (VandenBos, 2007, p. 792).

In the research literature, resilience and invulnerability frequently have been used interchangeably to describe individuals who do not exhibit psychological, behavioral, or mental health problems despite predisposing factors (Bowen-Reid & Rhodes, 2003). Historically, Garmezy (1972) is credited with first using the con-
cept to describe a sample of highly competent, urban-reared Black children who adjusted well despite environmental conditions conducive to various dysfunctions. Unfortunately, recent research seldom uses invulnerability as an empirical operational concept, although resilience as an operational concept continues to stimulate much interest (Masten, 2001).

Thus, resilience has two meanings for African Americans: It describes both Blacks at high risk who have not succumbed to dysfunction-inducing factors and those who have recovered after a dysfunctional episode, whether brief or protracted. Both types of resilience denote the ability to overcome adversities in environments or internal stresses and live a life that functions well.

The concept of resilience in the face of adversity is rooted in antiquity. In myth, children’s fables, epic literature, and art, heroes and heroines succeed despite huge obstacles. However, it was not until the 1970s that social science began to pay serious attention to it, in particular to at-risk children who succeeded in life (Masten, 2001). The study of resiliency remains in its infancy, especially in regard to African Americans (Utsey, Bolden, Lanier, & Williams, 2007). For example, more needs to be understood regarding the manner in which many African Americans have emotionally managed the uncertainty of employment and financial stability. The lack of jobs and thus inadequate finances often contribute to emotional unrest, ill health, or both. Yet many African Americans are able to maintain their integrity and life purpose in spite of seemingly overwhelming stress. For their neighbors, these individuals’ serene composure provides a beacon of hope. Besides, these resilient heroes are not those one would have expected, such as the educated or the skillful. We cannot help but ask, “What sources of strength are these admirable African American heroes and heroines drawing upon?”

THE CONTRIBUTION OF AFRICAN AMERICANS TO OUR UNDERSTANDING OF THEIR WELL-BEING AND RESILIENCE

The key to understanding how these African Americans have forged themselves lies in the adaptive capacity of their culture to interpret events for the group. They have not sulked or negatively reacted to institutional abuses or laid down awaiting some inevitable fate. Rather, they have actively made choices to enable the group to continue. Adaptation, culture, and choice are important factors in understanding how many African Americans have creatively responded to oppression and dire conditions.

Understanding the process of successful adaptation under stressful life conditions offers a conceptual base on which treatment and preventive interventions can be framed.
THEORETICAL MODELS OF WELL-BEING AND RESILIENCE FOR AFRICAN AMERICANS

There are three theoretical models in which studies of well-being and resilience among African Americans are based: (1) well-being and resilience as outcome variables, (2) well-being and resilience as moderator variables, and (3) well-being and resilience in a cultural-ecological framework.

Model 1: Well-Being and Resilience as Outcome Variables

This theoretical model can be divided into two subsets: a model on well-being and a model on resilience.

Well-Being

Recent studies of positive well-being as an outcome variable are generally conceptualized in three distinct traditions: subjective well-being (SWB), psychological well-being (PWB), and objective well-being (OWB) (Keyes, Shmotkin, & Ryff, 2002). The SWB engages in "more global evaluations of affect and life quality," and the PWB examines "perceived thriving vis-à-vis the existential challenges of life (e.g., pursuing meaningful goals ... establishing quality ties to others)" (Keyes et al., 2002, p. 1007).

One of the most widely cited theories of PWB is that by Ryff (1989a, 1989b, 1995), who proposes a multidimensional model derived from three bodies of theoretical literature: (1) life span developmental psychology (e.g., the writings of Erickson, Buhler, and Neugarten); (2) mental health (e.g., the writings of Maslow, Rogers, Jung, and Alport); and (3) personal growth (e.g., the writings of Jahoda). Ryff reviewed the characteristics of well-being described in these writings and found six points of convergence, which she put forth as an integrative model of PWB in adult life: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. To illustrate, higher levels of private religious behaviors correlate positively to more favorable perceptions of one's religiosity and more favorable perceptions of interpersonal relationships and self-acceptance. For many African Americans, private religious behaviors and positive feelings about one's religion seem to be related to increased PWB. Besides, a more favorable perception of one's religiosity and public participation was found to be associated with a favorable perception of mastery over one's environment, personal growth, good relationships with others, purpose in life, and self-acceptance. In other words, a favorable internal perception of one's religiosity, coupled with public behaviors, was associated with several well-being indicators, including self-acceptance and a sense of mastery (Taylor, 1993).

The second tradition of studies, SWB, is based on satisfaction indicators used by social psychologists to assess individuals' quality of life.
The third tradition of studies, OWB, is based on evaluative-descriptive indicators used primarily by economists and sociologists to analyze the quality of life of specific groups or subgroups. Between 1980 and 1992, indicators of OWB for African Americans, such as health, education, and economic status, either remained stagnant or deteriorated. Yet the University of Michigan's National Panel Survey of Black Americans, a subset of the National Survey of Black Americans, showed a marked increase from 1980 to 1992 in the number of respondents reporting "high general life satisfaction," a measure of subjective well-being (Jackson & Adams, 1992). Specifically, in 1992, 39% of African Americans were very satisfied, 48% were somewhat satisfied, and 13% were dissatisfied with general life. These data raise the question of why there was a substantial increase in the proportion of respondents reporting positive life satisfaction during a period of decline in objective standards such as health, education, and income.

"Positive coping" is a possible answer to this seeming contradiction. Rising subjective evaluations of one's well-being may facilitate efforts to remain viable—psychologically, spiritually, and physiologically, individually, and groupwise—in the face of stagnation or decline of objective condition. The key here is that the underlying psychological processes are functioning to adjust respondents' subjective interpretation of environment.

Perhaps this is their adaptive process. Bowman (1990) has noted that extended family systems, strong spiritual beliefs, and ethnic pride (or ethnic identity) serve as sources of personal empowerment. These cultural resources may have facilitated coping schemata and cognitive strategies and motivated adaptive responses that, in turn, increased perception of well-being (Bowman, 1990). An alternative explanation is that another variable mediated the relationship between objective and subjective well-being. For example, social support, spirituality, religion, and family can be mediators to associate objective with subjective well-being.

Numerous studies have used religion or spirituality as an independent variable or predictor to African Americans' well-being. For example, Taylor (1993) documented the salutary impact of Black Churches on their lives, revealing that they perceived their churches as providers of sustenance, strength, assistance, and moral guidelines for conduct and a source of unity, a community gathering place, and a help in attaining social, economic, and educational goals.

Clearly, the Black Church is a powerful force for many African Americans (Coke, 1992). Given this, it is not surprising that strong ties are found between religiosity and indicators of Black healthy well-being. For example, the higher the religiosity, the lower the use of tobacco products (Ahmed, Brown, Gary, & Saadatmand, 1994; Brown & Gary, 1994) and alcohol (or even abstention) (Brown & Gary, 1994; Darrow, Russell, Cooper, Mudar, & Frone, 1992) and the lower the rates of incarceration (Parson & Mikawa, 1991). Religious involvement is a critical component in understanding African American well-being.
In contrast, racial discriminatory experiences have been found to be detrimental to well-being. African Americans with less positive feelings about Blacks have more depressive symptoms and lower well-being than those with positive feelings about Blacks (Caldwell, Guthrie, & Jackson, 2006).

**Resilience**

Masten (2001) defines resilience as good outcomes despite serious threats to adaptation or development. Two conditions are necessary to identify resilience: (1) The presence of a significant threat (e.g., poverty, parental history of mental illness) or exposure to severe adversity (e.g., victim of a violent crime, death of a parent) and (2) a determination that positive adaptation has occurred in the face of such adversity (Masten & Coatsworth, 1998). Thus, adversity is a risk factor that correlates with poor social, psychological, and health outcomes (Masten, 2001). Risk factors have an additive effect (loss of job + inability to pay mortgage = ill health) that can increase in the chances for poor outcomes. Balancing risk factors are protective factors or assets that encourage an adaptation (healthier response) in the face of adversity. Protective factors can include individual characteristics such as cognitive ability and disposition, family cohesiveness, and extrafamilial factors such as an adequate societal safety net of unemployment compensation and available affordable health care.

This model offers an explanation of African Americans' resilience. In addition, their culture provides additional protective factors such as extended familial bonds to cope effectively and adapt to adversity (Brosky, 2000; Taylor, Chatters, & Levin, 2004).

To illustrate, Brown (2008), using multiple regression analyses, reported that racial socialization inculcation and receiving social support explained the most variance in African Americans' resilience. Racial socialization is a set of behaviors, communications, and interactions between parents and children that address how they should feel about their cultural heritage and how they should respond to racial hostility in American society (Stevenson, Cameron, Herrero-Taylor, & Davis, 2002).

In another study, spirituality again appeared as a protective factor among 1,013 African American students at two historically Black universities that contributed to resilience (Bowen-Reid & Rhodes, 2003). Furthermore, parents' religious behavior appeared important among their children and adolescents (Christian & Barbarin, 2001), whose higher level of resilience, fewer oppositional behaviors, less expressed depression, and less perceived immaturity were related to parents' regular church attendance.

This relation could be explained in at least two ways. First, regular church attendance might serve as a coping strategy that reduces parental distresses and makes them more effective parents. Second, religiosity could be passed on to their children, enhancing their capacity for self-regulation.
Model 2: Well-Being and Resilience as Moderator Variables

Well-Being

Self-perceived well-being is a critical variable affecting individuals’ level of distress. For example, some individuals with apparently strong social support and functional coping experience distress; others do not. This dilemma might be resolved by evaluating their well-being as emotional reactions to and cognitive judgment of events. In this instance, well-being is a mediator between two predictors (social support and coping) and an outcome variable (mental distress).

A variable (e.g., well-being) is said to act as a mediator when it partially or completely accounts for the relationship between a predictor and an outcome variable. Stevens, Hill, Heiner, and Chao (2007) investigated the role of well-being as mediator between social support/coping and mental distress. Their survey of 156 African American college students indicated that before well-being was entered as a mediator, social support and coping significantly contributed to the variance of mental health. When well-being was entered as a mediator, there was no significant relation between social support/coping and mental distress.

The relationship between racial attribution and lower well-being and mental health problems has generated conflicting explanations. For example, some studies report that external racial attribution has served as a protective factor enabling African Americans to avoid self-blame and brush off adversity by attributing it to external racial issues (e.g., African Americans are always the target of discrimination) and thereby maintain their self-esteem and well-being.

On the other hand, Christian and Barbarin (2001) have suggested that external racial attribution was related to lower well-being, resulting in more behavior problems such as social withdrawal. For example, the use of external racial attribution might indicate individuals’ inability to take responsibility, mobilize resources to solve problems, and overcome adversity in life. This behavior might lower well-being and increase psychological distress.

Resilience

Gordon (1995) examined 40 African American high school students from homes with low socioeconomic status and high stress. Resilient students had healthier self-concepts, felt more positive about their cognitive abilities, and stressed extracurricular activities more than their nonresilient peers. Furthermore, resilient students were focused more on future financial security and independence, despite their low socioeconomic background and high stress.

Model 3: Well-Being and Resilience in a Cultural–Ecological Framework

Bronfenbrenner’s (1979) ecological framework suggests that humans live in an environmental context. This human ecology includes four levels: macrosystem,
Well-Being and Resilience

exosystem, mesosystem, and microsystem. The macrosystem consists of institutional patterns and economic, social, educational, and political influences on the individual. The exosystem includes social settings, such as neighborhood, school, and church interactions. The mesosystem is a network of connections among close-knit environments such as home and schools. The microsystem contains the intimate and immediate environments such as family, school, peer group, neighborhood, and child care.

Culture can be understood as an acquired system of beliefs and values that incorporates and represents the worldview held in common by its members; well-being and resilience are recognizable as two Africentric values.

One approach to understanding the resilience and well-being of African Americans is to examine the biographies of successful African Americans. Charles Henry Turner, for example, has the unique distinction of having published a summary of his undergraduate thesis in the prestigious journal *Science* (Turner, 1892). By the time he received his master’s degree, he had published three additional papers, one of these in *Science*. Despite this productivity and a PhD from the University of Chicago, Turner could not secure a university appointment. Ultimately, he accepted a teaching position at Sumner High School in St. Louis. Rather than accept his rejection as a researcher, he continued his studies, eventually publishing more than 70 papers; consistently attended conferences; and became, despite those who sought to deny him, a pioneer in comparative psychology. Applying the model of “well-being and resilience in a cultural-ecological framework,” Turner suffered from stresses from the macrosystem, exosystem, mesosystem, and microsystem. His macrosystem consisted of nearly every institutional barrier imaginable in the late 19th and early 20th centuries placed before African Americans. After earning a prestigious PhD from the University of Chicago, this exosystem denied him rightful employment. During several undesirable jobs, he had to endure mesosystemic disdain because of his color and the microsystemic loss of his beloved wife while in his late 30s.

How did Turner survive these chronic and acute stressors? How was he able to channel his frustration into an outstanding publication record of more than 70 academic papers? How did he cope with being denied a university career and seemingly adapt to a career as a high school teacher? His biographers offer evidence that Turner demonstrated a high level of resilience and positive perception of life and well-being (Dewsby, Benjamin, & Wertheimer, 2006). Turner and other historical figures like Malcolm X offer examples of the ability of well-being and resilience to buffer African Americans from deleterious conditions and enable them to succeed.

**Summary of Findings on Well-Being and Resilience**

Interest in resilience and well-being in children and adults has grown rapidly in recent years (Masten, 2001). Despite the importance of understanding well-being
and resilience (Seligman, 1991), current knowledge remains limited, primarily because most research was not conducted in an African cultural context.

An Africentric worldview places the highest value on interpersonal relations and groups. Resistance to oppression is shaped in a wide social environment, involving interactions between how the larger social context affects everyday experiences and, conversely, how day-to-day activities help shape the social context (Bagley & Carroll, 1998).

Research on African Americans' well-being and resilience found that the experience of enslavement required them to draw on their capacity to live above conditions. This experience caused African Americans to develop a unique style of resilience and well-being.

To illustrate, Levine (1977) quotes Aunt Aggy, an enslaved African American woman, who speaks of being blessed to see things that the slave captor could not see and reality unknown to the materially powerful captor. The tenacious legacy of that awareness is what underpins optimal well-being and resilience.

Heartfelt knowledge of spiritual connections beyond all manners of abuse and prejudice is reputed to be the source of energy that empowers African Americans to emerge intact from cultural trauma and injustice. Although deficit-focused scholars emphasize cultural traumas and psychological distress, other researchers tell us that well-being and resilience are two major themes in African American life that enable them to thrive in the midst of adversity.

STRATEGIES TO FOSTER WELL-BEING AND RESILIENCE AMONG AFRICAN AMERICANS

Life experience supported by research (see Duncan, 2003) shows that people can foster well-being and resilience. Seligman, Rashid, and Parks (2006) demonstrated that well-being can be enhanced through planned interventions. What is important is that these interventions be tailored to the African American culture.

African Americans have long held that a virtuous life is the foundation for well-being. For example, in 1926, Sumner, writing on the philosophy of Negro education, encouraged personal cultivation of the following: physical well-being; simplicity in living; belief in God; fondness for literature, art, and music; industry; a contempt for loud and indiscreet laughing and talking; thrift; honesty; courtesy; respect; race pride; and punctuality (p. 43).

Given the importance of the family in every culture, family-based, coping-focused interventions have the potential to promote resilience and break linkages in the pernicious cycle of poverty (Wadsworth & Santiago, 2008). Coping effectively with stressors created and exacerbated by poverty could buffer families from various types of problems.
Wadsworth and Santiago (2008) studied two types of coping, the first to bolster the ability of adults to break the links of economic distress by reducing stress and enhancing problem-solving ability and the second to strengthen children’s ability to cope with poverty-related stress that may trigger developmental problems. They found that people’s beliefs about a situation could empower them to cope with difficulties.

In other work, African American preadolescent girls benefited from interventions with a relational and Africentric focus (Belgrave, Chase-Vaughn, Gray, Addison, & Cherry, 2000). Belgrave and colleagues (2000) sought to successfully increase bonding and mutually empowering relationships among girls, their peers, and female role models, via relational, gender-focused activities, thereby increasing self-esteem and gender identity. Belgrave and colleagues’ study successfully enhanced African American preadolescent girls’ self-esteem and gender identity.

Belgrave and colleagues’ (2000) program also tried to strengthen Africentric and ethnic beliefs as a foundation for resilience. The Africentric worldview expounds on the core African values and uses the rich traditions for support during adversity and suffering (Akbar, 1996). Its organizing principles include spirituality, harmony, collective responsibility, oral tradition, sensitivity to emotional cues, authenticity, balance, concurrent time orientation to past, present, and future, and interpersonal/communal orientation.

High ethnic identity has been associated with higher achievement and self-esteem among African American youth (Phinney & Chavira, 1992) and with less risky sex and drug activity. Thus, it is necessary to increase resilience by appreciating Africentric values and ethnic identity, particularly values that promote communal responsibility, self-determination, purpose, and faith.

CONCLUSION

A good deal of previous research has dwelt on differences between Blacks and Whites and described the physical and mental difficulties African Americans experienced to a greater degree than Whites (Williams, Yu, Jackson, & Anderson, 1997). Less attention has been given to intragroup differences discerning why some individuals cope and adapt better than others.

In fact, based on all these minutely researched reports discussed here, there is reason for excitement. We cannot help but conclude that resilience is a modus operandi of well-being itself. Well-being seldom lays passively back on the beach, basking in the ocean breeze, sipping soft drinks. On the contrary, as African Americans show us, well-being is an active process of living, remaining tough in adversity, which strengthens our stamina to resiliently thrive through it. Well-being is “to be well no matter what,” to live abundantly in adversity, and to make creative contributions to the world, precisely through thick and thin. To live well, to be well, is to live in resilience.
REFERENCES


