

Ethnic Identity as predictor for the well-being: An exploratory transcultural study in Brazil and Europe

Identidad étnica como predictor del bienestar: Estudio exploratorio transcultural en Brasil y Europa

Diana Ramos De Oliveira¹

University of the Basque Country, Spain

Andrzej Pankalla

University of Adam Mickiewicz, Poland

Rosa Cabecinhas

University of Minho, Portugal

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Abstract

The aim of the present research was to examine the association between subjective well-being, ill-being with ethnic identity in different cultural groups of college students (Brazilian, Portuguese, and Polish). A questionnaire package was responding: Ethnic identity, Health, Depression and Happiness. Results show that Brazilians students are the group particularly where find relationships between ethnic identity and well-being. The European students (Portuguese and Polish) have showed an significant association between the positive attitude and its sense of ethnic belonging with better quality of life and less ill-being. These results are important because, confirm the basic idea of the strong social identity as an aspect of happiness and less distress; and discurs practical intervention directed toward ethnic identity.

Keywords: ethnic identity, well-being, ill-being, Brazil and Europe.

Resumen

El objetivo de la presente investigación fue examinar la asociación entre la felicidad y el malestar en los grupos analizados con la identidad étnica, en grupo de estudiantes universitarios (Brasil, Portugal y Polonia). Se aplicaron los siguientes cuestionarios: Identidad Étnica-MEIM, Salud, Depresión y Felicidad. Los datos muestran que los estudiantes brasileños en particular fueron el grupo donde se encontraron más relaciones entre la identidad étnica y el bienestar. Los estudiantes europeos (portugueses y polacos) han mostrado una asociación significativa entre la actitud positiva y su sentido de pertenencia étnica con una mejor calidad de vida y menos malestar. Estos resultados son importantes porque confirman la idea básica de la identidad social fuerte como un aspecto de felicidad y menos angustia; y discuten la intervención práctica dirigida hacia la identidad étnica.

Palabras clave: identidad étnica, well-being, ill-being, Brasil y Europa.

¹ Correspondence concerning this article should be addressed to Diana Ramos de Oliveira, Ph.D. Brazilian Baptist College, Altino Serbeto St., 140, 41850-050 Salvador, Bahia (Brazil). E-mail: ramosdeoliveira.diana@gmail.com

Introduction

Ethnic identity (EI) is a set of ideals, values, behaviors, and attitudes regarding the identity of oneself as a member of a distinct social group. Conceptually, ethnicity serves as a means of understanding whether and to what degree a person has explored the meaning of their ethnic identity and its development of a sense of commitment to their ethnic heritage (Fischer & Moradi, 2001; Phinney, 1992). Theoretically, researchers have argued that identity development is associated with psychosocial well-being during adolescence (Erikson, 1968; Tajfel, 1981). Some studies are revealing the EI as a good predictor of the quality of life in general. These findings demonstrate that EI develops not only linked to self-concept, but also physical health, satisfaction with relations with someone, and social networks and life satisfaction. Some studies have shown the relationship between ethnic identity, happiness and well-being (Ramos de Oliveira, 2009; Paéz, Bilbao & Javaloy, 2008; Yoo & Lee, 2005; Utsey, Chae, Bown & Kelly, 2002; Phinney, Horenczyk, Liebkind & Vedder, 2001).

It seems obvious, given that self-esteem is associated with subjective well-being and is one of the facets of psychological well-being, would be a strong and positive social identity constructs a factor of happiness and psychological adjustment. Indeed, studies with a variety of ethnicities and with different samples, have documented a positive link between ethnic identity and well-being (Gray-Little & Hafdahl, 2000; Ryff, Keys & Hughes, 2003; Tsai, Ying & Lee, 2001; Umaña-Taylor, 2004; Umaña-Taylor, Yazedijan & Hamaca-Gómez, 2004). It was found that individuals with high levels of ethnic identity manifest a high quality of life, general indicator of well-being (Utsey et al., 2002). The developmental research has shown that people with an advanced sense of ethnic identity, they had better fit than those in earlier stages of development (Phinney, 1990).

Although there are very few studies on orientation or attitudes toward other ethnic groups and subjective well-being, those that exist offer a coherent image. They suggest, for example, that among Latinos, Asians and African American youth who have more positive attitudes toward other groups have more positive self-esteem and self-concept (Lee, 2003; Phinney, Cantu & Kurtz, 1997; Phinney & Devich-Navarro, 1997).

Basabe, Zlobina and Páez (2004), confirmed that in relation to subjective well-being of different immigrant ethnic groups, perceived discrimination was associated with affective disorders. The results of that investigation

stands out especially, to be rare, the negative emotional situation sub-Saharan Africans, which denotes the rate of stress, difficulties and discrimination suffered by the ethnic group.

Ethnic identity and well-being: evidence for the main effect

Yasui, Dorham and Dishion (2004) have demonstrated the relationship between ethnic identity, mental health and social adjustment in adolescents. These studies also showed that the sense of belonging, and have positive feelings about an ethnic group serve as important factors in the psychological adjustment of adolescents, regardless of their ethnicity. However, the achievement of identity showed significant correlations with social and emotional adjustment only among African American adolescents.

Moreover, Kiang, Gonzales-Backen, Yip, Witkow and Fuligni (2006) illustrate the protective effects of ethnic identity on psychological well-being, in a sample of 415 students from Mexican and Chinese backgrounds. Using the multilevel model, their results showed that adolescents with greater respect for their ethnic group, showed a higher mean less happiness and anxiety in the study period of two weeks. In addition, in that study, centrality, ethnic respect and self-esteem were significantly and positively related. Also, respect and centrality were positively related to average happiness, but not anxiety. This suggests that EI was related primarily to improve positive affect more than a protection of negative affectivity. Self-esteem was significantly related to two measures of subjective well-being. Stressful events were positively related to anxiety, but were not significantly related to happiness. As stress mainly, affects the high negative affect or anxiety, but not positive affect. In that study Kiang and cols. (2006), the results showed that individuals with higher levels of ethnic respect were, on average, happier.

Ethnic identity as a moderator of stressful events

Theoretically, a social identity involves relations between ethnic identity, and well-being related stress. The EI may act in different ways to modulate, and manage stress. According to social identity theorists (Tajfel, 1981), can be addressed several strategies to cope with the stress of discrimination. Some people identify or distance themselves from their ethnic group;

others however, may affirm or strengthen their ethnic identity or group. This assertion of ethnic identity of the group, creating a sense of affiliation, can provide protection against the effects of prejudice associated with race, and stress associated with race in relation to well-being (Phinney, 2003; Sellers, Caldwell, Schmeelk-Cone & Zimmerman, 2003; Tajfel & Forgas, 2000). In fact, one of the functions of the IE is to strengthen the individual against the negativity of stress (Cross, Pharam & Helms, 1998; Mossakowski, 2003).

A number of studies have been used to account the protective effects of the EI or the attenuation of stress has been found through various research programs (Shelton, Richeson & Vorauer, 2006). Sellers and colleagues found that African Americans, for that race was the center of your self-concept, lived less negatively or diminish the impact of discomfort related to ethnicity or relating to racial discrimination (see Shelton et al., 2006). Similarly, adolescents with positive connections with their ethnic group did not show the negative effects of racial discrimination (Wong, Eccles & Sameroff, 2003). In the aforementioned study of Kiang et al., (2006) the results suggest that high ethnic identity buffers the stress. Although the experience of daily stressful events not associated generally with happiness, the association varied depending on the degree of ethnic respect. For people with low and moderate levels of ethnic respect, the daily levels of happiness decreased as increased daily stressors. However, in the case of individuals with high levels of ethnic respect, was not this negative effect of stress on the relationship between daily stressors and level of happiness.

Similarly, we find research on attitudes of racial identity, racist stress, racist stress assessment and mental health. The African American women with high multicultural identity attitude (characterized by one standard deviation above the average identity) showed reduced impact of racist stress events and less negative assessment of them. The main conclusion of this work is that multicultural identity attitudes somewhat protected from the impact of racial stress on mental health (Jones, Cross & DeFour, 2007).

Social Identity Theory (Tajfel & Turner, 1986) suggests some hypotheses on the group distinctions and the relationship between ethnic identification and psychological well-being. This theory suggests that individuals are motivated to achieve positive 'social identity', defined "as that part of the individual self that draws from their knowledge and their membership in a social group [...] with the value and emotional significance attached to these members" (Taylor &

Modhaddam, 1994, p.61). A positive identity as a member of an ethnic group is expected to be associated with a positive self-concept at the individual level. Important areas of research include the relationship between the strength of ethnic identity and self-esteem.

Although, in this case we have few studies in Brazil on the relationship of strong ethnic identity of Afro Brazilians will be associated with personal self-esteem and subjective well-being, we found for example, the study of Zambon (2003) on a comparison of racial self-esteem and self-concept of Brazilian adolescents Black and White, show that regarding self-esteem was not significantly different between groups. However, found significant differences in self-perceptions regarding two areas that make up the self-concept, physical appearance and general school self-concept. This excessive emphasis on physical appearance is a highly negative impact on self-esteem of girls, because many of them consider themselves ugly. Another contribution, in this way is the study of Bianchi, Zea, Belgrave and Echeverri (2002) on racial identity and self-esteem in Black Brazilian men, finding that high conformity attitudes were associated with low individual self-esteem, as well as crucial connection between a person's view of the racial aspect of the self and personal well-being, that is, Black Brazilian men with high internalization attitudes were more likely to think highly of their racial group and their status within it and to believe that others have a favorable impression of their racial group as well.

Studies with Portuguese sample have demonstrated that regarding the relationship between ethnic identity and well-being there were no significant differences between groups of young, also were no differences in ethnic identity - in whole or in dimensions of commitment and exploration. Furthermore, in this study found that a high level of psychological well-being in adolescents regardless of their ethnic group, although the group of Portuguese mulattos and Blacks had an average slightly lower than the other two groups (Portuguese White and Africans) (Afonso, 2009; Vala, 2003).

On the other hand, we find studies with Poles on ethnic identity in a context, according Madorsky (2007) marked by the period after the war, where expulsions, displacements, and relocations of Germans, Ukrainians, Byelorussians, and other national minorities completely altered the national landscape in this country. Territorial shifts in the East and West contributed to the changes in the ethnic make-up of the country. The suppression of minority identities and homogenization was one of

the main policies of the Communist regime in Poland. The use of local languages, as well as the use of national costumes of groups, was banned even in the home. The situation changed completely after World War II when Poland became a homogeneous state as a result of the dramatic consequences of the War. The consequence of these factors is that contemporary Poland is one of the most homogenous states in Europe, in the ethnic as well as religious sense (Galent & Kubink, 2007).

In fact, Brian (2001) argued that in Poland, religious and national identity seems inextricably. At least 85% of the population declare some affiliation with Roman Catholic Church, and Poles often evoke Catholicism to describe who they are ("European" or "Western") and who they not (Orthodox/Russian, Protestant/German, Jewish, or "Eastern").

The studies reviewed suggest that a strong ethnic identity directly enhances well-being, and in particular positive affection, and, protects people from stress. These effects are not caused by discrimination, although it strengthens ethnic identity.

Overview of this study

The aim of this study is examine the effect of ethnic identity as predictors of well-being. To determine whether Subjective Well-being (SW) is associated with ethnic identities (EI), that is, the feeling of belong and to ethnic conduct. The study seeks to examine the association between SW, ill-being with ethnic identity in different cultural groups (Brazilian and European). Although it has been suggested that social identity is a source of self-esteem, and on having been this one a facet of the well-being, we may assume that a strong ethnic identity is a factor of happiness and SW, although the studies performed have been limited. In fact, the meta-analytic review de Lyubomirsky, King and Diener (2005) consists of only three studies that link social identity subjective Well-being (SW), an association also found moderate-low.

McLeod and Owens (2004) showed that well-being during the transition from pre-adolescence to adolescence; indicate that *race* or *ethnicity* would be related on the levels and rates of change in mental health. In particular, Black and Hispanic children reported lower depression levels hyperactivity than White children.

The present study focuses on the comparative analysis between two continents, may be diverge culturally in ways that reflect their differences in economic development, and contemporary and

previous social and political situations. The study includes a developing country from Latin America (Brazil) and two Europe developing countries, Portugal and the post-communist Poland. We chose to analyze the case of Brazil for a culture that offers greater heterogeneity and mixed ethnicity. In the case of Europe we jointly analyzed the data from Poland and Portugal, as samples for each country were relatively small for a proper comparison.

We propose the following hypothesis:

Ethnic attitudes and sense of belonging and the achievement of identity contribute positively to subjective well-being (SW). Ethnic identity will be associated with low distress and high subjective well-being particularly in countries with high heterogeneity, as is the case of Brazil.

Method

Sample and Procedure

The sample consists of 175 people from three countries, Brazil ($N=97$) Portugal ($N=29$) and Poland ($N=49$). The majority of respondents were women (81.1% versus 18.9% men). Most respondents were under 24 years (60.6%) and a minority over 24 years (39.4%). The majority respondents in Brazil (62.7%) and Poland (37.3%) work² and study at a time. Although, 86.8% of Brazilians only studies, compared with, only 13.3% of Poles studies. With regard to marital status of the sample, 55.4% of Brazilians are unmarried, compared to 20.9% and 23.7% in Portugal and Poland respectively.

All participants answered the anonymously questionnaire in the classroom, that were duly translated to polish and portuguese, in the presence of collaborators of the respective universities: Federal University of Bahia (Brazil), Bahia State University (UNEB-Brazil), University of Minho (Portugal) and Adam Mickiewicz University (Poland).

In summary, the variables to be compared are as follows:

Ethnic Identity: MEIM (*Multigroup Ethnic Identity Measure*) (overall average score)

Criterion variables: Well-being / Ill-being measures

² Portugal did not participate in these tests on the grounds that working life was not important considering that all questionnaires would be applied to college students.

- GHQ-12 (Average score; more points, more symptoms)
- SF-12 (Factor mean score; more points more health): SF-12 Physical and Sf-12 Mental
- WHO-DAS (Average score; more points more dysfunction and ill-being)
- BDI (Average score; more points more symptoms)
- Happiness (Average score; more points more happiness)

Instrument

MEIM (Phinney, 1992). The MEIM consists of 14 items assessing (rated on 4-point scale ranging from 1= *strongly disagree* to 4= *strongly agree*). This scale assesses the following dimensions: *Positive ethnic attitudes and sense of belonging*, *Ethnic identity achievement* and *Ethnic behaviors or practices*. The overall reliability of the scale of ethnic identity was average for Brazil ($\alpha = .80$) and low for Europe ($\alpha = .68$).

WHO-DAS-II (Vázquez-Barquero, Herrera, Bourgón & Pindado, 2001). This questionnaire asks about difficulties due to health conditions. Each item is scored taking into account the degree of difficulty experienced, from 1 (*none*) to 5 (*extreme*). For this study, we used 12-item version. *WHO-DAS*_{Brazil} ($\alpha = .73$) and *WHO-DAS*_{Europe} ($\alpha = .75$).

SF-12 Questionnaire (Ware, Kosinski & Keller, 1996; Alonso, Regidor, Barrio, Prieto, Rodríguez & de la Fuente, 1996). The SF-12 is the short version of the short form 36 Health Survey. Response options are type scales *Likert* that assesses the two main dimensions of quality of life: physical and mental health. The items show different scale levels: three (*yes, limited a lot; yes, limited a little; No, not limited at all*) and six (*all of the time; most of the time; a good bit of the time; some of the time; a little of the time; none of the Time*). *SF-12*_{Physicalhealth} in Brazil ($\alpha = .63$) and ($\alpha = .60$) for Europe, while *SF-12*_{Mentalhealth} (Brazil: $\alpha = .70$ and low for Europa: $\alpha = .31$).

GHQ-12 (Goldberg, 1978; Retolaza, 1998). The questionnaire comprises twelve questions, using a 4-point scale (from 0 to 3) asking informants about their general level of happiness, experience of depressive and anxiety symptoms, and sleep disturbance over the last four weeks. Interpretation of the answers is based on a four point response scale scored using a bimodal method (symptom present: *not at all* = 0; *same as usual* = 0; *more than usual* = 1 and *much more than usual* = 1). For this work, we used the sum total of the scale for the different analysis.

*GHQ-12*_{Brazil} ($\alpha = .85$) of the twelve items analyzed and *GHQ-12*_{Europe} ($\alpha = .84$).

Oxford Happiness Scale - OHS (Argyle & Martin, 1991). Is a 29-item multiple choice instrument. Each item contains four options (*motivational-behavioral aspects, affective, cognitive and physiological*), constructed to reflect incremental steps defined as: unhappy or mildly depressed, a low level of happiness, a high level of happiness, and mania. The total scale reliability of happiness *OHS*_{Brazil} ($\alpha = .93$) and *OHS*_{Europe} ($\alpha = .84$).

Beck Depression Inventory - BDI (Beck, Ward & Mendelson, 1961; Vázquez & Sanz, 1978). The 13 items of the short version of the BDI consist of statements showing increasing intensity of depressive emotions and cognitions scoring 0-3 each, and presented the same order of ascending severity. In the case of this particular study, the overall average was used to carry out the corresponding analysis; *BDI*_{Brazil} ($\alpha = .79$) and *BDI*_{Europe} ($\alpha = .94$).

Results

To make a first approach on the relationship between ethnic identity and well-being, attempted know if the well-being/ ill-being factor influencing the sense of belonging as well as ethnic behaviors of the participants. To examine the extent to which the predictor variable was related to each other compared to other variables, correlations among psychological measurements and with ethnic identity of participants are presented. To this end, first a basic analysis of the psychometric properties of the questionnaire to ensure the reliability of the results there of to then proceed with the correlational analysis.

Ethnic identity as predictor of well-being

With respect to the results found, a relationship can be observed statistically significant between the dimensions of ethnic identity and well-being, confirming the hypothesis in this study.

In the overall sample, both in Brazil and in European countries (combining the sample of the Portuguese and Polish students), found a relationship between EI and ill-being/well-being. A greater ethnic identity, the less ill-being mental, assessed by the GHQ-12, fewer problems in the quality of life related to health assessed by the WHO-DAS, less depression evaluated by the BDI and greater happiness evaluated by the OHS. With

Table 1.
Relationship between Ethnic identity as a predictor of well-being of the total sample

	Total sample	Brazil	Europe
<i>GHQ-12</i>	-.26**	-.28**	-.21*
<i>SF-12</i>	.14	.14	.17
<i>WHO-DAS</i>	-.19**	-.22*	-.13
<i>Depression</i>	-.21**	-.22*	-.11
<i>Happiness</i>	.31**	.43**	.08

Note: *** $p < .001$, ** $p < .01$, * $p < .05$.

Table 2.
Correlations among measurements and with Ethnic Identity of participants in the total sample

	1	2	3	4	5	6
1. <i>GHQ-12</i>	----					
2. <i>SF-12</i>	-.58**	----				
3. <i>WHO-DAS</i>	.40**	-.60**	----			
4. <i>Depression</i>	.61**	-.48**	.44**	----		
5. <i>Happiness</i>	-.58**	.55**	-.48**	-.47**	----	
6. <i>Ethnic Identity</i>	-.23*	----	-.18*	-.18*	.35**	----

Note: *** $p < .001$, ** $p < .01$, * $p < .05$

Table 3.
Dimensions of Ethnic identity and ill-being subjective in Brazil and Europe (Poland and Portugal)

	WHO-DAS		SF-12 _{Mentalhealth}		DEPRESSION		GHQ-12		HAPPINESS	
	Brazil	Europe	Brazil	Europe	Brazil	Europe	Brazil	Europe	Brazil	Europe
EI _{ACHIEVEMENT}									.34**	
IE _{BEHAVIOR&ETHNICPRACTICE}	-.21*		.18 [§]		-.28**		-.31**		.38**	
IE _{POSITIVEATTITUDE&BELONG}		-.30**					-.27*		.25*	

Note: *** $p < .001$, ** $p < .01$, * $p < .05$, & $p < .10$

the exception of SF-12 confirmed that ethnic identity is a possible source of well-being (Table 1).

Ethnic identity in Brazil was associated lower mental distress assessed by the GHQ-12, to fewer problems in the quality of life related to health assessed by the WHO-DAS, less depression assessed by the BDI and greater happiness evaluated by the OHS. Even in the case of Brazil, the SF-12 tends to be associated with ethnic identity (Table 1).

In contrast, in the case of Europe it was associated with lower ethnic identity in ill-being mental health—although this association was similar to that of Brazil (Table 1). In Table 2, correlations among psychological measurements and with ethnic identity of participants are presented, where you can see the strength of relationship in the total sample.

Analysis of the dimensions of Ethnic Identity and Well-being

In the case of the Brazilians students' correlation, analysis showed a positive relationship between the three dimensions of ethnic identity and happiness, while the Europeans students' have not produced any result at this point. That is, the Brazilians students have a better acceptance and internalization of the same ethnic group is happier, than those who do not have a clear conscience about your identity.

On the other hand, Brazilians students found a negative relationship between $IE_{\text{Ethnicbehavior}}$ and WHO-DAS, as well as depression (BDI) and health in general (GHQ12). In the case of European (Portuguese and Polish students) found a negative relationship between the size $IE_{\text{Positiveattitudes\&belong}}$ and ill-being, in particular, more dysfunction in the WHO-DAS, and more mental symptoms in the GHQ. That is, the more ethnic pride, and better feeling with its origin, is less of disability in different areas of their lives as well as fewer health problems in general, and the feeling of discomfort will be less (Table 3).

Discussion

It was expected that ethnic attitudes and sense of belonging and the achievement of identity contribute positively to subjective well-being (SW), particularly in countries with high ethnic heterogeneity as in the case of Brazil. This hypothesis was confirmed since we found a relationship between EI and ill-being - subjective well-being in Brazil; in Europe we have

not found a relationship as intense and clear between EI and SW. Above all, happiness was not related to Ethnic Identity. However, the Brazilians students showed greater acceptance and internalization of the same ethnic group reported feeling happier. In addition, the $IE_{\text{Ethnicbehavior}}$ dimension was more relevant to the mental well-being of Brazilians students those other components of EI, while for the Europeans students were the ethnic or national pride dimension linked to mental wellness.

A positive identity as a member of an ethnic group is expected to be associated with a positive self-concept at the individual level, as suggested also the TIS, which defines social identity as "...Part of the individual self-concept that take out from its knowledge and its group membership and as a source of self-esteem and thus subjective well-being" (Taylor & Moghaddam, 1994, Tajfel & Turner, 1986).

The few studies reviewed by Lyubormirski et al. (2005) confirmed a low positive relationship between social identity, assessed by measures of collective self-esteem, and happiness, result has been confirmed in this study for Brazil.

Some studies, comparing African American women with the participants showing multicultural attitudes; shown that these attitudes protect some of the negative impact of race on stress-related issues in mental health (Jones et al., 2007).

Brazilians in particular were the group where more relationships between EI and subjective well-being. In Brazil, five significant associations were found in the expected direction, compared to a single in Europe. Although there are limitations to this study regarding the validity and reliability, these results so different from Brazil versus Europe corroborate ethnic identity is a more outgoing and organized in a heterogeneous country like Brazil.

These results, in particular the relationship between behavior and subjective well-being (see Table 1), supports studies of Kiang & al. (2006) maintaining a positive sense of their own group is a predictor of happiness.

As other research had shown, the *affirmation* of ethnic identity, *achievement of identity* and *cultural practices* reinforce the subjective well-being, particularly happiness. Similarly, some studies have tried to prove that discrimination could reinforce EI and to be a factor of well-being, as those who had an affirmation of ethnic identity were healthier than those who did not feel the pride of belonging to their group ethnicity (Cislo, 2008). However, these results

show that the practical component is most relevant to subjective well-being, in line with the emphasis posed authors as Lyubomirski et al. (2005) found in their study on the influence of voluntary activities for happiness.

Europeans (Portuguese and Polish students) have shown a particularly negative relationship between the sense of pride and belonging ($IE_{\text{Positive attitudes \& belong}}$) to a better quality of life and less ill-being. This suggests that the component identification may play a role in more homogeneous cultures, reducing the ill-being - remember that in Brazil increased happiness. The consequence of Poland as homogeneous state as a result of the dramatic War is reflected in the results. Finally, identity achievement was the dimension that showed less relation to subjective well-being.

This study are in the line with other studies with regard the answers obtained in Europe (Portugal and Poland students) are very similar with the founds of Lima and Novo (2006), where showed extremely low levels of well-being in Portugal as compared to the other European countries, but similar to other less-developed countries, like Poland that had low scores in subjective Well-being, social well-being, that is, acceptance - a positive belief in human nature and trust in others and social well-being –satisfaction- belief in the evolution of society and its institutions, the feeling that a society can control its own destiny. Furthermore, the studies found lowest levels of orientation towards future and life satisfaction in Poland (Luszczynska, Gutierrez-Doña & Schwarzer, 2005).

On this line, Minkov (2009) argue that is easiest to explain life satisfaction, when has mostly to do with a culture where people have a high average perception of being their own masters. In other words, life satisfaction stems from a sense of personal freedom. National wealth contributes to that feeling but is not a very strong direct predictor of it. There are societies, for example, in Latin America that are not at all rich but are characterized by high life satisfaction and perceptions of high personal freedom and life control.

Limitations and Future Research

A first aspect, referring to the limitations of the study has to do with the limited reliability of some scales, particularly those of ethnic identity. This indicates in part the difference in the relevance and organization of ethnic identity in an ethnically heterogeneous country and more homogeneous.

It is necessary to stand out that would be relevant to this work then expand the sample and be able to obtain

results that may confirm the earlier work. In addition, more work should be conducted on the implication of ethnic identity for well-being in others groups, also with a sample that was not restricted to college students.

Future research should design and implement interventions that address the impact of ethnic identity on well-being, besides; we must use more sophisticated combination of theory and methodology. Interventions should be directed toward the acceptance and affirmation aspect of Ethnic identity, but more so toward the prejudice and discrimination issues involved in the fostering better of well-being, particularly in a society like Brazil, where inequalities continue are still very present, making certain social and ethnic groups do not make a positive identity as a member of an ethnic group.

The present study represents merely a first, yet important, step in understanding the relationship between ethnicity and well-being and developing a more complete under-standing of the utility of ethnic identity for the well-being of members of minority groups one way to reduce ill-being.

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