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Explaining the Paradox of High Self-Esteem in Black Youth Exposed to Stress: The Protective Role of Kinship and Spirituality

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Abstract

Adolescents are exposed to many stressful life experiences, such as major illnesses, the death of a family member, school stressors, peer pressures, conflict with parents, and more. Minoritized youth are exposed to even greater numbers of stressors, including those connected to racism, segregation, and poverty. This study aims to examine the relationship between stressful life experiences and self-esteem and explore protective factors that may protect minoritized individuals from the negative effects of stress on self-esteem. This study also builds upon literature that shows that Black youth report higher self-esteem than White youth, even while being exposed to higher levels of stress. A representative sample of adolescents from Chicago, Illinois was selected to take part in an extensive study exploring the effects of stress. They completed questionnaires about stress (Urban Adolescent Life Experiences Scale), self-esteem (Negative Self-Esteem Subscale of the Child Depression Inventory), spirituality (items from the Response to Stress Questionnaire, and Post-Traumatic Growth and Places I Spend Time surveys), and kinship (Family Relationships Survey), along with demographic questions that included questions about race. Black youth reported higher self-esteem and greater spirituality at Time 1. Stress was positively correlated with negative self-esteem and negatively correlated with kinship. Kinship and spirituality were negatively correlated with negative self-esteem. Kinship and spirituality were positively correlated with each other. Longitudinal analyses revealed associations between Time 1 negative self-esteem and Time 2 negative self-esteem, but there were no significant associations between stress and negative self-esteem or between any of the protective factors and negative self-esteem over time. Given significant attrition between Time 1 and Time 2 and the significant associations among variables consistent with hypotheses, analyses were re-tested with cross-sectional data. Results revealed that both kinship and spirituality

attenuate the relationship between stress and negative self-esteem. These findings may help explain why Black youth report higher self-esteem than White youth despite greater stress exposure. Directions for future research and implications for practice are provided.

Explaining the Paradox of High Self-Esteem in Black Youth Exposed to Stress: The Protective Role of Kinship and Spirituality

Self-esteem during Adolescence

According to Heatherton and Wyland (2003), "self-esteem is an attitude about the self and is related to personal beliefs about skills, abilities, social relationships, and future outcomes" (Heatherton & Wyland, 2003). There are some constructs related to self-esteem. These include self-competence and self-efficacy. These related constructs may play a role in building an individual's self-esteem. Understanding the distinction between these constructs is important in addressing self-esteem in adolescents. Tafarodi and Swann Jr. (1995) defined self-competence as "the overall sense of oneself as capable, effective, and in control" (p.325). Furthermore, "Albert Bandura defined self-efficacy as a person's belief in his or her capability to successfully perform a particular task" (Rogelberg, 2007).

There are also theoretical models to help explain and understand self-esteem. One theoretical model is Erikson's psychosocial development theory (Erikson, 1950), which discusses the role of identity during adolescence. During stage 5 (identity vs. role confusion) social relationships are important. Adolescents' sense of identity and self-esteem can be greatly impacted by their peer's acceptance and ability to fit in. Furthermore, Maslow's hierarchy of needs (Maslow, 1943) contains hierarchical levels, one of which is self-esteem. In this hierarchy, self-esteem is the fourth stage that says self-esteem is a psychological need. In this stage, achievement and respect are needed before building true self-esteem. Finally, the sociometer theory is an important model for understanding self-esteem development. According to Leary (2012), the "sociometer theory proposes that self-esteem is a psychological gauge of the degree to which people perceive that they are relationally valued and socially accepted by other people

(p.141). According to one study, the sociometer theory was supported by analyses looking at how social support plays a role in the development of self-esteem. The analyses showed that people with higher self-esteem are more inclined to have a greater amount of social support from their peers and families, and changes in social support were directly linked to changes in self-esteem. The results of this study indicate that social support and demographic characteristics play a significant role in predicting self-esteem starting as young as middle childhood (Magro et al., 2019). These models provide an understanding of self-esteem and emphasize the dynamic nature of self-esteem.

Rosenberg et al. (1995) and others have established that global self-esteem is strongly linked to psychological well-being (Rosenberg et al., 1995). For instance, close connections in relationships, academic success, and stronger work performance are all predicted by high self-esteem (Murray, 2005; Marsh & Craven 2006; Judge & Bono 2001). Contrarily, low self-esteem is associated with externalizing problems such as antisocial behavior, aggression, and delinquency (Donnellan et al., 2005). A variety of factors may influence self-esteem, including our accomplishments as well as how our peers, family, friends, coaches, and others treat us. Due to the new academic expectations and social obstacles that come with school transitions, these times (school transitions) have been recognized as critical for the development of self-esteem in children and adolescents (Steinberg & Morris, 2001). Exposure to stressful life experiences also predicts self-esteem.

Stress Effects on Self-Esteem during Adolescence

According to Derogatis and Coons, stress is defined as external events (stressors) that cause a person's needs to shift or increase (Derogatis & Coons, 1993). Many studies have examined the relationship between exposure to stressful life experiences and self-esteem during

adolescence. Most studies suggest that stressful life experiences lower an individual's self-esteem. For example, Orth and Luciano (2015) conducted a study to investigate whether self-esteem predicts stressful life experiences and whether stressful life experiences predict changes in self-esteem in young adults. One result of this study showed that stressful life experiences had a socialization effect (stressful life experiences predict change) on self-esteem, revealing that stressful life experiences lower self-esteem (Orth & Luciano, 2015). Furthermore, a study done by Suzuki and Tomoda showed that early life stress diminishes an individual's self-esteem in children and adolescents (Suzuki and Tomoda, 2015).

Stress Exposure Among Minoritized Adolescents

The term socioeconomic status (SES) is an indicator of one's overall social and economic standing. Minoritized individuals have significant SES disadvantages. Historical and contemporary racism has led to the dramatic income inequalities we see between Black and White families (Oliver and Shapiro, 2006). Williams and Collins (2001) discussed how racial segregation is acknowledged as one of systemic racism's most pronounced and detrimental effects, having a widespread negative impact on living conditions. Lower SES, in turn, increases stress exposure, impacting well-being, including physical, emotional, and mental health (e.g., self-esteem). According to one study, Black youth's health status is shaped by a variety of factors including "the quality of the schools they attend, to the level and amount of toxicants in the air they breathe, to equitable access to health care, and within interpersonal relationships and experiences with their peers, multiple forms of racism, systemic/structural, interpersonal/personally mediated, and internalized" (Njoroge et al., 2021).

Furthermore, minoritized adolescents may experience additional forms of discrimination, which could affect their self-esteem. In one study, discrimination from peers and adults was

found to be significantly related to a decrease in self-esteem over time (Greene et al., 2006). Also, Benner and colleagues (2018) completed a meta-analysis, and it was shown that lower self-esteem was associated with higher perceptions of racial/ethnic discrimination. Given these disadvantages, one might anticipate that minoritized youth experience lower self-esteem than White youth.

The Paradox of Self-esteem and Minority Status during Adolescence

Despite the fact that stressful life experiences predict lower self-esteem and Black youth are exposed to more stressful life experiences, Black youth generally report higher self-esteem than White youth. Two meta-analyses revealed that Black youth have higher self-esteem compared to White youth. Twenge and Crocker's (2002) meta-analysis revealed that Blacks reported higher self-esteem than Whites, while Whites reported higher self-esteem than other races (Asian Americans, Hispanics, and American Indians). Blacks also scored higher than other minority groups. Also, from elementary school through college, they found an increase in self-esteem among Blacks, while Asian Americans had a decrease in self-esteem. Similarly, another meta-analysis showed that Black adolescents scored higher than White adolescents on self-esteem scales/ratings (Gray-Little & Hafdahl, 2000).

Other relevant literature that has emerged since these meta-analyses also has shown these results. For example, Louie and Wheaton (2019) investigated the Black-white self-esteem paradox among adolescents. According to the results, Black adolescents paradoxically had both a significantly higher level of traumatic stress exposure and a significantly higher level of self-esteem than White adolescents (Louie and Wheaton, 2019).

There are also nuances to consider. One study investigated whether combinations of age, gender, and ethnicity influenced the relationship between psychological well-being markers

(self-esteem) as well as discrimination in a sample of Black youth (Seaton et al., 2010). The findings showed that there was a significant relationship between perceived discrimination and a decrease in self-esteem. Significant interactions were also seen for race, gender, and ethnicity (Seaton et al., 2010). In particular, older Black females showed more depressed symptoms and less life satisfaction than older Black males (Seaton et al., 2010). This study shows that life experiences are not just shaped by one factor but by the intersection of many social/cultural identities. Furthermore, Phinney and Chavira (1992) conducted a study to look at changes in ethnic identity and self-esteem with age in three ethnic groups (Black, Asian American, and Hispanic). Over three years, the results of this investigation revealed a significant change in higher stages of ethnic identity. During the three years, there was a substantial relationship between ethnic identity and self-esteem at every time point (Phinney & Chavira, 1992). This finding suggests that as ethnic identity develops, it can be a positive influence on minoritized youth. The increase in ethnic identity development may contribute to the higher self-esteem seen in Black youth. These findings propose that as Black youth develop a strong ethnic identity, they have a higher self-esteem compared to White youth. These findings suggest there may be culturally based protective factors that explain why Black youth report higher self-esteem than White youth despite greater exposure to stressful life experiences.

Protective Factors

Although there are major SES disadvantages, there are also protective factors that can protect minoritized youth from stressors. One protective factor is religiosity. A study by Sharma and colleagues (2019) found that religiosity was linked to increased optimism, self-worth, and self-esteem and may buffer against behavioral and mental issues brought on by encountering stressors in high poverty environments.

Religiosity is common among Black individuals. The African American church has always played a significant role in Black communities in the realms of religion, community, and civic engagement (Lincoln and Mamiya, 1990). A significant source of support for Blacks is their church-based social networks, which offer their members emotional and social support as well as resources (Taylor, Chatters, and Levin, 2004). Also, these social networks among Blacks offer support to deal with personal difficulties including daily stressors (Benin and Keith, 1995).

Another protective factor is kinship. According to Thoits (2010), social support may offer a coping mechanism that reduces the negative effects of stressors on well-being. Social support may also improve well-being by boosting self-esteem, which includes having a more positive perspective towards yourself (Fukukawa et al., 2000). An increased self-esteem may result from receiving support from family members, which can promote positivity (Symister & Friend, 2003).

Kinship also appears more common in Black than in White families. Hays and Mindel (1973) conducted a study to compare extended family cohesion among Black and White families. The results of this study indicated that Black families spent more time with their extended family members and valued them more. In every category of kinship except parents, it was found that Black families interacted with their extended family more frequently than White families. Also, compared to White families, Black families valued a wider variety of their extended family members more. This connection and improved kinship ratings suggest that extended family coherence is more crucial for Black families than for White families (Hays and Mindel, 1973). This study will examine whether religiosity and kinship can help explain why Black youth report higher self-esteem than White youth despite greater stress exposure.

Hypotheses

Hypothesis 1: Minoritized youth will report more stressful life experiences than youth who are not minoritized.

Hypothesis 2: Stressful life experiences will predict lower self-esteem in all adolescents over time.

Hypothesis 3: Protective factors that may be especially salient for some minoritized groups (e.g., family or kinship relationships, religiosity or spirituality) will buffer the negative effects of stress on self-esteem.

Method

Participants

There were 300 racially, culturally, and socioeconomically diverse adolescents, ages 11 to 17, recruited for the study. They were recruited from diverse and urban schools; two K-8th schools and one high school. A total of 75 adolescents from both elementary schools and 150 from the high school were recruited. For the purpose of this study, only Black and White youth were included. Black (49%) and White (51%) youth made up 265 of the original 300 participants, with 55% identified as female and 45% identified as male.

DePaul University researchers visited classes of grades 6 through 12 to explain the study and issue consent forms. Parents who gave their children permission to participate filled out the consent forms and were also asked to complete a set of questionnaires, which were returned to the classroom in sealed envelopes by their children. As a reward for participating, parents received a $10 gift card to Best Buy, Old Navy, or Target. The children received a $50 gift card for participating and a $10 gift card for returning the forms filled out by the parent. Additionally, the parents who completed the parent questionnaire were placed into a drawing for an

opportunity to win a $100 gift card. Adolescents who completed a full day of data collection were also entered into a drawing for a chance to win a $100 gift card.

Procedures

The data collection took place on Saturdays at DePaul University from 9am to 5:30 pm. Participants were given time for lunch and dinner, as well as breaks for leisure time and a college tour. Each week that schools were in session, Saturday data collections were offered until at least 300 people participated. The students were recruited from one school at a time, and transportation to DePaul University was provided. There were 50-60 students each Saturday and at least 30 research assistants who proctored these Saturday sessions. The participants were further divided into small groups of 12-16 people, each supervised by two or three adults. During the Saturday sessions, each group completed a set of tasks, in a varied but prearranged order.

Materials

Stress

The Urban Adolescent Life Event Scale (UALES) is an 87-item survey that evaluates total stress, major events, and daily hassles across four areas: school, personal, peers, and family/community. For the purpose of the study, the total stress scores were used. Sample items include: I get bad grades, I have trouble getting a job, a friend goes to jail, and I take care of younger family members. The participants were asked to rate the frequency for each stressor on a scale of 0 (never) to 4 (happens once a day). This measure showed test-retest reliability of .84 across a 2-week period in a sample of middle school children for the occurrence and non-occurrence of all life experiences (Allison et al., 1999). This measure was used at Time 1 only. Stress was calculated by averaging the scores across the total scale (α=.88).

Self-Esteem

The Child Depression Inventory is a short 27-item self-report questionnaire that can be used to evaluate the cognitive, affective, and behavioral indicators of depression in children and adolescents. This questionnaire contains 2 scales and 5 subscales. The two scales are emotional problems and functional problems. The subscales are ineffectiveness, interpersonal problems, negative mood/physical symptoms, anhedonia, and negative self-esteem (Kovacs, 1978). For the purpose of this study, the negative self-esteem subscale (5 items) was used to assess self-esteem. Sample items include: I hate myself, I look ugly, and I can never be as good as other kids. This scale has good psychometric properties. It has been widely demonstrated that the CDI is reliable (Kazdin et al., 1986). It has also been demonstrated that the scale displays construct validity (Doerfler et al., 1988) and discriminant validity (Hodges, 1990) and that the negative self-esteem subscale (α = .83) can be used to measure negative self-esteem (Castagna et al., 2019). This measure was used at Time 1 (α=.69) and Time 2 (α=.77) Negative self-esteem was calculated by averaging the scores across the negative self-esteem subscale.

Race

Race was measured by asking the participants, "How would you best describe yourself?" The options that were given are Black/African American, Asian/Asian American, American Indian/Alaskan Native, Native Hawaiian/ Pacific Islander, White/ Caucasian, and Bi-racial/multi-racial. Race was calculated by categorizing participants who selected Black or White as their race.

Kinship

The Family Relationship Scale is a 39-item scale that examines the closeness of a family in a variety of ways, including time spent together and emotional connections (Tolan et al., 1997). The participants were asked to rate how true the statement was on a scale of 0 (not at all)

to 3(almost always or always true). The Family Relationship Scale total scores was used. Sample items include: my family expects too much of me, family members feel very close to each other, and I am able to let others in the family know how I really feel. The primary categories of constructs identified by a review were family relations characteristics reflected in behavioral routines, and family beliefs (Tolan et al., 1997). This measure was used at Time 1 only. Kinship was calculated by averaging scores across the total scale (α=.75).

Spirituality

Spirituality was measured by combining items from 3 different measures. These measures include Places I Spend Time, Response to Stress Questionnaire, and Post-traumatic Growth. The items that were used from each measure are listed below:

Places I Spend Time (PIST):

Places I Spend Time is a scale that examines various aspects of an individual's life, including how often they are supported in different environments like home, school, and other (Duffy et al., 2024). The participants were asked to rate how often the statement occurred on a scale of 0 (never or hardly ever) to 2(a lot).

- Someone helps me develop a faith or philosophy (home).

Response to Stress Questionnaire (RSQ):

The Response to Stress Questionnaire is a 57-item conceptual model that incorporates involuntary responses to stressful events or stress domains and volitional coping strategies (Connor-Smith et al., 2000). The participants were asked to rate how much the statement applied to them on a scale of 1 (not at all) to 4(a lot).

- I let someone or something know how I feel (Checkbox: God).

- I ask other people for help or for ideas about how to make the problem better (Checkbox: God).
- I get help from other people when I'm trying to figure out how to deal with my feelings (Checkbox: God).
- I get sympathy, understanding, or support from someone (Checkbox: God).

Post-Traumatic Growth (PTG):

The Post-Traumatic Growth Inventory for Children is a 10-item scale that rates five categories (appreciation of life, new possibilities, relating to others, personal strengths, and spiritual change) (Kilmer et al., 2009). The participants were asked to rate how much the statement applied to them on a scale of 0 (no change) to 3(a lot).

- I understand how God works better than I used to.
- My faith (belief) in God is stronger than it was before.

Spirituality was calculated by standardizing the three measures into z-scores and adding the values together into one single scale. This measure was used at Time 1 only (α=.78). Higher scores indicate greater spirituality levels.

Analyses and Results

Results of Descriptive Analyses

The results of descriptive statistics for each primary variable are summarized in Table 1 by racial group.

Table 1
Sample Size, Means, and Standard Deviations

Measure	Black Youth			White Youth		
	N	*M*	*SD*	*N*	*M*	*SD*
UALES Total Stress T1	119	34.04	13.53	130	34.34	12.23
Negative Self-Esteem T1	129	3.33	0.65	136	3.84	1.04**
Negative Self-Esteem T2	72	0.67	1.40	58	0.83	1.23
Spirituality Score T1	129	0.52	1.80	136	0.50	1.93**
FRS (Kinship) Total T1	129	2.02	0.31	135	1.99	0.35

Note. FRS is an abbreviation for the Family Relationship Scale. UALES is an abbreviation for the Urban Adolescent Life Events Scale. *M* and *SD* are used to represent mean and standard deviation, respectively. ** indicates $p < .01$

Mean levels of negative self-esteem across time points are summarized by race in Table 2.

Table 2
Mean Levels of Negative Self-Esteem by Race and Time Point

Measure	Negative Self-Esteem T1			Negative Self-Esteem T2			*F (DF1, DF2)*
	N	*M*	*SD*	*N*	*M*	*SD*	
Black Youth	129	3.33	0.65	72	0.67	1.40	F(128,71)=0.22**
White Youth	136	3.84	1.04	58	0.83	1.23	F (135,57=0.71**

Note:** indicates $p < .01$.

Self-esteem

Black youth reported higher self-esteem than White youth at T1. The mean negative self-esteem T1 value for Black youth (M = 3.33) was significantly lower than the mean negative

self-esteem value for White youth (M = 3.84); *t (263)* = -4.87, $p < .001$. Although Black youth continued to report higher self-esteem (lower negative self-esteem, M=.67) than White youth (M=.83) at Time 2, that difference was no longer significant, t (128) = -.70, p= .49 (see table 1). It is important to note that there was substantial attrition between Times 1 and 2, which reduced the power to detect significant effects.

The mean negative self-esteem score for T1 for Black youth (M=3.33) was significantly higher than the mean negative self-esteem score for T2 for Black youth (M=.67); t (199) =15.18, p<.001. The mean negative self-esteem score for T1 for White youth (M=3.84) was also significantly higher than the mean negative self-esteem score for T2 for White youth (M=.83); t (192) =16.34, p<.001. See Table 2.

Spirituality

Black youth reported a higher average spirituality score compared to White youth. The mean spirituality score for Black youth (M=.52) was significantly different from the mean spirituality score for White youth (M=-.50); t (263) = 4.46, p<.001.

Kinship

The mean kinship scores for both groups were similar. The mean kinship value for Black youth (M= 2.02) was not significantly different from the mean kinship value for White youth (M= 1.99); t (262) = .93, p= .35.

Results of Correlational Analyses

The results of correlational analyses among study variables are summarized in Table 3.

Table 3
Correlations

Variable	M	SD	1	2	3	4	5
1. Negative Self-Esteem T1	3.59	0.91	1				
2. Negative Self-Esteem T2	0.74	1.33	0.45**	1			
3. UALES Total Stress T1	34.20	12.84	0.27**	0.05	1		
4. Spirituality Score T1	0.00	1.93	-0.20**	-0.19*	-0.09	1	
5. FRS Total T1	2.00	0.33	-0.29**	-0.19*	-0.17**	0.16*	1

Note: *indicates $p < .05$. ** indicates $p < .01$.

Correlations were run to assess relationships among variables. Most variables were found to be significantly correlated with each other in the hypothesized directions. Negative self-esteem at Time 1 was positively correlated with negative self-esteem at Time 2. Stress exposure at Time 1 was positively correlated with negative self-esteem at Time 1 but not at Time 2. Stress exposure was also negatively correlated with kinship. Kinship was negatively correlated with negative self-esteem at Time 1 and Time 2. Spirituality was negatively correlated with negative self-esteem at Time 1 and Time 2. And kinship and spirituality were positively correlated with each other.

Results of Primary Analyses

Hypothesis 1: Hypothesis 1 stated that minoritized youth will experience more stressful life experiences than youth who are not minoritized. This hypothesis was tested using an

independent samples t-test. The hypothesis was not supported because the mean stress value of Black youth (M= 34.04) was not significantly different from the mean stress value of White youth (M= 34.34); t= -0.18, p= 0.86.

Hypothesis 2: Hypothesis 2 stated that stressful life experiences will predict lower self-esteem over time. This hypothesis was tested using a linear regression analysis. The hypothesis was not supported due to a non-significant relationship between Time 1 stressful life experiences and Time 2 negative self-esteem controlling for Time 1 negative self-esteem, (β = -.00, SE= .01, p= .92). Time 1 negative self-esteem had a significant effect on Time 2 negative self-esteem (β = .78, SE= .15, p<.001). The overall model explained a moderate amount of variance in Time 2 negative self-esteem (R^2=0.19).

Hypothesis 3: Hypothesis 3 stated that protective factors that may be especially salient for some minoritized groups. It was expected that family or kinship relationships and spirituality will buffer the negative effects of stress on self-esteem.

Hypothesis 3a: Kinship will moderate the relationship between stressful life experiences and self-esteem such that the association between Time 1 stress and Time 2 negative self-esteem controlling for Time 1 negative self-esteem will be attenuated for youth who report greater kinship. An interaction term (Time 1 stress x Time 1 kinship) was included in the multiple regression analyses outlined above to test this hypothesis. The results of the multiple regression showed no significant effect of kinship on negative self-esteem (β = -.02, SE= .09, p= .86). And there was not a significant interaction found for kinship by stress (β = .01, SE= .04, p= .89). Time 1 negative self-esteem had a significant effect on Time 2 negative self-esteem (β = .75, SE= .16, p<.001). Therefore, the longitudinal moderation hypothesis was not supported.

Hypothesis 3b: Spirituality will moderate the relationship between stressful life experiences and self-esteem such that the association between Time 1 stress and Time 2 negative self-esteem controlling for Time 1 negative self-esteem will be attenuated for youth who report greater spirituality. An interaction term (Time 1 stress x Time 1 spirituality) was included in the multiple regression analyses outlined above to test this hypothesis. The results of the multiple regression did not show a significant effect of spirituality on negative self-esteem (β = -.00, SE= .01, p= .87). There was not a significant interaction found for spirituality by stress (β = -.00, SE= .01, p= .96). Time 1 negative self-esteem had a significant effect on Time 2 negative self-esteem (β = .75, SE= .15, p<.001). Therefore, the longitudinal moderation hypothesis was not supported.

Results of Supplemental Analyses

Given the substantial attrition between Time 1 and 2 and the significant cross-sectional associations among variables revealed by the correlation analyses, hypotheses 2 and 3 were re-tested cross-sectionally.

Supplemental Hypothesis 2 stated that stressful life experiences will be associated with lower self-esteem cross-sectionally. This hypothesis was tested using a linear regression analysis. The hypothesis was supported due to a significant relationship between Time 1 stressful life experiences and Time 1 negative self-esteem, (β = .02, SE= .00, p<.001) such that stressful life experiences at Time 1 was associated with higher negative self-esteem at Time 1.

Supplemental Hypothesis 3 stated that protective factors that may be especially salient for some minoritized groups. Family or kinship relationships and spirituality will buffer the negative effects of stress on self-esteem.

Supplemental Hypothesis 3a: An interaction term (Time 1 stress x Time 1 kinship) was included in the multiple regression analyses outlined above to test this hypothesis. The results of

the multiple regression showed a significant effect for stress on negative self-esteem (β = .11, SE= .03, p<.001). The effect for kinship on negative self-esteem was not significant (β = .86, SE= .50, p= .09). In addition, there was a significant interaction found for kinship by stress (β = -.05, SE= .01, p<.001). Simple slope analyses were conducted to test the nature of this interaction. The z-tests revealed that the simple slope was significant for predicting negative self-esteem T1 (β = -.05, SE= .01, z=-3.26, p < .001). See the results in Figure 1. These results indicate that kinship attenuates the relationship between stress and negative self-esteem. Taken together, the moderation hypothesis was supported.

Supplemental Hypothesis 3b: An interaction term (Time 1 stress x Time 1 spirituality) was included in the multiple regression analyses outlined above to test this hypothesis. The results of the multiple regression showed a significant effect for stress on negative self-esteem (β = 0.02, SE= .00, p<.001). The effect for spirituality on negative self-esteem was not significant (β = 0.13, SE= .09, p= 0.13). However, there was a significant interaction found for spirituality by stress (β = -.01, SE= .00, p= .01). Simple slope analyses were conducted to test the nature of this interaction. The z-tests revealed that the simple slope was significant for predicting negative self-esteem T1 (β = -0.01, SE= 0.00, z=-2.54, p =.01). See results in Figure 2. These results indicate that spirituality attenuates the relationship between stress and negative self-esteem. Thus, the moderation hypothesis was supported.

Figure 1.

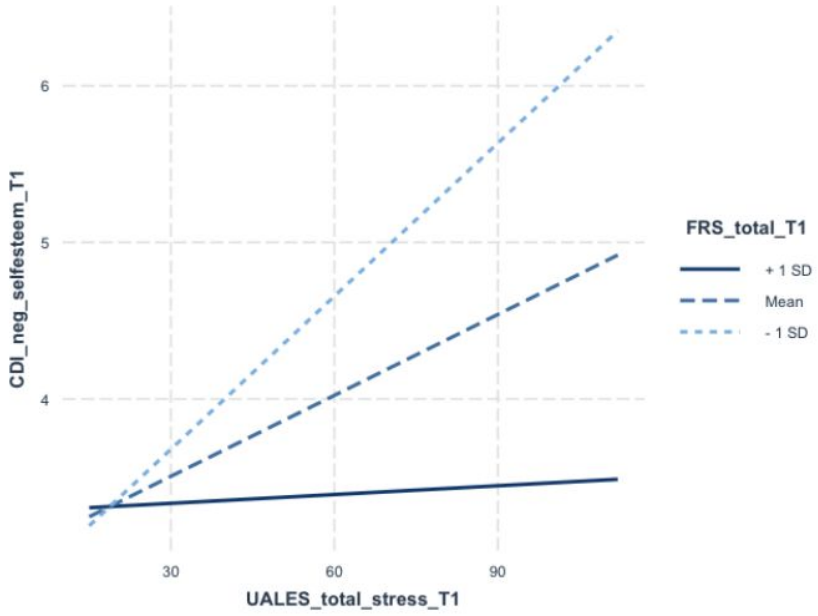
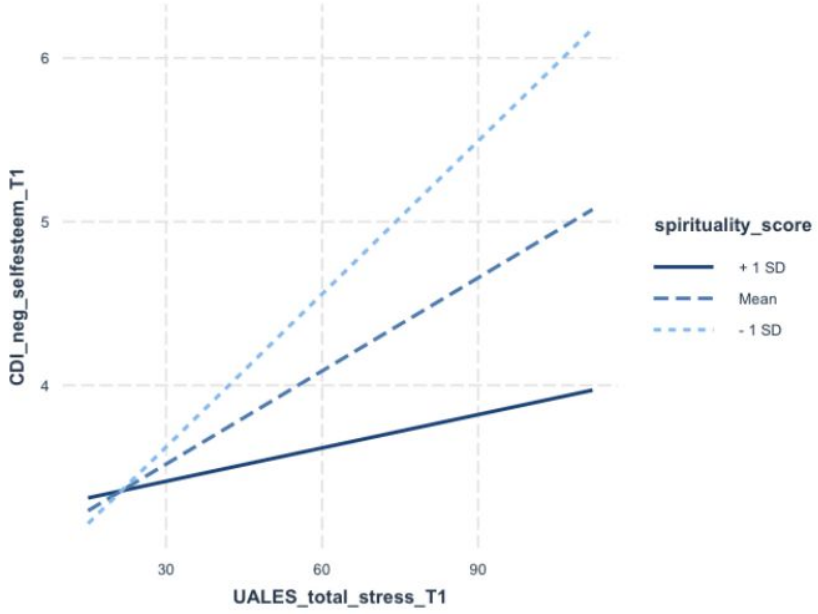


Figure 2.



Discussion

The goal of this study was to discover the relationship between stressful life events and self-esteem in adolescents. This study focused on minoritized youth and the significance of kinship and spirituality in relation to stress. This study focused on why Black youth have higher

self-esteem than White youth. The longitudinal hypotheses were not supported but the supplementary hypotheses (cross-sectional) were supported. These findings offer an understanding of how these variables correlate and may change over time.

Stress

Analyses revealed no significant impact of racial background on the experience of stress within the studied population. Through independent t-tests, it was observed that both Black and White adolescents exhibited similar average levels of stress based on their UALES results. This is contrary to the claim that marginalized youth experience stress in higher amounts than non-marginalized youth and is not consistent with most prior literature. For example, in their 2007 review, Hatch and Dohrenwend (2007) found that minoritized individuals had greater exposure to stressful and traumatic experiences. Also, Brady and Matthews (2002) found that Black youth experienced more stressful life events than White youth.

Stress and self-esteem

Results of supplemental analyses testing hypothesis 2 reveal strong support for cross-sectional associations between stress exposure and negative self-esteem. This is consistent with prior research linking negative life experiences with low self-esteem (Joiner et al., 1999). However, the original longitudinal findings of hypothesis 2 indicated that stressful life experiences did not influence self-esteem in adolescents over time. The relationship between Time 1 stressful life experiences and Time 2 negative self-esteem was not significant after accounting for Time 1 negative self-esteem. This finding is not consistent with prior literature indicating that individuals who experience stressful life events will experience a decline in self-esteem over time (Pettit & Joiner, Jr, 2001). There are possible methodological and conceptual explanations for this unexpected finding.

At the methodological level, there was significant attrition between Time 1 and Time 2, resulting in substantially reduced power to detect potentially significant effects. In addition, self-esteem dropped substantially between Time 1 and Time 2 for both Black and White youth suggesting that the Time 2 sample included a select subsample that differed in important ways from the larger more representative Time 1 sample.

There are also possible conceptual reasons for the unexpected finding that stress did not predict negative self-esteem over time. These include the possibility of multiple intervening variables that could weaken longitudinal effects. For example, Hudd and associates (2000) discovered that a range of elements, including scholastic accomplishment and level of health, can influence self-esteem. Subsequent studies might examine these additional contributions to self-esteem and how they may relate to stress.

Protective factors

Results of supplemental analyses testing hypothesis 3 reveal strong support for cross-sectional associations between stress exposure, negative self-esteem, kinship, and spirituality. For hypothesis 3a, there was a significant effect of kinship on negative self-esteem. Also, there was a significant interaction found for kinship by stress. The same results were found for hypothesis 3b. There was a significant effect of spirituality on negative self-esteem, and there was a significant interaction found for spirituality by stress. Results of simple slope analyses conducted to test the nature of these interactions indicated that spirituality and kinship attenuate the relationship between stress and negative self-esteem. This is consistent with prior literature that showed social support had a significant positive role in increasing self-esteem (Sabra & Hassan, 2020), and with the literature showing that spirituality is linked to high self-esteem in

adolescents (Abdel-Khalek, 2011). This study extends these findings by demonstrating that kinship and spirituality can actually protect youth from the negative effects of stress exposure.

Again, however, the original longitudinal findings of hypotheses 3a and 3b indicated that the effect of stress on self-esteem was not significantly mitigated by kinship or spirituality over time. And, again, there are possible methodological and conceptual explanations for these unexpected findings.

At the methodological level, as noted above, there was significant attrition between Time 1 and Time 2, resulting in substantially reduced power to detect potentially significant effects. In addition, self-esteem dropped substantially between Time 1 and Time 2 for both Black and White youth suggesting that the Time 2 sample included a select subsample that differed in important ways from the larger more representative Time 1 sample. Also, the longitudinal analyses could have suffered from a lack of sensitivity toward subtler changes in spirituality and/or kinship over time. Further studies should therefore be conducted more frequently and in greater detail to examine individuals' spiritual experiences as well as the changing nature of family relationships and support systems across time.

There are also potential conceptual reasons for the lack of protective effects for kinship and spirituality over time. For example, there could be changes in religious perspectives or behavior that affect the efficacy of spirituality as a protective measure. For kinship, the protective effect may have lessened with changes in family structure over time. Changes in the quality or quantity of familial support could compromise the capacity of kinship to influence the relationship between stress and negative self-esteem.

Limitation, Strengths, and Implications

Although this study offers further information about the association between stress and self-esteem in adolescents, some limitations should be addressed. Most central is the substantial attrition between Time 1 and Time 2, which limited power to detect significant effects. There were cross-sectional effects for hypothesis 2, but no longitudinal effects. There were main effects and interaction effects for hypotheses 3a and 3b in the cross-sectional analyses, but there were no significant effects in the longitudinal analyses. The sample went from N=129 for Black participants and N=136 for White participants to N=72 for Black participants and N=58 for White participants as shown in *Table 1*. This sample attrition reduced statistical power and may have contributed to the lack of significant results for the longitudinal analyses. Therefore, future longitudinal studies should focus on improving sample size maintenance in order to improve power. More longitudinal studies with larger sample sizes and higher statistical power are needed to better test the longitudinal hypotheses tested in this study.

Also, there is potential for common method variance and response biases when self-report measures are used. When answering questionnaires with similar scales, participants might have responded in similar ways that enhanced relationships among the variables. In addition, the survey questions were optional in nature; therefore, missing data might affect the completeness of our findings. Moreover, the spirituality variable was by proxy using an assortment of items from different measures instead of a validated scale. Further research should use a validated scale to measure spirituality/religiosity in youth so that operational definitions of the construct can be supported and replicated. A well-established measure would increase the legitimacy and consistency of the operational definitions of the construct.

In addition to its limitations, this study brought many strengths. It employed a relatively broad diverse sample that permits a more in-depth examination of racial/ethnic dissimilarities in

self-esteem, stress, spirituality, and kinship. In addition, protective factors such as kinship and spirituality offer additional perspectives to a discussion of resilience among minoritized youth. The study also included a longitudinal design, which makes it possible to chart development and gain an overview of the relationships among variables over time. Using more than one moderator strengthened the study design and allowed for a test of multiple hypothesized protective factors. The rigor with which the study employed such statistical techniques as linear regression and multiple regression analyses further bolsters its credibility. In addition, the added analyses (supplemental) that further test hypotheses cross-sectionally also show how this study addresses attrition problems between Time 1 and Time 2. Finally, simple slope analyses and figures that visually represent interaction effects add greater accessibility to complex statistical findings. The study is also transparent about its high attrition rate, which affects statistical power. This study is up-front about the high attrition rates, admitting that it has a significant impact on statistical power and showing openness to transparency and methodological thoroughness.

The deep insights revealed through the moderation effects of kinship and spirituality; provide a blueprint for effective targeted interventions on practices and policies that affect minoritized youths. Findings that kinship is a buffer against the negative effects of stress suggest the possibility of social-level initiatives for creating familial and social safety nets. One implication of this discovery for mental health services in schools is to be aware of the many stressors faced by minoritized youth. Also, educational environments should create safe spaces where belonging and cultural understanding become possible.

In addition, the protective effects for spirituality demonstrated in this study show that mental health practitioners and community leaders should incorporate spiritually based elements into their work with youth from marginalized groups for which they are relevant. To be effective

in this work, mental health professionals should undergo training in cultural competence so that interventions can take account of the varying backgrounds of those who seek help. Policy considerations should also involve promoting inclusiveness related to spiritual practice in all public settings and addressing systemic reasons for stress among minoritized youths.

Finally, there should be community building and empowerment, with the participation of local figures at all levels from children to elders in designing culturally appropriate programs that build upon these cultural strengths and give communities a sense of ownership and sustainability. All in all, these findings suggest the need for comprehensive, culturally sensitive practices that aim to activate the cultural sources of resilience available to minoritized youth.

Conclusion

This research provides us with useful information on the relationship among stress, kinship, spirituality, and self-esteem for minoritized youth. Results indicate that both kinship and spirituality have buffering functions, which mitigate the link between stressors and negative self-esteem. These results have far-reaching implications for theory and practice.

At the theoretical level, the pattern of findings that Black youth reported higher self-esteem and spirituality and that both kinship and spirituality buffered the negative effects of stress on self-esteem suggest that these cultural variables may help explain the well-established fact that Black youth report higher self-esteem than White youth despite greater exposure to stress.

At the practice level, results suggest that interventions should be applied that support the protective effects of kinship and spirituality. Emphasis should be placed on strengthening family and social support systems, integrating spiritual healing into treatment processes, and training culturally competent professionals in mental health. Integration of these culturally-based

protective factors into school frameworks and supportive organizations at the community level will benefit minoritized (and all) youth.

The results also highlight the necessity to understand psychological well-being from a broader perspective that includes culturally-based protective factors. As our knowledge of these cultural strengths continues to advance, interventions and support systems can be developed to promote positive outcomes for every adolescent from minoritized backgrounds and beyond.

References

Abdel-Khalek, A. M. (2011). Religiosity, subjective well-being, self-esteem, and anxiety among Kuwaiti Muslim adolescents. *Mental Health, Religion & Culture*, *14*(2), 129–140. https://doi.org/10.1080/13674670903456463

Allison, K. W., Burton, L., Marshall, S., Perez-Febles, A., Yarrington, J., Kirsh, L. B., & Merriwether-DeVries, C. (1999). Life experiences among urban adolescents: Examining the role of context. *Child Development*, *70*(4), 1017–1029. https://doi.org/10.1111/1467-8624.00074

Benin M., Keith V.M. (1995) The social support of employed African American and Anglo mothers. *Journal of Family Issues.*16:275–297. doi: 10.1177/019251395016003003.

Benner, A. D., Wang, Y., Shen, Y., Boyle, A. E., Polk, R., & Cheng, Y.-P. (2018). Racial/ethnic discrimination and well-being during adolescence: A meta-analytic review. *American Psychologist*, *73*(7), 855–883. https://doi.org/10.1037/amp0000204

Brady, S. S., & Matthews, K. M. (2002). The influence of socioeconomic status and ethnicity on adolescents' exposure to stressful life events. *Journal of Pediatric Psychology*, *27*(7), 575–583. https://doi.org/10.1093/jpepsy/27.7.575

Castagna, P. J., Calamia, M., & Davis, T. E. (2019). The discrepancy between mother and youth reported internalizing symptoms predicts youth's negative self-esteem. *Current Psychology*, *40*(11), 5312–5321. https://doi.org/10.1007/s12144-019-00501-9

Connor-Smith, J. K., Compas, B. E., Wadsworth, M. E., Thomsen, A. H., & Saltzman, H. (2000). Responses to stress in adolescence: Measurement of coping and involuntary stress responses. *Journal of Consulting and Clinical Psychology, 68*(6), 976–992. https://doi.org/10.1037/0022-006X.68.6.976

Derogatis, L. R., & Coons, H. L. (1993). Self‐report measures of stress In Goldberger L., & Breznitz S. (Eds.), *Handbook of stress: Theoretical and clinical aspects* (pp. 200–233). New York, NY: Free Press.

Doerfler, L. A., Felner, R. D., Rowlison, R. T., Raley, P. A., & Evans, E. (1988). Depression in children and adolescents: A comparative analysis of the utility and construct validity of two assessment measures. *Journal of Consulting and Clinical Psychology*, *56*(5), 769–772. https://doi.org/10.1037/0022-006x.56.5.769

Donnellan, B. M., Trzesniewski, K. H., Robins, R. W., Moffitt, T. E., & Caspi, A. (2005). Low self-esteem is related to aggression, antisocial behavior, and delinquency. *Psychological Science, 16*, 328–335.

Duffy, S., Grant, K. E., Farrell, S., Barnett, A., Johnson, S., & Tailor, M., (2024). *Development and validation of a measure of protective settings for youth: Places I Spend Time.* Manuscript under preparation.

Erikson, E. H. (1950). *Childhood and society*. W. W. Norton & Company.

Fukukawa Y., Tsuboi S., Niino N., Ando F., Kosugi S., & Shimokata H (2000). Effects of social support and self-esteem on depressive symptoms in Japanese middle-aged and elderly people. *Journal of Epidemiology*, 10, 63–69. doi: 10.2188/jea.10.1sup_63

Gray-Little, B., & Hafdahl, A. R. (2000). Factors influencing racial comparisons of self-esteem: A quantitative review. *Psychological Bulletin*, *126*(1), 26–54. https://doi.org/10.1037/0033-2909.126.1.26

Greene, M. L., Way, N., & Pahl, K. (2006). Trajectories of perceived adult and peer discrimination among Black, Latino, and Asian American adolescents: Patterns and psychological correlates. *Developmental Psychology*, *42*(2), 218–236. https://doi.org/10.1037/0012-1649.42.2.218

Hatch, S. L., & Dohrenwend, B. P. (2007). Distribution of traumatic and other stressful life events by race/ethnicity, gender, SES and age: A review of the research. *American Journal of Community Psychology*, *40*(3–4), 313–332. https://doi.org/10.1007/s10464-007-9134-z

Hays, W. C., & Mindel, C. H. (1973). Extended kinship relations in Black and White families. *Journal of Marriage and the Family*, *35*(1), 51. https://doi.org/10.2307/351096

Heatherton, T. F., & Wyland, C. L. (2003). Assessing self-esteem. *Positive Psychological Assessment: A Handbook of Models and Measures.*, 219–233. https://doi.org/10.1037/10612-014

Hodges, K. (1990). Depression and anxiety in children: A comparison of self-report questionnaires to clinical interview. *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, *2*(4), 376–381. https://doi.org/10.1037/1040-3590.2.4.376

Hudd, S.S., Dumalo, J., Erdmann-Sager, D., Murray, D., Phan, E., Soukas, N., & Yokozuka, N. (2000). Stress at College: Effects on Health Habits, Health Status and Self-Esteem.*College Student Journal, 34(2),*217.

Joiner, T. E., Katz, J., & Lew, A. (1999). Harbingers of depressotypic reassurance seeking: Negative life events, increased anxiety, and decreased self-esteem. *Personality and Social Psychology Bulletin*, *25*(5), 632–639. https://doi.org/10.1177/0146167299025005008

Judge, T. A., & Bono, J. E. (2001). Relationship of core self-evaluations traits - self-esteem, generalized self-efficacy, locus of control, and emotional stability - with job satisfaction and job performance: A meta-analysis. *Journal of Applied Psychology, 86*, 80–92.

Kazdin, A. E., Rodgers, A., & Colbus, D. (1986). The hopelessness scale for children: Psychometric Characteristics and concurrent validity. *Journal of Consulting and Clinical Psychology*, *54*(2), 241–245. https://doi.org/10.1037/0022-006x.54.2.241

Kilmer, R. P., Gil-Rivas, V., Tedeschi, R. G., Cann, A., Calhoun, L. G., Buchanan, T., & Taku, K. (2009). Posttraumatic growth inventory for children—revised. *PsycTESTS Dataset*. https://doi.org/10.1037/t22273-000

Kovacs, M. (1978). Children's depression inventory. *PsycTESTS Dataset*. https://doi.org/10.1037/t19482-000

Leary, M. R. (2012). Sociometer theory. *Handbook of Theories of Social Psychology Handbook of Theories of Social Psychology*, 141–159. https://doi.org/10.4135/9781446201022.n33

Lincoln, C. E., & Mamiya, L. H. (1990). The Black Church in the African American Experience. https://doi.org/10.1515/9780822381648

Louie, P., & Wheaton, B. (2019). The black-white paradox revisited: Understanding the role of counterbalancing mechanisms during adolescence. *Journal of Health and Social Behavior*, *60*(2), 169–187. https://doi.org/10.1177/0022146519845069

Magro, S. W., Utesch, T., Dreiskämper, D., & Wagner, J. (2019). Self-esteem development in middle childhood: Support for sociometer theory. *International Journal of Behavioral Development, 43*(2), 118–127. https://doi.org/10.1177/0165025418802462

Marsh, H. W., & Craven, R. G. (2006). Reciprocal effects of self-concept and performance from a multidimensional perspective: Beyond seductive pleasure and unidimensional perspectives. *Perspectives on Psychological Science, 1*, 133–163.

Maslow, A. H. (1943). A theory of human motivation. *Psychological Review, 50*, 370–396.

Murray, S. L. (2005). Regulating the risks of closeness: A relationship-specific sense of felt security. *Current Directions in Psychological Science, 14,* 74–78

Njoroge, W. F., Forkpa, M., & Bath, E. (2021). Impact of racial discrimination on the Mental Health of Minoritized Youth. *Current Psychiatry Reports*, *23*(12). https://doi.org/10.1007/s11920-021-01297-x

Oliver, M., & Shapiro, T. (2006). Black Wealth / White Wealth: A New Perspective on Racial Inequality (2nd ed.). Routledge. https://doi.org/10.4324/9780203707425

Orth, U., & Luciano, E. C. (2015). Self-esteem, narcissism, and stressful life events: Testing for selection and socialization. *Journal of Personality and Social Psychology*, *109*(4), 707–721. https://doi.org/10.1037/pspp0000049

Pettit, J. W., & Joiner, T. E. (2001). Negative life events predict negative feedback seeking as a function of impact on self-esteem. *Cognitive Therapy and Research, 25*, 733-741.

Phinney, J. S., & Chavira, V. (1992). Ethnic identity and self‐esteem: An exploratory longitudinal study. *Journal of Adolescence*, *15*(3), 271–281. https://doi.org/10.1016/0140-1971(92)90030-9

Rogelberg, S. (2007). Self-efficacy. *Encyclopedia of Industrial and Organizational Psychology*. https://doi.org/10.4135/9781412952651

Rosenberg, M., Schooler, C., Schoenbach, C., & Rosenberg, F. (1995). Global Self-Esteem and Specific Self-Esteem: Different Concepts, Different Outcomes. *American Sociological Review, 60*(1), 141. doi:10.2307/2096350

Sabra, A., & Hassan, L. (2020). Role of perceived social support on self-esteem and aggression among adolescents. *Tanta Scientific Nursing Journal*, *19*(2), 174–191. https://doi.org/10.21608/tsnj.2020.131970

Seaton, E. K., Caldwell, C. H., Sellers, R. M., & Jackson, J. S. (2010). An intersectional approach for understanding perceived discrimination and psychological well-being among African American and Caribbean Black Youth. *Developmental Psychology*, *46*(5), 1372–1379. https://doi.org/10.1037/a0019869

Sharma, S., Mustanski, B., Dick, D., Bolland, J., & Kertes, D. A. (2019). Protective factors buffer life stress and behavioral health outcomes among high-risk youth. *Journal of Abnormal Child Psychology*, *47*(8), 1289–1301. https://doi.org/10.1007/s10802-019-00515-8

Steinberg, L., & Morris, A. S. (2001). Adolescent development. *Annual Review of Psychology*, *52*(1), 83–110. https://doi.org/10.1146/annurev.psych.52.1.83

Suzuki, H., & Tomoda, A. (2015). Roles of Attachment and Self-Esteem: Impact of Early Life Stress on Depressive Symptoms among Japanese Institutionalized Children. *BMC Psychiatry,* 15, 8. http://dx.doi.org/10.1186/s12888-015-0385-1

Symister P., & Friend R (2003). The influence of social support and problematic support on optimism and depression in chronic illness: A prospective study evaluating self-esteem as a mediator. *Health Psychology*, 22, 123–129. doi:10.1037/0278-6133.22.2.123

Tafarodi, R. W., & Swann Jr., W. B. (1995). Self-linking and self-competence as dimensions of global self-esteem: Initial validation of a measure. *Journal of Personality Assessment*, *65*(2), 322–342. https://doi.org/10.1207/s15327752jpa6502_8

Taylor, R., Chatters, L., & Levin, J. (2004). Religion in the lives of African Americans: Social, psychological, and Health Perspectives. https://doi.org/10.4135/9781452229782

Thoits P. A. (2010). Stress and health: Major findings and policy implications. *Journal of Health and Social Behavior*, 51, S41–S53. doi:10.1177/0022146510383499

Tolan, P. H., Gorman-Smith, D., Huesmann, L. R., & Zelli, A. (1997). Assessment of family relationship characteristics: A measure to explain risk for antisocial behavior and depression among urban youth. *Psychological Assessment*, *9*(3), 212–223. https://doi.org/10.1037/1040-3590.9.3.212

Twenge, J. M., & Crocker, J. (2002). Race and self-esteem: Meta-analyses comparing whites, blacks, Hispanics, Asians, and American Indians and comment on Gray-Little and Hafdahl (2000). *Psychological Bulletin*, *128*(3), 371–408. https://doi.org/10.1037/0033-2909.128.3.371

Williams, D. R., & Collins, C. (2001). Racial residential segregation: A fundamental cause of racial disparities in health. *Public Health Reports*, *116*(5), 404–416. https://doi.org/10.1016/s0033-3549(04)50068-7