

Psychological Well-being in Young Adults: The Enduring Effects of
Child Adversity on Self-concept

By

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Thesis

Submitted to the Faculty of the
Graduate School of Vanderbilt University

in partial fulfillment of the requirements

for the degree of

MASTER OF ARTS

in

Sociology

August 10, 2018

Nashville, Tennessee

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ACKNOWLEDGEMENTS

I would like to thank my advisor, Dr. C. André Christie-Mizell, for his guidance, patience, support and encouraging words. I also thank Dr. Lijun Song for her guidance and for serving on my committee. Thank you to my family and friends, near and far. Last, but certainly not least, I am forever grateful to my loving husband, Tony, whose courage, strength, endless support and unconditional love make every day worth living.

TABLE OF CONTENTS

| | Page |
|---|------|
| ACKNOWLEDGEMENTS..... | ii |
| LIST OF TABLES | v |
| LIST OF FIGURES..... | vi |
| Chapter | |
| I. INTRODUCTION | 1 |
| II. BACKGROUND | 3 |
| Theoretical Framework | 3 |
| Childhood Adversity: A Primary Stressor..... | 5 |
| Religiosity and Psychological Well-Being..... | 7 |
| Summary and Hypothesis..... | 9 |
| III. DATA AND MEASURES | 11 |
| Data | 11 |
| Measures | 11 |
| Dependent Variables | 11 |
| Independent and Moderating Variables..... | 13 |
| Control Variables | 13 |
| IV. ANALYTIC STRATEGY | 15 |
| V. RESULTS | 17 |
| Multivariate findings | 17 |

| | | |
|-----|----------------------------------|----|
| VI. | DISCUSSION AND CONCLUSIONS | 23 |
| | REFERENCES | 28 |

LIST OF TABLES

| Table | Page |
|---|------|
| 1. Means, Percents, and Standard Deviations (SD) for All Study Variables, National Longitudinal Survey of Youth – Child and Young Adult Sample, (2012-2014) | 12 |
| 2. Mastery Regressed on Selected Variables, National Longitudinal Survey of Youth – Child and Young Adult Sample, (2012-2014)..... | 17 |
| 3. Mastery Regressed on Selected Interactions, National Longitudinal Survey of Youth – Child and Young Adult Sample, (2012-2014)..... | 19 |
| 4. Self-esteem Regressed on Selected Variables, National Longitudinal Survey of Youth – Child and Young Adult Sample, (2012-2014)..... | 21 |

LIST OF FIGURES

| Figure | Page |
|--|------|
| 1. Curvilinear Relationship between Childhood Adversity and Mastery..... | 18 |
| 2. Interaction of Religious Attendance and Childhood on Mastery..... | 20 |
| 3. Curvilinear Relationship between Childhood Adversity and Self-Esteem..... | 22 |

CHAPTER I

INTRODUCTION

Introduction

What is the relationship between childhood adversity and self-concept during the transition to young adulthood? Are young adults who experience hardship as children more likely to develop negative self-worth or feel less control over their lives? Childhood adversity is exposure to experiences that represent a deviation from social norms or environments that facilitate normal development (McLaughlin 2016; Hertzman 2013). Childhood adversity encompasses a variety of early life-stressors including, but not limited to, poverty, parental conflict or divorce, familial incarceration, neglect, and physical and sexual abuse (Benjet 2010; Angst 2011; Umberson 2014; Nurius et al. 2015). Exposure to adverse experiences in childhood is ubiquitous in the United States, with approximately 35 million children (47.9%) experiencing one or more adverse events before age 18 (National Survey of Children's Health 2012). Exposure to childhood adversity requires significant adaptation from children or adolescents because it impedes and alters their self-worth, sense of control and other developmental processes (McLaughlin 2016).

The immediate effects of childhood adversity include the development or exacerbation of childhood diseases such as asthma, diabetes and obesity, poor self-acceptance and school failure (Flaherty et al. 2006; Hertzman 2013; Turner and Butler 2003). The impact of such early hardships can be long-lasting. Childhood adversity is associated with a host of problems in young adulthood such as increasing poor physical and mental health, (Umberson 2014; Ferraro 2016; Flathery 2006; Angst 2011; Benjet 2010) and negative peer relationships and other social interactions (Corrales 2016). Adverse events in childhood can affect health into adulthood through stress proliferation and cumulative disadvantage and exposure to prolonged stress or

adversity can trigger a lifelong pattern of heightened psychological and physiological reactivity to stress (Umberson 2014). However, there are various coping strategies that young adults can employ to help buffer the effects of early life stressors. One such strategy is religiosity, which refers to spiritual and religious based cognitive, behavioral and interpersonal responses to stressors (Ahles 2016). Religiosity can include beliefs, prayer or religious attendance, to name a few.

Utilizing nationally representative data, I investigate the relationship between childhood adversity and self-concept in young adults and examine whether or not this relationship varies by religiosity. This study addresses three gaps in the literature. First, while research indicates that childhood adversity has lingering effects into young adulthood and increases the risk for psychopathology, less is known about the long-lasting effects of childhood adversity on self-concept. Further, I explore two facets of self-concept. Self-esteem the global sense of self-worth and personal mastery, the sense of control over daily life. Second, this research is guided by two underutilized theories within the field of research surrounding childhood adversity, the stress process model and symbolic interaction. This theoretical approach differs from previous research that primarily focuses on resiliency (Fergusson 2003; Masten et al. 1999; Karapetian et al. 2005; McGloin and Widom 2001), cumulative disadvantage (Umberson 2014; Turner et al. 1995; O’Rand 2005; Schilling et al. 2008) and cumulative inequality (Schafer et al. 2011). Finally, examining religiosity as a potential moderator of the relationship between childhood adversity and self-concept extends the research on the role of religion as a coping strategy among young adults instead of focusing primarily on older populations.

CHAPTER II

BACKGROUND

Theoretical Framework

The stress process model and symbolic interaction are the guiding theoretical frameworks for this study. The stress process model posits that one's position in systems of stratification and social institutions shape exposure to stress and access to resources, which influence the impact on mental and physical health outcomes (Pearlin 1989; Aneshensel and Mitchell 2014). The key components of the stress process model include stressors, psychosocial resources and outcomes. Stressors refer to the presence of environmental threats, challenges or demands that tax or exceed an individual's ordinary capacity to adapt or deal with stressful situations; psychosocial resources are factors that temper the harmful effects of stressors by acting as mediators or moderators (Aneshensel and Mitchell 2014; Pearlin and Bierman 2013); and outcomes can be either mental or physical responses to stress exposure. Within the stress process model, stress proliferation is one mechanism that explains the impact of stressors on psychological well-being. In addition, symbolic interactionist theories, such as reflected appraisals, contend that interactions in the social environment and institutional systems such as the family, school, economy and church have important implications for the development and maintenance of psychosocial processes, such as self-concept.

Self-concept is the totality of an individuals' thoughts and feelings of him/herself as a physical, social and moral being (Rosenberg 1979; Gecas 1982). Reflected appraisals is one mechanism of self-concept formation. There are three principle elements of reflected appraisals: 1) we imagine how we appear to other people; 2) we imagine other people's judgment of that appearance; and 3) we get a self-feeling from how we think people view us (Cooley 1902; Felson

1985). Within the context of reflected appraisals, early social interactions, not only help individuals understand themselves, but also shape how individuals perceive the self-concept in terms of ability, value, worth and limitations (Calhoun 1977; Demo et al. 1987). Self-concept can be positive if one experiences supporting and caring interactions or negative if one is exposed to early childhood hardships and other stressors.

Mastery and self-esteem are two important dimensions that comprise self-concept. Mastery, the motivational aspect of self-concept, refers to the extent to which people see themselves as being in control of their lives (Pearlin et al. 1981) and self-esteem, the evaluative aspect, is a person's overall evaluation of his or her self-worth (Gecas and Schwalbe 1986). Since mastery and self-esteem are products of social interaction, it is expected that the reflected appraisals of parents and other family members have a significant impact on children and adolescents' self-conceptions (Gecas and Schwalbe 1986; Christie-Mizell 2003). Positive reflected appraisals increase mastery and self-esteem. Individuals with high mastery and self-esteem experience less distress because they are better able to cope with stressful circumstances, effectively resolve problems and avoid stressful situations (Thoits 2006; Turner and Roszell 1994). While negative reflected appraisals give rise to a decreased sense of mastery and self-esteem, which results in higher levels of stress, the attribution of problems to circumstances beyond one's control and negative evaluation of one's worth and value (Turner and Roszell 1994). Exposure to childhood adversity that include a lack of parental support or neglect increases the likelihood that children will be exposed to negative reflected appraisals.

Self-concept is simultaneously a complex structure and process; it is both stable and dynamic, fluctuating throughout the life course (Demo 1992). Research supports this view by revealing the nonlinear developmental trajectory of mastery and self-esteem (Mirowsky 1995;

Erol and Orth 2011; Trzesniewski, Donnellan, & Robins, 2003). Mastery is low in childhood. It moderately increases from age 14 to 21. From age 21 to 30 mastery continues to rise more slowly. However, there is a successive decline in mastery among older age groups (Mirowsky 1995; Erol and Orth 2011). This curvilinear trajectory of mastery is expected since children and adolescents have less objective control over their lives, but autonomy from parents increases the sense of control as they age and declining physical and mental health can decrease mastery in older populations (Mirowsky 1995; Lewis et al. 1999).

Self-esteem follows a similar trajectory. It is relatively high in childhood, but drops during adolescence. Rising gradually throughout adulthood, self-esteem peaks in the late 60's. There is a sharp decline in self-esteem in old age (Robins et al. 2005; Trzesniewski, Donnellan, & Robins, 2003; Erol and Orth 2011). The nonlinear trajectory of self-esteem is also expected because young children have high self-esteem, which declines as they become more aware of their surroundings and enter puberty; it increases during young adulthood with the acquisition of new roles and statuses; and then declines as older adults face changing roles and health issues. The similarity in the developmental trajectory for both mastery and self-esteem indicate a strong correlation between these two distinct dimensions of self-concept (Erol and Orth 2011; Gecas and Schwalbe 1983).

Childhood Adversity: A Primary Stressor

In the stress process model, primary stressors refers to the initial exposure to a stress event. Child adversity acts as a primary stressor with regards to the development of self-concept because it influences one's initial levels of mastery and self-esteem early in childhood, which constitute the foundation for psychosocial resources in adulthood (Falci 2011; Turner et al. 2010). Early adversity disrupts young adult's ability to effectively use social and personal

resources (Turner and Butler 2003). This disruption puts young adults at risk for vulnerability to later stress. The effects of exposure to childhood adversity on psychosocial processes are numerous, including: decreased access to healthy social ties needed to build satisfactory social support (Hill et al. 2010; Vranceanu et al. 2007); ineffective development of positive coping strategies (Nurius et al. 2015); and limited developmental success and attainment of various forms of human capital (Umberson et al. 2014).

Mastery and self-esteem are particularly vulnerable to persistent hardships. Adverse events and chronically stressful circumstances can erode mastery by providing “inescapable proof of a person’s inability to alter the unwanted circumstances of his or her life” (Pearlin et al. 1981:340). Individuals low in mastery are less likely to initiate and persist in efforts to change or avoid problematic situations in the future (Pearlin et al. 1981). For example, research indicates that children in foster care are significantly more likely to develop decreased sense of mastery compared to those not in foster care (McIntyre 1991). McIntyre (1991) found that the inability of children to effectively change the traumatic experiences before and after their placement in foster care—events that included factors such as parental loss, abuse or neglect, and relocation—reduced their sense of personal control or mastery over their lives. Mastery is especially vulnerable to stressors that are resistant to personal control and emerge from life domains which people have strong emotional stakes such as the family (Pearlin 2007).

Negative representations of the self can develop from reflected appraisals that children receive in social interactions. Children who live in environments where they are frequently exposed to ridicule and degradation develop poor self-esteem (Turner and Butler 2003). Children whose caregivers are unresponsive, neglectful, or use excessively harsh physical punishment are less equipped to accomplish critical developmental tasks and more likely to

develop perceptions of themselves as ineffective and unworthy (Roberson and Simon 1989; Kim and Cicchetti 2006). Children living with alcoholic or mentally ill parents also have lower self-esteem compared to children whose parents are not alcoholic or mentally ill (Williams and Corrigan 1992; Post and Robinson 1998). Overall exposure to childhood adversity may negatively affect mastery and self-esteem by fostering a sense of helplessness and feelings of unworthiness.

There is overwhelming evidence of the negative consequences of experiencing childhood adversity. However, research also indicates that some individuals are able to thrive despite early exposure to adverse events. The ability to successfully adapt to childhood adversity is called resilience. Individuals who illustrate resilience are not only competent and successful, but also are able to avoid the negative consequences associated with exposure to early stressors. For example, McGloin and Widom (2001) found that young adults who experienced child abuse or neglect were successful in avoiding negative outcomes such as homelessness, psychiatric disorder and substance abuse to name a few. Thus, similar to the nonlinear trajectory of both mastery and self-esteem, the effects of exposure to child adversity may also be curvilinear since there are some individuals who are able to illustrate resilience despite exposure to early stressors.

Religiosity and Psychological Well-being

Religiosity includes factors such as prayer, religious attendance, religious importance and religious beliefs. The various dimensions of religiosity can buffer stress and improve psychological well-being by helping people “understand their surrounding worlds, the forces that organize and guide it, and the effect these forces exert on one’s more immediate personal world—especially its adversities” (Pearlin and Bierman 2013:333). Moreover, religiosity can provide ways to avoid, eliminate or alleviate stressors, as well as help people make sense of

stressful circumstances (Pearlin and Bierman 2013). The potential protective nature of religion was established early in sociology through Durkheim's seminal work on suicide. Durkheim ([1897] 1951) revealed that social groups, including religious ones, possess characteristics that influence peoples' behaviors and health. He posited that religion provides a number of psychological benefits by increasing social integration, access to social support networks and it helps shape identity (Durkheim [1897] 1951).

Current research continues to support Durkheim's early findings on the beneficial relationship between different dimensions of religion and psychological well-being (Koenig 2001; Ellison 2001; Green 2010; Scheiman and Ellison 2013). For example, McIntosh, Silver and Wortman (1993) found that religious importance was related to well-being after parental loss of child. Miller et al. (2012) also found that religious importance may have protective effects against the recurrence of depression in adults with a history of parental depression. Research also points to the beneficial effects of religious attendance. For examples, studies show that frequency of religious attendance is inversely associated with psychological distress (Ellison 2001) and major depression diagnosis (Baetz, Bowen, Jones and Koru-Sengul 2006). It is positively associated with life-satisfaction, happiness (Krause and Tran 1989) and mastery (Ellison 1993; Ellison and Burdette 2012)

Religiosity affects psychological well-being by increasing access to social networks and religious support (Bradley 1995; Ellison and George 1994; Scheiman and Ellison 2013); reinforcing the feeling of "connectedness" to God (Krause 2006); and it increases interactions with people who share common values and beliefs (Scheiman and Ellison 2013). For those who experience childhood adversity, religiosity may provide a way to make sense of and comprehend adverse events by referencing the sacred (Carleton 2008). Instead of blaming one's self,

adversity can be reframed as being a part of God's plan, as a "blessing in disguise" and as an opportunity for personal or spiritual growth. Religiosity can improve psychological well-being by helping individuals overcome stressful circumstances by adopting a perspective that God is in control and is a refuge and safe haven (Pargament 1997; Carleton 2008; Krause 2005). In fact, Krause (2005) found that among older adults, belief in the idea of "God is in control" was associated with higher self-worth compared to older adults who lacked this belief. Finally, for individuals who are religiously involved, it may be easier to forgive and let go of feelings of anger, betrayal, shame and other negative emotions that arise from stressors (Ellison and Henderson 2011).

Summary and Hypotheses

Does exposure to childhood adversity have enduring effects on young adults' self-concept? I answer this question by utilizing the stress process model and reflected appraisals. Considering that adverse events, changes in the social environment and interpersonal interactions affects both dimensions of self-concept, mastery and self-esteem, this study tests the following hypotheses:

Hypotheses 1a: There is a curvilinear relationship between childhood adversity and mastery such that young adults experiencing low and high levels of child adversity have higher mastery than those experiencing moderate levels of childhood adversity.

Hypotheses 1b: There is a curvilinear relationship between childhood adversity and self-esteem such that young adults experiencing low and high levels of child adversity have higher self-esteem compared to those experiencing moderate levels of childhood adversity.

Since religiosity is an effective coping strategy that can buffer the effects of stress, I also assess whether religiosity moderates the relationship between child adversity and self-concept. I develop the following hypotheses:

Hypotheses 2a: Religious importance moderates the relationship between childhood adversity and mastery such that higher religious importance reduces the harmful influence of childhood adversity.

Hypotheses 2b: Religious importance moderates the relationship between childhood adversity and self-esteem such that higher religious importance reduces the harmful influence of childhood adversity.

Hypotheses 3a: Religious attendance moderates the relationship between childhood adversity and mastery such that higher religious attendance reduces the harmful influence of childhood adversity.

Hypotheses 3b: Religious attendance moderates the relationship between childhood adversity and self-esteem such that higher religious attendance reduces the harmful influence of childhood adversity.

CHAPTER III

DATA AND MEASURES

Data

Data for this study comes from the National Longitudinal Survey of Youth – Child and Young Adult Sample. This survey is a separate survey of all children born to female respondents from the original National Longitudinal Survey of Youth 1979 (NLSY79). The original, nationally representative sample of mothers aged 14-22 in 1979 was selected through multi-stage random sampling. Information for children aged 10 and older was collected biennially since 1988. Biennially after 1994, children aged 15 and older complete an independent young adult self-report modeled on the NLSY79 on a biennial basis. The NLSY– Child-Young Adults includes developmental, demographic, health and psychosocial data. The current study is a pooled sample that focuses on waves 2012 and 2014. All analyses are weighted to account for the oversampling of racial and ethnic minorities and low income whites. Complete cases are used for all study variables (N=1401). Descriptive statistics are displayed in Table 1.

Measures

Dependent Variables

Self-esteem is measured by the 10-item Rosenberg scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). Respondents were asked the following questions: 1) I am a person of worth, at least on an equal basis with others; 2) I feel I have a number of good qualities; 3) All in all I am inclined to feel that I am a failure; 4) I am able to do things as well as most people; 5) I feel I do not have much to be proud of; 6) I have a positive attitude toward myself; 7) On the whole I am satisfied with myself; 8) I wish I could have more respect for myself; 9) I certainly

feel useless at times; and 10) I sometimes think I am no good at all. The mean for self-esteem is 33.36 and the alpha reliability in 2012 and 2014 is .89.

Table 1. Weighted Means, Percents and Standard Deviations (SD) for All Study Variables. National Longitudinal Survey of Youth – Child and Young Adult Sample, 2012-2014.

| Variables | Mean/ Percent | SD |
|---|------------------|------|
| Total Sample (N=1,401) | | |
| <i>Dependent Variables</i> | | |
| Mastery: 7 (low) to 28 (high) | 22.62 | 4.42 |
| Self-Esteem: 10 (low) to 40 (high) | 33.36 | 5.69 |
| <i>Independent Variables</i> | | |
| Child Adversity: 1(low) to 6 (high) | 1.90 | 1.65 |
| <i>Moderating Variables</i> | | |
| <i>Religiosity</i> | | |
| Religious Importance: 1 (low) to 4 (high) | 3.04 | 1.42 |
| Religious Attendance: 1 (low) to 6 (high) | 2.57 | 2.02 |
| <i>Control Variables</i> | | |
| <i>Demographic</i> | | |
| Black (1=yes) | 21.15 | |
| Hispanic (1=yes) | 9.29 | |
| Female (1=yes) | 38.24 | |
| Age (years) | 32.94 | 5.28 |
| Married (1=yes) | 42.14 | |
| Parent (1=yes) | 58.75 | |
| Home Owner (1=yes) | 38.64 | |
| Work (1=yes) | 58.61 | |
| <i>Socioeconomic Status</i> | | |
| Income (thousands) | 31.06 | 1.08 |
| College (1=yes) | 55.08 | |
| <i>Social Support</i> | | |
| Family Caring: 1 (low) to 5 (high) | 4.32 | 1.27 |
| Family Support: 1 (low) to 5 (high) | 3.87 | 1.65 |

Mastery is assessed with the seven item Pearlin mastery scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). Respondents were asked: 1) There is no way I can solve some of the problems I have; 2) sometimes I feel I am being pushed around in life; 3) I have little control over the things that happen to me; 4) I can do just about anything I really set my mind to; 5) I

often feel helpless in dealing with problems of life; 6) what happens to me in the future mostly depends on me; and 7) There is little I can do to change many of the important things in my life.

The mean for mastery is 22.62 with an alpha reliability of .81 in 2012 and 2014.

Independent and Moderating Variables

Child adversity, the main independent variable in this study, is assessed through five separate measures: 1) living with a person who was a problem drinker or alcoholic; 2) living with someone that was depressed, mentally ill or suicidal; 3) residing in a home that did not have quality food available; 4) being hit, beat, kicked or physically harmed in some other way; and 5) not receiving parental love and affection growing up. These five measures were summed to create a count of childhood adversity (mean = 1.90) ranging from 1 (*no experience of childhood adversity*) to 6 (*experiencing all 5 adverse events*). The moderators in this study are religious importance and religious attendance. Religious importance ranges from 1 (*not important at all*) to 4 (*very important*) and is assessed with the question “How important is religion”? Religious attendance ranges from 1 (*not at all*) to 6 (*more than once a week*). Respondents were asked “In the past year about how often have you attended religious services”? The mean for religious importance is 3.04 and the mean for religious attendance is 2.57.

Control Variables

Based on extant studies, I adjust for factors that are associated with childhood adversity, mastery and self-esteem. First, socioeconomic status variables include income and education. The mean for income is \$31,057; it is logged to correct for skewness. Education is categorized as less than a high school education (16%), a high school degree (29%) and a college degree (55%), with the first two categories serving as reference groups. Next, I control for several demographic variables. Age is measured in years and the mean is 33. Gender is dummy coded as female

(1=Yes) and male (the omitted category). Thirty-eight percent of the sample are women. There are 21% black respondents, 9% Hispanics and 70% whites, whom serve as the omitted category. Forty-two percent of the sample is married, compared to non-married respondents (reference group) and 59% of respondents are parents compared to those with no children (reference group). A work variable was created to represent respondents who are employed or attending school, which is 59% of the sample. There are 39% homeowners compared to non-homeowners (reference group). I also control for social support. Family caring (mean = 4.32), was assessed with the question “how much do you feel loved and cared for by your relatives”; it ranges from 1 (*not at all*) to 5 (*a great deal*). Family support (mean = 3.87) also ranges from 1 (*not at all*) to 5 (*a great deal*) and is assessed with the question “how much can you open up to your relatives if you need to talk about your worries”?

CHAPTER IV
ANALYTIC STRATEGY

Analytic Strategy

Ordinary least squares regression (OLS) is used to examine the relationship between childhood adversity and self-concept. I also assess whether this relationship is moderated by religious importance and religious attendance. The analytic strategy for this study proceeded in three steps. First, I conducted an analysis to assess whether there was a curvilinear relationship between childhood adversity and self-concept (model 1). Next, I estimate two additive regression models to establish the main effects of the study variables on mastery (Table 2) and self-esteem (Table 3). For both analyses, model 2 establishes the direct effects of demographic, socioeconomic, religiosity and social support variables, while model 3 tests whether the relationship between childhood adversity, mastery and self-esteem, respectively, is curvilinear. The full model for the regression analysis of mastery takes the form:

$$mastery_i = \beta_0 + \beta_1 adversity_i + \beta_2 adversity_i^2 + \beta_3 DEM_i + \beta_4 SES_i + \beta_5 REL_i + \beta_6 SUPPORT_i + \epsilon_i,$$

where mastery (*mastery_i*) is a function of childhood adversity (*adversity_i*), controlling for demographic variables (*DEM_i*), socioeconomic status (*SES_i*), religiosity (*REL_i*) and social support (*SUPPORT_i*). The full model for the regression analysis of self-esteem takes the form:

$$selfesteemi = \beta_0 + \beta_1 adversity_i + \beta_2 adversity_i^2 + \beta_3 DEM_i + \beta_4 SES_i + \beta_5 REL_i + \beta_6 SUPPORT_i + \epsilon_i,$$

where self-esteem (*selfesteemi*) is a function of childhood adversity (*adversity_i*), controlling for demographic variables (*DEM_i*), socioeconomic status (*SES_i*), religiosity (*REL_i*) and social support (*SUPPORT_i*). In both equations lower-case variables such as *mastery* represent scalar or count variables, whereas upper-case variables such as *DEM_i* represent vector variables indicating

that more than one type of demographic factor is embedded in *DEMi*. In step three I create interaction terms to test whether religious importance and religious attendance moderates the relationship between childhood adversity, mastery and self-esteem, respectively.

CHAPTER V
RESULTS

Multivariate Findings

The results for mastery are presented in Table 2. In model 1, both child adversity and child adversity-squared are significant, which indicates a curvilinear relationship (Figure 1). In model 2, effects of the control variables homeowners ($b=.43, se=.22, p<.05$), college graduates ($b=.49, se=.19, p<.05$), working or attending college ($b=.71, se=.20, p<.001$) and income ($b=.07, se=.02, p<.01$) are all associated with increased mastery.

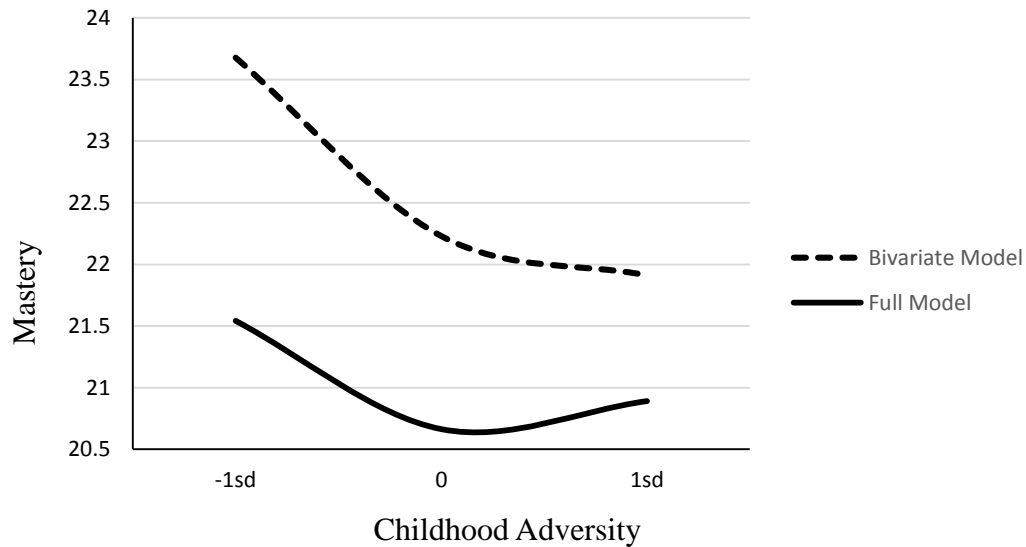
Table 2. Mastery Regressed on Selected Variables. National Longitudinal Survey of Youth – Child and Young Adult Sample, 2012-2014.

| Variables | <u>Model 1</u> | | <u>Model 2</u> | | <u>Model 3</u> | |
|---|----------------|-----------|----------------|-----------|----------------|-----------|
| | <i>b</i> | <i>se</i> | <i>b</i> | <i>se</i> | <i>b</i> | <i>Se</i> |
| Demographic | | | | | | |
| Black (1=yes) | | | .41 | .24 | .52* | .24 |
| Hispanic (1=yes) | | | .14 | .31 | .25 | .31 |
| Female (1=yes) | | | -.03 | .20 | -.10 | .20 |
| Age (years) | | | -.08** | .03 | -.09*** | .03 |
| Married (1=yes) | | | .23 | .22 | .34 | .22 |
| Parent (1=yes) | | | -.04 | .22 | -.03 | .22 |
| Home Owner (1=yes) | | | .43* | .22 | .47* | .22 |
| Work (1=yes) | | | .71*** | .20 | .69*** | .20 |
| SES | | | | | | |
| Income (logged) | | | .07** | .02 | .07** | .02 |
| College (1=yes) | | | .49* | .19 | .40* | .19 |
| Social Support | | | | | | |
| Family Caring: 1 (low) to 5 (high) | | | .24* | .12 | .27* | .12 |
| Family Support: 1 (low) to 5 (high) | | | .39*** | .09 | .42*** | .09 |
| Religiosity | | | | | | |
| Religious Importance: 1 (low) to 4 (high) | | | -.04 | .10 | -.03 | .11 |
| Religious Attendance: 1 (low) to 6 (high) | | | -.03 | .07 | .04 | .07 |
| Child Adversity | | | | | | |
| Child Adversity | -1.61*** | .30 | | | -1.17*** | .30 |
| Child Adversity ² | .26*** | .05 | | | .24*** | .05 |
| Constant | 24.35*** | .33 | 21.17*** | .92 | 22.02*** | .97 |
| R-Squared | .02 | | .10 | | .12 | |

Note: Unstandardized regression coefficients (*b*) and standard errors (*se*). * $p < .05$; ** $p < .01$; *** $p < .001$

Family caring ($b=.24, se=.12, p<.05$) and family support ($b=.39, se=.09, p<.001$) are also positively associated with mastery. As respondents get older there is a decrease in mastery ($b=-.08, se=.03, p<.01$).

Figure 1: Curvilinear Relationship between Childhood Adversity and Mastery



The moderating effects of religious importance and religious attendance on mastery are displayed in table 3. Model 1 tests the interaction between religious importance and childhood adversity. There are no significant findings. However in model 2 there is a significant interaction between religious attendance and childhood adversity ($b=.39, se=.18, p<.05$) (Figure 2).

Table 3. Mastery Regressed on Selected Interactions. National Longitudinal Survey of Youth – Children and Young Adult Sample, 2012-2014.

| Variables | <u>Model 1</u> | | <u>Model 2</u> | |
|---|----------------|-----------|----------------|-----------|
| | <i>b</i> | <i>se</i> | <i>b</i> | <i>se</i> |
| Child Adversity | | | | |
| Child Adversity | -1.91* | .80 | -2.22*** | .53 |
| Child Adversity ² | .25 | .13 | .34*** | .09 |
| Religiosity | | | | |
| Religious Importance: 1 (low) to 4 (high) | -.49 | .30 | -.03 | .11 |
| Religious Attendance: 1 (low) to 6 (high) | .06 | .07 | -.53** | .20 |
| Interaction Terms | | | | |
| Child Adversity x Religious Importance | .20 | .26 | | |
| Child Adversity ² x Religious Importance | .01 | .04 | | |
| Child Adversity x Religious Attendance | | | .39* | .18 |
| Child Adversity ² x Religious Attendance | | | -.03 | .03 |
| Intercept | 23.39*** | 1.29 | 23.47*** | 1.08 |
| R-Squared | .13 | | .13 | |

Note: Unstandardized regression coefficients (b) and standard errors (se).

Each model is adjusted for demographics, socioeconomic status and social support.

* p < .05; ** p < .01; *** p < .001

In figure 2 religious attendance was divided into low, medium and high levels in order to capture the full effects of religious attendance. Simply dividing religious attendance into low and high levels masks the effect of moderate levels of religious attendance. The figure demonstrates that individuals who engage in religious attendance and experience low childhood adversity have high mastery; however, mastery declines toward the mean of childhood adversity and then levels off at high levels of adversity. At low levels of childhood adversity, individuals who engage in moderate religious attendance also have high mastery, although it is not as high as individuals with low attendance and low childhood adversity; mastery declines toward the mean of childhood adversity, followed by a slight increase in mastery at high levels of adversity. Finally, individuals with high religious attendance and low exposure to childhood adversity have

decreased mastery; however, mastery increases at the mean of childhood adversity and continues to increase dramatically at high levels of adversity.

Figure 2: Interaction of Religious Attendance and Childhood Adversity on Mastery

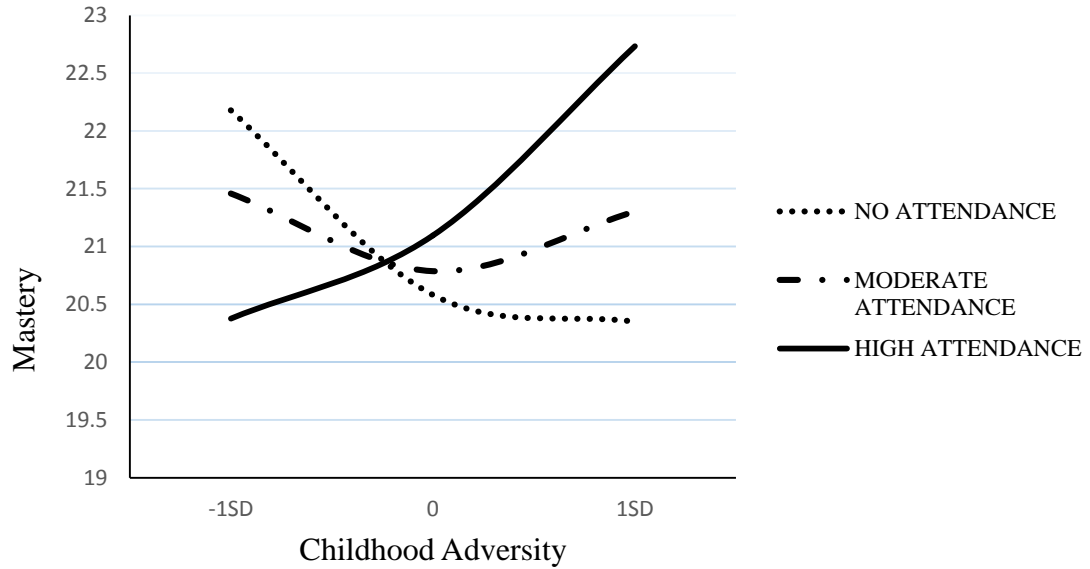


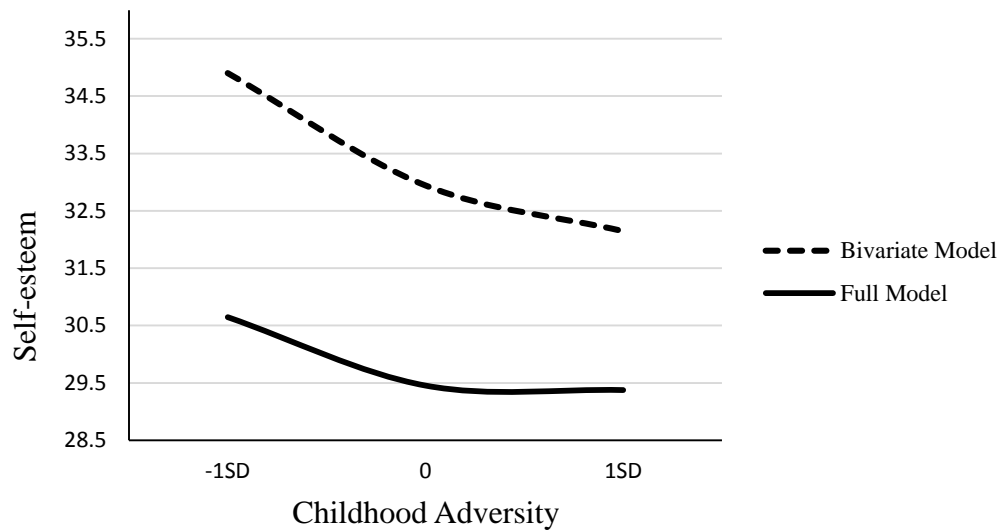
Table 4 displays findings for self-esteem. In model 1, child adversity and child adversity-squared are significant, indicating a curvilinear relationship (figure 3). Model 2 establishes the direct effects of demographic, socioeconomic, religiosity, and social support variables. Compared to whites, blacks have increased self-esteem ($b=.87, se=.31, p<.01$). Working or attending college ($b=1.01, se=.26, p<.01$), having a college degree ($b=.59, se=.24, p<.01$), family caring ($b=.44, se=.15, p<.01$) and family support ($b=.54, se=.12, p<.001$) also increase self-esteem.

Table 4. Self-esteem Regressed on Selected Variables. National Longitudinal Survey of Youth – Child and Young Adult Sample, 2012-2014.

| Variables | <u>Model 1</u> | | <u>Model 2</u> | | <u>Model 3</u> | |
|---|----------------|-----------|----------------|-----------|----------------|-----------|
| | <i>b</i> | <i>se</i> | <i>b</i> | <i>se</i> | <i>b</i> | <i>Se</i> |
| Demographic | | | | | | |
| Black (1=yes) | | | .87** | .31 | .91** | .31 |
| Hispanic (1=yes) | | | .46 | .40 | .55 | .40 |
| Female (1=yes) | | | -.17 | .26 | -.20 | .26 |
| Age (years) | | | -.06 | .03 | -.06 | .03 |
| Married (1=yes) | | | .39 | .28 | .47 | .28 |
| Parent (1=yes) | | | -.43 | .28 | -.41 | .28 |
| Home Owner (1=yes) | | | .03 | .28 | .06 | .28 |
| Work (1=yes) | | | 1.01*** | .26 | .95*** | .26 |
| SES | | | | | | |
| Income (logged) | | | .06 | .03 | .06 | .03 |
| College (1=yes) | | | .59* | .24 | .51* | .25 |
| Social Support | | | | | | |
| Family Caring: 1 (low) to 5 (high) | | | .44** | .15 | .42** | .16 |
| Family Support: 1 (low) to 5 (high) | | | .54*** | .12 | .53*** | .12 |
| Religiosity | | | | | | |
| Religious Importance: 1 (low) to 4 (high) | | | .03 | .14 | .03 | .14 |
| Religious Attendance: 1 (low) to 6 (high) | | | .01 | .09 | .02 | .09 |
| Child Adversity | | | | | | |
| Child Adversity | -2.01*** | .39 | | | -1.41*** | .38 |
| Child Adversity ² | .28 | .07 | | | .25*** | .07 |
| Constant | 35.75*** | .43 | 29.87*** | 1.18 | 31.23*** | 1.25 |
| R-Squared | .03 | | .11 | | .12 | |

Note: Unstandardized regression coefficients (*b*) and standard errors (*se*). * $p < .05$; ** $p < .01$; *** $p < .001$

Figure 3: Curvilinear Relationship between Childhood Adversity and Self-Esteem



Model 3 adds the linear ($b=-1.41$, $se=.38$, $p<.001$) and squared term ($b=.25$, $se=.07$, $p<.001$) for childhood adversity to assess if the curvilinear relationship continues. Both terms are significant (Figure 3). Similar to model 1 blacks, college graduates, workers and college students, family caring and family support all increase self-esteem. The results of moderation of self-esteem by religious importance and religious attendance, respectively, are not shown since there were no significant interactions.

CHAPTER VI

DISCUSSION AND CONCLUSIONS

Discussion and Conclusions

Using the stress process model and reflected appraisals this study examined the relationship between childhood adversity and self-concept in young adults. Hypotheses 1 (a-b) tests this relationship. I found support for hypothesis 1a, which states that there is a curvilinear relationship between childhood adversity and mastery such that young adults experiencing low and high levels of childhood adversity have higher mastery than those experiencing moderate levels of adversity (Figure 2). The findings indicate that childhood adversity effects self-concept in young adults by decreasing sense of mastery. The results are surprising considering that education, increased income and the adoption of new roles, such as employee, parent or homeowner, are associated with an increase in mastery and self-esteem during the transition to young adulthood (Demo 1992; Mirowsky 1995; Tyndall and Christie-Mizell 2016). While it is expected that low levels of childhood adversity will be associated with higher mastery, young adults experiencing high levels of adversity possess a higher sense of control compared to moderate levels of adversity. The finding of a decrease in sense of control among young adults exposed to childhood adversity deviates from research that suggest the greatest gains of mastery occur during the transition from adolescence into young adulthood (Lewis et al. 1999; Pearlin et al. 2007).

I did not find support for hypothesis 1b, which states that there is a curvilinear relationship between childhood adversity and self-esteem such that young adults experiencing low and high levels of childhood adversity have higher self-esteem than those experiencing moderate levels of adversity. However, the figure 3 clearly indicates a nonlinear decrease in self-esteem. Individuals

experiencing the highest level of child adversity possess the lowest self-esteem. The finding that childhood adversity is associated with an overall decrease in self-esteem is still important, because it indicates the lingering effects of childhood adversity on both dimensions of self-concept in young adults. Furthermore, when thinking about the role of reflected appraisals in the development of self-esteem, the steady decline displayed in the graph indicates young adults continued internalization of negative self-worth, which was influenced by exposure to negative reflected appraisals in childhood and adolescence.

This study also asked if religiosity moderated the relationship between childhood adversity and self-concept. I developed hypothesis 2a-b and hypothesis 3a-b to test this question. Only hypothesis 3a was supported, which states that religious attendance moderates the relationship between childhood adversity and mastery such that higher religious attendance reduces the harmful influence of childhood adversity. Figure 2 shows that sense of mastery is higher among individuals who experienced high levels of adversity and have high church attendance compared to lower attendance and lower childhood adversity. Although this finding may seem surprising, there is evidence that involvement in a religious organization may be particularly beneficial in situations where stress is at a particularly high level (Brodsky 2000; Krause and Tran 1989; Cook 2000). Research also indicates that fellowship within religious institutions can foster a sense of control by providing emotional assistance, and other forms of social support, access to larger social networks, opportunities for the development of leadership skills and other competencies such as providing aid to others (Ellison 2001; Ellison and Burdette 2012; Krause 2006;). Out of all the dimensions of religiosity, religious attendance is the strongest dimensions associated with mental health outcomes (Shapiro 2011).

I suspect that I did not find any significant interactions for self-esteem because religious attendance impacts each dimension of self-concept differently. While access to various resources in religious organizations are better suited to increase mastery, they may be less effective in enhancing, self-worth. Research indicates that self-esteem is relatively stable in young adults and is less vulnerable to change (Demo 1992; Robins and Trzesniewski 2005). Moreover, despite experiencing successes or failures in life, people maintain the same level of self-esteem (Erol and Orth 2011; Trzesniewski et al. 2003); individuals with low or high self-esteem at one point in time tend to have the same level of self-esteem later in life (Robins and Trzesniewski 2005). Thus, while religious attendance can provide various opportunities to increase individuals' sense of mastery, it is less effective in changing self-esteem.

There are several limitations to this study. First, although the NLSY-Child and Young Adult Sample is from a longitudinal dataset, I am only able to test mastery and self-esteem at one point in time. Second, there is the potential for recall bias because the measures used to assess childhood adversity were asked retrospectively (Hardt and Rutter 2004). Moreover, there are limitations with the measure of childhood adversity. Only 5 measures of childhood adversity was used. I did not have other indicators of exposure to childhood adversity such as sexual abuse, witnessing domestic violence, or familial incarceration, to name a few (Felitti et al. 1998; Turner and Butler 2003). Also, the measures used in this study did not assess the level of intensity of childhood adversity.

Despite these limitations this study contributes to the literature in three ways. First, this study focuses on self-concept, which is an important part of psychological well-being. Few studies examine both dimensions of self-concept, mastery and self-esteem, simultaneously. It is important to analyze both mastery and self-esteem together, since they are closely related and

have reciprocal effects on each other. Furthermore, investigating both mastery and self-esteem allows insight into which types of proximal social experiences are most important for the development of each dimension self-concept (Falci 2011). Next, the findings indicate that childhood adversity not only lingers into young adulthood, but it also decreases both self-esteem and mastery. Despite research indicating that the transition to adulthood is associated with an increase in self-concept, this notion does not hold for young adults exposed to adversity as children. Finally, examining the role of religion as a coping strategy among young adults demonstrates the importance of religiosity throughout the life course and not primarily in older adults.

Future research should examine secondary stressors that may arise from exposure to adverse events in childhood or adolescence, which may also have an effect on self-concept. Also, considering the differences in gender socialization, future studies should investigate if the effects of childhood adversity on self-concept vary by gender. Likewise, various coping strategies and access to and the implementation of psychosocial resources may vary between men and women. Although this study tests the role of religious attendance as a coping strategy, other dimensions of religiosity, such as prayer, religious belief and denomination, should be examined as potential moderators.

Finally, the family is an important context for the development of self-concept. Unfortunately, the family can also be a source of exposure to childhood adversity. Negative reflected appraisals, demonstrated by a lack of support, parental neglect and unstable environments, can erode mastery and self-esteem in childhood and persist into young adulthood. The degree to which one feels in control of their lives and value their self-worth will determine how effective they are in dealing with stressful situations. Young adults exposed to childhood

adversity have decreased self-concept, which places them at a disadvantage in managing stress. However, religious attendance can be an effective coping strategy that can attenuate the effects of childhood adversity.

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