
HEALTH AND SELF-ESTEEM AMONG AFRICAN AMERICANS

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Introduction

A large body of research on African Americans and self-esteem has focused on factors that contribute to self-esteem. However, most studies have utilized samples of children or adolescents rather than adults. Although studies of children and adolescents provide important insights about sources of self-esteem for African Americans, this research has examined a limited number of variables and as a result, have not fully explored the impact of some variables that may have greater impact on blacks' self-esteem in adulthood. Clearly research identifying potential factors that may be an important source of self-esteem among African American adults is needed. One potentially, significant factor that has been neglected in the literature as an important source of self-esteem for black adults is health status. Prior research indicates that health (e.g., self-rated health, chronic health conditions and functional limitations) may have a significant effect on self-evaluation for blacks (Ferraro & Feller 1996).

The purpose of this research is to examine the relative effects of health on self-esteem in a national sample of black adults. This research is important for several reasons. First, health is an important arena for self-evaluation given that health is the strongest and most consistent predictor of adult life satisfaction (Larson 1978; Thomas & Hughes 1985; Schuessler & Fisher 1985; Ferraro & Feller 1996; Taylor, Chatters, Hardison & Riley 2001). Second, research suggests that poor health interferes with individuals' lives and impacts their definition of self (Antonucci & Jackson 1983; Ferraro & Feller 1996). Finally, the presence of negative experiences such as chronic health problems and functional disability, may cause individuals to confront evidence of their own deficiencies. Consequently, individuals become more vulnerable to the loss of self-esteem.

Background Literature

African Americans and Self-Esteem. Self-esteem is the evaluative and affective aspect of the self-concept that represents an individual's feelings about his or her moral worth (Gecas 1982; Rosenberg 1979; Gecas & Burke 1995). Most of what we know about the self-esteem of African Americans come from children and adolescent samples rather than adults. Studies on children and adolescents reveal that the self-esteem of African Americans is strongly related to reflected appraisals of family, friends and teachers (Rosenberg & Simmons 1972; Porter & Washington 1979; Tay-

lor & Walsh 1979; Rosenberg & Rosenberg 1989; McCreary et al. 1996; Justice et al. 1999). However, research suggests that adults' social experiences and interaction patterns are different from those of children, thus sources of self-esteem during adulthood may be entirely different from those of childhood or adolescence (Rosenberg & Pearlin 1978; Hughes & Demo 1989). For example, Rosenberg and Pearlin (1978) show that social structural variables such as social class have a greater impact on self-esteem in adulthood than childhood.

The limited research on sources of self-esteem among African American adults has also primarily focused on family and friend social networks as important sources of self-esteem (Taylor & Walsh, 1979; Hughes & Demo 1989). Other discussions on the determinants of blacks' self-esteem have focused on religious involvement, racial identity, socioeconomic status, employment and interpersonal feedback (Hughes & Demo 1989; Gary-Little & Hafdahl 2000; Crocker, Voelkl, Testa & Mayor 1991). However, most of these studies have used nonrepresentative samples of blacks; the only study that used a representative sample of African American adults was conducted by Hughes and Demo (1989). Their findings revealed that family and friends' social support networks, racial identity and religious involvement have the strongest influence, whereas, socioeconomic status and work have significant but weaker influences on self-esteem among blacks. Despite the fact that research has documented that health, in particular poor health status and problems play a salient role in African American adults' interpersonal experiences (Williams 1990; Williams & Collins 1995), researchers have devoted very little attention to the impact of health on self-esteem among African Americans.

Health, Self-Esteem and African Americans. Although researchers note that the relationship between health and self-esteem is reciprocal (Antonucci & Jackson 1983), studies have primarily used self-esteem as a predictor or mediating variable when examining this relationship. The results from these studies have produced mixed findings. Some studies find that self-esteem strongly influences perceptions of self-reported health but does not affect chronic health conditions (Ferraro & Feller 1996; Williams, Spenser & Jackson 1998). Other studies show a significant relationship between self-esteem and chronic health conditions. For example, House and colleagues (1994) find that self-esteem is associated with lower levels of chronic health conditions and better functional status.

Studies using self-esteem as the outcome variable report that health also has a significant effect on self-esteem. Antonucci and Jackson (1983) find that severity of self-reported health problems and perceptions of ill health was negatively related to self-esteem. Porter and Beuf (1991) report that persons with less stigmatization associated with their health condition have higher self-esteem. Self-esteem as an outcome variable has rarely been investigated among black adults, although studies using

black samples (Ferraro & Feller 1996; Williams et al. 1998) have found that self-esteem has a significant effect on various health outcomes.

Research consistently show that black adults report more health problems, poorer health status and are more likely to spend more time in bed as a result of their health problems than whites (Williams 1990; Williams & Collins 1995; Williams, Yu, Jackson & Anderson 1997). This research suggests that blacks' health has the potential to interfere with interaction and daily activities. Ferraro and Feller (1996) argue that when health interferes with daily activities or causes a loss in functional capacity it becomes salient to self-evaluation. Thus, health may play a potential role in blacks' self-evaluation. The present investigation will examine the effects of health status, chronic health conditions and functional limitations on African Americans' self-esteem.

Methods

Sample. The data used for this study are from two large-scale multistage probability surveys, the National Comorbidity Survey (NCS) and the 1979-1980 National Survey of Black Americans (NSBA). These surveys were face-to-face interviews conducted by the Survey Research Center, University of Michigan. The NCS was designed to study the distribution, correlates and consequences of psychiatric disorders in the United States. The NCS data were collected in the early 1990s and a total of 8,098 respondents ages 15 to 54 were interviewed for part one. Part two consists of a subsample of the original sample and has a total of 5877 respondents. The overall response rate was 82.4 percent and there are 558 African Americans between the ages of 18 and 54.

The NSBA is the first nationally representative cross-section of the black population, 18 years and older living in the coterminous United States. The NSBA data was collected in 1979 and 1980 by the Program for Research on Black Americans, Institute for Social Research, University of Michigan. A total of 2107 respondents completed face-to-face interviews, a response rate of almost 70 percent.

Measures

Dependent Variable

NCS – *Self-esteem* was measured using five items from the Rosenberg (1965) self-esteem scale. The items were: (1) On a whole I am satisfied with myself, (2) At times I think I am no good at all, (3) I wish I could have more respect for myself, (4) All in all, I am inclined to feel that I am a failure, and (5) I feel I am a person of worth, at least equal with others. The scale is scored on a four-point format (very true, somewhat true, a little true and not at all true) with a range of 5 to 20 points. Higher scores

represent higher levels of self-esteem. The alpha reliability of the scale is .78.

NSBA – Self-esteem was measured using the following five items: (1) I am a useful person to have around, (2) I feel that I'm a person of worth, (3) I feel that I can't do anything right, (4) I feel that my life is not very useful, (5) I feel I do not have much to be proud of, and (6) As a person I do a good job these days. The scale is scored on a four-point format (almost always true, often true, not often true, never true) with a range of 5 to 20 points. Higher scores represent higher self-esteem. The alpha reliability of the scale is .66. In both data sets, negative items were recoded so that all items were in the positive direction.

Independent Variables

Three indicators of health were utilized: *Health Status* was measured by an indicator of self-rated health: "How would you rate your overall physical health?" Response categories included: (1) poor, (2) fair, (3) good, (4) very good, and (5) excellent (Coding is indicated in parentheses). *Health Problems* was measured by the number of major chronic conditions experienced in the last year: arthritis/rheumatism, asthma/bronchitis, AIDS, blindness/deafness, high blood pressure/hypertension, diabetes, heart trouble, hernia, kidney/liver disease, lupus/thyroid disease, multiple sclerosis, chronic stomach trouble, stroke, and ulcer. *Functional Limitations* actually determined whether these conditions reduced one's functional ability. *Functional Limitations* was assessed by the following question: "How much do your health problems limit you in doing things that most people your age are able to do?" Responses were: (1) not at all, (2) a little, (3) some, (4) a lot, with higher scores indicating higher levels of functional difficulty.

The *Health Problems* and the *Functional Limitations* variables are highly correlated: .69 in NCS and .93 in the NSBA. Furthermore, factor analyses suggest that these variables load high on the same factor, thus these variables were combined to form a *Health Problem/Functional Status* variable in both data sets.

Control Variables

NCS – Financial Stress was measured by whether the respondent indicated having more money, just enough money or not enough money to meet their needs.

NSBA – Financial Stress was measured by the following two items: (1) Have you had money problems (over the past month or so) and (2) How much did that upset you? Response categories are: a great deal, a lot, only a little, and not at all. The two items were combined and coded (0) for no money problems, (1) not at all upset by money problems, (2) a little upset by money problems, (3) upset a lot by money problems and (4) upset a great deal by money problems (Coding is indicated in the parentheses).

Education is measured by the years of schooling completed, ranging from 0 to 17. *Family Income* represents the midpoints of 20 income categories ranging from \$1,000 to \$100,000. *Gender* is a dummy variable coded 0 for female and 1 for male. *Age* is coded in years. *Marital Status* is a series of dummy variables coded 1 for separated, divorced, widowed, never married, married and 0 otherwise. Married is the comparison category in the analyses.

Demographic Description of the Sample

National Comorbidity Survey. Respondents ranged in age from 18 years to 58 years with a mean age of 35. Women comprised over half of this sample (58%). Twenty-eight percent of the sample were married, 46% were never married, 9% were separated, 16% were divorced and 1% were widowed. Twenty-three percent of the sample had 11 years or less of formal education, 32% were high school graduates and 44% had some college or were college graduates. Twenty-four percent of the sample had a family income of \$9,999 or less, 33% had a family income of \$10,000-\$24,999, 29% had a family income of \$25,000-\$49,999 and 14% had a family income of \$50,000 or more.

National Survey of Black Americans. Respondents ranged in age from 17 years to 101 years with a mean age of 43. The majority of the sample were women: 62%. Forty-one percent of the sample were married, 12% were divorced, 10% were separated, 15% were widowed and 22% had never been married. Forty-four percent of the sample had 11 years or less of formal education, 31% were high school graduates and 25% had some college or were college graduates. Half (50%) of the sample had a family income of \$9,999 or less, 38% had a family income of \$10,000-\$24,999, 6% had a family income of \$25,000-\$29,999 and 7% had a family income of \$30,000 or more.

Results

To evaluate the effects of health on the self-esteem of African Americans, I present results from regression analyses whereby health is regressed on self-esteem while controlling for financial stress and demographic characteristics.

NCS. Subjective health is significantly associated with self-esteem, such that African Americans with better health status report higher levels of self-esteem. Health problems and functional status are not significantly associated with self-esteem. With respect to financial stress, blacks who have difficulty meeting financial needs report lower levels of self-esteem.

Turning to the demographic characteristics, education is significantly associated

The Effects of Health on Self-Esteem Among African Americans

	NCS	NSBA
Male	-.147	-.089
Age	.030	.014**
Education	.136*	.248***
Income	.045	.045**
Marital Status		
Separated	.208	.275
Divorced	.363	.048
Widowed	-.639	.216
Never Married	-.273	-.149
Financial Stress	-.478*	-.239***
Subjective Health	.431**	.409***
Health Prob/Disability	-.130	-.034*
Constant	13.71	9.51
R ²	.10	.10
N	554	1990

*P> .05 **P>.01 ***P> .001

Unstandardized Regression Coefficients are presented.

with self-esteem, such that persons with higher levels of education report higher levels of self-esteem than those with less education. Income, age, gender and marital status are not significantly associated with self-esteem.

NSBA. Both indicators of health are significantly associated with self-esteem. African Americans with better health status report higher levels of self-esteem than those with poorer health status. Health problems and functional status are significantly associated with self-esteem. Persons with higher levels of chronic conditions and poorer functional status report lower levels of self-esteem. Financial stress is negatively associated with self-esteem, indicating that financial difficulties decrease self-esteem.

With regard to the demographic variables, age, education and income are all significantly associated with self-esteem. Older respondents, persons with higher levels of education and income are more likely to report greater self-esteem than younger, less educated and lower income respondents.

Summary and Discussion

Previous studies identifying potential factors that impact the self-esteem of African Americans have not typically considered health as an important source of self-esteem for African Americans. The major objective of this research was to address this limitation by examining the relative effects of health on the self-esteem of blacks.

The analyses indicate a clear understanding of the relationship between self-assessed health and self-esteem. In both the NCS and the NSBA better self-reported health is significantly related to higher levels of self-esteem among blacks. These findings are consistent with prior research indicating that self-assessed health is a major determinant of various aspects of general well-being such as life satisfaction and loneliness (Larson 1978; Ferraro, Farmer & Wybraniec 1997; Mullins, Smith, Colquitt & Mushel 1996). The present findings are consistent with the work of Antonucci and Jackson (1983) who found that the perceptions of ill health significantly lowered feelings of self-esteem. Building upon the body of research that self-esteem is one of the most important aspects of emotional well-being, the present study shows that blacks' self-assessed health significantly affects how they evaluate their definition of self.

Interestingly, in the NSBA health problems and functional impairment were significantly related to lower levels of self-esteem, but in the NCS, health problems and functional impairment were not significantly associated with self-esteem. There may be several reasons for these different findings. First, it is plausible that these differences in findings reflect the relatively young age of the NCS sample (mean age 35) and lower levels of health problems and functional impairment (mean less than 1) among this sample compared to respondents in the NSBA (mean age 43, health problems 2, functional impairment 3). Second, it is plausible that respondents in the NSBA may view their health problems and functional status as problematic. Problematic health situations have the potential to affect self-evaluation (George 1990). That is, respondents in the NSBA with higher levels of chronic health conditions and their associated functional impairments may impact definition of self by lowering self-esteem. Finally, these differences between the data sets may be attributed to methodological factors such as sampling or data collection. The NCS data was gathered in the course of surveying the general population, thus it represents a very narrow and limited segment of the black population, whereas, the NSBA is a national probability sample of black Americans that represents the heterogeneity of the adult black population. Jackson (1991) argues that national data on blacks, such as the NCS, that has been gathered in the process of collecting information on the white population is biased in the representation of blacks. This is because blacks are distributed geographically differently from the white population. In addition, he contends the procedures used by national studies to collect data on the white majority are also biased because they are generally not designed to address the life experi-

ences of black Americans. In this case, although there is no way to determine, the findings from the NSBA may be more representative of the life experiences of black Americans.

Although not the primary focus of this study, financial stress was significantly associated with lower levels of self-esteem in both data sets. These results confirm prior research documenting that financial stress has a detrimental effect on other indicators of psychosocial well-being such as depressive symptoms and major depression (Kessler 1979; Williams et al. 1998; Jackson et al. 1996). Similar to other stresses, financial stress provides people with evidence of their failures or lack of success. When people experience stressful life events such as financial stress, they become vulnerable to the loss of self-esteem (Pearlin, Menaghan, Lieberman & Mullan 1981). Therefore, it is no surprise that in a society where financial success often determines individuals' sense of worth, financial stress is negatively associated with the self-esteem of African Americans.

The present research is not without its limitations. First, the data are cross-sectional and provide no basis for causal directionality. Prior research has generally examined the link between health and self-esteem through the lens of health as the outcome (House et al. 1994; Williams et al. 1998; Ferraro & Feller 1996). However, available research suggests that low self-esteem is an outcome of poor health or health disabilities (Antonucci & Jackson 1983). Longitudinal studies are needed to address this debate. Second, there were considerable differences in the two samples. The NCS sample was relatively young compared to the sample of the NSBA. Future research should seek to determine the extent to which health impacts self-esteem and its consequences among different age groups. Considerable evidence suggests that it is at later middle age and early old age that the levels of chronic health problems increase and the experience of functional ability becomes salient (House et al. 1994; Ferraro & Feller 1996; Jackson 1996). Thus, the question of health may become important to self-evaluation for older age groups. Finally, future research should seek to determine the relationship between health and self-esteem among blacks using more comparable data sets.

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