Self-esteem among Jamaican children: Exploring the impact of skin color and rural/urban residence

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Abstract

This study investigates the extent to which two different models predict the relation of self-esteem to skin color and rural/urban residence among Jamaican children. To explain this relation, Crocker and Major’s Self-protective hypothesis and Harter’s Additive model were examined among 200 African–Caribbean children from rural (n = 85) and urban (n = 115) elementary schools in eastern Jamaica. Support was found for both of these models. Specifically, the Self-protective hypothesis predicted higher self-esteem among rural children and the Additive model predicted higher self-esteem among older children for whom self-identification and ideal self skin color were both White. Implications for Jamaican children are discussed followed by potential application to other children of African descent.

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1. Introduction

Self-esteem, defined as an overall negative or positive attitude towards the self, is a topic of interest and importance across cultures (e.g., Cole et al., 2001; Richardson, 1999; Rosenberg, 1965; Sunar, 1999). Much scholarly attention has been focused on children’s self-esteem because it has consistently been found to be related to behavioral, academic, and psychological outcomes (e.g., Harter, 1999). Research has documented that self-esteem can be influenced by membership in a stigmatized group, although sometimes in unexpected ways (see Crocker & Major, 1989 for a review). Stigmatized groups are those “about which others hold negative attitudes, stereotypes, and beliefs, or which, on average receive disproportionately poor interpersonal or economic outcomes relative to members of the society at large because of discrimination against members of the social category” (Crocker & Major, 1989, p. 609).

African-descended groups have been notably stigmatized in the United States and United Kingdom. Historically, they have experienced stereotyping, prejudice, discrimination, and oppression and have also been relatively disadvantaged in...
economic, occupational, and interpersonal opportunities and outcomes compared with Anglo-American and British people. The early work of Clark and Clark (1947) in the United States and Milner (1973) in the United Kingdom demonstrated clearly how racial history shaped young racially stigmatized children’s sense of self based on their skin color.

To a lesser extent, social stigma also occurs along the dimension of rural/urban dwelling. Much evidence from the U.S. and other countries shows that rural dwellers are relatively disadvantaged compared to their urban counterparts on important social indicators, including access to essential services, educational and vocational opportunities, and income (e.g., Dillman & Hobbs, 1982; Heaton & Renata, 2003; Perry, 1984; Smith & Tennant, 2006). In addition, people often view the rural lifestyle as inferior to the urban lifestyle and believe rural dwellers to be somewhat simple-minded, unsophisticated, and pre-modern (e.g., West, 1996).

Given that an official aim of the Jamaican government is to foster children’s “positive self-concept” (Evans, 2001, p. 5), the current study investigated self-esteem among Jamaican children in relation to two important social dimensions — skin color and rural/urban residence. In the remainder of this introduction, we first present a brief overview of the existing literature on skin color stigma and rural/urban disparities in Jamaica. Next, we outline two theoretical explanations that may explain the relationship between social stigma and self-esteem in the U.S. Finally, we make predictions for expected results in the current sample of Jamaican children that would follow from each of these theoretical explanations.

1.1. Skin color stigma in Jamaica

The Jamaican experience of skin color is similar in some ways to the U.S. and in other ways it is different. Although one might expect skin color to have a different sociopolitical meaning in the Caribbean due to the Black numerical majority, Caribbean research and history-taking suggest that similar experiences of oppression based on skin color have conferred a shared negative attitude toward dark skin and a culturally valued preference for White/fair skin (e.g., Cramer & Anderson, 2003; Gopaul-McNichol, 1988, 1995; Miller, 1971). Because over 90% of the population is of African descent, skin color is not thought of as a Black–White dichotomy, but as a continuum between light-skinned and dark-skinned, with socially recognized gradations. The skin tone continuum has been strongly associated with socio-economic status — the mixed offspring of White plantation owners inherited not only their forefathers’ fair skin tone, but also their wealth (e.g., Alleyne, 2001; Smith, 1990). Thus, in Jamaica today, “White” is often synonymous with wealth and prestige, and “Black” with poverty and lower class status (Akbar, Chambers, & Thompson, 2001).

Research shows that Jamaican children are products of their culture in that they also demonstrate a bias against Black skin. Early research by Miller (e.g., 1971, 1973) with urban Jamaican adolescents revealed that most teenagers spontaneously used the word “fair” to describe a physically attractive person. Also, teenagers’ self-concept ratings increased with the fairness of their skin whereas those with more traditional African physical features, including darker skin tones, reported higher body dissatisfaction. More recent research in skin color preferences among younger Jamaican children and those in rural settings supported the idea that there is a pro-White preference. Using the Color Meaning Test (CMT) and Preschool Racial Attitudes Measure (PRAM) among rural preschoolers, Bagley and Young (1988) found a widespread preference for white toys and animals and a tendency to attribute positive characteristics to photographed White children rather than photographed Black children. Further, this pro-White preference increased with age. Similarly, Cramer and Anderson (2003) found that Jamaican children as young as three years old displayed preferences for White skin color, which increased with age. These researchers attributed the age difference in pro-White preferences, in part, to the cumulative influence of the media and other racial socializing agents as children develop.

1.2. Rural stigma in Jamaica

The 2002 Survey of Living Conditions in Jamaica documented significant rural/urban disparities in poverty, health, education, and crime. Specifically, relative to the Kingston Metropolitan Area of Eastern Jamaica, rural areas in Jamaica were noted to have higher levels of poverty, higher mean household sizes, lower percentages of adults with academic diplomas or degrees, higher incidence of illness and injury, three times fewer health-insured individuals, and
higher crime rates, particularly theft. Another important rural/urban discrepancy that contributes to rural stigma is that individuals from rural eastern Jamaica have darker skin on average than urban residents due to the history of slave migration from the plains (now urban St. Andrew, Jamaica) to the hills (now rural St. Andrew, Jamaica) (Agorsah, 1994). These socially important rural/urban differences confer a subtle, but widespread, stigma against rural dwellers, which may negatively impact their interactions with urban dwellers when they venture into the city. Therefore, rural children from eastern Jamaica face a double stigma based on their rural residence and their darker complexion.

1.3. Theoretical explanations for the relationship between social stigma and self-esteem

The effect of social stigma on self-esteem may occur both at the level of the group and at the level of the person. At the group level, in contrast to the predictions of earlier theoretical perspectives, there has been considerable empirical support in multiple cultural contexts for Crocker and Major’s (1989) Self-protective hypothesis, which holds that stigma has a protective effect, rather than debilitating effect, on the self-esteem of stigmatized group members. Racially stigmatized groups in the U.S. have been found to have higher self-esteem than non-stigmatized groups using a variety of self-esteem measures and across different age groups. For example, Hoelter (1983) found higher self-esteem for African-Americans among 3rd to 12th graders in a city in the Eastern U.S. (see Porter & Washington, 1979 for review of other findings). Research in The Netherlands also supports this pattern — Turkish–Dutch and Moroccan–Dutch ethnic minority children did not display lower global self-esteem than their (majority) Dutch counterparts in Verkuyten’s research (1989, 1994). More recently, Twenge and Cocker’s (2002) meta-analysis of 354 samples from the U.S. and elsewhere found Blacks to have higher global self-esteem than Whites. Resilient self-esteem of minority groups relative to the majority group has also been found among Latino–Americans and individuals with physical, mental, or developmental disabilities (see Crocker & Major, 1989 for a review). Based on this previous work, the present study proposed the Self-protective hypothesis as a major explanatory framework for the relation of skin color and residence to self-esteem among Jamaican children.

At the level of the person, self-esteem determination theories also provide helpful explanations for the influence of dark skin stigma on children’ self-esteem. Harter’s (1987, 1990) Additive model is particularly well-suited for this task because it allows the integration of the discrepancy model of James (1892) and the reflected appraisals model of Cooley (1902). James theorized that global self-esteem is based on the discrepancy between one’s actual self and one’s ideal self: “our self-feeling in this world...is determined by the ratio of our actualities to our supposed potentialities” (James, 1892/1962, p. 199). Research has supported this idea, showing that self-esteem reflects competence in areas where success is viewed as important to the self. For example, Harter’s (1990) research with 8- to 15-year olds examined perceived competence and importance in several domains, and found that when competence was less than importance, self-esteem was lower. Research has also supported Cooley’s reflected appraisals formulation of self-esteem, which holds that the origins of the self are essentially social in nature. Path analyses from Harter’s (1990) research showed that children’s feelings regarding the attitude of significant others towards them positively predicted their self-esteem. Other researchers’ work has supported Harter’s Additive model. For example, Luster and McAdoo’s (1995) research with African–Americans showed that adolescents who were successful in life domains such as academics and family relationships, and who also perceived that their families approved of them, had higher self-esteem than their peers. Thus, the Additive model is a unique formulation in that it considers not just the person (i.e., intrapersonal), but also the social context of that person (i.e., interpersonal) in the determination of self-esteem (Harter, 2003). This model is appropriate for the present study because there are known social/interpersonal aspects of skin color in Jamaica (i.e., social stigma against darker skin and rural residence) as well as demonstrated intrapersonal aspects (i.e., personal dissatisfaction with darker skin).

In sum, the Self-protective and Additive theories were applied in the current study due to their prominence, empirical support, and the fact that they both model the impact of socializing agents on self-esteem at different levels of

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3 There is archaeological evidence (e.g., Agorsah, 1994) that the rural Jamaican community sampled in the present study lies in a general area (the Blue Mountains) that has historically been a site of African marronage since the time of the Spaniard occupation in the sixteenth century. This purposeful hiding away of African peoples in these relatively inaccessible rural St. Andrew communities has preserved much of the African phenotype as compared to populations on the plains of urban St. Andrew, which used to be the 16th century sugar plantations occupied by Whites and eventually their mixed race, lighter-skinned kin. This accounts for the systematically darker skin color of the rural Jamaican participants in this study as compared to the urban St. Andrew participants. This rural/urban skin color gradient is fairly common across the island for similar reasons.
analysis (i.e., group versus person). In the following sections, we consider in detail how these models generate hypotheses regarding self-esteem in Jamaican children.

1.3.1. Self-protective hypothesis

Crocker and Major (1989) postulated several self-protective mechanisms, which buffer the self-esteem of stigmatized group members: (1) Attributing unfavorable outcomes to prejudice against one’s group, (2) selectively valuing or devaluing one’s performance based on group strengths and weaknesses, and (3) a tendency to make ingroup rather than outgroup social comparisons. In regard to the latter, stigmatized individuals may opt for ingroup comparisons (a) to avoid threatening comparisons with the relatively advantaged outgroup, and (b) because ingroup members are more available and/or provide similar targets for social comparison. Consistent with this assumption, within a group of African–Americans, those with fairer skin have consistently been found to have higher self-esteem than those with darker skin (e.g., Harvey, LaBeach, Pridgen, & Gocial, 2005; Robinson & Ward, 1995; Thompson & Keith, 2004). Although this may at first seem contradictory given that African–Americans have higher self-esteem than Anglo Americans, it supports the explanation that African–Americans engage in ingroup (i.e., ingroup) versus intergroup (i.e., outgroup) skin tone comparisons in order to preserve their self-esteem.

As applied to the current study, the Self-protective hypothesis suggests that rural Jamaican children, who are stigmatized due to their rural residence and darker skin, will demonstrate higher self-esteem than urban Jamaican children. This is because the stigmatized rural Jamaican children may avoid comparisons with the relatively privileged urban outgroup, thus boosting their self-esteem. On the other hand, if the earlier theoretical perspective is supported (i.e., social stigma results in lower self-esteem for stigmatized individuals), rural Jamaican children should demonstrate lower self-esteem than their urban counterparts because of internalized negative messages about their worth and efficacy. Further, if these stigmatized group members opt for ingroup comparisons, fairer skinned rural Jamaican children are expected to demonstrate higher self-esteem than their darker skinned rural peers.

1.3.2. Additive model

Self-esteem may be influenced by one’s perception of the extent to which one meets personal standards and the standards of important others on socially valued criteria such as skin color. There is some precedence for the idea that self-perceptions may be more predictive of self-esteem than objective reality. Stereotype threat research has shown that perceptions about others’ perceptions of the self can significantly influence performance and self-identification in spite of objective abilities (e.g., Steele, 1997; Steele & Aronson, 1995). In addition, some researchers have found that perceptions of support from important others on socially valued criteria such as skin color. There is some precedence for the idea that self-perceptions

Harter’s (1987, 1990) Additive model of self-esteem proposed a manner in which this may function. Based on James’(1892) discrepancy model of self-esteem and Cooley’s (1902) looking-glass self model of reflected appraisals, Harter’s model posits that self-esteem in a domain of importance is derived both from (1) the concordance between the perception of one’s actual and one’s ideal self, and (2) the approval of significant socializing agents such as parents, friends, or societal standards. Harter’s and others’ research demonstrates that physical appearance is an important domain of self-evaluation in childhood (e.g., Cole et al., 2001; Harter, 1999). In fact, research shows that of all personal qualities, physical appearance correlates most highly with overall self-worth (average $r=0.64$; for a brief review, see Harter, 2003). Harter suggested that this may be due to the strong emphasis modern society places on appearance, or that one’s outer self, perhaps especially one’s skin color, is plainly visible to all, including oneself. However, in the domain of skin color, parents and friends may not be the most powerful socializing agents. Research in the U.S. and Great Britain has found that the racial attitudes of young children are more strongly predicted by pervasive societal racial attitudes than by parents’ or peers’ attitudes (Milner, 1973; Quintana, 1998). Parents’ socializing influences on their young children may be effective only if consistent with biases shared by society, and parental attempt to instill attitudes counter to those of society may be somewhat ineffective. Therefore, in this study, we considered the cultural ideal of White/fair skin as the primary socializing agent, rather than family or friends.

For the domain of skin color, the Additive model suggests that self-esteem is determined by the concordance between one’s actual and ideal skin color. To this must be added the congruence between actual/ideal skin color and the cultural skin color ideal (White/fair skin). Applied to the current study, Jamaican children who self-identify as White/fair-skinned and whose ideal is to be White/fair-skinned — both in agreement with the cultural ideal — will demonstrate higher self-esteem than those who identify with and idealize Black/dark skin, or those who demonstrate a discrepancy between their self-identified and ideal selves.
1.4. The present study

Because children’s self-esteem and racial/ethnic cognitions change as they grow older, kindergarten and 5th/6th grade students were sampled to capture distinct developmental phases. In kindergarten, children display high self-esteem, which decreases with age due to greater cognitive sophistication in social comparison skills, and greater ability to incorporate external feedback into a more realistic self-view (e.g., Robins & Tzresniewski, 2005; Tzresniewski, Donnellan, & Robins, 2003). In adolescence, self-esteem plummets to its lowest point of the lifespan (e.g., Tzresniewski et al., 2003). Therefore, we sampled pre-adolescent children (i.e., 5th/6th grade) to maximize the developmental comparison with kindergartners while minimizing the potential confound of significant influences on self-esteem (e.g., pubertal changes), which are known to occur in early adolescence.

Kindergartners and 5th/6th graders also were chosen because they represent distinct phases in the development of ethnic cognition. According to Quintana’s (1998) Ethnic Perspective-Taking Ability (EPTA) model, 3- to 6-year old children are at level 0: Their awareness of race is based mainly on observable biologic racial markers (e.g., skin color: Holmes, 1995), to which they have strong affective/attitudinal responses that are more attributable to pervasive societal racial biases than to other socializing agents (e.g., Aboud, 1993). Thus, young children generally demonstrate very strong pro-White preferences and lack the cognitive flexibility to examine or moderate these biases (Aboud, 1993). On the other hand, 5th/6th graders fall into levels 1 or 2 of the EPTA model; concrete operational skills allow them to rely not only on mere physical appearance but also non-observed characteristics of ethnicity such as social inequality (e.g., Aboud & Skerry, 1983). Also, advanced role-taking abilities enable 5th/6th grade children to consider positive and negative dimensions of all races and to develop a more balanced view (e.g., Doyle, Beaudet, & Aboud, 1988). Consequently, older children demonstrate less pro-White bias (e.g., Doyle & Aboud, 1995).

The Jamaican parish of St. Andrew was strategically chosen for the present research because it especially demonstrates the rural/urban social status divide. Urban St. Andrew, located on the plains, boasts the nation’s most competitive elementary and high schools, two of the country’s three universities, a majority of the country’s middle and upper class communities, and relatively greater racial/skin tone diversity. In contrast, east rural St. Andrew, located in the Blue Mountains, is comprised of small, humble farming communities, low socioeconomic status, less competitive schools, less access to media (i.e., newspapers and foreign television programming), and a more homogeneously dark-skinned population. An assessment of social and economic needs of this rural area conducted by the University of the West Indies in 1998 documented the low economic, educational, and vocational opportunities and outcomes of this rural community, and the view of urban life as a way for social advancement (Shillingford, 1998).4

To our knowledge, the current research is the first to examine the predictive power of the Self-protective hypothesis and the Additive model for self-esteem among Black children outside of the United States. To summarize, the current study explored the following hypotheses:

1. Based on the Self-protective hypothesis, rural Jamaican children, who are stigmatized both on the basis of their rural residence and on the basis of their darker skin, were expected to demonstrate higher self-esteem than urban Jamaican children. Further, within both groups of children — especially the stigmatized rural children who are more likely to make ingroup comparisons — those with fairer skin were expected to demonstrate higher self-esteem than those with darker skin.

2. Based on the Additive model, Jamaican children who demonstrate concordance between skin color self-identification, skin color ideal and the cultural White/fair skin color ideal were expected to have higher self-esteem. Therefore, in agreement with the cultural ideal, those who self-identified as White/fair-skinned and whose personal ideal was to be White/fair-skinned were expected to demonstrate higher self-esteem than those who identified with and idealized Black/dark skin, or those who demonstrated a discrepancy between their identified and ideal selves.

3. Given that previous research in Jamaica has attributed increasing pro-White preference with age to the cumulative influence of culture as children develop, age may be an important factor in the application of these models to Jamaican children. In this case, both the Self-protective hypothesis and the Additive model would be more predictive of self-esteem in older than younger Jamaican children.

4 Shillingford’s (1998) assessment also highlighted several positive aspects of rural life in Jamaica relative to urban life, including having the safety net of a family home during extended times of unemployment, readily available employment on farms albeit at low wages, and having a credit system at local grocery shops.
2. Method

2.1. Participants

Participants for the current study were solicited from five schools in St. Andrew, Jamaica: Two rural schools and three urban schools. Letters were sent to parents of several representative kindergarten and 5th/6th grade classrooms in each school describing the study and seeking parental permission for participation. All rural parents and the vast majority of urban parents gave consent. The overwhelming majority of participating children were African–Caribbean; data from approximately 5–8 urban children of Indian, Chinese, and European origins were excluded. Rural Jamaican children were from predominantly lower class Jamaican backgrounds, and urban Jamaican children came from predominantly middle class Jamaican backgrounds.

2.1.1. Urban Jamaica (St. Andrew)

115 African–Caribbean children (65 girls, 50 boys; 58 kindergartners; 57 5th/6th graders) participated. All of these children attended private, ‘preparatory’ schools, indicating that their parents had the financial means to pay the relatively high fees for school tuition.

2.1.2. Rural Jamaica (St. Andrew)

85 African–Caribbean children (44 girls, 41 boys; 24 kindergartners; 61 5th/6th graders) participated. The large majority of these children paid minimal or no school fees: half of these children attended a public school in which the school fees were paid in large part by the government and the remaining children attended a private school in which tuition was heavily subsidized by private donors. The majority of teachers in urban and rural schools sampled were African–Caribbean.

2.2. Procedure

Because prior research has shown that examiner skin color may be an important factor influencing children’s responses (e.g., Annis & Corenblum, 1986; Sattler, 1970), an African–Caribbean female from Jamaica and an Anglo-American female served as examiners interviewing children at all schools. Examiners were randomly assigned to separate classrooms; there was no indication that the examiners differed in style or competence of interviewing. With the exception of rural kindergartners, all of whom were interviewed by the Anglo-American examiner, approximately half of the children at each grade level in each school were interviewed by the African–Caribbean examiner, and half by the Anglo-American examiner.

Each examiner was introduced by a teacher to her classroom and it was explained that the examiner would be talking with some of the students in a quiet room. The examiner accompanied the child from the classroom to the interview room, spending a few minutes in general conversation. Each child was then interviewed individually for about 15 min during which time the Personal Identification tasks and the Self-esteem measure were administered. At the end of each session, a rating of skin color was made by the examiner. Several other measures, not relevant for the present paper, were also used.

2.3. Measures

2.3.1. Personal identification task

Dolls/paper dolls/drawings depicting figures of different racial groups have been used to assess racial self-identification and preference in many classic studies (e.g., Clark & Clark, 1947; Milner, 1973) and also in more recent studies (e.g., Gopaul-McNichol, 1988, 1995; Kawolski & Lo, 2001). For each grade and sex combination in the current study (e.g., kindergarten girls) two identical sets of target figures were drawn, differing only in the color of their clothes. One set of target figures was randomly assigned to be used in the assessment of self-identification and ideal self for each child. Each set contained four pictures: A pair of White children and a pair of Black children; within each pair, one was a chubby figure and one an average-sized figure. For kindergartners, the target figures portrayed a young child, 9.8 cm tall and either 3.2 cm wide (average-size) or 4.2 cm wide (chubby). For Grades 5 and 6, the target figures portrayed a pre-adolescent child, 8.5 cm tall and either 2.5 cm wide...
The four target figures from one set, randomly arranged, were placed in front of the child, who was then asked, “Which picture do you look like?” (Self-Identification). After the selection was made, each child was then asked “Which picture would you like to look like?” (Ideal-Self). Selection of either of the Black target figures was coded as Black self-identification and either of the White target figures as White self-identification. Similar coding was done for Ideal-self. Participants who selected a Black or White figure for both self-identified and ideal selves were assessed as concordant (i.e., B/B and W/W) and those who selected target figures of different skin colors for Self-identified and Ideal selves were labeled discordant (i.e., B/W and W/B).

2.3.2. Self-esteem measure

Different self-esteem measures were chosen for kindergartners and 5th/6th graders. For kindergartners, the Preschool Self-Concept Picture Test (PS-CPT; Woolner, 1968) was used because it is designed for Black children; therefore, drawings accurately represent Black physical features. No such measure designed for Black populations could be located for older children, and the PS-CPT pictures were too juvenile to be used with 5th/6th graders. Therefore, for the 5th/6th grade self-esteem task, a booklet of 10 age-appropriate pictures, based on Harter’s Pictorial Scale of Perceived Competence and Social Acceptance for Young Children (Harter & Pike, 1984), was constructed to be similar in content to the kindergarten version, with the target figures appearing as similar in age to the 5th/6th graders. Hair and facial features were modified to be consistent with Black characteristics, and the plates were printed on brown paper.

The PS-CPT consists of 10 plates, depicting young children engaged in various situations, such as playing on a swing, playing with a friend, walking on a fence, raking leaves, pouring juice, and sharing candy. Each plate depicts two pictures; in one picture, a child is displaying positive characteristics (e.g., being happy, clean, strong, unafraid, accepted by the group); in the other picture, the child is displaying less positive characteristics (e.g., being sad, dirty, weak, afraid, not accepted by the group). The target figures are depicted with brown skin color and black hair and facial features. The sex of the target figures was matched to the sex of the child participant. For each pair of pictures, the child was to pick the target figure most like himself/herself, and then to pick the target figure he/she would most like to be. For each plate, agreement between the child’s choice for actual and ideal selves is scored one point; therefore total scores may vary from 0 to 10; higher numbers indicate higher self-esteem. Evidence for construct and content validity is provided by Woolner (1968) and by Henderson and Abrams (1983), demonstrating that PS-CPT Self-esteem is related to emotional health and prosocial behavior in preschoolers. Retest reliability over a period of six months for self-concept was \( r = .90 \); for Ideal-self, \( r = .80 \) (Woolner, 1968). For the present sample, reliability (internal consistency) for the Self-esteem scale was determined; for boys, Cronbach’s alpha = .84; for girls, alpha = .86.

The activities described by the 5th/6th grade modified Harter Self-esteem measure were chosen to correspond with those from the PS-CPT, insofar as possible. Example plates from the Harter test include children climbing on high bars, running, playing with a group of friends, and spelling words. In each plate, one picture depicts a child displaying positive characteristics (e.g., being happy, clean, a good climber, academically successful, having many friends); in the other picture, the child is displaying less positive characteristics (e.g., unhappy, dirty, poor climber, academically unsuccessful, few friends). Target figures were matched to the sex of the child participant. For each pair of pictures, the child was to pick the picture most like himself/herself, and then to pick the picture he/she would most like to be. Again,

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5 Although the Piers–Harris Children’s Self-Concept Scale is frequently used as a measure of Self-esteem with children, it was not appropriate for this study because it is designed for older children (ages 7–18), requires a 3rd grade reading level, and depicts White rather than Black children. Similarly, Harter’s measures of perceived competence were not used because all pictures in the version for younger children (Pictorial Scale of Perceived Competence and Social Acceptance for Young Children) showed White children and the Harter Scale for older children (Self-Perception Profile for Children) is based on verbal descriptions rather than pictures. Instead of having this difference in skin color and mode of stimulus presentation, younger and older children both made judgments based on pictures of Black children.
agreement between the two choices is indicative of higher self-esteem; scores may vary from 0 to 10. For the present sample, reliability (internal consistency) for the self-esteem scale was determined. For the boys, Cronbach’s alpha = 0.62; for the girls, alpha = 0.58.6

2.3.3. Skin-color assessment

A scale was constructed to assess skin color in a manner similar to that of previous researchers in this area employing the Pantone Matching System (PMS) (Bond & Cash, 1992; Gitter, Mostofsky, & Satow, 1972). A swatch of horizontally arranged color tiles was created to form an 11-point Likert skin color rating scale ranging from 1 (very light, cream colored) to 11 (very dark, ebony).7

Each examiner used this color scale to rate the skin color of each child at the conclusion of the interview, as the child was exiting the room. While this procedure involves a separation between perception of skin color and skin color rating, it was not deemed appropriate to directly compare the child’s skin with a color sample because of the social status implications of skin color in Jamaica. Also, although it would have allowed for a measure of interrater reliability, it was not feasible to have both examiners (African–Caribbean and Anglo-American) present during each child’s interview, since one of the variables under investigation was the effect of examiner’s skin color.

For the present study, interrater reliability of the skin color rating scale was determined by using a set of professional portraits of 71 African–American children who varied in skin tone. Two raters — the African–Caribbean female examiner in this study and an Anglo-American female-rated these portraits for skin color, using the rating scale from the main study. The interrater reliability assessed with the intra-class correlation coefficient was 0.83.

3. Results

3.1. Analysis plan

In the first section, we compare the scores of rural and urban children for self-esteem and skin color. Then, we examine the relation between the children’s self-identification as Black or White and their choice of an Ideal-self as Black or White. Finally, we identify the number of children in the rural and the urban group who were identity concordant for their self-identification and their ideal-self choice — i.e., those who chose Black for both (B/B) or White for both (W/W) — and the number of children who were identity discordant (B/W, W/B). These descriptive statistics are followed by regression analyses based on two alternative models (self-protective and additive) to predict self-esteem.

3.2. Descriptive statistics

T-tests indicated that rural children had higher self-esteem ($M=8.60$, $SD=1.89$) than urban children ($M=7.69$, $SD=2.20$), $t(198)=3.08$, $p<.002$, $\eta=.21$. Also, rural children had darker skin color ($M=6.96$, $SD=1.87$) than urban children ($M=5.02$, $SD=1.84$), $t(179.65)^8=7.34$, $p<.001$, $\eta=.46$.

Table 1 shows the number of children who self-identified as Black or White, as related to their ideal-self as Black or White, and as contrasted with expected frequencies. Sixty-eight percent of the children in the rural and the urban group who were identity concordant for their self-identification and their ideal-self choice — i.e., those who chose Black for both (B/B) or White for both (W/W) — and the number of children who were identity discordant (B/W, W/B). These descriptive statistics are followed by regression analyses based on two alternative models (self-protective and additive) to predict self-esteem.

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6 The lower alpha for the older children may be due to their increasing differentiation of domain perceived competence (Harter, 1999).
7 At the time of data collection, there was no standardized Black skin tone rating system in existence. Colors comprising the skin color scale corresponded to the following Pantone Matching System (PMS) codes: #EECFB4, #E3A173, #D99164, #CC8443, #C77A58, #A56B46, #6A4342, #380000, #4E433F, #554838, #000000.
8 Equal variances not assumed.
The main difference for identity concordance/discordance between rural and urban children is seen in the number who are B/B and W/W concordant, \( \chi^2(3, N=116)=13.40, p<.004 \). Concordant rural children were nearly equally divided between B/B (24%) and W/W (28%), whereas concordant urban children were more likely to be B/B concordant (48%) than W/W concordant (15%). Among the discordant children, both rural and urban children were more likely to be B/W discordant (34%, 27%) than W/B discordant (14%, 10%).

### 3.3. Predictors of self-esteem

The alternate models of self-esteem were used to determine the predictors of self-esteem. Following the plan of Aiken and West (1991), all continuous variables were centered prior to analysis; interactions were computed based on centered variables. Categorical variables — residence (rural/urban), self-identification, ideal-self, and the control variables of child sex and examiner race were assigned values of −1 and +1 (Aiken & West, 1991, Ch. 7). For each regression analysis, child sex and examiner race were entered at Step 1 as control variables. All reported beta weights (\( \beta \)) are standardized.

#### 3.3.1. Analysis based on the Self-protective hypothesis

Based on the Self-protective hypothesis, self-esteem scores were regressed on the variables of child age, skin color, and residence (rural, urban), with child sex and examiner race as control variables. At Step 1, the control variables were entered. At Step 2, the variables of child age, skin color and residence were entered. At Step 3, the 2-way interactions were entered. At Step 4, the 3-way interaction term was entered.

The results are shown in Table 3. Neither child sex nor examiner race were significant predictors of self-esteem, \( F(2,197)=.26, ns. \) At Step 2, residence was a significant predictor of self-esteem, \( \beta=-.26, p<.003. \) In support of the Self-protective hypothesis, rural children had higher self-esteem than urban children. Further, at Step 3, in support of the in-group comparisons explanation, the interaction between skin color and residence was significant, \( \beta=.15, p<.052. \) A test of simple slopes indicated that this interaction was due to the rural children: Those with lighter skin color had higher Self-esteem \( (r=-.20). \) For urban children, there was no relation between skin color and self-esteem \( (r=.04). \) At Step 4, the 3-way interaction was not significant.

<table>
<thead>
<tr>
<th>Residence</th>
<th>Concordant</th>
<th>Discordan</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B/B</td>
<td>W/W</td>
<td>B/W</td>
</tr>
<tr>
<td>Rural</td>
<td>20</td>
<td>24</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>(32)</td>
<td>(17)</td>
<td>(26)</td>
</tr>
<tr>
<td>Urban</td>
<td>55</td>
<td>17</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td>(43)</td>
<td>(24)</td>
<td>(34)</td>
</tr>
</tbody>
</table>

**Note.** B/B=Black Self-identification, Black Ideal self; W/W=White Self-identification, White Ideal self; B/W=Black Self-identification, White Ideal self; W/B=White Self-identification, Black Ideal self.

**Note.** \( \chi^2(3, N=116)=13.40, p<.004. \)
3.3.2. Analysis based on the Additive model

Based on the Additive model, self-esteem was regressed on the variables of child age, self-identification and ideal-self. At Step 1, the control variables were entered. At Step 2, the variables of child age, self-identification and ideal-self were entered. At Step 3, the two-way interaction terms were entered. At Step 4, the 3-way interaction term was entered.

The results are shown in Table 4. Neither child sex nor examiner race was significant. At Step 2, self-identification was a significant predictor of self-esteem, $\beta = .16, p < .034$. Children who self-identified as White had higher self-esteem than those who self-identified as Black. At Step 3, the interaction between child age and ideal-self approached significance, $\beta = .14, p < .058$. Analysis of simple slopes indicated that for older children, self-esteem was positively related to White ideal-self ($r = .27$); for younger children, there was no relation ($r = -0.01$). Further, in support of the Additive model, the self-identification by ideal-self interaction effect approached significance, $\beta = .15, p < .058$. An analysis of simple slopes indicated that for children who self-identified as White, the choice of an ideal-self as White was positively related to self-esteem ($r = .27$); however, for children who self-identified as Black, there was no relation between White ideal-self and self-esteem ($r = .03$).

Finally, at Step 4, there was a significant 3-way interaction, $\beta = -.17, p < .027$. As can be seen in Table 5, for younger children, one way ANOVAs showed that the four concordant/discordant groups (W/W, B/B, B/W, W/B) were not significantly different from one another in self-esteem, $F(3, 69) = .04, p > .20$. However, for the older group, the four concordant/discordant groups were significantly different from one another in self-esteem, $F(3, 90) = 3.94, p < .01$.

### Table 3
**Self-protective hypothesis: Summary of regression analysis of children’s self-esteem on age, skin color, and residence**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Beta</th>
<th>SE Beta</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1 $F(2, 197) = 0.26, ns$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>$-0.05$</td>
<td>$0.07$</td>
<td>$-0.68$</td>
<td>$ns$</td>
</tr>
<tr>
<td>Examiner</td>
<td>$-0.02$</td>
<td>$0.07$</td>
<td>$-0.24$</td>
<td>$ns$</td>
</tr>
<tr>
<td>Step 2 $F(5, 194) = 2.12, p &lt; .06 R^2 change = .05, p &lt; .02$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>$-0.04$</td>
<td>$0.08$</td>
<td>$-0.56$</td>
<td>$ns$</td>
</tr>
<tr>
<td>Skin color</td>
<td>$-0.06$</td>
<td>$0.08$</td>
<td>$-0.74$</td>
<td>$ns$</td>
</tr>
<tr>
<td>Residence</td>
<td>$-0.26$</td>
<td>$0.08$</td>
<td>$-3.05$</td>
<td>$0.003$</td>
</tr>
<tr>
<td>Step 3 $F(8, 191) = 2.35, p &lt; .05 R^2 change = .04, p &lt; .05$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin color × Residence</td>
<td>$0.15$</td>
<td>$0.08$</td>
<td>$1.95$</td>
<td>$0.052$</td>
</tr>
<tr>
<td>Skin color × Age</td>
<td>$0.08$</td>
<td>$0.09$</td>
<td>$0.98$</td>
<td>$ns$</td>
</tr>
<tr>
<td>Age × Residence</td>
<td>$0.13$</td>
<td>$0.09$</td>
<td>$1.55$</td>
<td>$ns$</td>
</tr>
<tr>
<td>Step 4 $F(9, 190) = 2.08, p &lt; .03 R^2 change = .00, ns$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin color × Residence × Age</td>
<td>$-0.01$</td>
<td>$0.10$</td>
<td>$-0.10$</td>
<td>$ns$</td>
</tr>
</tbody>
</table>

*a Rural=−1; Urban=+1.

### Table 4
**Additive model: Summary of regression analysis of children’s self-esteem on age, self-identification, ideal-self, and residence**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Beta</th>
<th>SE Beta</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1 $F(2, 197) = 0.26, ns$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>$-0.05$</td>
<td>$0.07$</td>
<td>$-0.68$</td>
<td>$ns$</td>
</tr>
<tr>
<td>Examiner</td>
<td>$-0.02$</td>
<td>$0.07$</td>
<td>$-0.24$</td>
<td>$ns$</td>
</tr>
<tr>
<td>Step 2 $F(5, 194) = 1.82, ns R^2 change = .04, p &lt; .04$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>$0.08$</td>
<td>$0.07$</td>
<td>$1.15$</td>
<td>$ns$</td>
</tr>
<tr>
<td>Self-identification</td>
<td>$0.16$</td>
<td>$0.07$</td>
<td>$2.14$</td>
<td>$0.034$</td>
</tr>
<tr>
<td>Ideal-self</td>
<td>$0.11$</td>
<td>$0.07$</td>
<td>$1.55$</td>
<td>$ns$</td>
</tr>
<tr>
<td>Step 3 $F(8, 191) = 2.07, p &lt; .04 R^2 change = .04, p &lt; .07$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age × Self-identification</td>
<td>$0.07$</td>
<td>$0.08$</td>
<td>$0.86$</td>
<td>$ns$</td>
</tr>
<tr>
<td>Age × Ideal-self</td>
<td>$0.14$</td>
<td>$0.07$</td>
<td>$1.90$</td>
<td>$0.058$</td>
</tr>
<tr>
<td>Self-identification × Ideal-self</td>
<td>$0.15$</td>
<td>$0.08$</td>
<td>$1.90$</td>
<td>$0.058$</td>
</tr>
<tr>
<td>Step 4 $F(9, 190) = 2.43, p &lt; .01 R^2 change = .02, p &lt; .03$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age × Self-identification × Ideal-self</td>
<td>$-0.17$</td>
<td>$0.08$</td>
<td>$-2.23$</td>
<td>$0.027$</td>
</tr>
</tbody>
</table>

*a Black=−1, White=+1; bRural=−1, Urban=+1.
The W/W concordant children had significantly higher self-esteem than the other combinations of Self-identification × Ideal self, Duncan’s test, \( p < .05 \).

4. Discussion

Research in the United States has shown that social processes occurring at the level of the group, as described in Crocker and Major’s (1989) Self-protective hypothesis, and processes occurring at the level of the person, as described in Harter’s (1987, 1990) Additive model, contribute to self-esteem. The present study examined the extent to which these two models predicted the relationship between self-esteem in Jamaican children and social stigma based on darker skin and rural residence. Results based on both the Self-protective and Additive models revealed that social stigma had a significant impact on Jamaican children’s self-esteem. Data provided strong support for the Self-protective hypothesis. Hypothesis 2, based on the Additive model, in conjunction with Hypothesis 3 (age effect) was also supported. Support for each major finding will be discussed first, followed by implications for the Jamaican population, limitations of the study, and potential application to other children of African descent.

4.1. Self-protective hypothesis

As predicted by the Self-protective hypothesis (Hypothesis 1), rural Jamaican children, who face rural stigma and skin color stigma, demonstrated higher self-esteem than the relatively advantaged group of urban children. This result is consistent with those for adults in the U.S. and is consistent with findings among minority children in The Netherlands, who did not differ in self-esteem from the majority children. Thus, the present findings demonstrate the applicability of Crocker and Major’s (1989) hypothesis in a variety of novel contexts: 1) in a Black racial context beyond the U.S., 2) in a Caribbean cultural context, and 3) in relation to rural/urban stigma. Results provided no support for older theoretical perspectives that would have predicted that rural Jamaican children would demonstrate lower self-esteem than their urban counterparts due to negative internalized societal messages and life outcomes.

The current findings provide some support for the explanation that stigmatized group members favor ingroup over outgroup comparisons as a means for protecting self-esteem. Thus, fairer-skinned rural children had higher self-esteem than did darker-skinned rural children, suggesting that rural children engage in ingroup comparisons based on skin color. In contrast, there was no relationship between urban children’s skin color and their self-esteem, suggesting that they may not engage in ingroup comparisons of skin tone in the same manner or to the same extent as do rural children. In addition, the complementary finding that rural children had higher self-esteem than urban children is consistent with the explanation that they do not engage in comparisons with the urban outgroup. As Crocker and Major (1989) proposed for members of North American stigmatized groups, it is possible that rural Jamaican children choose ingroup over outgroup comparisons for many reasons, including avoidance of painful social comparisons with the advantaged urban children, and/or greater availability and judged similarity of rural children for comparisons.

While the current findings of higher self-esteem in rural Jamaican children fall in line with the ingroup comparisons explanation of the Self-protective hypothesis, there are other possible explanations of their higher self-esteem. For example, rural Jamaican children may attribute personal unfavorable outcomes (e.g., failure on national high school placement examination) to prejudice based on their dark skin or rural residence, or they may engage in selective valuing
of their performance based on strengths of their rural group (e.g., agreeableness, agricultural knowledge, physical strength and agility) or selective devaluing of their performance based on weaknesses of their rural group (e.g., academic performance, socioeconomic standing).

Contrary to expectations, age did not moderate the self-protective effect. Both rural kindergartners and 5th/6th graders had higher self-esteem than their urban counterparts, suggesting that the self-protective effect occurs even at very young ages in rural Jamaican children, who are aware of and are significantly impacted by social stigma regarding skin color and rural/urban residence.

4.2. Additive model

In partial support of Hypothesis 2, the Additive model, which built on the Jamesian model by introducing a social/interpersonal component to self-evaluation, was supported among older Jamaican children. Identity concordance consistent with the fair/White-skinned cultural preference (i.e., self-identifying as White and endorsing a White ideal) predicted higher self-esteem among older children. Both identity concordance, which was inconsistent with the fair/White-skinned cultural preference (i.e., self-identifying as Black and endorsing a Black ideal), and identity discordance, predicted lower self-esteem. These results show that mere concordance between one’s identified skin color and one’s ideal skin color is not sufficient to predict self-esteem among older Jamaican children. Rather, as expected based on Harter’s Additive model, the factor of pervasive fair/White-skinned social preference also played an important role in the prediction of children’s self-esteem.

The Additive model was supported for older children but not younger children, in support of Hypothesis 3. Whereas self-esteem was higher for rural than for urban children regardless of age (self-protective effect), the findings also show that the concordance between self-identification and personal and cultural ideal-selves becomes increasingly important with age in predicting self-esteem.

Examiner skin color had no significant impact on children’s self-esteem responses in this study. This finding adds information to the ongoing discussion in the literature regarding the effect of experimenter skin color in research involving children (e.g., Smith, Bradham, Chandler, & Wells, 2000). Similarly, child sex had no significant impact on self-esteem; social stigma in Jamaica regarding skin color and rural/urban residence appears to affect boys’ and girls’ self-esteem in a similar fashion.

4.3. Implications

The current findings raise several interesting issues of social significance. First, there is ample evidence that a stigma exists against dark skin in Jamaica, and that Jamaican children demonstrate a pro-White preference from a very young age. This is consistent with findings from other Caribbean countries, the United States, and United Kingdom, which are populations that share histories of racial stereotyping and oppression. Thus, it is not surprising that the children in this study, younger and older alike, are aware of, and influenced by, the pervasive cultural dark skin color stigma.

This reality raises the question of how we should respond to dark skin color stigma among children of African descent, at least in western countries. The most desirable outcome for these children would be for them to correctly self-identify as Black and to have Black as their ideal skin color, with this concordance contributing to self-esteem. Unfortunately, the present data show just the opposite for African–Caribbean children. Incorrectly self-identifying as White and endorsing a White ideal actually increased self-esteem among older children.

To appropriately foster higher self-esteem in African–Caribbean children, the current research suggests that it is not enough to get children to identify as Black, and/or to verbalize and adopt Black ideals. In fact, such strategies could backfire for some children and actually lower their self-esteem because such a stance runs counter to the cultural preference. As long as the Jamaican cultural ideal remains White/fair-skinned, interventions that do not also address this cultural component in addition to the intrapersonal components of increasing Black self-identification and Black ideals may lack effectiveness. The Jamaican society as a whole must move towards a Black skin color preference if it hopes to assist its children in doing so.

Given the relative stability and longevity of cultural pro-White ideals among Black populations, effecting change at the cultural level is a daunting, and perhaps, impossible task, especially in the short-term. Therefore, it is worthwhile to consider other avenues of increasing self-esteem among Black children besides race/culture-based interventions. There are other domains of self-evaluation, which may be targeted to increase children’s self-esteem. Based on Harter’s
Additive model, a sense of self-competence in any domain of importance that is valued by significant others predicts higher self-esteem. For example, friendships, family relationships, and extra-curricular activities may potentially be other significant sources of self-esteem, which might offset the influence of negative skin color self-evaluations. Alternatively, based on Crocker and Major’s proposed mechanisms of self-esteem protection, interventions for Black populations that promote ingroup comparisons or the selective valuing of performance in areas of group strength may also be helpful. The findings with the rural Jamaican children, who have higher self-esteem despite dark skin color stigma and rural stigma supports this idea. Despite the odds against them, rural Jamaican children are remarkably resilient and actually have higher self-esteem than relatively advantaged urban Jamaican children. It appears that certain self-protective processes buffer rural children’s self-concept from the otherwise negative psychological impact of social stigma. The current study suggests that rural Jamaican children may choose to compare themselves with other rural children who are more similar to them and who come readily to their minds instead of comparing themselves to children in the city whom they realize are advantaged in socially important ways.

4.4. Limitations and future research directions

The findings of this study apply most directly to children in Eastern Jamaica. Although it seems likely that similar processes would predict self-esteem among children in Central and Western Jamaica, findings may vary somewhat based on the degree of skin color and rural stigma in those areas. In addition, these findings do not directly apply to children of African descent in other countries; however, the variables identified in this study may be important for understanding self-esteem in these populations as well.

Given that there is a strong dark skin color stigma in the United States where African–American children have demonstrated strong pro-White preferences, it is very possible that the Self-protective and Additive models would also predict the relationship between skin color stigma and self-esteem for these children. Further, to the extent that rural/urban disparities and stigma exist in the U.S., it is possible that the Self-protective hypothesis would predict self-esteem among rural groups as well. Whether the influence of these factors would change with age is a matter to be empirically explored.

Further, if the relationship between skin color and self-esteem between African–Caribbean children in Jamaica and African–American children is similar, then self-esteem enhancement interventions based primarily on increasing identification with and idealization of Black skin may also face low effectiveness among African–Americans for the reasons discussed earlier.

In interpreting these findings, it is important to note that children in this sample reported moderate to high levels of self-esteem. Therefore, the differences discussed reveal relative levels of self-esteem rather than large deficits in self-esteem resulting from skin color stigma or rural stigma. These findings are consistent with previous research demonstrating a difference between racial or collective esteem (i.e., evaluation of the worth of one’s social group) and global or personal self-esteem (overall evaluation of one’s worth) (e.g., Banks, 1984; McAdoo, 1985; Spencer, 1984). That is, Black children have demonstrated an ability to effectively compartmentalize any negative feelings they may have about their skin color from their overall feelings about themselves. Biological (e.g., puberty), psychological (e.g., ability to meet basic needs for competence, autonomy, and relatedness), and educational (e.g., academic achievement, school transitions) factors might also lead to greater differences in global self-esteem (Eccles, 1999).

In sum, the results of this study reveal a much more nuanced relationship between skin color and self-esteem among Jamaican children than has been previously reported. Pervasive social stigma against dark skin and rural residence impacts Jamaican children’s self-esteem in two major ways: (1) by boosting the self-esteem of stigmatized children due self-protective mechanisms, and (2) by boosting the self-esteem of children whose self-identification and ideal-self fall in line with the cultural skin color ideal.

References


