Race and SES Differences in Psychosocial Resources: Implications for Social Stress Theory

Courtney S. Thomas Tobin1, Christy L. Erving2, and Apurva Barve1

Abstract
Social stress theory predicts that psychosocial resources shape health inequalities but is less clear about the ways in which the availability of resources differs across racial and socioeconomic groups. Using data from the Nashville Stress and Health Study (N = 1,214), the present study assessed racial and socioeconomic status (SES) differences in mastery, self-esteem, and social support; evaluated the extent to which SES accounts for racial differences in resources; and considered the interactive roles of race and SES in shaping resources among Black and White adults. Results show Blacks have greater access to resources, but SES yields greater psychosocial benefits among Whites. Findings demonstrate that SES and race may jointly and independently shape access to resources. This study contributes to the broader literature on status distinctions in psychosocial resources, providing new insights into the ways in which race and SES shape access to these health-protective resources while also raising several questions for future research.

Keywords
psychosocial resources, race and SES interaction, racial differences, social stress theory, socioeconomic status

Social stratification theories have traditionally emphasized differences in socioeconomic status (SES) to explain racial differences in health. Many early studies focused specifically on Black–White differences to understand the broader role of race in shaping SES patterns and assumed that Black Americans have worse health than Whites because they face more socioeconomic challenges that produce health risks and limit access to protective resources (Keith and Brown 2018). However, empirical evidence would later demonstrate that while accounting for SES typically reduces the Black–White gap in health, SES does not fully

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explain racial disparities (Cummings and Jackson 2008; Hayward et al. 2000). Others provide evidence of “diminishing returns” for Black Americans, as studies report that racial health inequalities persist across all SES levels and may be most pronounced among high-SES groups (Braveman et al. 2010; Hudson et al. 2013; Turner, Brown, and Hale 2017; Wilson, Thorpe, and LaVeist 2017). In light of these findings, scholars have increasingly acknowledged that SES may differentially impact racial groups via distinct psychosocial processes that shape health across the life course (Gayman et al. 2014; Hunt et al. 2000; Phelan and Link 2015; Turner et al. 2017; Whitfield et al. 2008). For instance, Williams, Priest, and Anderson (2016) argue that high rates of childhood poverty and heightened exposure to lifetime social and economic adversity may make upward socioeconomic mobility particularly challenging for Blacks. Moreover, when Black Americans do achieve higher SES, they are more likely than Whites to face institutional and interpersonal barriers due to racism (Gee, Walsemann, and Brondolo 2012; Hudson et al. 2012, 2013). Such experiences not only contribute to fewer economic returns among high-SES Blacks, but they may also undermine the development of health-protective psychosocial resources (Turner and Turner 2013). Though numerous studies have examined the role of psychosocial resources in shaping racial and socioeconomic disparities in health (Gayman et al., 2014; Kiecolt, Hughes, and Keith 2008; Turner, Lloyd, and Roszell 1999; Turner and Marino 1994), the ways in which SES may differentially shape these resources among Blacks and Whites remain unclear.

Social stress theory, a dominant framework used to examine group differences in health, conceptualizes psychosocial resources as individual-level characteristics that develop over time within the context of one’s social interactions and experiences (Pearlin 1999; Pearlin and Bierman 2013). Mastery, self-esteem, and social support are among the resources most commonly studied (Pearlin and Bierman 2013) due to their documented role as stress buffers and associations with significant improvements in physical and mental health (Turner 2013). For instance, some report that psychosocial resources may mediate status (i.e., race, SES, gender) differences in health (Turner et al. 1999; Turner and Marino 1994), while others have demonstrated a stress-buffering effect (Thoits 1995, 2011). Furthermore, this perspective asserts that exposure to social stressors and the availability of psychosocial resources vary across social status, such that socially disadvantaged groups tend to encounter more stressors and have less access to resources than their more advantaged counterparts (Pearlin and Bierman 2013). This suggests that compared to Whites and high-SES individuals, racial/ethnic minorities and those with low SES have fewer resources with which to address the social stressors to which they are disproportionately exposed. As such, racial and SES patterns in psychosocial resources may importantly contribute to status differences in health. Many of the classic early studies on SES, psychosocial resources, and mental health did not make efforts to collect sufficient data for Black Americans; thus, the majority of those earlier studies reflect empirical findings for Whites (Williams, Costa, and Leavell 2017). Accordingly, few studies have empirically assessed the social distribution of psychosocial resources across racial and socioeconomic groups.

Despite the increased examination of psychosocial resources in health disparities research, most studies applying the social stress framework have primarily
focused on their roles as mediators or moderators in the relationship between stress and health (Pearlin 1999; Pearlin and Bierman 2013). As far fewer have evaluated the mechanisms through which resources develop among Blacks and Whites, the pathways by which race and SES may jointly and independently shape access to psychosocial resources remain poorly understood. Nevertheless, since resources are potentially modifiable and change over time (Turner et al. 1999), enhancing psychosocial resources among at-risk populations could be a cost-effective approach to reduce health disparities. As such, there is a need to clarify the ways that SES may differentially shape access to psychosocial resources among Blacks and Whites and the extent to which racial disparities in resources vary across SES levels (Phelan and Link 2015; Williams et al. 2016). In this study, we assess racial and socioeconomic patterns in three psychosocial resources: mastery, self-esteem, and social support.

BACKGROUND

Despite its centrality within the social stress paradigm, stress exposure alone does not explain status differences in mental health (Turner 2013). Scholars have long recognized that individuals vary in their experience of and the effectiveness with which they deal with social stressors (Turner 2013; Turner and Roszell 1994). Prior research distinguishes between two categories of psychosocial resources that individuals may utilize to cope with stressful life experiences (Turner and Roszell 1994). On the one hand, there are social resources, which develop within the context of one’s relationships with others. The most well-known social resource is perceived social support, which refers to the certainty with which individuals feel loved, valued, and able to count on others (Brown and Ciciurkaite 2017). On the other hand, personal resources refers to internal attributes that arise from differences in one’s life experiences and interactions with the social world (Turner et al. 1999). Common personal resources include mastery (i.e., the extent to which one feels in control of their life chances rather than feeling that life is fatalistically ruled; Pearlin and Schooler 1978) and self-esteem (i.e., an individual’s self-evaluation and attitude of approval or disapproval toward themselves). Previous studies have noted the protective role of these resources, including the ways they provide individuals with the enhanced capacity to effectively meet life’s demands (Keyes 2009; Louie and Wheaton 2019). Nonetheless, far less is known about the social processes that produce these psychosocial resources or the factors that determine why some individuals have greater access to resources than others.

Socioeconomic Differences in Psychosocial Resources

The social stress paradigm emphasizes that an individual’s social location patterns their exposure to risks as well as access to protective resources. While studies suggest that psychosocial resources are a by-product of one’s life experiences, including one’s history of successes and failures within social and environmental encounters (Turner, Taylor, and Van Gundy 2004), psychosocial resources may also be importantly shaped by statuses such as SES and race. Prior research posits that those in low-status positions may have more limited access to resources than those in advantaged positions because they lack the material resources that aid in the development of a positive sense of self (Turner and Roszell 1994). In general, feelings of competence, efficacy, and self-worth are thought to be differentially distributed across
social statuses because opportunity, respect, and power are similarly distributed (Turner et al. 1999). Moreover, feelings of mastery and social support are closely linked to a perception of the world as trustworthy and reasonably fair (Turner and Roszell 1994). Thus, when individuals are met with more challenges and adversity, they are less likely to develop strong feelings of confidence and security in the world around them. At the same time, when individuals have less power and authority over their lives, they tend to develop feelings of helplessness that they accept over time (Turner and Roszell 1994).

Others suggest that the financial hardship and social stigma associated with low SES may contribute to emotional insecurity and powerlessness, feelings that hinder social relationships and undermine the development of positive resources, such as social support, self-esteem, and mastery (Erving and Thomas 2018). For instance, Turner and Roszell (1994) observed higher mastery and self-esteem levels among individuals with high occupational prestige compared to those with lower-status positions. They concluded that lower-SES individuals may have less mastery and self-esteem because their perceived power, influence, and personal agency to change their life circumstances are likely rooted in their reality of societal devaluation based on constricted employment and limited opportunity structures. Furthermore, a robust literature documents that mastery in particular is patterned by SES: those with high levels of education, occupational prestige, and income report higher levels of mastery relative to their economically disadvantaged counterparts (Ross and Mirowsky 2013). While these findings provide insight into the ways that SES shapes psychosocial resources, they also highlight a limitation of prior research. Since most studies have evaluated the role of composite SES variables or focused on a single SES indicator (e.g., occupational prestige), it is unclear whether other SES dimensions, such as education or income, have the same influence on the availability of psychosocial resources. Furthermore, among the handful of studies that have assessed status differences in resources, few have assessed the role of different SES dimensions in explaining racial differences in resources (Ross and Mirowsky 2013).

**Racial Differences in Psychosocial Resources**

Regarding racial variations in protective psychosocial resources, research findings have been more equivocal. As previously noted, social stress theory predicts that Black Americans have less access to psychosocial resources than Whites (Turner 2013). However, consistent findings from epidemiological studies showing that Blacks report lower levels of psychiatric disorders than Whites have prompted many to surmise that Blacks have more resources available (Erving, Thomas, and Frazier 2019; Keyes 2009; Louie and Wheaton 2019; Mezuk et al. 2012). This perspective posits that their marginalized racial status and greater lifetime exposure to social stressors may provide Black Americans with more opportunities to become resilient. Since psychosocial resources are produced by one’s life experiences (Turner et al. 2004), it is possible that those who learn to successfully navigate challenges early in life may be more equipped to deal with adversity later in life (Turner, Thomas, and Brown 2016). Moreover, studies suggest that the historical and contemporary social experiences shared by Black Americans may strengthen ties to family and friends and enhance access to resources, such as social support (Nguyen et al. 2019). As such, Blacks may have greater access to some psychosocial resources than Whites.
While this explanation seems plausible, evidence for this hypothesis has been mixed (Barnes and Bates 2017; Jackson, Knight, and Rafferty 2010). Moreover, findings from the broader literature have yielded only a limited understanding of the racial distribution of psychosocial resources. For instance, while some studies suggest that racial minorities report lower self-efficacy and mastery beliefs than their White counterparts (Ejebe, Jacobs, and Wisk 2015), others suggest that Blacks report higher mastery than Whites (Buchanan and Selmon 2008). In addition, prior research finds that Blacks have comparable or slightly lower levels of social support than Whites (Mouzon 2013, 2014), but studies also generally report that Blacks have higher self-esteem than Whites over the life course (Twenge and Crocker 2002). Given that this evidence is less than clear about the ways that race shapes access to these resources, research that investigates the racial patterning of psychosocial resources is needed. A potential explanation for these mixed findings is that past studies have not generally examined the interactive effects of SES and race when assessing group differences in psychosocial resources. Since SES varies across racial groups (Williams et al. 2010) and race and SES both shape access to resources (Turner et al. 2004), it is important to account for both statuses when evaluating group differences. This would also help to clarify whether observed racial patterns in psychosocial resources are attributable to differences in socioeconomic or other factors (e.g., generalized stress exposure or discrimination stress).

**Conditional Effects of SES on Resources across Racial Groups**

While studies have identified socioeconomic (Fauci 2011; Schieman, Nguyen, and Elliot 2003) and racial (Jang et al. 2003; Sarkisian and Gerstel 2004; Twenge and Crocker 2002) differences in resources, very few have examined the interactive roles of SES and race in shaping their availability. One exception is a study by Alang (2014), which reported a positive association between SES (i.e., educational attainment and income) and psychosocial resources (i.e., mastery and self-esteem) among Black Americans and Whites; the effects, however, were stronger for Black Americans. Given the paucity of studies examining race and SES’s interactive influences on access to resources, we turn to the literature considering the ways that race and SES interact to shape health to provide rationale for investigating this issue. For decades, it was assumed that psychosocial factors, and their impact on physical and mental health, operated similarly across racial groups (Hunt et al. 2000). However, this “similarity assumption” has been dismantled by recent research highlighting important nuances in the racial and SES patterning of psychosocial resources (Alang 2014; Hunt et al. 2000; Sarkisian and Gerstel 2004; Schieman et al. 2003; Twenge and Crocker 2002). A growing number of studies have since demonstrated that race and SES are not interchangeable, particularly when assessing their implications for health (Turner et al. 2017; Williams et al. 2010, 2016; Wilson, Thorpe, and LaVeist 2017). For example, Turner and colleagues (2017) showed that while higher education was associated with fewer chronic disorders and lower allostatic load among Whites, there was no association between education and these health outcomes among Blacks. These stark racial disparities have also been observed among high-SES individuals, which show that SES likely has a different impact on the outcomes of Blacks and Whites (Geronimus et al. 2006; Wilson, Thorpe, et al. 2017). While some have pointed to Blacks’ high
levels of stress exposure to explain these patterns (Boen 2016; Hudson et al. 2012, 2013; Thomas 2015; Williams et al. 2016), others note that racial differences in resources such as social support, mastery, and self-esteem could also be involved in the complex mechanisms linking race and SES to health (Louie and Wheaton 2019; Williams et al. 2010). Nonetheless, the ways in which race and SES interact to shape access to resources remain unclear.

Given the differential impact of SES on health observed across racial groups, it is plausible that SES also differentially shapes access to resources for Blacks and Whites (Alang 2014; Williams et al. 2010, 2016). While higher SES is associated with greater psychosocial resources among Whites, that may not be the case for Blacks. At the same time, racial differences in resources may vary across SES levels, such that there are greater Black–White disparities at higher SES levels. Previous studies have suggested that the strain associated with high SES may undermine resources among Black Americans, contributing to fewer resources among this group relative to their high-SES White counterparts (Williams et al. 2010, 2016). Nevertheless, these hypotheses remain underexplored in empirical studies. There is a need to evaluate the interactive association between race and SES to clarify the ways in which these statuses contribute to within- and across-group differences in psychosocial resources.

**The Present Study**

Although prior research has underscored the health significance of positive psychosocial resources, the ways in which they may be differentially patterned across racial and socioeconomic groups remains unclear. Therefore, to enhance our understanding of psychosocial resources, the present study addresses three research aims: (1) assess racial and SES differences in mastery, self-esteem, and social support; (2) evaluate the extent to which SES accounts for racial differences in each resource; and (3) consider the interactive roles of race and SES in shaping resources, including whether SES differentially shapes access to resources among Blacks and Whites and the degree to which racial differences in resources vary across SES levels.

Building on prior research, we evaluate three different resources (i.e., mastery, self-esteem, and social support) to distinguish the impact of status on social and personal resources. Given the variation in these resources across populations, examining multiple psychosocial resources allows us to avoid underestimating the extent of disparities across groups. We also aim to clarify the ways that psychosocial resources may vary across race and three different SES dimensions (i.e., education, income, and occupational prestige). Furthermore, this study investigates the independent and joint impact of race and SES to shed new light on the numerous mechanisms through which these health-protective factors arise within and across social groups.

**METHOD**

**Sample**

The Nashville Stress and Health Study (NSAHS) is a population-based sample of Black and White adults ages 21 to 69 drawn from the city of Nashville and surrounding areas within Davidson County, Tennessee. A random sample was obtained using a multistage, stratified sampling approach. Black American households were oversampled, and sampling weights allowed for generalizability to the county population. Between 2011 and 2014, 1,252 respondents provided information about their personal and family backgrounds, stress and coping
experiences, and health histories during three-hour computer-assisted, race-matched interviews. Upon completion of the interviews, American Association for Public Opinion Research (AAPOR) rates were used to evaluate success across screening and interviewing phases (response rate 1 = 30.2; cooperation rate 1 = 74.2; refusal rate 1 = 30.2; contact rate 1 = 40.7). The NSAHS and all study procedures were approved by the Vanderbilt University Institutional Review Board and described in detail elsewhere (see Brown, Turner, and Moore 2016). For the present study, analyses are limited to respondents with complete data on all study variables, resulting in an effective sample size of 1,214 respondents (601 Black Americans, 613 Whites). Sample characteristics of the analytic sample are provided in Table 1.

Measures

Psychosocial Resources

Mastery. Pearlin and Schooler’s (1978) seven-item Personal Mastery Scale ($\alpha_{all} = .71$; $\alpha_{Blacks} = .70$; $\alpha_{Whites} = .72$) was used to assess respondents’ sense of efficacy in attaining goals and solving problems. Respondents rated their agreement (1 = strongly agree to 5 = strongly disagree) with items such as “You have little control over the things that happen to you” and “There is little you can do to change many of the important things in your life.” Items were summed to create continuous scores that ranged from 11 to 35; higher scores indicated a greater sense of mastery.

Self-Esteem. Rosenberg’s (1965) six-item scale ($\alpha_{all} = .81$; $\alpha_{Blacks} = .76$; $\alpha_{Whites} = .72$) included items such as “I feel that I have a number of good qualities” and “I take a positive attitude toward myself.” Response choices ranged from 0 = strongly disagree to 4 = strongly agree, and items were summed to create a continuous score. In the present study, self-esteem ranged from 5 to 24, with higher values corresponding with higher levels of self-esteem.

Social support. Respondents were also queried regarding the extent to which they could rely on family for emotional and instrumental support in times of need (Turner and Marino 1994). This measure included eight items ($\alpha_{all} = .93$; $\alpha_{Blacks} = .92$; $\alpha_{Whites} = .94$), such as “You feel very close to your family” and “No matter what happens you know that your family will always be there for you should you need them” with response options ranging from 1 = not true at all for you to 4 = very true for you. Items were summed to create a continuous variable with scores ranging from 8 to 32; higher values corresponded with greater levels of family support.

Race. Self-identified race was measured with a binary variable: White (0; referent category) or Black (1).

SES. Three SES dimensions were considered: education, income, and occupational prestige.

Education. A categorical variable was used to assess highest level of education completed: less than high school (0; reference category), high school/GED (1), some college (2), or college graduate or higher (3).

Income. Respondents also provided information about their annual household income. A categorical variable was used: <$20,000 (0; reference category), $20,000 to $34,999 (1), $35,000 to $54,999 (2), $55,000 to $74,999 (3), $75,000 to $94,999 (4), or $95,000 or more (5).

Occupational prestige. Individual social class standing was evaluated based on the perceived prestige of their job position. Scores ranged from 0 to 100 based on the Nam-Boyd Occupational Status.
Scale (see Turner et al. 2016), and higher scores corresponded with higher occupational prestige.

Composite SES was also calculated for each respondent by first standardizing and summing the three dimensions; scores were then divided by the number of dimensions on which data were available (Brown 2014; Gayman, Brown, and Cui 2011). This score was then categorized based on the 25th and 75th percentiles: low SES (0; referent category), moderate SES (1), or high SES (2).

Other covariates. Age was measured continuously in years and ranged from 22 to 69 years in this sample. Gender was assessed as a binary variable: women (0; reference category) or men (1). Respondents’ marital status was evaluated categorically: married (0; reference category), never married (1), or other (i.e., widowed, separated, or divorced; 2). Parental status, or whether respondents have children, was also measured with a binary variable: nonparents (0; reference category) or parents (1).

### Analytic Strategy

There were four steps in this analysis. First, we estimated weighted means and
percentages of key study variables; t tests and chi-square tests were used to assess significant Black–White differences (Table 1). Second, we assessed racial and SES differences in the mean levels of each psychosocial resource (Table 2). SES differences within each racial group and racial differences within each SES level were also considered. Next, the relationships between race, SES, and psychosocial resources were examined using ordinary least squares regression models (Table 3). For each resource, the impact of race was examined in the first model (Models 1A, 2A, 3A), while the three SES measures (education, income, and occupational prestige) were added in the next model (e.g., Models 1B, 2B, 3B). We then compared the race coefficients of Models A and B to consider the extent to which SES explains racial difference in each resource; a significant decrease in the race coefficient with the consideration of SES variables would suggest that the racial gap in that resource was due to differences in SES. Age, gender, marital status, and parental status were included as covariates in all regression models. In the final step of the analysis, we tested interactions between the SES indicators and race for each psychosocial resource (Table 4). For each resource, the interaction between education and race was assessed in the first model (Models 1A, 2A, 3A), the interaction between income and race was assessed in the second model (Models 2A, 2B, 2C), and the interaction between occupational prestige and race was assessed in the third model (Models 3A, 3B, 3C). Age, gender, marital status, parental status, and each of the SES indicators were included as covariates in all interaction models. Significant interactions indicated there were Black–White differences in the relationship between SES and psychosocial resources. Significant associations are depicted in Figures 1 through 3.

### Table 2. Distribution of Psychosocial Resources by Race and Socioeconomic Status (SES), Nashville Stress and Health Study (2011–2014)

<table>
<thead>
<tr>
<th>Variable</th>
<th>All</th>
<th></th>
<th>Whites</th>
<th></th>
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<th>Blacks</th>
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<td>M</td>
<td>n</td>
<td>M</td>
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<tr>
<td>Mastery</td>
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<tr>
<td>All SES</td>
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<td>613</td>
<td>26.75</td>
<td>601</td>
<td>26.74</td>
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</tr>
<tr>
<td>Low SES</td>
<td>397</td>
<td>24.33</td>
<td>97</td>
<td>23.56</td>
<td>300</td>
<td>25.10</td>
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</tr>
<tr>
<td>Moderate SES</td>
<td>406</td>
<td>26.80</td>
<td>200</td>
<td>26.37</td>
<td>206</td>
<td>27.67</td>
<td></td>
</tr>
<tr>
<td>High SES</td>
<td>411</td>
<td>28.05</td>
<td>316</td>
<td>27.98</td>
<td>95</td>
<td>28.59</td>
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<tr>
<td>Self-esteem</td>
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<td></td>
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</tr>
<tr>
<td>All SES</td>
<td>1,214</td>
<td>18.44</td>
<td>613</td>
<td>18.27</td>
<td>601</td>
<td>18.87</td>
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<tr>
<td>Low SES</td>
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<td>17.97</td>
<td>97</td>
<td>16.94</td>
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<td>19.01</td>
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<td>Moderate SES</td>
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<td>18.47</td>
<td>200</td>
<td>18.31</td>
<td>206</td>
<td>18.80</td>
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<tr>
<td>High SES</td>
<td>411</td>
<td>18.67</td>
<td>316</td>
<td>18.67</td>
<td>95</td>
<td>18.70</td>
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<tr>
<td>Social support</td>
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<tr>
<td>All SES</td>
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<td>613</td>
<td>27.32</td>
<td>601</td>
<td>27.58</td>
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<td>Low SES</td>
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<td>316</td>
<td>28.39</td>
<td>95</td>
<td>27.21</td>
<td></td>
</tr>
</tbody>
</table>

*aSignificant racial difference (p < .05; Whites is reference category).
*bSignificant SES difference (p < .05; low SES is reference category).
*cSignificant within-race SES difference (p < .05; low SES is reference category).
*dSignificant racial difference within SES level (p < .05; Whites is reference category).
### Table 3. Psychosocial Resources Regressed on Race and Socioeconomic Status Indicators, Nashville Stress and Health Study (2011–2014)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mastery</th>
<th>Self-esteem</th>
<th>Social support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Model 1A</td>
<td>Model 1B</td>
<td>Model 2A</td>
</tr>
<tr>
<td></td>
<td>b</td>
<td>SE</td>
<td>b</td>
</tr>
<tr>
<td>Race (ref. = Whites)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blacks</td>
<td>0.24</td>
<td>(0.48)</td>
<td>1.57***</td>
</tr>
<tr>
<td>Education (ref. = HS/GED)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than HS</td>
<td>–0.76</td>
<td>(0.98)</td>
<td>–0.69</td>
</tr>
<tr>
<td>Some college</td>
<td>0.06</td>
<td>(0.55)</td>
<td>–0.39</td>
</tr>
<tr>
<td>College or higher</td>
<td>0.27</td>
<td>(0.62)</td>
<td>1.13*</td>
</tr>
<tr>
<td>Annual household income (ref. = &lt;$20,000)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$20,000–$34,999</td>
<td>1.76**</td>
<td>(0.64)</td>
<td>0.46</td>
</tr>
<tr>
<td>$35,000–$54,999</td>
<td>1.68*</td>
<td>(0.78)</td>
<td>0.38</td>
</tr>
<tr>
<td>$55,000–$74,999</td>
<td>2.93***</td>
<td>(0.65)</td>
<td>0.94</td>
</tr>
<tr>
<td>$75,000–$94,999</td>
<td>3.29***</td>
<td>(0.84)</td>
<td>0.73</td>
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<tr>
<td>$95,000+</td>
<td>3.88***</td>
<td>(0.81)</td>
<td>1.15**</td>
</tr>
<tr>
<td>Occupational prestige</td>
<td>0.03**</td>
<td>(0.01)</td>
<td>0.01</td>
</tr>
<tr>
<td>Intercept</td>
<td>29.74***</td>
<td>(0.76)</td>
<td>24.39***</td>
</tr>
<tr>
<td>$^2$</td>
<td>.02</td>
<td>.14</td>
<td>.02</td>
</tr>
</tbody>
</table>

Note: Age, gender, marital status, and parental status are included as covariates. HS = high school; ref. = referent category.
*p < .05. **p < .01. ***p < .001.
Table 4. Interactions between Socioeconomic Status Indicators and Race, Nashville Stress and Health Study (2011–2014)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mastery</th>
<th>Self-esteem</th>
<th>Social support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Model 1A</td>
<td>Model 1B</td>
<td>Model 1C</td>
</tr>
<tr>
<td>Race</td>
<td>b</td>
<td>SE</td>
<td>b</td>
</tr>
<tr>
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<td>0.86</td>
<td>2.58</td>
</tr>
<tr>
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<td>0.19</td>
<td>0.58</td>
<td>0.12</td>
</tr>
<tr>
<td>College or higher</td>
<td>0.35</td>
<td>0.67</td>
<td>0.31</td>
</tr>
<tr>
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<td>1.70</td>
<td>0.67</td>
<td>2.26</td>
</tr>
<tr>
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<td>0.74</td>
<td>2.81</td>
</tr>
<tr>
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<td>2.90</td>
<td>0.63</td>
<td>3.23</td>
</tr>
<tr>
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<td>0.81</td>
<td>3.87</td>
</tr>
<tr>
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<td>0.80</td>
<td>4.43</td>
</tr>
<tr>
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<td>0.79</td>
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Education (ref. = HS/GED)

<table>
<thead>
<tr>
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<th>Mastery</th>
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<tbody>
<tr>
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<td>b</td>
</tr>
<tr>
<td>Some college</td>
<td>0.19</td>
</tr>
<tr>
<td>College or higher</td>
<td>0.35</td>
</tr>
<tr>
<td>Annual household income (ref. = &lt;$20,000)</td>
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</tr>
<tr>
<td>$20,000–$34,999</td>
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Occupational Prestige

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<tr>
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</tr>
<tr>
<td>College or higher</td>
<td>0.13</td>
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<tr>
<td>Annual household income × Race (ref. = &lt;$20,000)</td>
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</tbody>
</table>

Intercept

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mastery</th>
</tr>
</thead>
</table>

Note: Age, gender, marital status, parental status, race, education, income, and occupational prestige are included as covariates in all models.

HS = high school; ref. = referent category.

*p < .05. **p < .01. ***p < .001.
RESULTS

Table 1 shows the sample descriptive characteristics and the distribution of education, income, and occupational prestige by race. The sample had a mean age of 44.35 years ($SD = 0.49$) and was nearly evenly split by gender. Whites were more likely to be married (66.08...
percent), with higher levels of education (49.55 percent), income ($55,000+ = 64.84 percent), and occupational prestige (mean = 59.72, e.g., occupations such as physical therapists, real estate agents). Among Blacks, more were parents (77.85 percent) with high school education (21.98 percent) or some college experience (36.13 percent). However, Blacks reported lower annual incomes ($55,000+ = 16.90 percent) and lower levels of occupational prestige (mean = 42.15; e.g., occupations such as bank tellers, plumbers, receptionists). In terms of composite SES, more Whites had high SES (51.79 percent) or moderate SES (31.84 percent) levels compared to Blacks, who were more likely to have low SES (42.34 percent) or moderate SES (40.30 percent) levels.

Race and SES Patterns in Psychosocial Resources

The distribution of psychosocial resources within and across racial and SES groups is examined in Table 2. While Blacks and Whites had similar levels of mastery overall, higher SES was associated with greater availability of this resource. This SES gradient was observed among both racial groups, although more pronounced among Whites. In addition, there was a significant racial difference in mastery only among low-SES individuals: low-SES Blacks reported higher levels of mastery than their low-SES white counterparts. However, moderate- and high-SES Blacks and Whites reported similar levels of mastery.

There was a significant racial difference in self-esteem, such that Blacks generally had higher scores than Whites. Low- and moderate-SES individuals had similar levels of self-esteem, while high SES was associated with significantly higher scores. However, this SES gradient in self-esteem was observed only among Whites and not Blacks; in fact, Blacks reported relatively high self-esteem levels regardless of SES. Moreover, the racial gap in self-esteem was especially pronounced among low- and moderate-SES groups, while high-SES Blacks and Whites had similar self-esteem levels. Despite no significant racial differences in social support, there was a significant SES gradient in this resource, such that higher SES was associated with higher levels of perceived
support. This SES gradient was reflected among Whites but not Blacks, as low-SES and high-SES Blacks reported similar levels of support. Within SES levels, there was a significant racial disparity in social support among those with low SES but not among individuals with moderate or high SES.

Overall, these findings indicate that race and SES differentially influence the availability of psychosocial resources. While it initially appeared that SES shaped access to resources, such that high-SES individuals had more resources, results demonstrate that these patterns were distinct across racial groups. Among Whites, each resource varied along the expected SES gradient (e.g., low SES conferring fewer resources). Among Blacks, however, there was little to no SES gradient in resources. Racial differences in resources also varied across SES groups, with low-SES Blacks reporting greater resources than low-SES Whites and similar levels among high-SES Blacks and Whites. Taken together, these patterns underscore the need to evaluate both SES and racial differences in psychosocial resources.

**Does SES Explain Racial Differences in Resources?**

Table 3 evaluates the extent to which SES indicators account for racial differences in each psychosocial resource, controlling for age, gender, marital status, and parental status. For each resource, the impact of race was examined in the first model and SES indicators were added in the second. Model 1A showed no significant racial differences in mastery. In Model 2B, there was no relationship between education and mastery, but there was a significant association for income and occupational prestige, such that mastery scores increased with higher income and prestige levels. Racial differences in mastery emerged once SES was considered, and Blacks had significantly higher levels of mastery than Whites ($b = 1.57, SE = 0.49, p < .001$). Collectively, race and SES accounted for 14 percent of the variation in mastery.

Model 2A assesses racial patterns in self-esteem. Results indicate there were significant racial differences in self-esteem, with Blacks having higher average self-esteem scores than Whites ($b = 0.64, SE = 0.15, p < .001$). There were also SES differences, as Model 2B shows that college or higher education was associated with significant increases in self-esteem; those with less than high school or some college education had self-esteem comparable to high-school graduates. Similarly, only those with annual household incomes that were $95,000 or higher ($b = 1.15, SE = .40, p < .01$) had significantly higher self-esteem than those earning $20,000 each year. There were no significant differences in self-esteem across levels of occupational prestige. Accounting for these differences in SES, the racial gap in self-esteem increased by 67 percent, with Blacks reporting even greater self-esteem than Whites. Collectively, race and SES explained 6 percent of the variation in self-esteem.

Group differences in social support are examined in Models 3A and 3B. There were no significant racial differences in social support until SES indicators were added in Model 3B. With SES considered, Blacks reported significantly higher social support than Whites ($b = 1.24, SE = 0.53, p < .05$). Nevertheless, neither education, income, nor occupational prestige was directly associated with social support. Collectively, race and SES factors explained 7 percent of the variation in social support.

Overall, these results demonstrate the significant role of SES in shaping racial differences in psychosocial resources. Although the significance of each SES indicator differed for each resource, accounting for SES generally increased
the racial gap in resources. This shows that racial differences in resources are often suppressed by SES, such that failure to account for SES may obscure racial differences. Substantively, this suggests that if Blacks had higher SES levels (i.e., comparable to the SES of Whites), then they would have significantly greater access to resources than Whites. These findings underscore the importance of accounting for SES inequalities to clarify the nature of racial differences in psychosocial resources.

**The Conditional Impact of SES on Resources across Racial Groups**

Significant interaction analyses further demonstrate that the impact of SES on psychosocial resources was conditional on race and varied across SES indicators (see Table 4). Figure 1 shows that the effects of income and occupational prestige on mastery were moderated by race (Figure 1). Findings indicate that income was positively associated with mastery for Blacks and Whites, with Blacks generally reporting higher mastery than Whites. However, there was an exception to this pattern: Blacks and Whites earning $35,000 to $54,999 reported similar mastery scores. Results also show that there was a significant interaction between occupational prestige and race. While there was a strong positive association between occupational prestige and mastery among Whites, mastery was consistently high across prestige levels among Blacks. The racial gap in mastery was largest among low-prestige individuals, with Whites reporting significantly lower mastery than Blacks. This gap converged at high prestige levels, highlighting the inconsistency of the SES gradient in mastery across racial groups. While mastery seemed to consistently increase across income levels for Whites, this pattern was noticeably absent among Blacks.

Figure 2 illustrates significant racial differences in the impact of education, income, and occupational prestige on self-esteem. Overall, Blacks reported greater self-esteem than Whites, but this racial gap was largest among high-school graduates and smallest among college graduates. A similar pattern was observed for income, as Blacks earning less than $20,000 reported significantly higher self-esteem than their White counterparts. In contrast, Whites who earned $35,000 to $54,999 reported higher self-esteem than Blacks at that income level, while there was no racial difference in self-esteem among those earning $95,000 or more. For occupational prestige, a strong, positive association with self-esteem was observed among Whites, but a strong, negative association was found among Blacks. Across the three SES indicators, findings generally show that there was an SES gradient in self-esteem for Whites but not Blacks, as there were minimal differences in the self-esteem scores of low-SES and high-SES Blacks.

Although regression analyses showed there was no direct association between SES indicators and social support, interaction analyses indicated that the impact of occupational prestige on social support was conditional on race (see Table 4). Figure 3 shows that occupational prestige was positively associated with social support among Whites but negatively associated with social support among Blacks. At low levels of prestige, Blacks had significantly higher levels of social support than Whites. However, this difference converged as occupational prestige increased, such that Whites had greater support at the highest prestige levels.

These patterns demonstrate the differential role of SES in shaping access to psychosocial resources among Blacks and Whites. Though Blacks reported higher resource levels overall, the SES gradient was generally stronger among Whites than
among Blacks. Low-SES Whites reported significantly fewer resources than high-SES Whites, while low-SES Blacks tended to report similar or more resources than high-SES Blacks. Thus, the Black advantage in psychosocial resources appeared to vary across SES levels, as low-SES Blacks reported relatively high access to resources compared to their White counterparts, while high-SES Blacks reported similar or worse access to resources than their White counterparts. Taken together, these findings show the conditional effects of SES across racial groups and underscore the complexities of race and SES in shaping the availability of psychosocial resources.

**DISCUSSION**

The present study aimed to determine how psychosocial resources vary across race (i.e., Black and White Americans) and SES (i.e., education, income, and occupational prestige), clarify whether SES accounts for racial differences in resources, and investigate the joint impact of race and SES on psychosocial resources. Overall, SES was positively associated with psychosocial resources. Blacks generally have greater access to psychosocial resources than Whites. Yet, compared with Whites, Blacks experience fewer gains in psychosocial resources as they attain higher SES. This study contributes to the literature on status distinctions in psychosocial resources, providing new insights into how race and SES shape access to resources while also raising questions for future research.

**SES and Psychosocial Resources**

While SES is generally positively associated with psychosocial resources, this association is contingent upon the specific SES indicator and psychosocial resource under study. For example, having a college education and particularly high income ($95,000 or more) elicits higher self-esteem, while income and occupational prestige are positively associated with mastery in an incremental, gradient-like fashion. This finding is consistent with prior research, which suggests that low-status occupations are characterized by high supervision and inadequate pay, which produces a sense of powerlessness (Ross and Mirowsky 2013; Wheaton 1980). In contrast, higher-status occupations involve autonomy, creativity, and self-directedness, characteristics that elicit high perceived control (Bird and Ross 1993; Ross 2000; Ross and Mirowsky 2013). Thus, occupational prestige and the high income that accompanies it are consequential for mastery. In contrast to past research (Mickelson and Kubzansky 2003; Nguyen et al. 2019; Turner and Turner 2013), social support was not patterned by SES.1

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1Mickelson and Kubzansky (2003) showed that both higher education and income were positively associated with emotional support from spouse/partner, relatives, and friends. A composite measure of emotional support was used in this particular study, while our study focuses solely on emotional support from family. This distinction in social support measurement may explain why our findings differ from Mickelson and Kubzansky’s. Nguyen and colleagues (2019) examine social support from friends and find a positive association between SES and social support for Black Americans. Again, the source of support is different from the source we examine here (i.e., familial support). In a review of the social support literature, Turner and Turner (2013) note the SES–social support association varies depending on the source of support and the way in which SES is operationalized and is contingent on the group under study. Our results contribute to the mixed findings in the literature by showing that, in the general population, the SES–social support association is not statistically significant when operationalized as family support; however, we lend support to their point by showing that social support was positively associated with occupational prestige among Whites but negatively associated with occupational prestige among Blacks.
Perhaps social support, a social resource, is not dependent upon SES, while personal resources, such as self-esteem and mastery, are SES dependent. On one hand, self-concept (a person’s orientation toward themselves) relies on access to material resources. On the other hand, relying on family and friends for support tends to operate similarly for individuals across the SES spectrum.

**Race and Psychosocial Resources**

In general, Blacks had higher mastery, self-esteem, and social support compared with Whites. After controlling for SES, the Black advantage in psychosocial resources was even larger. Though inconsistent with expectations based on stress theory (Turner et al. 2004; Williams et al. 2016), Blacks’ relatively higher access to psychosocial resources compared with Whites aligns with some empirical research (Buchanan and Selmon 2008). For instance, Gayman and colleagues (2014:212) highlighted the role of “cultural transmission” in understanding racial differences in psychosocial resource availability: “Historical disadvantages and systemic discrimination may be conducive to Black parents teaching their children (by example and/or explicit lessons) that they have to rely more upon themselves to navigate the social world. This may explain higher levels of self-esteem . . . among African Americans.” Nevertheless, racial differences in socialization and stress exposure along with SES may produce distinct patterns in psychosocial resources for Blacks and Whites at different SES levels.

**The Interactive Roles of SES and Race**

Race and SES interactively shape mastery, self-esteem, and social support. Though this study reveals several nuanced findings, we provide a more generalized discussion here. Most importantly, our study demonstrates that the association between SES and psychosocial resources differs for Blacks and Whites. Aligned with a social stratification perspective, our results indicate that higher SES confers greater access to mastery, self-esteem, and social support for Whites. This pattern is not observed among Blacks. Compared with lower-SES Blacks, higher-SES Blacks experience stagnated mastery and self-esteem as well as reduced social support. Consistent with the diminishing health returns that high-SES Blacks experience relative to high-SES Whites (Assari 2018; Turner et al. 2017; Williams et al. 2016), this finding suggests that the challenges associated with middle-class status may cause Blacks’ access to resources to deteriorate as they experience economic mobility. In fact, Blacks experience unique challenges and stressors associated with upward mobility (Jackson and Stewart 2003; Oliver and Shapiro 2019) that threaten self-confidence and sense of self. For example, Black middle-class status is often precarious, and many experience cognitive dissonance due to incongruent racial and class positioning (Pattillo-McCoy 1999; Thomas 2015). Moreover, prior research notes distinctions among the Black middle class, such that the “working middle class” may simultaneously have benefits associated with middle-class status while also facing distinct risks due to limited finances (Lacy 2007; Thomas 2015). Even when earning similar salaries as Whites, Blacks accrue substantially higher debt and less wealth (Oliver and Shapiro 2019). These empirical realities highlight the relative deprivation that high-SES Blacks experience vis-à-vis similarly positioned Whites (Forman 2003; Landry and Marsh 2011; Pattillo-McCoy 1999; Thomas 2015).

Workplace dynamics may also stifle access to psychosocial resources among
high-SES Blacks. Stressors associated with being Black in a high-prestige occupation and the psychological burden of being often the only or one of the few racial minorities in the workplace (Cose 1993; Jackson and Stewart 2003; Jackson, Thoits, and Taylor 1995; Wingfield 2010; Wingfield and Chavez 2020) could negatively alter the self-esteem of Blacks while allowing the self-esteem of similarly positioned Whites to flourish. The qualifications and skills of Blacks in prestigious occupations are more often called into question, with many reporting feelings of devaluation, marginalization, and tokenization (Wingfield 2010; Wingfield and Chavez 2020). Relatedly, work-related stress exposure for Blacks in high-status occupations could disrupt family and friend relationships. Furthermore, the family and friends of Blacks in higher-prestige occupations could struggle to provide the kind of support needed to counteract microaggressions and devaluation in professional spaces. In general, higher-SES Blacks tend to provide support to their lower-SES family and friends at higher rates than Whites (Pattillo-McCoy 1999; Sarkisian and Gertsel 2004); this dynamic could potentially create an imbalanced deficit in perceptions of support. In sum, structural inequalities that limit the Black middle class, a recognition that middle-class status does not confer the expected benefits, and potential estrangement from lower-SES social network members may collectively undermine psychosocial resources among middle- and upper-middle-class Blacks and account for the racial difference in the relationship between SES and resources.

We also find evidence of low access to psychosocial resources among low-SES Whites and high access among similarly positioned Blacks. For example, self-esteem was substantially high among Blacks with low occupational prestige but low among similarly situated Whites. These results suggest racial differences in the origin of psychosocial resources. For instance, racial differences in self-esteem across SES could be attributable to how self-esteem is acquired. For Whites, esteem is grounded in access to material resources (Hughes and Demo 1989). This would explain why Whites have low self-esteem at low occupational prestige levels. For Blacks, on the other hand, self-esteem may be less tied to occupation due to historical exclusion and contemporary racism they face in higher-prestige occupations (Cose 1993; Ray 2019; Wingfield 2010; Wingfield and Chavez 2020). Alternatively, Blacks may rely more heavily on family and friends to construct their sense of self (Hughes and Demo 1989).

Although findings for Whites are consistent with predictions set forth by the stress paradigm, the processes underlying low-SES Whites’ deficits in psychosocial resources merit additional consideration. Striking disadvantages among low-SES Whites (but not low-SES Blacks) could reflect a disjuncture between Whites’ racialized identities and class identities. The two incompatible identities may serve as a form of status inconsistency for economically disadvantaged Whites (Lenski 1954; Stryker and Macke 1978). In other words, meager economic rewards are inconsistent with expectations of racial privilege. This perspective is consistent with several scholars who recently highlighted how constructions of whiteness have negative health consequences (Case and Deaton 2005; Malat, Mayorga-Gallo, and Williams 2018). For example, Cummings (2020) reported that economically disadvantaged Whites experienced a decline in happiness in the 2010s, in part due to perceived financial losses during the recession. This status inconsistency for low-SES Whites who occupy racially privileged and economically disadvantaged positions may make
this population vulnerable to depleted psychological resources.

**Limitations**

The study findings should be considered within the context of several limitations. First, use of a Nashville, Tennessee, sample precludes generalizing to the broader U.S. population. Nevertheless, the NSAHS is well suited for this study, as it provides insights into resource access among socioeconomically diverse Blacks and Whites. Second, because gender is another critical dimension of stratification, future research should examine how gender intersects with race and class to produce differentials in access to psychosocial resources. Third, since our analyses were cross-sectional, we are unable to draw conclusions regarding the temporal ordering of race, SES, and psychosocial resources. Given the fundamental nature of race and SES (Link and Phelan 1995; Phelan and Link 2015), however, it is unlikely that resources cause these statuses (Turner and Roszell 1994; Turner et al. 2004). Still, a longitudinal study could address empirical questions regarding whether psychosocial resources remain stable over the life course; psychosocial resources likely operate dynamically at different life course stages, and these shifts might influence racial patterns in access to resources, as well. This remains an interesting avenue for future research. Fourth, this investigation examined racial and SES patterns in mastery, self-esteem, and social support. However, other resources shape group differences in health, such as emotional reliance and assertion of autonomy (Erving and Thomas 2018; Turner et al. 2004). Given the centrality of religion for many Black Americans and its potential to act as a stress buffer, it is also important for future research to examine SES and racial patterns in this critical resource.

**CONCLUSION**

Taken together, this study demonstrates that SES and race independently and interactively shape access to resources. While the relationship between SES and psychosocial resources is consistent with social stratification theory, observed differences across racial groups are inconsistent with broader expectations set forth by stress theory. In sum, race and SES patterns in resources depend on the psychosocial resource, SES level, and SES indicator under investigation. Our study also further calls into question the “similarity assumption,” demonstrating substantial nuances in the race and SES patterning of psychosocial resources. While Blacks tend to experience relatively higher levels of psychosocial resources, the health benefits of psychosocial resources are not equivalent across racial groups (Assari 2017; Williams et al. 2016). Our results forcefully convey that it is crucial to examine how race conditions the linkage between SES and psychosocial resources. One major implication of our findings is that, unlike the assumptions undergirding previous research, material resources do not always confer psychosocial resources. The SES–psychosocial resources association is more nuanced for Blacks. Nevertheless, even for Whites, the SES–resources link is dependent on the SES indicator being assessed.

These findings have important implications for social stress theory. Because stress theory was originally applied to predominantly White samples (e.g., Pearlpin et al. 1981), ongoing questions remain with regard to how well the stress process model aligns with the experiences of Black Americans, who have a unique racialized history and contemporary experience in the United States (Brown and Hargrove 2018). This reality presents...
a need to test whether central tenets of the stress process model are supported for Black Americans. For example, stress theory proposes that access to psychosocial resources will increase as individuals attain higher SES. Nevertheless, here we demonstrate that the SES patterning of psychosocial resources operates in counterintuitive ways for Black Americans, diverging from SES and resource patterns found among Whites.

Another general assumption of social stress theory is that Blacks and low-SES individuals will experience less access to psychosocial resources compared with Whites and higher-SES individuals, respectively. What follows from this premise is that low-SES Blacks will have the fewest psychosocial resources and high-SES Whites will have greatest access to such resources. Nevertheless, we reveal complex patterns at the intersection of race and SES. Thus, studying a single social status (e.g., just SES) uncovers only how a single dimension of one’s status position influences access to resources. Alternatively, a consideration of multiple social statuses in combination reveals a more in-depth depiction of individuals’ lived realities, as these dynamic social statuses uncover a complex interplay within and across status positions (Collins 2019). Furthermore, drastic differences in experience and social reality should be taken into account among individuals operating within seemingly similar status positions. For example, though lower-SES Blacks and lower-SES Whites share similar class positions, due to divergent racialization experiences, these two groups have markedly different access to psychosocial resources. Thus, the dynamics of how race and class, as two dimensions of stratification, interactively pattern psychosocial resources demonstrate the need for more research examining individuals at the intersection of multiple social status positions. This kind of research will further strengthen the stress process model as a dynamic sociological theory of stress.

Psychosocial resources are a crucial component of the stress process model, as access (or lack thereof) to such resources has critical implications for psychological and physical health. Though we do not assess the health effects of resources, our study has implications for future work on the dynamic interrelationships among psychosocial resources, stress exposure, and health. A study of the various pathways linking resources and stress exposure must seriously contend with the social and economic statuses that make the stress process model uniquely sociological (Pearlin 1999). As systems of inequality, race and class are ubiquitous social realities because they represent central elements of personal identification and reflect social valorization or devaluation. As noted by Pearlin (1999:398), these statuses of people are “connected to virtually every component of the stress process.” Our study prioritizes these systems of inequality by demonstrating how they interactively affect access to health-protective psychosocial resources.

In sum, we imagine a future body of stress research that returns to the core element of the stress process model that makes it uniquely sociological: an emphasis on the dynamic ways in which social status positions impinge upon each component (i.e., stressors, resources, and health outcomes) of the stress process. Furthermore, this research will be enhanced by engaging the complex and interactive effects of simultaneously experienced multiple systems of stratification (e.g., race, class, gender, sexual orientation) on resources, stress exposures, and health outcomes. Not only do we believe the current study to be a step in this direction, but this approach to social stress theory will more comprehensively
capture the complex human experience of individuals who are navigating multiple stratification systems.

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BIOS

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