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Associations Between Stressful Life Events and Mental Health Among First Year College Students: The Roles of Familism and Social Support

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Author

Hanes, Erica M.

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Associations Between Stressful Life Events and Mental Health Among First Year

College Students: The Roles of Familism and Social Support

A Thesis submitted in partial satisfaction of the requirements for the degree

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in

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by

Erica M. Hanes

Committee in charge:

Professor Alexandra Main, Chair

Professor Mayra Y. Bámaca

Professor Linda Cameron

Abstract

In recent years, college students have experienced increased levels of stress accompanied by dramatic increases in anxiety and depression. Thus, it is important to understand what factors may be protective for late adolescents, specifically first-year college students. Cultural values have been shown to help alleviate stress while attending college. Furthermore, maintaining a consistent connection with family and home communities (i.e., social support) is critical for college students' success. The current study investigates how stressful life events are associated with depressive symptoms, anxiety, and self-esteem and the role of familism and social support among diverse late adolescents attending their first year of college. Participants (N = 387, 75.6% female) were first-year undergraduate students who completed an online survey assessing stressful life events, depressive symptoms, anxiety, self-esteem, social support, and familism. Consistent with hypotheses, hierarchical multiple regression analyses revealed that stressful life events were positively associated with depressive symptoms and anxiety, and negatively associated with self-esteem. Surprisingly, familism support and social support did not moderate the effects of stress on mental health. A post-hoc was tested to examine the interaction between familism support and social support predicting mental health variables. Results revealed that participants who endorsed higher values of familism support, but reported lower perceived social support were more likely to experience greater depressive and anxiety symptoms. Familism and social support were found to be protective, but only when participants rated both highly, suggesting that both variables need to be present to moderate the effects of stress. Results illuminate the

prevalence of stressful life events among college students and the detrimental effects of them.

Keywords: Stressful life events, mental health outcomes, social support, familism

Associations Between Stressful Life Events and Mental Health Among First Year

College Students: The Roles of Familism and Social Support

In parallel to the COVID-19 pandemic, the world has seen an epidemic in mental health problems. In recent years, mental health challenges have become more common, which has resulted in higher stress, depression, anxiety, and irritability (David et al., 2022). College students have been especially affected, with dramatic increases in anxiety and depression (Hoyt et al., 2021). Approximately 66% of college students have reported experiencing overwhelming anxiety and 59% have reported experiencing "tremendous" amounts of stress (Hoyt et al., 2021). College students who have reported experiencing stressful life events have also reported worse overall quality of life and increased negative mental health (Damush et al., 1997). Taken together, understanding how stressful life events during college can affect students' mental health and well-being early in their college careers is imperative. However, it is unclear what protective factors might buffer the effects of stressful life events on mental health in college students. In addition, previous research has not addressed positive aspects of well-being, such as self-esteem. This paper aims to investigate how stressful life events are associated with depressive symptoms, anxiety, and self-esteem among first-year college students. It is also important to investigate underrepresented students (i.e. Latinx), as these students may be at a higher risk for internalizing symptoms (Fernandez et al., 2023). Moreover, I will examine factors that might be protective against poor mental health and promote positive wellbeing (i.e., self-esteem). Specifically, cultural values and social support will be examined as moderators to understand how they may buffer against the association between stressful life events and internalizing symptoms.

Stressful Life Events and Mental Health

According to Social Stress Theory, individuals who experience unfavorable social circumstances are more susceptible to adverse mental health outcomes (David et al., 2022). Stressful life events (SLE) are defined as experiencing financial hardships, social, family, and personal controversies, educational related concerns, and/or health-related stressors (Sokratous et al., 2023). College students who experience SLEs may display resilience while others suffer from these experiences and may encounter depressive and/or anxiety symptoms. Ultimately, the impact that stress and stressful experiences has on students is decided by their ability to effectively cope with these situations (Mahmoud et al., 2012). Both internal factors, such as mental health and emotional well-being, and external factors, such as emotionally supportive and close social networks, are key to the effectiveness of coping strategies (Campos et al., 2018).

Associations between SLEs and poor mental health have been found to be prevalent across various domains of stress (e.g., somatic, financial, interpersonal) among college students (Brailovskaia et al., 2020). No matter the type of stressful event whether is it negative (e.g., death of a loved one), or positive (e.g., getting married), has been found to impact students' physical and mental health (Sokratous et al., 2023). It is important to keep in mind that depression is not always directly caused by stressors that an individual may face. Rather this mental health outcome can be a result of the individual's perception and reaction to a specific stressor. Similarly, anxiety can be a result of an individual's perception and reaction to the stressor (Mahmoud et al., 2012). Responding negatively to stressful events has been found to be a significant predictor of depressive symptoms (Reyes-Rodríguez et al., 2013). Looking specifically at college

students, academic achievement and productivity as well as social and family relationships may all be affected by depression (Reyes-Rodríguez et al., 2013).

The transition from adolescence to adulthood can be challenging and has been associated with stressful experiences and may increase depressive symptoms (Reyes-Rodríguez et al., 2013). Difficulties with successfully transitioning into adulthood may be even more difficult for college students. First year college students are susceptible to experiencing depression and anxiety due to stressful life experiences (Whitehill et al., 2013). Specific challenges that students enduring their first year of college may face include the transition to adulthood, financial difficulties, less time they are able to spend with friends and family, and the overall pressure to be successful (Reyes-Rodríguez et al., 2013). Some of these stressors will present themselves on the daily basis, such as economic and financial stress, family and peer stressors, and also academic stress (Torres & Santiago, 2018). In addition to academic and financial stressors, certain social situations have proven to be incredibly stressful. For example, a SLE that may be difficult for college students include parental divorce, death of a family member, or family criminal activity (Torres & Santiago, 2018). Although this is not an exhaustive list of SLE's, it must be noted that that the prevalence of them is undeniable, and that not all students will react and respond to these situations in the same manner.

Depression is a main contributor to loss of social functioning, and more than 350 million people worldwide suffer from this mental health disorder (Zhang et al., 2020). Depressive symptoms experienced during time spent at a university may result in substance abuse, poorer academic performance, risky behavior, and may place the students at a greater risk of mental disorders later on in life (Acharya et al., 2018). A

combination of psychological, interpersonal, environmental, and institutional factors may all be responsible for negative mental health outcomes. Specifically, environmental and psychological factors, such as one's immediate surroundings and stressors, may be contributors to the risk of depression and anxiety (Acharya et al., 2018). Most of the current literature focuses on the relationship between SLEs and depressive symptoms. Little is known about the direct relationship between SLEs and anxiety in the context of college students but is equally important and should be a focus in future research. Utilizing the cumulative-risk dimensional model allows for us to look at SLEs without regard to the type, chronicity, or severity of the experience (McLaughlin et al., 2021). This model allows us to look at how experiencing stressful life events, and potentially multiple of them, can cumulatively impact mental health.

Stressful Life Events and Self-Esteem

Positive aspects of college student adjustment, such as self-esteem, are also important to investigate as it may help prevent or reduce depressive symptoms and anxiety (Lee et al., 2020), but have not been fully examined in relation to stressful life events. Self-esteem refers to an individual's overall evaluations of their own self-worth (Taniguchi, 2022). High levels of student stress and life stressors has been found to decrease an individual's self-esteem (Lee et al., 2013). Self-esteem can be especially threatened when an individual experiences a stressor that is highly disturbing or cannot be immediately controlled (Lee et al., 2013). Individuals who report lower self-esteem have explained that they find simple situations uncontrollable and unpredictable. These situations are also viewed as extremely stressful and difficult to navigate (Yang et al., 2014). Recent findings show that during stressful situations, individual's may perceive the

situations as threatening to their sense of competence and overall self-esteem (Taniguchi, 2022).

In congruence to what was mentioned above, SLEs may have a detrimental impact on self-esteem and how well it is maintained. Self-esteem, depression, and anxiety have been found to have a bidirectional relationship. Being able to foster a positive sense of self, feeling worth, and feeling competent will help an individual's ability to overcome stressful life events (Nadal et al., 2014).

The Role of Familism

Identifying factors that may buffer the effects of stress for an increasingly at-risk college population is critical for instituting preventive measures and effective interventions. Minoritized and underrepresented students have reported lower self-esteem and worse mental health than their White peers (Cvencek et al., 2018), which is why it is essential to focus on this population. Fortunately, there are aspects of life that college students may fall back on to aid their time spent attending a university. Cultural family values are key drivers of psychosocial adjustment and play an important role in identity, behavior, and decision-making (Johnson et al., 2023). Familism has been characterized as an emphasis of warm, close, and supportive family relationships (Campos et al., 2014). More specifically, familism is a cultural value to encompass emotionally supportive relationships within the family, high obligations to responsibilities within the family, and using family relationships to define oneself (Knight et al., 2010). The value of familism can be broken down into three dimensions: family obligations, family as referents, and family as support (Zhou et al., 2022).

Familism has been shown to help alleviate stress while attending college by facilitating closeness and support (Campos et al., 2014) and can be protective against negative mental health outcomes, such as depression, for Latinx students (Fernandez et al., 2023). Latinx individuals have claimed that familism support plays a positive role in their psychosocial development as well as promotes empathy and provides a strong sense of empowerment and agency (Johnson et al., 2023), which will be investigated in the current study. Individuals who maintain high levels of familism are more likely to endorse family interconnectedness and have respect for their family's honor (Corona et al., 2017). Family support and valuing this type of support gives students an effective outlet and way to cope with SLE's during their time spent at a university (Fernandez et al., 2023). However, few studies have examined how familism might serve as a protective factor for individuals facing stress (Stein et al., 2015). This is unfortunate as familism is linked to positive health outcomes and might help college students feel more supported by their family (Campos et al., 2014). These students may draw upon their families to receive social support to maintain a positive sense of self (Stein et al., 2015). It is critical to understand how familism might buffer the effects of stressful experiences for college students in order to better support these individuals.

The Role of Social Support

Social support is defined as the perception that the individual is valued, loved, and is able to count on others when they are in times of distress (Campos et al., 2018). The perception of receiving social support has been found to be associated with positive coping strategies when experiencing stressful life events (Campos et al., 2018). A recent study found that stressful experiences and relationship quality with parents, family, and

peers are independently and interactively associated with negative mental health of first-year college students (Su et al., 2023). It was explained that strengthening parent-child relationships of first-year college students may be important for promoting well-being (Su et al., 2023). In addition, social support may have a positive impact during a stressful situation. Receiving social support is a very important part of life as it can improve an individual's overall well-being and mental health (Suwinyattichaiporn & Johnson, 2022). Specifically, social support has been found to be protective against perceived stress as well as depressive symptoms (Campos et al., 2014).

Social support may be beneficial no matter one's cultural background (Campos et al., 2018). Specifically relevant for first year college students, there is evidence that shows that social support has the ability to buffer the effects that stress can have and reduce the risk of negative mental health outcomes (Suwinyattichaiporn & Johnson, 2022). Relationships that are not only emotionally supportive but consistently present in individuals' lives can be protective for physical and mental health (Campos et al., 2018). Taken together, familism values and social support may both be protective against depressive symptoms SLEs, particularly for minoritized individuals (Campos et al., 2014).

The Present Study

The present study investigates associations among stressful life events and mental health (depressive symptoms, anxiety, and self-esteem) and how the perception and quality of social support and familism values might moderate these associations in a diverse sample of first-year college students. The current study has two specific aims. The first aim is to investigate how stressful life events are associated with depressive

symptoms, anxiety, and self-esteem (see Figure 1). I hypothesize that experiencing greater SLEs will be associated with more depressive symptoms and anxiety, and lower self-esteem. The second aim is to examine how perceived social support and the cultural value of familism moderate the association between SLEs and psychological adjustment. I hypothesize that high levels of familism values and social support will buffer the effects of stressful life events on depressive symptoms and anxiety as well as increase overall levels of self-esteem (see Table 1).

Methods

Participants

Participants were first-year undergraduate students recruited from a public university in the San Joaquin Valley in California participating in a larger study of adjustment of first-year college students (N = 502). Controlling for outliers among all variable and fails to one of two attention check questions resulted in a final sample of 387 participants. The sample was 75.6% female and 24.4% male (M_{age} = 19.88 years, SD = 1.44 years, range = 18.0-24.0 years). Participants over the age of 24 years were excluded from the analyses. Only male and female participants were used for data analysis as there were only six participants that identified as non-binary and two that preferred not to say. Participants identified their ethnicity as 63.7% Latinx, and race as 29.3% White/Caucasian, 5.9% Black, 23.4% Asian/ Pacific Islander, 4.3% Native American/ Native Alaskan, American Indian, 1.1% Native Hawaiian/ Pacific Islander, and 42.8% reported other. The average household income was between $40,000-$59,999. Caregiver education was scored between 1-8 with 1 = elementary school, 2 = middle school, 3 =

high school/ GED, 4 = associate degree or some college, 5 = Bachelor's degree, 6 = Master's degree, 7 = Doctoral degree, and 8 = other.

Procedure

Prior to data collection, the study was approved by the Institutional Review Board (IRB) at the institution where the data were collected. Participants completed an online survey using Qualtrics XM between June 2021 and August 2022. The survey was formatted so participants could complete it using any computer, tablet, or mobile device. Before taking the survey, participants were advised that the survey was expected to take approximately one hour and the contents of the questions included information about their background, relationships with caregivers, as well as their thoughts and feelings. To compensate participants for completing the survey, each participant received 1 course credit and had the chance to enter a raffle to win a $25 Amazon gift card.

Measures

Stressful Life Events. Stressful Life Events were measured using the Multicultural Event Schedule for Adolescents (MESA; Gonzales et al., 1995). This scale consists of 82 items and respondents answered 1 (*Yes)* or 2 (*No)* to questions about whether they had experienced stressful events in the last 3 months. Items assessed cultural and developmental domains of interpersonal stress across family, peers, and language. Scores for the survey were summed for data analysis based on the original scale. Sample items include, "Your parents separated or divorced" and "You did poorly on an exam or school assignment." The reliability of the MESA in the current study is a α = .90.

Depressive Symptoms. Depressive symptoms were measured using the Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977). Participants indicated how often they had experienced symptoms of depression in the past week. This questionnaire consists of 20 items and uses a 4-point Likert scale ranging from 1 (*Rarely or None of the Time)* to 4 (*Most or All of the time)*. Scores for the survey were summed for data analysis based on the original scale. Sample items include, "I was bothered by things that usually don't bother me" and "I enjoyed life" (the latter is an example of a reverse-coded item). The reliability of the CES-D in the current study is a α = .92.

Anxiety. Anxiety was measured using the Shortened State-Trait Anxiety Inventory (STAI; Spielberger, 1973). This scale consists of two 5-item subscales for state anxiety and trait anxiety. For the purposes of the current study, only the trait anxiety items were used in order to capture participants' general tendency to experience anxiety. Participants indicated to what extent statements describe how they generally feel on a Likert scale ranging from 1 (*Not at all)* to 4 (*Very much so)*. Scores for the survey were summed for data analysis based on the original scale. Sample items include, "I feel that difficulties are piling up so that I cannot overcome them" and "I worry too much over something that really doesn't matter." The reliability of the STAI in the current study is a α = .89.

Self-Esteem. Self-esteem was measured using Rosenberg's Self-Esteem scale (Rosenberg, 1965). Participants were asked to indicate to what extent they agree with statements about their self-esteem. This scale included 10 items and used a Likert scale ranging from 1 (*Strongly Agree)* to 4 (*Strongly Disagree)*. Scores for the survey were summed for data analysis based on the original scale. Sample items include "I feel that

I'm a person of worth, at least on an equal plane with others" and "I feel I do not have much to be proud of." The reliability of the scale in the current study is a α = .88.

Familism. Familism values were measured using the familism-support subscale of the Mexican American Cultural Values Scale (MACVS; Knight et al., 2010). Participants were asked to indicate to what extent they agree with statements regarding specific cultural values. This scale consisted of 16 items and used a 5-point Likert-type scale ranging from 1 (*Not at all)* to 5 (*Completely)*. This scale has been divided into 7 subscales however for the purposes of this study, only the Familism subscale was used looking specifically at support. Scores for the survey were summed for data analysis based on the original scale. Sample items include "Parents should teach their children that family always comes first" and "Family provides a sense of security because they will always be there for you." The reliability of familism subscale for the MACVS in the current study is a α = .95.

Social Support. Social support was measured using the support subscale of the Network of Relationships Inventory (NRI; Furman & Buhrmester, 1985). Participants were asked to indicate to what extent their primary caregivers do certain things. This scale included 12 items and used a Likert scale ranging from 1 (*Little or None)* to 5 (*The Most)*. Scores for the survey were averaged for data analysis based on the original scale. Sample items included "How much do you seek out this person when you're upset?" and "How much do you and this person argue with each other?" The reliability of the NRI in the current study is a α = .89.

Analysis Plan

IBM SPSS Statistics version 29 was used to conduct the analyses. First, variables were screened for normality and outliers. Using the cutoffs of two and seven for skew and kurtosis, respectively (West, Finch, & Curran, 1995), all variables were normally distributed, with the exception of SLEs, which were positively skewed at 2.40. Examination of the scree plots revealed four outliers. This variable was normally distributed after removing outliers. Second, zero-order correlations were conducted among demographic and study variables (see Table 2). Third, covariates were determined by significant correlations with the dependent variables, depressive symptoms, anxiety, and self-esteem. I also tested whether there were any gender differences across demographic and study variables using independent samples t-tests. Fourth, hierarchical multiple regression analyses were conducted to test for associations among variables controlling for covariates and to test interactions between SLEs and moderators in predicting psychological adjustment. In Step 1 of the regression models, gender was included as a covariate since there were 2 significant gender differences. In Step 2, main effects of SLEs and either social support or familism were entered. In Step 3, the interaction between SLE and social support or familism was entered for each dependent variable separately, resulting in a total of 6 regression models.

Results

Preliminary Analyses

Minimums, maximums, means, and standard deviations for all study variables are presented in Table 1. I tested whether there were any gender differences across demographic and study variables using independent samples t-tests. Results showed that there was a significant gender difference in familism support, $t(391) = 2.68$, $p = .01$, with

men reporting higher familism support than women. There was also a significant gender difference in anxiety, $t(393) = -1.99$, $p = .05$, with women reporting higher anxiety than men. Based on the gender differences, gender was used as a covariate during multiple regressions. Household income, caregiver education, age, and ethnicity were also examined as potential covariates, but were not significantly associated with any of the dependent variables.

Correlation Analyses

Consistent with hypotheses, Pearson correlations indicated that there were significant positive correlations between SLEs and psychological adjustment (see Table 2). Also consistent with hypotheses, there was a significant negative correlation between SLEs and self-esteem. Additionally, there was a significant negative correlation between SLEs and familism support. Unexpectedly, there was no significant correlation between SLEs and social support.

Hierarchical Multiple Regression Analyses

Familism Support. Consistent with the first aim, hierarchical multiple regression analyses with familism support as a moderator showed that there was a significant positive main effect of SLEs on depressive symptoms and anxiety, as well as a significant negative main effect of SLEs on self-esteem (see Table 3). Analyses showed that there was a significant negative main effect of familism support on depressive symptoms, and a significant positive main effect of familism support on self-esteem. However, no significant main effects were found when looking at the effects of familism support on anxiety. Contrary to hypotheses, there was no significant interaction between SLEs and depressive symptoms, anxiety, or self-esteem with familism support as the moderator.

Social Support. Regression analyses with social support as a moderator showed that there was a significant positive main effect of SLEs on depressive symptoms and anxiety, and a significant negative main effect of SLEs on self-esteem. Analyses did show a significant positive main effect of social support on self-esteem. Regressions of interactions showed partial support for hypotheses as there were significant positive interactions between SLEs and depressive symptoms (see Figure 3) and anxiety (see Figure 4) with social support as the moderator. However, there was no significant interaction between SLEs and self-esteem with social support as the moderator.

Post-Hoc Analysis:

Based on the results, I decided to run an additional analysis with a second model to investigate how valuing familism support and the perception of social support interacted to predict psychological adjustment (see Figure 2). The regression analysis showed that there was a significant negative main effect of familism support with depressive symptoms as the outcome. There was also a significant interaction between familism support and receiving social support. As familism support increased, social support also increased. The regression with self-esteem as an outcome showed that there was a significant positive main effect of familism support and social support. Results indicated that there was no significant interaction between familism support and self-esteem (see Table 4).

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Discussion

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This study examined associations between stressful life events (SLEs) and psychological adjustment (depressive symptoms, anxiety, and self-esteem), and how familism support and social support moderated these associations. Overall, I found that

SLEs are associated with higher amounts of depressive symptoms and anxiety, and lower self-esteem. I also found that perceived social support moderated the association between SLEs for both depressive symptoms and anxiety. Regressions predicting the interactions of psychological adjustment from social support and familism support was only found significant for depressive symptoms.

Associations between SLEs and Psychological Adjustment

The first aim of this study was to investigate how stressful life events are associated with depressive symptoms, anxiety, and self-esteem. Consistent with my first hypothesis, individuals who endorsed experiencing more SLEs reported higher depressive symptoms and anxiety, and lower self-esteem. Although this is not surprising, it is important to highlight the relationship between SLEs and mental health. The nature of stressful life events, which are often uncontrollable, may influence the type of coping strategies that individuals employ (Gonzales et al., 2001). Stressful life events experienced by college students may be perceived as overwhelming and could lead to avoidant or negative coping strategies. Nevertheless, the results suggest that experiencing stressful experiences or uncontrollable events during young adulthood may impact college students' mental health and should be taken seriously by academic and health professionals. Self-esteem is important to consider as a positive adjustment outcome that has not been examined very often in relation to stress.

Familism Support and Social Support as Moderators

The second aim of this study was to examine how social support and the cultural value of familism moderate the association between SLEs and psychological adjustment. The interaction results show that when individuals experience more stressful life events

but also value familism support, they are still experiencing higher amounts of depressive symptoms and anxiety, and lower self-esteem. This pattern is similar for the interaction results with social support as the moderator. When individuals perceive higher social support, they still experience lower self-esteem. To summarize, under conditions of both high and low social support, more SLEs are associated with greater depressive symptoms. However, since the interactions are significant, this means the association is stronger when there is a higher perception of social support. These results may suggest that those who are perceiving a lot of social support but also have experienced a lot of SLEs might be particularly vulnerable. It was predicted that valuing familism support and a how one perceives social support social support would moderate the effects SLEs has on experiencing depressive symptoms, anxiety, and self-esteem.

Based on my results, valuing familism support and social support did not act as protective factors in the way I predicted. Although this finding was surprising, there has been a study that found perceived social support was not always beneficial in responses to laboratory stressors (Campos et al., 2018). One factor that may influence the role of social support is culture. An individual's sociocultural contexts may determine and shape if social support will be beneficial. For example, family obligations, mutual emotional positivity, and being readily accessible might all determine the potential benefits that social support can have (Campos et al., 2018). To further this discussion, some culture's view seeking and obtaining open support to be appropriate means of coping. However, other cultures view open support as something that should be avoided as it may place burden on or disrupt relationships (Campos et al., 2018). In addition, support received from family may not always be the most positive interaction. Although the family may

feel they are provide positive support, the individuals may perceive these interactions as a negative social exchange, which may ultimately contribute to poor psychological adjustment (Hirsch & Barton, 2011). With this said, there are a lot of factors that may be at play when discussing why social support is not buffering the effects of stress as predicted.

The transition into young adulthood from adolescence may include changes in familism values. These changes in familism values include feeling obligated to spend more time with family, living in close proximity, and also providing any type of needed aid to the family members (Cahill et al., 2021). In addition, many college students feel that it is their responsibility to take on additional familial and work obligations, on top of what they were already doing, now that they are living away from home (Anderson et al., 2021). These additional obligations may be viewed as a way for the individuals to compensate for their missed time with the family. Meeting the expectations that are common with highly valuing familism may be difficult for college students to fulfill. During periods of adjustment, adolescents and young adults have the tendency to internalize cultural values and make choices based on this. Some research has found that familism may increase the risk for internalizing symptoms since it is an evolving construct. The changes in familism values may have implications for adjustment, stress, and relationship quality (Cahill et al., 2021). Thinking specifically in the school context, it has been found that expectations of family obligation during the transition to young adulthood has the potential to collide with school demands and the transition to college (Vasquez-Salgado et al., 2015). It may be extremely difficult for college students to

manage their heritage culture and the larger cultural climate they are exposed to at a university.

Interaction between Familism Support and Social Support

To help better understand the findings from Aim 2, I ran a post-hoc analysis to look at the interaction between familism support and social support. The intention behind this model was to see if there was any relationship between the two moderators, familism support and social support, in relation to depressive symptoms, anxiety, and self-esteem. When analyzing this model, I found that valuing familism support with high social support was associated to lower depressive symptoms. This model shows that valuing familism support and desired support work hand in hand. Obligations to family relationships is a large source of accessible social support, and are key factors to familism (Campos et al., 2018). Students who want support from their family and perceive it as positive will evidently experience fewer depressive symptoms compared to those students who do not wish to receive high amounts of support. One study has found evidence that familism can indirectly buffer stress responses to laboratory stressors, but only through its association with perceived social support (Campos et al., 2018). In the case of the present study, support from immediate family or having a feeling of obligation to their family may feel like a burden and contribute to negative mental health outcomes.

Although social support has been found to be a strong protective factor against stressful experiences, it alone may not be able to reduce stress and improve psychological adjustment. For instance, having a strong sense of self, high self-esteem, and a strong cultural identity in addition to high social support may help reduce poor psychological adjustment (Lee, 2020). The extent at which individuals are able to be benefited from

social support is highly dependent on subjective perceptions of the received support (Rankin et al., 2018). The individuals' perceptions on availability and helpfulness of support resources have shown to have a greater impact than the amount of support they receive. College students may have unmet needs of social support, such as the adequacy of the support (Rankin et al., 2018). Some researchers have claimed that formal support, support from professional and/or public services, may sometimes be more beneficial than informal support, support from friends and family (Lee, 2020). In some cases, support from friends and family may be contributing to the stress these individuals are already experiencing.

Limitations and Future Directions

Though the study has numerous strengths such as the novelty of including self-esteem as a form of psychological adjustment and utilizing a stressful life event measure that investigates a variety of stressful situations, there are some limitations that warrant mentioning. Firstly, this study has a gender imbalance as there were more female participants than were male. It will be difficult to generalize the results to all college students, as we don't have much data on males. The limited representativeness may have also impacted the results for the few gender differences found. A second limitation to this study is that the data was collected through self-reported surveys alone which may be subject to self-presentation bias. Using qualitative data and other types of methodologies would strengthen the study as it would allow us to gain a better understanding of how these individuals are perceiving the social support they are receiving and how their cultural values may be impacting their overall well-being. The third limitation of this study is that this is cross-sectional data. Using cross-sectional data precludes me from

drawing conclusions about causality or directionality among the variables. A longitudinal study design would allow me to observe individual changes in experiences across the transition to and across the college years. Finally, this study does not include a measure of perceived stress and may be viewed as a limitation as perceptions of stress may be more important than the SLEs themselves.

Regarding future directions of this research, it would be beneficial to include additional possible protective mechanisms. Past research has identified that is it paramount to continue to evaluate the relations between stress and psychological adjustment during the transition to college, especially focusing on what may be potential protective factors (Lee, 2020). For example, prosocial behavior and empathy may be protective against stress. Research has found that empathetic students help to develop a positive atmosphere which not only support their peer's psychological adjustment, but their own (Gupta & NC, 2021). It has also been noted that dispositional gratitude and empathetic behavior is associated with prosocial behavior and life satisfaction (Renshaw & Bolognino, 2016). This optimism has shown to buffer against depressive symptoms during periods of elevated stress (Renshaw & Bolognino, 2016). The literature would also be benefited if more studies were conducted looking at what generally is protective when individuals are dealing with stress, specifically cultural stressors. The college years are critical for individuals to development their cultural identity (Gupta & NC, 2021), which has shown to be protective against adversity (Campos et al., 2014).

Conclusions and Implications

This study has provided insightful data about stressful life events and mental health among first year college students and includes multiple implications for future

research. These results suggest that SLEs are directly related to worse psychological

adjustment, and college students are at an elevated risk for these outcomes (Acharya et

al., 2018). Future work should continue to investigate these relationships and specifically

investigate what types of SLEs are especially apparent for first year college students. The

mental health needs of college students are increasingly growing which calls for renewed

and updated studies. The results of this study show that although cultural values and

social support are important, the positive effects of them may need to occur

simultaneously to each other for some populations. There is a balance between social

support and cultural values that seem to be driving a positive outcome and the ability to

buffer the effects of SLEs on psychological adjustment. It is imperative for health care

and education professionals to take notice of the potentially unmet needs of college

students and the support they should receive. In addition, college counselors should put

more effort into promoting positive aspects of mental health in college students such as

self-esteem, empathetic behavior, and finding a support system that works for them.

These findings can inform college health professional as the students ability to cope with

SLEs and their support systems may promote student mental health (Acharya et al.,

2018).

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Table 1

Descriptive statistics of study variables.

Variable	N	Minimum	Maximum	Mean	SD
SLE	393	0.00	37.00	8.38	6.74
Familism	393	1.00	5.00	3.53	0.86
Social Support	393	1.00	8.00	3.65	1.67
Depressive Symptoms	388	20.00	72.00	41.40	11.33
Anxiety	393	5.00	20.00	11.68	4.12
Self-Esteem	392	9.00	36.00	25.84	5.19
Gender	393	1.00	2.00	1.75	0.43
Age	393	18.00	24.00	19.88	1.44
Caregiver Education	392	1.00	8.00	3.43	1.67

Note. SLE = Stressful Life Event. SD = Standard Deviation. Gender (1 = Male, 2 = Female). Caregiver Education (1 = elementary school, 2 = middle school, 3 = high school/ GED, 4 = Associate's degree or some college, 5 = Bachelor's degree, 6 = Master's degree, 7 = Doctoral degree, and 8 = other).

Table 2

Zero-order correlations among demographic and study variables

Variable	1. SLE	2. Fam Sup	3. Soc Sup	4. Dep	5. Anxiety	6. Self-esteem	7. Gender	8. Age	9. CareEdu
1. SLE									
2. Fam Sup	-.13**								
3. Soc Sup	.00	.29***							
4. Dep	.37***	-.17***	.05						
5. Anxiety	.33***	-.09	.11*	.72***					
6. Self-esteem	-.22***	.22***	.09*	-.60***	-.52***				
7. Gender	.05	-.13**	.01	.09*	.10	-.07*			
8. Age	-.02	-.05	.01	.01	.01	.09	-.04		
9. CareEdu	-.01	.01*	.11*	.05	.03	-.00	-.17**	-.07	

Notes. SLE = Stressful Life Event. Fam Sup = Familism Support. Soc Sup = Social Support. Dep = Depressive Symptoms. CareEdu = Caregiver Education. ***$p < .001$, **$p < .01$, *$p < .05$

Table 3

Hierarchical multiple regressions predicting psychological adjustment from stressful life events with familism support and social support as moderators.

Regression with Familism Support as a Moderator

Variable	Depressive Symptoms		Anxiety		Self-esteem	
	β	ΔR^2	β	ΔR^2	β	ΔR^2
Step 1		.01*		.01		.01*
Gender	.09*		.10		-.07*	
Step 2		.15***		.11***		.08***
Gender	.05		.08		-.04	
SLE	.35***		.32***		-.20***	
Fam Sup	-.11*		-.04		.19***	
Step 3		.01		.00		.01
Gender	.05		.08		-.04	
SLE	.36***		.32***		-.20***	
Fam Sup	-.11*		-.03		.18***	
SLE X Fam Sup	.09		.04		-.08	

Regression with Social Support as a Moderator

	Depressive Symptoms		Anxiety		Self-esteem	
	β	ΔR^2	β	ΔR^2	β	ΔR^2
Step 1		.01*		.01		.01*
Gender	.09*		.10		-.07*	
Step 2		.14***		.11***		.09***
Gender	.07*		.08		-.06*	
SLE	.36***		.33***		-.19***	
Soc Sup	-.05		.04		.21***	
Step 3		.01**		.03***		.01
Gender	.06		.08		-.06*	
SLE	.40***		.39***		-.21***	
Soc Sup	-.03		.07		.20***	
SLE X Soc Sup	.12**		.17***		-.07	

Notes. SLE = Stressful Life Event. Fam Sup = Familism Support. Soc Sup = Social Support. Dep = Depressive Symptoms. ***p < .001, **p < .01, *p < .05

Table 4

Hierarchical multiple regressions predicting psychological adjustment from social support, familism support, and their interaction.

Variable	Depressive Symptoms		Anxiety		Self-esteem	
	β	ΔR^2	β	ΔR^2	β	ΔR^2
Step 1		.01*		.01		.01*
Gender	.09*		.10		-.07*	
Step 2		.03**		.01		.07***
Gender	.07		.09		-.06*	
Soc Sup	-.05		.03		.18***	
Fam Sup	-.14**		-.09		.14*	
Step 3		.01**		.01		.01
Gender	.07		.09		-.06*	
Soc Sup	-.01		.06		.16***	
Fam Sup	-.14*		-.09		.14*	
Soc Sup X Fam Sup	-.12**		-.10		.09	

Notes. Fam Sup = Familism Support. Soc Sup = Social Support. ***$p < .001$, **$p < .01$, *$p < .05$

Figure 1

Hypothesized model with familism and social support moderating the effects of stressful life events on psychological adjustment.
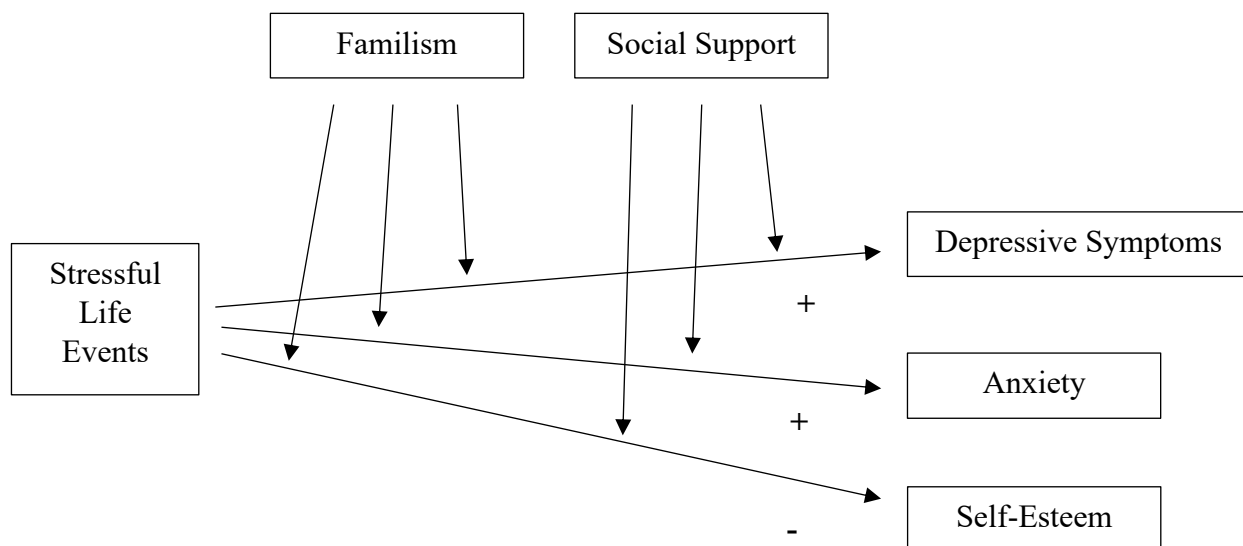
Figure 2

Hypothesized post-hoc model with familism moderating the effects of social support
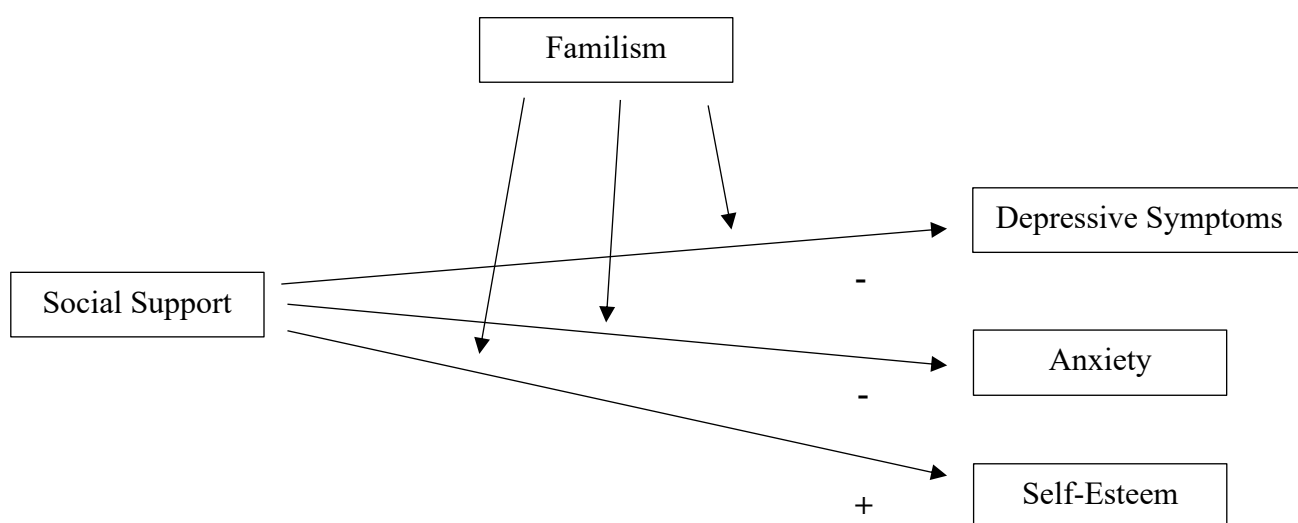
psychological adjustment.

Figure 3

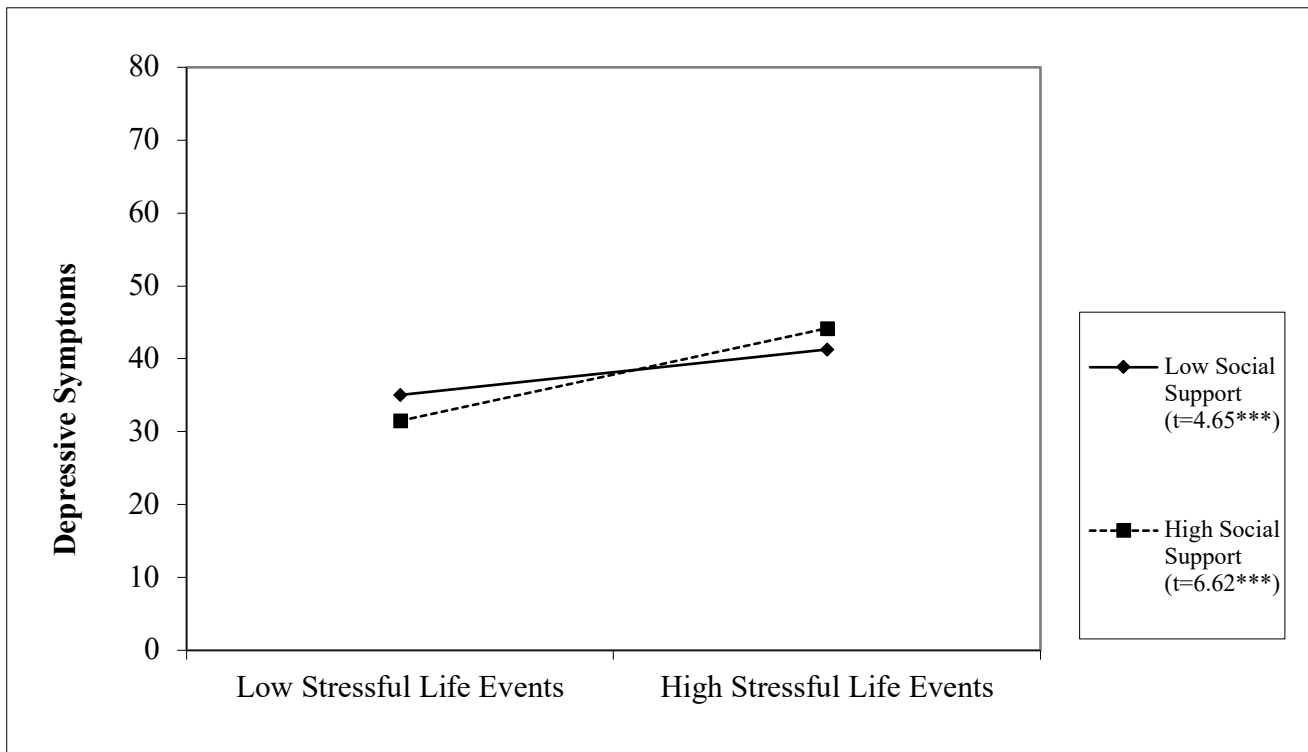*Interaction between stressful life events and social support predicting depressive symptoms.*

Figure 4

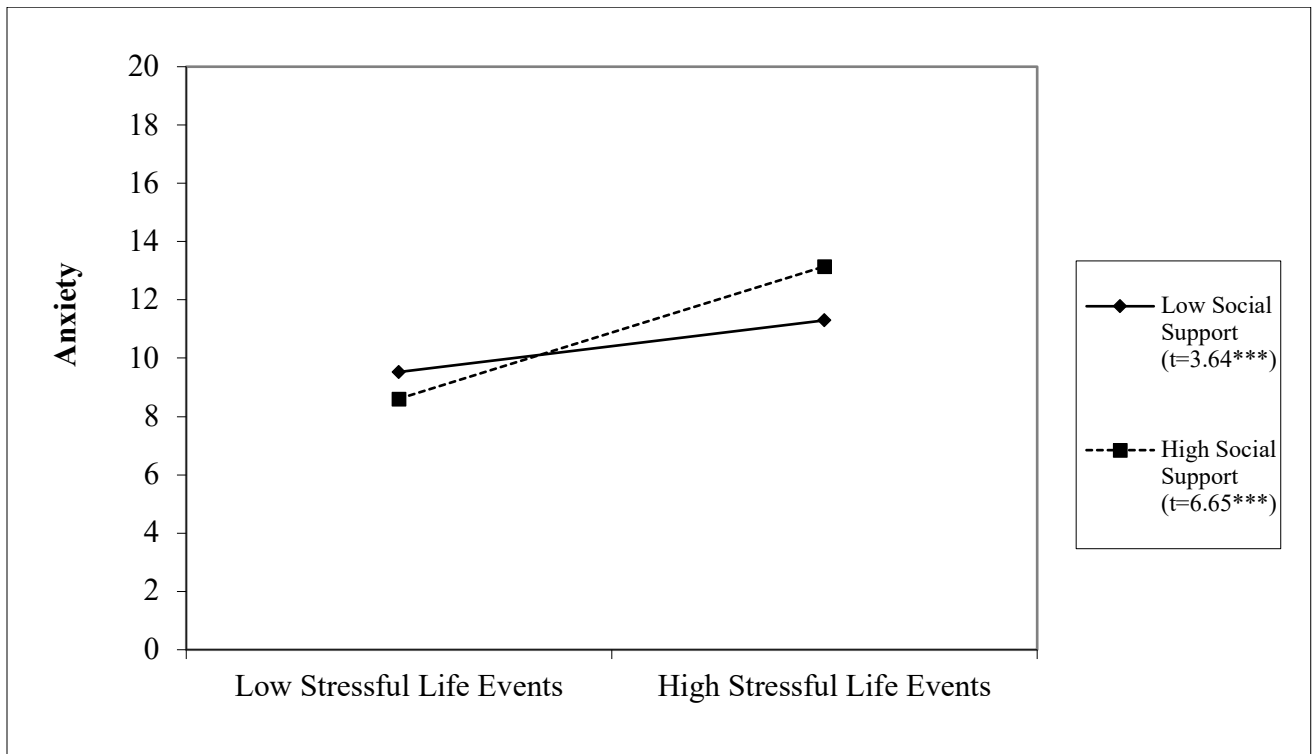*Interaction between stressful life events and social support predicting anxiety.*
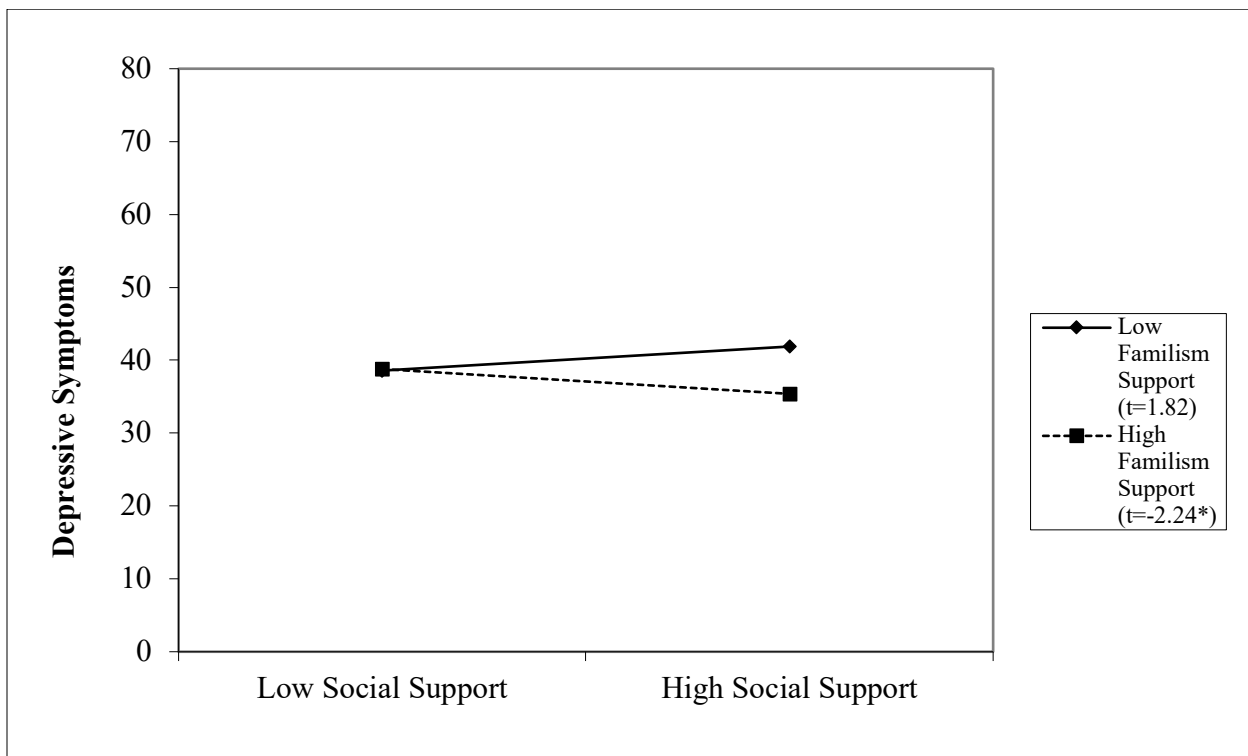
Figure 5

Interaction between social support and familism support predicting anxiety.

The Thesis of Erica M. Hanes is approved, and it is acceptable in quality and form for publication on microfilm and electronically:

_____

Mayra Bámaca- Committee Member

_____

Linda Cameron- Committee Member

_____

Alexandra Main- Chair

_____

Martin Hagger- Graduate Group Chair

University of California, Merced

2024