



## Brief articles

# John Henryism Active Coping as a Cultural Correlate of Substance Abuse Treatment Participation Among African American Women



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## ABSTRACT

The rates of illicit drug use among African American women are increasing, yet African American women are least likely to participate in treatment for substance use disorders when compared to women of other racial groups. The current study examined family history of substance use, perceived family support, and John Henryism Active Coping (JHAC) as correlates to seeking treatment for substance abuse. The underlying theoretical frame of JHAC (James et al., 1983) suggests that despite limited resources and psychosocial stressors, African Americans believe that hard work and self-determination are necessary to cope with adversities. The current study is a secondary data analyses of 206 drug-using African American women (N = 104 urban community women with no criminal justice involvement and N = 102 women living in the community on supervised probation) from urban cities in a southern state. It was expected that African American women with a family history of substance abuse, higher levels of perceived family support, and more active coping skills would be more likely to have participated in substance abuse treatment. Step-wise logistic regression results reveal that women on probation, had children, and had a family history of substance abuse were significantly more likely to report participating in substance abuse treatment. Perceived family support and active coping were significant negative correlates of participating in treatment. Implication of results suggests coping with psychosocial stressors using a self-determined and persistent coping strategy may be problematic for drug-using women with limited resources.

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## 1. Introduction

Recent rates of illicit substance use among African American women are estimated to exceed the national average of 6.2% for women of all races/ethnicities (Substance Abuse and Mental Health Services Administration [SAMHSA], 2013). Despite disproportionate rates of drug use, unmet need for treatment is significantly higher among African Americans compared to other racial/ethnic groups (SAMHSA, 2013) and is an important public health concern as it has disproportionate adverse social and health impacts on African Americans (Saloner & Lê Cook, 2013; Schmidt, Greenfield, & Mulia, 2006; Wells, Klap, Koike, & Sherbourne, 2001). The purpose of the current study is to examine correlates of treatment participation for alcohol and drug problems among African American women. The primary focus of the study and contribution to the literature is examining John Henryism Active Coping (JHAC; James, Hartnett, & Kalsbeek, 1983), a culturally-defined construct, as a correlate of receiving treatment for drug and alcohol problems among African American women. Specifically, after controlling for criminal justice probation status, other demographic and psychosocial variables, we

sought to examine whether JHAC was associated with substance abuse treatment participation. The current study contributes to the substance abuse literature specific for African American women, a group with increased rates of substance use.

## 1.1. John Henryism Active Coping

Many African American women experience barriers to seeking and actually completing treatment for substance abuse problems. The culturally-relevant construct, John Henryism Active Coping (JHAC; James et al., 1983), was uniquely defined for African Americans and may add to understanding African American women and their decision to seek treatment for drug and alcohol problems. The underlying theoretical frame of JHAC (James et al., 1983) suggests that poor African Americans with limited economic resources and chronic psychosocial and environmental stressors believe that hard work and self-determination are required to cope with and overcome adversities.

Previous studies which examined John Henryism Active Coping, have largely focused on the negative effects on African American men's physical health (e.g., James et al., 1983; James, Keenan, Strogatz, Browning, & Garrett, 1992; James, Strogatz, Wing, & Ramsey, 1987). The limited research on JHAC among African American women

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(Dressler et al., 1998; Light et al., 1995; Stevens-Watkins, Sharma, Knighton, Oser, & Leukefeld, 2014) suggests that this culturally specific coping strategy may result in beneficial outcomes. For example, Light and colleagues (1995) found that women with high John Henryism and lower job status had significantly lower blood pressure levels compared to men. In a larger study of African American men and women from the South, Dressler and colleagues (1998) found that among African American women, as JHAC increased, risk for hypertension decreased, whereas for men as JHAC increased risk for hypertension increased. Dressler (1998) concluded that for African American women, high-effort coping when encountering stressful circumstances may be a cultural expectation. Some posit that JHAC may be beneficial for African American women in certain contexts that require significant effort and resilience (Bennett et al., 2004), such as coping with daily stressors and potential consequences of substance abuse.

One of the few studies specifically examining JHAC and substance use, Fernander et al. (2005) studied smoking status and JHAC in African Americans who had previously received treatment for nicotine dependence. The results indicated low levels of education and low levels of JHAC were associated with greater severity of nicotine dependence. Lower levels of education were also associated with smoking more than 20 cigarettes a day, however, there were no gender differences noted.

The current study offers several unique contributions as it relates to JHAC and health service utilization. Specifically, this study examines JHAC as a correlate of participation in substance abuse treatment. There are no known studies that have examined JHAC relationship to health service use. In addition, this study focuses on women and the health issue of alcohol and drug use.

## 1.2. Factors Associated With Participating in Substance Use Treatment

Education level, income, and age have been identified as socio-demographic factors associated with substance abuse treatment participation. For example, Oser, Harp, O'Connell, Martin, and Leukefeld (2012) noted having a high school diploma increased the likelihood of voluntarily attending treatment by 69% in a sample of urban and rural probationers. In contrast, the inability to pay and lack of insurance was the primary reason cited for not receiving substance use treatment among a national representative sample of illicit drug users (SAMHSA, 2013). Higher poverty rates among African American women make them especially vulnerable to socioeconomic barriers that impede voluntary treatment utilization (Peltan & Cellucci, 2011) and may account for the historically low use of services among African American women (Wu, Kouzis, & Leaf, 1999). For example, in a recent study using data from the National Treatment Improvement Evaluation Study (NTIES), Guerrero, Marsh, Cao, Hee-Choon, and Andrews (2014) noted that compared to White women, African American women were more likely to be uninsured and rely on government sources for payment of substance abuse treatment. The potential lack of access to adequate funding sources that support substance abuse treatment is a single example of the complex issues surrounding poverty, socioeconomic status, and treatment utilization among African American women.

African American women are disproportionately represented in the criminal justice system when compared to White women often due to drug-related offenses (U.S. Department of Justice, 2014). Individuals on criminal justice probation have been found to use illicit substances twice the rate of those not on probation (SAMHSA, 2014). Due to issues related to access to treatment and court mandates, criminal justice involvement is also associated with increased likelihood of substance abuse treatment participation (Booth, Curran, Han, & Edlund, 2013; Cook & Alegria, 2011). Despite these associations, females involved in the criminal justice system have unique needs and circumstances that may impact substance abuse treatment participation when compared to males. For example, using the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), Mahmood, Vaughn, Mancini, and Fu (2013) compared lifetime rates of substance use treatment

utilization between female and male ex-offenders. The prevalence of substance use disorders was higher among the female ex-offender population (36.9%) compared to community females that did not have criminal justice involvement (7.1%). However, female ex-offenders were 52% less likely to utilize substance-related treatment services compared to male ex-offenders (Mahmood et al., 2013). Reasons cited for lower rates of drug and alcohol abuse treatment among women included inadequate social support, lack of child care, and fears concerning child custody issues (Greenfield et al., 2007).

There are cultural factors often associated with participating in treatment for substance use disorders. An African American women's tendency to cope with competing and numerous demands simultaneously may compromise her use of substance use treatment. The complex needs of women, such as parenting, child care, family planning, and assistance with navigating the child welfare system, are rarely addressed in treatment models (Taylor, 2010). While child care responsibilities are a barrier to treatment utilization for women of all races (Taylor, 2010), African American women are more likely to be single mothers and live in poverty (Mendenhall, Bowman, & Zhang, 2013), which further reduces the likelihood of acquiring adequate support. Furthermore, mothers who use substances are at risk for multiple, interrelated difficulties, including mental health issues, trauma symptoms, poor parenting skills, children with emotional and behavioral disorders, interpersonal difficulties, low social support, financial strain, unemployment, and poor housing (Schaeffer, Swenson, Tuerk, & Henggeler, 2013).

African American women in drug treatment programs have reported that motherhood is a significant motivator for their abstinence from substance use. Using data from the National Treatment Improvement Evaluation Study (NTIES) examining gender differences among racial/ethnic groups, African American females were more likely to access services and had greater reductions in substance use when compared to the African American males (Guerrero et al., 2014). This finding was highlighted in terms of motherhood being a possible contributor. However, when compared to African American men, African American women were less likely to participate in outpatient settings, received fewer counseling sessions, and were more likely to report higher post-treatment drug use (Guerrero et al., 2014). The study findings have been consistent with previous studies consistently citing gender as a moderator in the relationship among services and outcomes (Guerrero et al., 2014; Marsh, Cao, Guerro, & Shin, 2009). While these studies provide relevant information, the NTIES data were collected between 1992 and 1997. The current study presents more recent data collected between 2008 and 2011 and examines culturally relevant variables in a sample of African American women. Motherhood and assuming a care-giving role have historically been valuable assets in African American culture and families. Examining parental status and participation in substance use treatment could provide important culturally-relevant information.

Family history of alcohol and/or drug use is another known risk factor for substance abuse. From a cultural perspective family history may also be influential in treatment seeking. The relationship between parental substance use and use by a child during adulthood is a complex cycle of events. Specifically, children of substance using parents are more likely to endure childhood abuse (Wilson, Bennett, & Bellack, 2013) and neglect (SAMHSA, 2009). Furthermore, these children are more vulnerable to psychological distress (Green, Zembrak, Robertson, Fothergill, & Ensminger, 2012) and may be less equipped with healthy coping mechanisms to manage distress. For these reasons, examining the family history of substance abuse and substance abuse treatment seeking among African American women is important.

The role of the family within African American culture is a highly influential source of support, even extending to individuals who may not be blood-related but known as fictive kin. Evidence suggests that family members can have an important role in confronting and participating in substance use treatment. When family members confront a substance user, that person is significantly more likely to seek treatment

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