



“If you do nothing about stress, the next thing you know, you're shattered”: Perspectives on African American men's stress, coping and health from African American men and key women in their lives



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ABSTRACT

Stress has been implicated as a key contributor to poor health outcomes; however, few studies have examined how African American men and women explicitly describe the relationships among stress, coping, and African American men's health. In this paper, we explore strategies men use to cope with stress, and beliefs about the consequences of stress for African American men's health behaviors, morbidity and mortality from the perspectives of African American men and women. A phenomenological analytic approach was used to examine focus group data collected from 154 African American men (18 focus groups) and 77 African American women (8 focus groups). Women's perspectives were captured because women often observe men under stress and can provide support to men during stressful times. Our findings indicate that African American men in this study responded to stress by engaging in often identified coping behaviors (i.e., consumption of calorie dense food, exercise, spiritually-related activities). Men in our study, however, did not always view their responses to stress as explicit coping mechanisms. There was also some discordance between men's and women's perceptions of men's coping behaviors as there were occasions where they seemed to interpret the same behavior differently (e.g., resting vs. avoidance). Men and women believed that stress helped to explain why African American men had worse health than other groups. They identified mental, physical and social consequences of stress. We conclude by detailing implications for conceptualizing and measuring coping and we outline key considerations for interventions and further research about stress, coping and health.

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African American men have a shorter life expectancy compared to women and most other groups of men (Gadson, 2006; Thorpe et al., 2013b; Warner and Hayward, 2006). They also bear an increased burden of many chronic diseases, including hypertension (Hertz et al., 2005; Rose et al., 2000), type 2 diabetes (Cowie et al., 2006; Kirk et al., 2006), and many cancers (Siegel et al., 2013; Ward et al., 2004), when compared to White men. It is hypothesized

that stress is a critical contributor to poorer health among African American men (Bruce et al., 2009; Griffith et al., 2013a,b; Jackson and Knight, 2006). Stress is a multidimensional factor known to influence health through interconnected psychological, physiological, and behavioral response mechanisms (Bruce et al., 2015; Cohen et al., 2007; Segerstrom and Miller, 2004). Chronic stress is believed to be particularly harmful to health due to the prolonged activation of these mechanisms (James, 1994; McEwen, 2004). Evidence suggests that African American men experience more chronic stressors such as racism (Clark et al., 1999), racism-related stress (Pieterse and Carter, 2007), discrimination (Mays et al., 2007), poverty (Lichter et al., 2012) and crime (Bruce et al., 1998;

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Young et al., 2008) than other groups. Yet few studies have explored how African American men cope with stress or how their coping responses influence their health and wellbeing.

Coping with stress is often described as a deliberate process, where individuals take specific actions in direct response to a stressor or their reactions (e.g., physiological response) to stress (Lazarus, 2000; Park and Iacocca, 2013). Research studies have shown, however, that people exhibiting physiological indicators of stress often do not report heightened emotional distress, misidentify their emotional responses, and unconsciously attempt to alleviate their distress through coping behaviors (Steele, 2010). Burke and colleagues (2009) note that many dominant theories are built upon the assumption that behaviors are a product of individual control and conscious awareness, and consequently, behavior change can be achieved through self-regulation. They argue that more attention needs to be given to the context of behavior (Burke et al., 2009). Indeed, evidence suggests that stress and coping are socially-patterned and contextual phenomena, affected by cultural, economic and social factors and structures (Aldwin, 2007a, b; LaVeist et al., 2011; Thorpe et al., 2013a; Meyer et al., 2008); therefore, it is critical to examine coping behaviors with appropriate attention to the contexts in which these behaviors occur (Dressler, 1985; Glanz et al., 2008).

The Environmental Affordances Model provides a framework for explaining how racial differences in the contexts where stress exposures occur may contribute to differences in coping behaviors and mental and physical health outcomes (Mezuk et al., 2013). In many communities where African American men live, opportunities to consume foods high in fats or carbohydrates, smoke tobacco, drink alcohol and be physically inactive are disproportionately available (Braboy Jackson and Williams, 2006; Griffith and Johnson, 2012; Thorpe et al., 2013a; Zenk, 2005). Consequently, these behaviors become common strategies for managing life stressors while simultaneously increasing African American men's risk for developing chronic conditions, hampering their efforts to manage existing conditions, and increasing men's risk for premature mortality (Jackson et al., 2010). Moreover, despite the negative physical health effects associated with these coping mechanisms, these behaviors may have protective mental health effects, such as anxiety reduction (Jackson et al., 2010; McEwen, 2004; Mezuk et al., 2013).

It has been suggested that coping responses to stress are gendered (Courtenay, 2000a; Evans, 2011), and while the Environmental Affordances Model provides an important tool for explaining how stress contributes to African American men's health, it is unclear how gender factors into this framework. According to Howard and Hollander (2011), behavior is "gendered" when it is influenced by ideas, assumptions and beliefs about gender held by individuals or society. If responses to stress by African American men are based on expectations about how men *should* cope with stress, then the associated behaviors are gendered. Furthermore, if others believe men *should* cope with stress in a particular way, their interpretation and judgment about coping behaviors also may be gendered. How race and gender intersect to influence coping behaviors and become embodied as differences in health among men of different racial groups is less well understood (Griffith, 2012; Griffith et al., 2012a,b; Wade, 2009).

The degree to which African American men recognize that stress and coping can lead to physical and mental health consequences also remains unclear. Research suggests that men may be more aware of how stress and coping affects their ability to work and fulfill other social roles and responsibilities than how stress is affecting their bodies (Diemer, 2002; Griffith et al., 2011; Robertson, 2006). In addition, traditional forms of masculinity may discourage men's attention to health concerns (Charmaz, 1994; Courtenay, 2000b),

and this could be reflected in their perceptions of the consequences of stress on health. Women often help men to pay attention to their health issues (Allen et al., 2013; Berg and Upchurch, 2007; Griffith et al., 2013a,b); thus, their perceptions about the influence of stress on men's health may be particularly useful.

1. Purpose

Despite this research, few studies have asked African American men and other men of color about how stress influences their behaviors and health outcomes (Ravenell, 2006; Utsey et al., 2000). Even fewer studies have simultaneously considered how female members of men's social networks (i.e., close relatives and friends) interpret behaviors men exhibit as a result of stress (Griffith et al., 2013a,b; Griffith et al., 2011; Marks et al., 2006). Recognizing how African American men and women view the consequences of stress for men's health may highlight key pathways for motivation (Eccles and Wigfield, 2002), potential barriers to participation in intervention programs (Glanz and Bishop, 2010), and opportunities to increase knowledge and awareness (Kreuter and Wray, 2003).

Thus, this study explores how African American men, and key women in their lives, understand the relationships between men's stress, stress responses, and health. Our key study questions are: What are African American men's primary behavioral, psychological and social responses to stress? How do African American men and women perceive that stress and coping affect African American men's health?

2. Materials and methods

This analysis is part of a larger study which examined African American men's and women's perceptions of the social, cultural, and environmental factors that affected African American men's eating behavior, physical activity, and stress (Griffith et al., 2012a,b). A specific aim of the study was to understand stress and stressors in African American men's lives (in general) and how stress influenced their diet and physical activity. Study findings on sources of African American men's stress are reported elsewhere (Griffith et al., 2013a,b).

2.1. Participants & recruitment

African American men and key women in African American men's lives were recruited from three southeast Michigan cities: Detroit, Flint, and Ypsilanti. At the time of data collection, these cities were located in the first, fourth, and fifth largest metropolitan statistical areas in Michigan, respectively (U.S. Census Bureau, 2010). All three consistently ranked below the state and the country on most socioeconomic indicators (U.S. Census Bureau, 2010; U.S. Department of Labor (2011)). African American men in these cities experienced elevated rates of chronic disease and obesity compared to men of other racial or ethnic groups in the same counties and compared to state and national averages (MDCH, 2008, 2010; Miniño and Murphy, 2012).

Men were eligible to participate if they self-identified as African American men, reported being age 30 or older and identified their current primary residence as being within the study areas. Women were eligible to participate in the study if they were 18 years or older and reported having a close relationship with a man meeting these criteria. The women were asked to discuss a specific middle-aged or older African American man (age 30 or older) – such as a husband, boyfriend, brother or father – during the focus group.

Participants were recruited by snowball sampling via word-of-mouth, fliers, presentations at appropriate venues, and social network connections of outreach staff and the partner

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