HHS Public Access

Author manuscript

Soc Sci Med. Author manuscript; available in PMC 2016 August 01.

Published in final edited form as:

Soc Sci Med. 2015 August ; 139: 107–114. doi:10.1016/j.socscimed.2015.06.036.

"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 specify 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 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

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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.

Keywords

African American; stress; coping; masculinity; men's health

African American men have a shorter life expectancy compared to women and most other groups of men (Gadson, 2006; Warner & 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 (Anonymous, year; Jackson & Knight, 2006). Stress is a multidimensional factor known to influence health through interconnected psychological, physiological, and behavioral response mechanisms (Cohen et al., 2007; Segerstrom & 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), discrimination (Mays et al., 2007), poverty (Lichter et al., 2012) and crime (Anonymous, year; 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 & 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, 2007; 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

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or carbohydrates, smoke tobacco, drink alcohol and be physically inactive are disproportionately available (Braboy Jackson & Williams, 2006; Anonymous, year; 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).

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 & 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 (Anonymous, year; 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; Anonymous, year; 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 (Anonymous, year; Berg & Upchurch, 2007),; thus, their perceptions about the influence of stress on men's health may be particularly useful.

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 (Anonymous, year; 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 & Wigfield, 2002), potential barriers to participation in intervention programs (Glanz & Bishop, 2010), and opportunities to increase knowledge and awareness (Kreuter & Wray, 2003).

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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?

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 (Anonymous, year). 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 (Anonymous, year).

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 rank 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 experience 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 & 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 organizations of a university-based men's health disparities research center. The outreach staff was composed of African American men who lived in the cities of interest. These staff had experience and reputations of being actively involved in addressing men's health in their communities. The outreach staff strategically attended events and contacted organizations, groups, and informal social networks serving the population of interest to raise awareness about the study and recruit a diverse sample of men and women. Incentives included a meal and either a $20 gift card or an electric grill of equivalent value. The University of Michigan Institutional Review Board reviewed the study, protocols and materials.

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Study Design

The focus groups were held at community venues with private rooms and lasted two hours. Participants received a meal and completed written informed consent and brief demographic forms prior to starting the in-depth group discussions. The groups were led by facilitators matched by sex and race/ ethnicity. Lead focus group facilitators were matched by sex and age. Facilitators were community members and research assistants who were trained on the objectives of the focus group, protocols, and skills for facilitating group discussions.

Between July 2008 and March 2010, 150 African American men participated in 18 focus groups and 77 African American women participated in eight focus groups. This number of focus groups were conducted to capture unique and common experiences and perceptions of eating behavior, physical activity and stress and to reach saturation in each of the three communities. Separate groups were held for men and women in order to capture perspectives of men themselves and the perspectives of key women in African American men's lives. Participants in the women's focus groups answered questions about a specific middle-aged or older African American man (e.g., husband, boyfriend, brother or father). Women were asked to share information about men that was similar to the information collected directly from men. Unique identifiers were assigned to each participant to ensure anonymity.

The sex-stratified, guided, semi-structured focus groups proceeded from general to specific questions, with extensive probing for additional detail. The interview guides included questions on stress such as: How does stress affect eating or physical activity for African American men in your age group (men's groups)? What role does stress play in the in the lives of African American men in general (men's groups)? How does stress influence the man you're talking about today (women's groups)? In the focus groups, no definition of stress was given; however, prompts related to stress included terms such as "frustration," "pressure," "being overwhelmed," and, being "stressed out." The lack of a formal definition for the groups was intentional and recognized that people hold variable definitions of stress. As this was an exploratory study, we were interested in their interpretation of the term and its relevance to their lives.

The systematic data collection and organization procedures used in this study have been described elsewhere (Anonymous, year). The focus group interviews were audiotaped, transcribed verbatim, and entered into the qualitative data software package ATLAS.ti, 5.6 (Scientific Software Development, 2009).

Data Analysis

A phenomenological approach was used to analyze the focus group data. A phenomenological approach is appropriate for exploring the meanings and perspectives of research participants (Cresswell, 1998). The goal of this approach is to develop a composite description of "what" and "how" people experience a particular phenomenon in the context of their everyday lived experience (Cresswell, 1998). Each transcript was 'chunked' into segments of text that represented distinct quotes that conveyed their original meaning apart from the complete transcripts. Each segment of text was linked to the unique identifier of the

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speaker, the geographic location and date of the focus group, the interview guide question, and any other stimuli (i.e., prompts, comments of other participants) that appeared to influence the individual's statement.

Selected transcripts were reviewed in order to inductively identify recurring patterns and topics. This yielded a book of codes chosen to enhance the ease and reliability of code assignment. University-based researchers trained in qualitative research methods assigned codes to each text segment. An inter-coder reliability measure was calculated by comparing the percent agreement between the original and recoded transcripts and achieved 75% agreement. Following the coding process, the authors reviewed the quotes organized under each code, noting emerging patterns and connections across codes. Two member-checking groups were conducted with African American men and one with African American women from the study sites to confirm that our interpretation of the data accurately captured the major topics salient to our population of interest. The settings, incentives and recruitment processes for the member checking groups were similar to those used for the focus groups, but we invited men and women who participated in earlier groups and who seemed to be particularly insightful about men's lives, lifestyles and behaviors.

Three meta-codes (stress, health behaviors, and norms) from the initial coding process were examined for this paper. The stress code captured any mention of men's stress or relaxation including sources of stress; stress management; influence of stress on life, behaviors, or outcomes; responses to stress; and, coping efforts. The health behaviors code consisted of general references to behaviors related to health. The norms code was assigned to discussions about how men generally feel about, engage in and prioritize health and health behaviors. The data captured with these codes were extensive and comprehensive. This initial coding was followed by an in-depth textual analysis of how men and women discussed stress and coping-related issues among African American men and the identification of themes and subthemes.

An analysis of the number of men and women who discussed the topic across focus groups and geographic locations was completed to ensure broad representation. Thematic differences between cities were not detected; thus, geographic comparisons are not included in the results. Men and women often described how stress affected African American men's health and behaviors differently, so the differences by sex are noted. Quotes provided were selected to reflect the diversity of perspectives and opinions that emerged from the data.

Results

Table 1 provides a summary of demographic characteristics of male focus group participants and men discussed by female participants. The average age for men in the focus groups was 55 years old (range: 32–82) and most of the men discussed by women in the focus groups were between the ages of 50 and 64. A majority of the men were married or in a relationship, and the average household size was approximately three people. Most of the men owned their home. A majority of male focus group participants reported that they had difficulty paying bills (56.9%); conversely, only 27.6% of women reported that the men they discussed in the group had difficulty paying bills.

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The average age of women was 54 years old (range: 18–79). All of the women were African American and approximately one-third (33.8%) were college graduates. The majority of the women discussed a spouse or partner (63.6%), but some talked about other male family members (son, brother, father, son-in-law) or friends.

Influence of Stress on Coping & Behavior

Men's physical activity changed due to stress—Men reported that physical activity helped them to manage negative emotions that accompanied stress such as feeling upset, frustrated or angry. One man said that exercise brought "Frustration relief…it's a kind of release, and once that has occurred, while the problem may still be there and the stress is still there…you're able to [have] somewhat of a better attitude in terms of addressing it." Men and women believed that relieving stress with physical activity was healthy and constructive.

Some men indicated that their physical activity decreased when under stress. These men reported that stress often occupied much of their focus and energy, and, as a result, they were less likely to be physically active. According to one man, "Stress can be a chiller in terms of stopping your workout, stopping your positive thoughts, determining what you want to do, what you know you want to do." A number of men reported that physical activity was a coping strategy they had used in the past, but this was no longer the case.

In contrast to men who reported a deliberate use of physical activity as a coping strategy, or noted decreased physical activity when under stress, some men described changes in physical activity as something that they experienced. The difference here is subtle, but distinct: they described the changes in the quantity or intensity of physical activity as something that *happened to them* as opposed to something they *chose to do*. For example, one man commented that he did not realize that he was working out harder than usual until his exercise partner pointed it out: "I remember years ago I was running with this particular fellow. He said one morning that I was running faster. Well, I didn't realize I was running faster. But when he brought it to my attention, it was because I was very upset when I left home."

Men's diets changed due to stress—Compared to physical activity, men less commonly spoke about making deliberate attempts to relieve stress through eating. Instead, men stated that they experienced changes in their diet as a *result* of stress, describing the changes in the quality and quantity of their diet as something that *happened to them* as opposed to something they *chose to do*. Men and women reported that some men craved certain types of food or had appetites different from usual when stressed they were stressed. As one woman shared: "When he gets [stressed], he eats a lot.…[He] sits down and is mad and just eats.…I'll be like, 'Okay, you can slow down on that chicken.…It's not good for you.' He's like, 'Yeah, I know, but I had to get some.' I'm like, 'Okay.'" While some African American men did describe eating less when under stress, it was more often reported that stress led to increases in "unhealthy" eating.

The influence of stress on diet was described by a few men as a physiological response to stress. Men discussed a dietary response to stress that could be caused by a person's

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"makeup" and using food to "satisfy that stress or feeling or whatever to try to get that, you know, get that [stress] off me." In addition, it was noted that the source and severity of the stressor affected the degree to which stress influenced men's diets. One man explained:

> I know that it's a part of my nerves that makes me eat sweets, but also racism, classism, sexism, and all those –isms will make you eat unhealthy because of what it does to your condition, your nervous condition.…[Stress is] part of the reason that we will grab more things out of convenience than out of health.

Men used spirituality to cope with stress—Men described using spirituality (e.g., prayer, asking God for help) as a coping strategy. Men described being "too blessed to be stressed," "just continuing to pray" and believing that "the stress will pass." In addition, men reported that Bible scriptures helped them deal with stressful circumstances: "Some time at work, people can really get under your skin…I'm going to get religious now, but you have to put the whole armor of God on you [Ephesians 6]."

Men who used this strategy often expressed that doing so would allow God to take care of the stress for them. One man described using this strategy to deal with problems on his job:

> One of my mottos is to not let anything bother me. I pray and I ask God to help me with a lot of different things that I do…. When things happen, I try to give it to God and take myself out of it so I don't feel as much stress about it.

Despite the emphasis on this coping strategy among men, only one woman reported spirituality as a coping strategy used by the man in her life.

Self-reliance and internalization described as coping strategies—Women reported that men tended to try and cope with stress by themselves, without seeking support or assistance from others. Women reported that when men were experiencing stress, they often did not initiate sharing this with women. One woman remarked:

> It might be a man thing. It might be a black man thing where…they feel like, 'I'm not going to be a wimp' or 'just cry about this, that and the other'…they may not express it to us…we got to constantly figure out, what happened here? What happened there? You know, pull it out of them. Versus them expressing it on their own.

Women described that men were taught not to talk about stress they experienced - "big boys don't cry…be tough…do not share" – and women believed this was a pervasive social norm regarding appropriate coping strategies for men.

Men and women in the groups mentioned "internalization" as a common coping strategy of African American men that coincides with self-reliance. One woman stated that men "internalize a lot…sometimes you won't know what level of stress they're dealing with necessarily." One man remarked that men have been "trained" to take stress on internally instead of talking to others about it. Moreover, some women believed that African American men were more likely to deal with stress in this way than men of other racial groups. There was some support, however, for men talking with others as a way to manage stress. A man stated: "We don't do that often enough, to talk about those things that we come up against

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where we should be supportive of one another in expressing what we do to relieve ourselves of [stress]…we need to talk about it."

Differing perspectives on men's use of physical and mental breaks—Men described resting physically and mentally as coping strategies. Resting allowed men the opportunity to think about their stressful situation (e.g., "gather my thoughts") or not think about it at all: "By the time I get home, I'm drained…I just want to sit and do some non-brain activity. And running's not one of them. If I could shut my brain off for half-an-hour that would be my workout." Men also described reading, sleeping, or breathing exercises that could be categorized as restful or relaxing. In some cases, engaging in these strategies alone also seemed important. For example, one man reported: "I normally just get in a room…maybe get a book…and just close the door…put earphones on so I can't hear nobody but myself and just tune everything out and just get into the [Bible]." Rest was seen by some as preferable to eating or physical activity. One individual stated that rest was preferable to physical activity to deal with stress because stress would prevent the focus he needed to engage in exercise.

While men and women recognized behaviors such as sleeping and being alone as coping strategies, there was a distinct contrast in perceptions about the utility of the strategies. Men were more likely to view these behaviors as rest and taking a break; in contrast, women were more likely to describe these behaviors as "avoidance" or a way in which stress negatively influenced men.

Drugs, alcohol and cigarettes identified as coping behaviors—Men and women infrequently discussed drugs, alcohol, and cigarettes as ways African American men cope with stress. Men noted that drugs provide a stress relief for some; however, this relief was described by some as temporary. One man stated that when the effects of drugs wear off, then "you're back to stressed out and depressed." Another remarked that the initial relief provide by alcohol eventually led to serious health issues. One woman stated, "Because they don't know and have not been taught to handle stress, then they convert to drinking, the drinking of alcohol, leaning toward drugs." Many of the participants described these behaviors as "unhealthy" ways of coping with stress.

Influence of Stress on Health

Stress perceived as detrimental to men's mental health and social relationships—Men and women believed that stress could have serious negative consequences for men's mental health. Stress reportedly slowed men down and made it hard for them to focus. In addition, stress was described as leading to mental exhaustion and, when not dealt with, could cause a man to be mentally "shattered." Among men, it seemed that stress and depression were believed to influence one another, or as one man stated, "They go together most of the time or one leads to the other." One participant, however, stated that there were differences between stress and depression and that there were differential consequences due to variations in personality:

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> Some people, when they're depressed, will not eat, but then others do. And I think it depends on your make-up…and so, I don't think it's a set pattern because I've seen people do both sides of that…it just depends on the person.

Similar to the men, women also made connections between stress and depression. Women described depression as something that results from rising levels of stress and prolonged stress. One woman stated that her husband's stress "kind of went into a depression" while another reported that stress led to a "state of depression" in her husband. In addition, some women believed that stress caused some men to not want to live.

Women who lived with men who they perceived were stressed reported that they found interactions with the men to be challenging. Men under stress were reported to be irritable and mad, and, at times, taking things out on others who were not the cause of the stress. Some men agreed; it was reported that stress could lead to anger and having a "short fuse" with others.

Stress as a contributor to physical illnesses and decreased life expectancy— Men and women linked stress to a number of physical illnesses including high blood pressure, prostate problems, and stomach problems. One man described the physical toll that stress can have on the body as "messing up your own system" and getting "turned inside out." Participants believed that stress might lead to a shortened life expectancy among men by causing them to engage in risky activities. Another man reported that African American men have worse health and life-expectancy compared to men of other races, not only because of health behaviors but also because of stress: "We're the sickest, we die the youngest…. I don't think it's all because of the food. I think the pressures of society have caused an unreasonable amount of stress on us." Women also believed that stress could lead to death, even among men who engaged in healthy behaviors: "I don't care how much exercise [men get]. I don't care how well they eat. They can die…I've seen it – [they can] drop dead with a heart attack – so it's got to be stress that's the problem."

Discussion

These findings highlight the importance of understanding African American men's stress and coping patterns through an intersectional lens (Anonymous, year; Davis, 2008; Mullings & Schulz, 2006; Warner & Brown, 2011) African American men's lives, health, and behaviors are shaped by the intersection of at least two processes: male gender socialization (Courtenay, 2000b), the process by which men learn the gender and culturally ascribed behaviors that characterize masculinity in a particular society, and racial socialization (Stevenson, 1998), the process by which people's sense of racial identity is shaped by families and communities through oppressive and affirming experiences. Lack of attention to the influence of race and gender on the availability and acceptability of coping mechanisms could lead to the misattribution of behavior to individual dispositions. Coles (2008, 2009) defines mosaic masculinities as a process by which men create a standard of masculinity based upon pieces of traditional masculinity they feel enabled to enact. Consistent with this concept, the African American men in our study described coping

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strategies that were consistent with their gender (i.e., alone, physical activity), race (i.e., spirituality), and built environment (i.e., unhealthy eating).

Coping is often thought of as a deliberate process by which an individual takes a specific action in response to a stressful situation or the emotional or physiological reaction to the stressor. As Sheeran and colleagues note (2013) many of the prevailing stress and coping theories are built on the idea that changes in “conscious cognitions” can lead to behavioral change. Some scholars have argued, however, that behaviors such as eating may occur without individual awareness of the motivating factors (such as stress) for doing so (Cramer, 1998; Park & Iacocca, 2013). Similarly, in this study, men’s discussions of changes in their diet were not described as deliberate choices. This finding could be related to their acceptance of traditional gendered norms about acceptable coping strategies, as well as attributions of their behavior (in part) to the contextual factors that shape and constrain their choices (Bird & Rieker, 2008). The conceptualization of coping has implications for additional studies seeking to understand African American men’s stress and responses to stress and the way research questions are asked.

Our findings suggest that it may be more advantageous to ask men if they noticed differences in their eating during or in response to certain stressful circumstances than asking them if they cope with stress by eating. As such, there is a need for measures that assess men’s behavioral responses to stress from the intersection of race/ethnicity and gender. For example, the African American Gendered Racism Stress Inventory (Thomas, Witherspoon & Speight, 2008) examines gendered racism and types of stressors respondents face and the Everyday Discrimination Scale (Williams, Yan Yu, Jackson, & Anderson, 1997) presents common sources of discrimination and asks respondents to make attributions regarding the reason they faced discrimination. These scales could provide a model for assessing a) the gendered and race-related stress men face and b) factors that influence their coping strategies. Specifically, are their coping strategies reflective of their gender, their race, some combination of reasons (Anonymous, year)? Their attributions about coping, and how they frame coping based on the type of stress experienced, could be important for developing messaging that resonates with their beliefs and perceptions.

Consistent with the Environmental Affordances Model, findings suggest that these African American men cope with stress by engaging in behaviors that may be ‘successful’ at temporarily relieving men’s emotional response to stress (i.e., unhealthy foods), but may compromise their physical health (Jackson & Knight, 2006; Jackson et al., 2010). Despite the implications of stress for physical health, men may be more aware of and take active steps to address consequences of stress and strain that affect their role performance (Diemer, 2002; Anonymous, year; Robertson, 2006), such as experiences of slowing down, difficulty focusing, and exhaustion as reported by men in our study. Future research and interventions should help men connect stress to the psychological, physiological and behavioral consequences of stress. Strategies such as mindfulness can be used to increase men’s awareness of themselves and their bodies (Grossman et al., 2004) and what contributes to their health and health behavior.

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There seemed to be differences in how men and women interpreted the same coping strategies. What women described as avoidance, men seemed to describe as taking a physical or mental break. It could be argued that men were engaging in both (Folkman & Moskowitz, 2004): that by avoiding a stressor for a time, men were affording themselves a mental break. Thus, one particular area ripe for exploration is the apparent discordance between men's and women's perceptions of men's coping behavior, including the consequences of this discordance for men's behaviors and relationships. Future research could also explore whether women's perceptions of men's stress and coping differ by their relationship to men (e.g., wife, sister, daughter, friend). Specifically, whether a woman's perceptions of the acceptability and utility of certain coping strategies differs based on her relationship with the man in question (e.g., wife vs. daughter). This has implications for interventions seeking to involve women in men's health programs that address stress management and coping strategies.

Men in this study articulated the importance of spirituality for stress relief. Interestingly, only one of the women discussed a man using spirituality to cope with stress. In fact, women often perceived that men had problems coping with stressors because they refused to seek and/or accept help. Little research has identified faith or spirituality as a coping mechanism for men in general or African American men in particular, though previous research has found that African Americans tend to be more religious than other groups (Garfield et al., 2013; Anonymous, year; Taylor et al., 2011). These findings highlight the need to incorporate spirituality in health interventions for African American men, while acknowledging the different ways African Americans may engage with their spirituality. It could be that for some African American men, spirituality is more personal and/or private and less connected to church-going, which is more common among African American women (Taylor et al., 1999).

Limitations

Several limitations should be noted. This study sought to understand how middle-aged and older African American men cope with stress; thus, the findings may not be generalizable to other racial groups of men or women. Second, in presenting our results, we chose to integrate the men's and women's narratives. While an advantage of this approach is the ability to simultaneously compare and contrast their perspectives, it could be argued that doing so lessens the impact of each type of narrative if presented on its own. Third, the study was designed to identify key trends and not compare men with different characteristics. For example, we did not collect data on socioeconomic status, and, therefore, we cannot discuss the potential implications that the participants' economic status may have had on their reported coping strategies. Fourth, due to the group data collection format, some men may have opted not to share sensitive information related to this topic. In addition, the attention given to certain topics – in the focus groups themselves and in the presentation of our results – may have overlooked other important perceptions related to African American men's stress and coping. The member checking groups (Cresswell, 1998) we conducted with men from our population of interest, however, increased our confidence that we identified key themes. Future research should consider whether findings hold with other groups of African American men and women who live in different social contexts.

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Conclusions

Identifying how African American men respond to stress is important for understanding and addressing their disproportionately high rates of stress-related chronic disease and premature mortality. As many coping strategies have health implications, it is critical to explore how stress and coping frameworks apply to men's health in general and African American men's health in particular. It is noteworthy to acknowledge that for some of the chronic stressors African American men face, such as racism and individual and structural discrimination, men may be severely limited in their capacity to eliminate these sources of stress from their lives.

Gathering information on African American women's perceptions about African American men's stress and coping in relation to their health is useful because, as a key member of their social network, these women often observe and support men under stress, influence men's perceptions about the acceptability of coping responses, and bring health issues to men's attention. Collecting this "shadowed data" from women adds to the richness of the narratives (Morse, 2001) and helps draw attention to the social contexts in which stress and coping occur.

Intervening to improve stress-related health outcomes for African American men will require a multilevel approach that considers how men's identities, characteristics, and social and physical environments shape the ways that men cope with stress, their awareness of their behavioral responses to stress, and the sometimes simultaneously positive and negative health implications of specific stress-reduction behaviors. In addition, it is important to recognize that these strategies likely vary by age, SES, race, and other structural and contextual factors. Developing theories and interventions that build from recognizing the common and unique issues that affect stress and coping among African American men may be critical for interventions that are focused on improving the lives of this understudied population.

Acknowledgments

This manuscript was supported in part by grants from the American Cancer Society (MRSGT-07-167-01-CPPB), the Vanderbilt University Institute for Research on Men's Health, the Robert Wood Johnson Center for Health Policy at Meharry Medical College, NIDDK (7 R21 DK095257-02) and NCATS (2UL1TR000445-08). Funding to support the first author was provided by the Horace H. Rackham Graduate School at the University of Michigan.

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- Stress is a key contributor to African American men's poor health outcomes
- African American men and women interpreted the same coping strategies differently
- Men described some changes due to stress as conscious and others unconscious
- Men used spirituality, self-reliance and internalization to cope with stress
- Men and women rarely discussed drugs and alcohol as coping strategies

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Table 1

Selected Demographic and Health Characteristics

	MEN focus group participants (N = 150)	MEN described by women (N = 77)
Age (years)	Mean: 55.3	46.8% aged 50–64[a]
Age range	32 – 82	30 and older
Married/in a relationship, % (n)	82.1 (123)	85.3 (66)
Mean household size	2.7 people	2.8 people
Children 0–18 in household, % (n)	32.6 (49)	24.7 (19)
Own home, % (n)	66.9 (100)	78.9 (61)
Somewhat/very difficult to pay bills, % (n)	56.9 (85)	27.6 (21)
College graduates, % (n)	23.5 (35)	26.6 (21)
Diagnosed with 1+ chronic condition, % (n)	75.8 (114)	44.6 (34)

[a]Women were asked to note the appropriate age range of the man they were describing, not the man's exact age.