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"Racism?!?… Just Look at Our Neighborhoods": Views on Racial Discrimination and Coping Among African American Men in Saint Louis

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Abstract

Recent events in Ferguson underscore the need to better understand the unique challenges, stressors, and coping mechanisms of African American men. To this end, a focus group study was conducted in Saint Louis, a few miles from Ferguson. Although numerous stress-related themes were discussed, racial discrimination and structural racism emerged as pervasive stressors among these men. Participants described experiences of discrimination in multiple settings including workplace, school, and residential, and within the criminal justice system. Coping strategies included not only drinking and smoking but also religiosity and familial support. Men also mentioned that they found relief in simply discussing their stressors in a group setting. One implication of this study is to develop and implement group support models for this population.

Keywords

racial discrimination; coping; African American men

Recent events in Ferguson, a small northern suburb of St. Louis, underscore the need to better understand the challenges, stressors, and coping mechanisms of African American men. African American men have the lowest life expectancy (72.3 years) of any group in the country (the Center for Disease Control and Prevention [CDC] National Center for Health Statistics, 2013). Given the unique vulnerability of African American men and the health challenges they face, quite coincidentally, our research team was conducting a series of focus groups on stress, coping, and mental health among African American men in St. Louis in the days preceding and immediately following the shooting death of Michael Brown. There are historical racial tensions in the St. Louis region, and the frustration over constant racial profiling, dubious court systems, and high numbers of poverty and inequality has resulted in a tinderbox, fully ignited by the outrage over the tragic shooting death of Michael

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Brown as well as the decision not to bring criminal charges against former Officer Darren Wilson for this shooting.

This article discusses how the effects of the stress process, particularly race-related stress, could pose a risk to the mental and physical health of African American men. We situate our findings in the context of health disparities research and describe mechanisms that could threaten the health and well-being of African American men. We then discuss racial health disparities and the unique stressors that African American men face and follow by an examination of contextualized coping mechanisms that could be used. Finally, we provide policy and practice implications from our findings and suggest lines of inquiry for future research.

Interpersonal Racial Discrimination and Structural-Level Racism

Stress is considered a major factor in the explanation of health disparities in the United States (James et al., 2006; Mezuk et al., 2013; Williams, Costa, Odunlami, & Mohammed, 2008; Woolf & Braveman, 2011). Stress produces negative emotions and psychological distress that can have negative impacts on health, and some researchers hypothesize that stress may lead to fundamental changes in the physiological systems (Geronimus, Hicken, Keene, & Bound, 2006; Jackson, Knight, & Rafferty, 2010). Interpersonal racial discrimination is considered a prominent stressor for African Americans and a contributor to U.S. racial health disparities (Braveman, Egerter, & Williams, 2011; Jackson et al., 2010; Williams, 1999; Williams et al., 2008; Woolf & Braveman, 2011).

The association between racial discrimination and health has been well established in the existing literature (Hudson et al., 2012; Kessler, Mickelson, & Williams, 1999; Watkins, Hudson, Caldwell, Siefert, & Jackson, 2011; Williams, Yu, Jackson, & Anderson, 1997). Racial discrimination is considered a unique stressor that negatively affects the physical and mental health of African Americans, and Kessler et al. (1999) suggested that perceptions of racial discrimination can rival the importance of other major life stressors such as losing one’s job, getting a divorce, and experiencing a close death (Kessler et al., 1999). Racial discrimination is associated with poorer mental health among African Americans (Clark, Anderson, & Williams, 2002; Kessler, Mickelson, & Williams, 1999; Schulz et al., 2006; Schulz et al., 2000; Williams, Neighbors, & Jackson, 2008). Results from several studies indicate significant associations between perceived discrimination and greater levels of depression, impaired psychological well-being, and decreased self-esteem (Karlsen & Nazroo, 2002; Watkins et al., 2010; Williams, Takeuchi, & Adair, 1992; Williams et al., 1997).

Although there is abundant evidence available from previous studies that indicates negative health effects associated with the experience of racial discrimination, African Americans may discount incidents of racism because of the subjective nature of interpreting a stressful event as racist (Clark et al., 2002). For instance, African Americans who live and work in environments where voicing concerns about racism may be intimidating or potentially damaging to their careers might feel forced to internalize feelings derived from their experiences of discrimination (Mabry & Kiecolt, 2005). In addition, there are limitations

regarding the measurement of racial discrimination, and it is possible that incidents of discrimination are under-reported (Nuru-Jeter et al., 2009). Most of the existing racial discrimination measures are quantitative and focus on experiences and perceptions of racial discrimination at the interpersonal level. These limitations limit researchers' ability to capture discrimination that occurs at community or institutional levels, such as racial residential segregation and unfair hiring practices. It is possible that current measures of racial discrimination do not adequately capture the frequency, intensity, varying contexts, or psychological impact of racial discrimination.

A qualitative approach to examining racial discrimination may allow respondents to share perceptions and experiences of how discrimination at the interpersonal and structural levels limits their ability to acquire human capital such as their advancement in education and occupational status. In a qualitative study that examined experiences of racial discrimination among African American women in Northern California, Nuru-Jeter et al. (2009) found that the effects of incidents of discrimination lasted throughout the life course, not just in the immediate aftermath of the experience. They also found that prior experiences of discrimination lead to pervasive vigilance among African American women, as they guarded against future incidents of discrimination across the life course.

Most previous investigations of racism primarily focus on individual-level perceptions of racial discrimination (Gee & Ford, 2011). Researchers have noted the difficulty of capturing experiences and perceptions of structural racism, especially from a methodological perspective (Gee & Ford, 2011). It is also important to examine structural-level racism, which is often difficult to capture using existing measures of racial discrimination. Gee and Ford (2011) defined structural racism as "the macro-level systems, social forces, institutions, ideologies, and processes that interact with one another to generate and reinforce inequities among racial and ethnic groups." They further argue that structural racism "emphasizes the most influential socioecologic levels at which racism may affect racial and ethnic health inequities" (Gee & Ford, 2011, p. 117). One prominent example of structural-level racism is racial residential segregation throughout the United States, which plays a major role in the resources individuals have access to and serves to perpetuate health disparities (Baum, Garofalo, & Yali, 1999; Diez Roux et al., 2001; Williams & Collins, 2001). Another prevalent example of structural racism in the United States that is pertinent to African American men involves the prison industrial complex and racial sentencing disparities within the criminal justice system (Gee & Ford, 2011; Western & Wildeman, 2009). Nationally, an estimated 900,000 African Americans are incarcerated and African American men are incarcerated at a rate of 4.7% (4,749 per 100,000; Mauer, 2011; U.S. Department of Justice, Division of Civil Rights, 2015). Qualitative examinations of perceptions of discrimination could provide additional understanding of structural-level racism as additional insights may be gained from qualitative investigations of structural racism and could lend evidence toward the development of measures to more effectively capture perceptions of structural racism (Nuru-Jeter et al., 2009).

Coping

The examination of coping is critical to fostering the protection and promotion of the health of African American men. The social patterning of coping by race and gender is important to consider as scholars have found gender differences in the coping styles that men and women use (Thoits, 1986, 1994). For instance, researchers have found that women are more likely to use emotion-focused coping, such as rumination, when coping with stress compared with men (Nolen-Hoeksema, 2012). However, several researchers, citing theories of masculinity, suggest that men are more likely to use problem-focused coping strategies, such as assessing a situation and obtaining social support (Courtenay, 2000; Nolen-Hoeksema, 2012). These theories also indicate that men may be more likely to try to remain strong and stoic, rather than seeking social support (Courtenay, 2000; James et al., 2006; Nolen-Hoeksema, 2012; Watkins, Green, Rivers, & Rowell, 2006). African American men contend with many stressors, ranging from financial strain, role strain, and exposure to racial discrimination, and disproportionately bear the burden of various disparities in health compared with White men (Williams, 2003).

Social support is a critical coping resource that is highly privileged in the stress and coping literature (Cattel, 2001; Thoits, 1986, 1995; Wheaton, 1985). Researchers have emphasized the importance of social support in coping with psychosocial stressors as social support can be used to ameliorate the imbalance between perceived demands and perceived resources by increasing resources to meet perceived demands or by altering the consequences of failure to meet these perceived demands (Jacobson, 1986). The effects of social support are generally salubrious and protect health as researchers have highlighted the importance of social support in coping with stressors, particularly in buffering against psychological distress (Thoits, 1995; Wheaton, 1985). The evidence from previous qualitative studies that have examined social support among African American men indicates that social support is protective of health (Ellis, Griffith, Allen, Thorpe, & Bruce, 2015). Although social support is an effective and valuable coping resource, especially among disadvantaged populations, men are more likely to report social isolation, and there is a paucity of information about perceptions of support among vulnerable African American men (Cattel, 2001; Courtenay, 2000; Griffith, 2013).

Spirituality and religiosity are also coping factors that have been investigated in the stress literature. Results from most previous studies indicate that religiosity and spirituality are protective of health, buffering the effects of stress (Chatters, Taylor, Bullard, & Jackson, 2008, 2009; Reese, Thorpe, Bell, Bowie, & LaVeist, 2012; Taylor, Chatters, & Joe, 2011). For instance, a meta-analysis of 147 studies with nearly 100,000 subjects concluded that the correlation between religiosity and depression is −.10, with greater religiosity associated with fewer symptoms of depression (Smith, McCullough, & Poll, 2003). However, evidence from some studies indicates that these relationships are inconsistent. For instance, although Maselko, Gilman, and Buka (2009) found that individuals who said that they attend religious services or have attended while growing up had 30% lower odds of depression compared with those who said that they never attend religious services. Yet, Hackney and Sanders (2003) found that church attendance was associated with increased odds of depression and greater numbers of depressive symptoms (Hackney & Sanders, 2003). Hudson, Purnell,

Duncan, and Baker (2015) found no evidence to suggest that the relationship between race/ethnicity and depression was mediated by subjective religiosity or church attendance (Hudson et al., 2015). Nonetheless, there are a limited number of studies that have examined the effects of spirituality and religiosity (Hudson et al., 2015).

The use of health behaviors, whether health enhancing, such as exercise, or deleterious to health, such as smoking, is another component to coping with stress (Ellis et al., 2015; Jackson et al., 2010). People make decisions based on the economic, social, and cultural environment in which they live (Daniel, Bernhardt, & Eroglu, 2009). Considering the deeply entrenched differences in neighborhood quality due to racial residential segregation, another important factor to consider is how social and environmental context affects the coping resources African American men have at their disposal (Jackson et al., 2010; Johnson & Schoeni, 2011, Williams & Collins, 2001, Woolf & Braveman, 2011). Racial residential segregation has a profound impact on resources, whether health promoting or health damaging, for individuals. Predominantly African American neighborhoods often have disparate resources compared with predominantly White neighborhoods, such as high-quality schools, or access to public services (Johnson & Schoeni, 2011; Williams & Collins, 2001). Predominantly African American communities are also disproportionately targeted for alcohol advertisements, and there is a preponderance of fast food restaurants located in these neighborhoods (LaVeist & Wallace, 2000; LaVeist, Pollack, Thorpe, Fesahazion, & Gaskin, 2011). Due to chronic exposure to stress and adversity over the life course, along with differences in the neighborhoods in which African Americans live, researchers have posited that the use of poor health behaviors such as smoking, substance use, and alcohol use could provide immediate alleviation from stressors and protect against the development of depression and other mental disorders (Jackson et al., 2010; Mezuk et al., 2013; Mezuk et al., 2011).

There is a need to understand the coping resources and practices that fit with their social norms. Researchers have tested whether use of coping behaviors that are socially acceptable and readily available may act as means of effectively coping with the stress of social disadvantage (Jackson et al., 2010; Mezuk et al., 2013). Specifically, when faced with stress, African Americans who engaged in more poor health behaviors had lower risk of depression (Mezuk et al., 2011). African American men may be more at risk of self-medication, leading to coping strategies such as “escapist drinking” (L. A. Martin, Neighbors, & Griffith, 2013; J. K. Martin, Tuch, & Roman, 2003). These poor health behaviors may simultaneously increase the risk of physical health problems. African Americans are more likely to live in poorer neighborhoods with fewer resources such as full service grocery stores and safe places to recreate (Jackson et al., 2010; Mezuk et al., 2013; Williams & Collins, 2001). The combination of exposure to stress and living in neighborhoods that have fewer healthy options available for coping may also lead to a number of coping strategies that negatively affect health. These may include lower levels of engagement in positive health behaviors such as exercise and sleep, while also giving rise to negative coping behaviors such as smoking and use of alcohol (Jackson et al., 2010; Mezuk et al., 2013).

African American men have the lowest life expectancy of any group in the United States and bear a disproportionate burden of disease compared with White men (CDC National Center

for Health Statistics, 2013) and have disproportionately high rates of unemployment, incarceration, high school dropout, and college attrition rates (Federal Interagency Forum on Child and Family Statistics, 2014; Harper, 2012). The compound effects of stress accumulated across the life course, particularly experiences of racial discrimination and relative deprivation due to structural-level racism, threaten the mental and physical health of African American men. Furthermore, recent events that have transpired in the United States warrant additional efforts to better understand the unique stressors that African American men face along with the coping mechanisms used to reduce stress right now. The goals of this focus group study were to (a) uncover stressors, specifically perceptions of racial discrimination and structural racism, that could pose as threats to the mental and physical health of African American men and (b) determine the coping behaviors that African American men use.

Method

Participants and Study Recruitment

We conducted focus groups with 26 African American men from the St. Louis area. Study eligibility criteria were that participants were African American men aged 18 years or older. We recruited participants through paper flyers that were placed at community agencies, such as fatherhood support centers, that serve this population. We also relied on direct referrals from contacts at these community agencies. Potential participants called the study coordinator, who determined eligibility and schedule participants for a focus group over the telephone. Participants provided verbal and written consent for participation prior to the start of the focus groups. Prior to participation in the focus group session, participants were asked to complete a short demographic survey, consisting of 19 items. The data collected captured the sociodemographic characteristics of the participant and are displayed in Table 1. The Human Research Protection Office at Washington University reviewed and approved the study, protocols, and materials. Participants provided verbal and written consent for participation prior to the start of the focus groups.

Study Design

We decided to use focus groups, along with a rigorous coding scheme, because this design is useful for contrasting views of subgroups as well as establishing which views are common across groups (Morgan, 1996; Morgan & Krueger, 1998). Each focus group was held at a local community center in North St. Louis City, and sessions lasted an average of 90 min. A total of four focus groups were conducted with four to seven participants per group. Four groups were conducted because new information and themes were no longer emerging (saturation; Brod, Tesler, & Christensen, 2009). The research team was led by a trained and experienced African American, male focus group facilitator. Two trained graduate students, one African American male and one African American female, served as research assistants for the study. Research assistants welcomed participants, led them through the informed consent process, and served as note takers during the focus group sessions. The focus group guide included questions related to stress such as the following: What things stress you the most? Do you feel a great deal of pressure, and what would you say the source of that pressure is if you feel pressure as a man? Have you had any experiences where someone

discriminated against you or treated you poorly because of your race? How did you handle those situations? Questions related to coping included the following: How do you deal with stress or negative feelings? Would you be open to talking to a professional, such as a counselor, to help you deal with stress? Each focus group session was audio recorded, and digital recordings were sent to a professional transcription company for verbatim transcription. Data were entered into the qualitative data analysis software package NVivo 10 (QSR International's NVivo 10 software, 2012).

Data Analysis

We used a systematic approach to data analysis with four independent, trained analysts. First, each analyst listened to the focus groups audio recordings, read the transcripts, and made marginal notes independently. Each analyst then reviewed the transcript of the first focus group and identified text segments that represented distinct meanings. Each reviewed segments of the transcripts coded those segments (codes) and sorted them to identify higher order themes (Morgan & Krueger, 1998). Following this, the team met to discuss and compare the codes that were identified. The team met several times to share ideas and to compare and refine codes until saturation was reached and reliability between coders was achieved. This process allowed us to develop consensus across team members about the meaning of a segment of text and what is meant by the ability of a segment of text to stand alone (Creswell, 2013). The results of the coding scheme were reviewed, comparing code lists and eliminating duplication. We did not define agreement as whether the exact same words were highlighted. Rather, we attempted to ensure that text segments were understood the same way across the different team members (Creswell, 2013). This process yielded a codebook. Once the codebook was developed, each analyst coded all the transcripts independently using the codebook.

Results

The average age of the sample was 40.6 (SD = 1.64). Most men completed high school (35%; nine of 26) or some college (31%; eight of 26). There was an even split in employment status as half the men in the sample were currently employed full-time (27%; seven of 21) or part-time (15%; four of 21) and the other half were unemployed (39%; 10 of 21). The majority of participants indicated that they had never been married (54%; 17 of 26).

Three broad themes that emerged from analysis will be discussed here: perceptions of interpersonal discrimination, structural racism, and coping. For each theme, we highlighted separate codes that mapped onto those themes and have included a number of representative direct quotes from research participants to illustrate each theme.

In response to our question, "Do you feel like race or racism limits how far you can go in life?" participants also expressed perceptions of discrimination they were currently experiencing, particularly when they crossed boundaries and interacted with Whites in predominantly White neighborhoods or commercial districts.

> There are parts of St. Louis you go to, they just don't like your skin color and unfortunately, the darker you are the worse you catch it.

> I feel stressed when I'm in a predominantly White community. That stresses the hell out of me. … Just being in the community there's no telling what will kick off. Sometimes in a predominantly White community you always look suspect. You get some kind of funny … you get some [looks] like what are you doing here.
>
> … just being up in the community, when they saw me pull up on the scene, their faces turned like cherry red.

The men who participated in this study had many experiences with racial discrimination in various settings, and the conversations were explosive at times. In addition to overt experiences of racial discrimination, these findings also highlight the deleterious effects of microagressions. As described above, African American men in this sample reported that subtle differences in treatment and demeanor from Whites made them feel stressed and uncomfortable.

Workplace Discrimination

One of the most likely settings for experiences of discrimination to occur was within the workplace. In this setting, there were conflicts about how to handle these incidents and how comfortable participants felt in expressing their emotions about experiences of discrimination in the workplace.

> … I've been down there [working at a new restaurant] since they opened up, so I've been busting my ass since I've been there, and I trained this White guy, and they put him over me. So I was kind of looking at that like damn, you know what I'm saying, and all they can tell me is he has a sense of urgency. I'm like, I trained him, you know what I'm saying. Where did that come from? He got a sense of urgency, but I put that in him, so that has a big effect on, to me.
>
> I come in one day and he [my boss] tells me … you are going to be his bitch today. You are going to have to work behind him. Are you serious? I called my PO [parole officer] and said we have a slight situation up here. I am nobody's bitch. He asked who said it. I said my boss. I walked off the job. My PO told me you have to go back down there and get that job. Go back down there after a grown man called another grown man a bitch?

After experiencing discrimination, participants expressed that they felt powerless to react or do anything about incidences of discrimination in the workplace.

Unfair Treatment From the Police

Discrimination and harassment from the police also emerged as a subtheme interpersonal racial discrimination.

> Racism you have to look at in our neighborhoods right now. The police officers. The jump team. You can't even walk down the street in your neighborhood without two White boys jumping out on you asking you what you are doing.
>
> … these White police offices that don't even live down here, who are supposed to live in their jurisdiction and don't, make it hard on us to walk in our neighborhood,

> live in our neighborhood. You can't stand nowhere without them pulling up, jumping out of cars … they are profiling.

The experiences African American men with the police expressed in this study, particularly the feeling of being under surveillance, could increase the level of vigilance African American men may feel, not just in integrated environments but also within their own neighborhoods. Interactions with the police are particularly salient in the United States given the alarming number of police-involved shootings in recent history.

Structural Racism

Participants shared their perceptions of structural racism and identified aspects of structural racism as factors that limited their life chances. For instance, racial residential segregation was described as participants discussed differences they witnessed in school systems and neighborhoods, as well as disparities observed in the criminal justice system.

Racial Residential Segregation

> They just tell you that you are not coming up into this neighborhood. We don't want black folks in this neighborhood. Now, when you go into these neighborhoods all over the United States and you see they don't have any black residents in some of these counties. They know how to stop you from coming in there now. They just can't tell you because of the federal law. They just can't tell you that now. They know how to price you out of there. Then they will put condos up and they make the rent so high that if you are a black person and you want to move in there and pay that high rent to live there, you are welcome.

> Every time they see something, they put it on the news that black on black crime or whatever, but they don't tell you what the cause of all of that … the cause of that is poverty and stuff. You pile people up on top of people. They put up high-rise projects. You notice they don't do it no more. Stack all those people on top of each other and on top of each other. Then they didn't want no violence. They didn't have no space for themselves. What do you expect? A lot of stuff we have in the black race is by design. That is why they call it the projects. Put some sardines in a can.

Respondents described racial differences in educational quality and opportunities, noted that they did not believe they were adequately prepared in school, and wondered how different their lives would have been if they had attended schools that Whites had the opportunity to attend. Some identified these educational differences as critical points in their life trajectories and wondered what their lives might have been like if they could have stayed in majority White school or a school located in the "county."

> … when I went to public school when I was in the sixth grade, they covered stuff I learned when I was in the fourth grade. So all the stuff I am learning in the sixth grade I learned in the fourth grade. By the time when they caught up with me, I was in the eighth grade going into ninth. I moved back into a White school … they are doing stuff that I didn't hear of. It was kind of confusing for me.

Another respondent noted the differences in schools in the city of St. Louis and St. Louis County.

> … I just keep thinking, if I stayed in county school, I probably would even have kids right now. I got 5 kids, a boy and 4 girls. If I would have stayed in county school, I probably would have been alright …

Racial disparities in sentencing were another example of structural racism that participants discussed. As mentioned above, participants felt that they were unfairly stopped and harassed by the police in their community.

> The only time you find a White boy in a high-level prison is for murder. You got me. I go to court for distribution and manufacturing of heroin. I get five tens all run together concurrent. Judge told me I was menace to society. Turn around a White man got first-degree sodomy, first-degree rape, and they gave him five years probation. However, I am the menace to society but he just raped and sodomized a little boy that is 5 years old but you give him probation.

> … a Black man coming home from the penitentiary and they won't get nothing. No job. However, a White man can come home from the penitentiary, walk right in a place, and get a job. It is just that simple. He can be a rapist. However, they can look at a black man who was selling drugs, not even looking at us as a hustler, but just because of my criminal background, I already got one strike against me.

Beyond experiences in prison and comparatively harsher sentencing, African American men with a criminal record in this sample explained that the challenge to find and maintain stable employment once they are released was quite formidable. Continued contact and surveillance with the criminal justice system through parole also presented an additional stressor that even affected whether participants felt they could report instances of racial discrimination in various settings.

Coping

Here, we describe the ways African American men in our sample sought relief from stress, including racial discrimination and structural racism. We asked participants "how do you deal with stress or negative feelings in your day to day life?" Participants described health behaviors used to cope with stress, including health promoting behaviors such as engaging in physical activity, as well as negative health behaviors such as smoking and drinking alcohol. Social support, specifically support groups, as well as spirituality and participation in religious activities emerged as coping strategies men in this study considered effective.

Health Promoting Behaviors

Physical activity emerged as a coping strategy as respondents highlighted exercise as a source of stress relief and a behavior that could improve their general health.

> So what I do, like I say, for my stress relief, I go play ball, I go to the swimming pool do some laps. I go hit the weights.

> I'm more encouraged … put that energy toward something positive. When I walk off the court I feel good about myself.

In addition to coping with stress, African American men in this sample shared that physical activity made them look and feel better and was effective in venting frustration and anger.

Negative Health Behaviors

Respondents discussed a number of negative health behaviors they utilized to cope with stress. These behaviors included smoking, illicit drug use, especially marijuana, and alcohol consumption. Men discussed their use of alcohol and drugs to alleviate stress and how these factors were seen as a form of self-medication.

> I deal with that [stress] by drinking … I'll be drinking all the … my thing is I love to drink. That's my thing, I love to drink and smoke my cigarettes.

> I medicate myself man. You just do it again until you get professional help. If you don't get no professional help I guess you are up there kind of dealing with it on your own and help you come up out of it.

However, a number of participants shared that they started off on the self-medication route until concerns about health or trouble with the law forced them to stop smoking, drinking, or using drugs.

> I used to get mad, and the only way that's going to cool me off, I got to go to the liquor store, I get a handle …

> My coping schools were not all that great. Give me my drink and leave me alone. I was a stone cold alcoholic. I had that mentality where if something wasn't right and I felt stressed, I would go to that liquor store, get me four 32's and maybe a bottle … and say fuck it! Start drinking. It got to a point where I was tearing my body down. I was waking up some mornings feeling sluggish. Didn't want to move. Didn't want to do nothing. Guess what, I just grabbed me another beer. I felt fine.

> I disagree with the drinking, even though I participated in it, because drinking is only a temporary relief. It's just numb, but when you wake up and you're hung over and the guilt hits you and those problems are still there …

> That is the thing with us black men. We feel like drinking and drugging is going to take away your problems. However, we know it is temporary.

> But you know it's going to be drugging, alcohol, that's basically how I always dealt with it but the minute that high goes down the stress right back up. No drugs or alcohol in the world stay loaded your whole life, it ain't even worth it.

> A lot of black folks do that, man. When they are stressed, they find ways to medicate themselves to leave them of that stress for the moment. It comes back when the high wears out and the drunk wears off, it comes back. Reality sinks back in and the cycle goes again.

Numerous men in this study discussed drinking and substance use, particularly marijuana, as coping behaviors they used when facing stress. Although temporarily effective, many participants expressed belief that drinking and drug use usually made their problems worse or negatively affected their overall health and well-being.

Social Support

Participants also identified support groups as an avenue to seek relief from stress. A number of men mentioned the support they had received in narcotics anonymous as well as alcoholics anonymous.

> We [‘re] laughing … that’s actually a way to deal with stress because you let it out. Then when you laugh that brings you a sense of peace within yourself. It can be just a group of men, picking a certain day, and a certain place.
>
> This isn’t somebody trying to judge you, trying to change you, this is somebody who wants to see you at your best. Whatever they tell you they know it’s going to be in your best interest. It’s coming from multiple people too. Then you can weigh all the options, you think about it, you process it.

Social support from family also emerged as a code related to positive coping. Participants discussed how they relied on various members of their family for support and relief from stress. They were also able to escape stress by spending time with their children.

> My family always been there for me, even when I ain’t been there for them. My mother, she’s real strong support system in my life …
>
> My workout, my daughter, prayer.

A few respondents mentioned that participation in the focus group study was therapeutic for them.

> This is good right here. The release of the stress … just the group right here. You need more support.
>
> The meeting we are in right now it is relieving some stress for me. This was beneficial while we were just sitting here talking about stress.
>
> Right now, it is just the support of others. When you let it out you hear other people give you feedback and then you know you are not the only one going through it. Then also, you know it is going to be all right. You just have to stay focused and keep doing what you need to do. That keeps me level.
>
> I would have medicated myself [today]; I didn’t think what we were going to be talking about … I didn’t have any idea.

These responses illustrate that African American men in this sample have benefited from social support offered by their friends and family. In addition, men indicated that they were open to seeking support in group settings.

Spirituality and Religiosity

Another subtheme was spirituality. Respondents mentioned that they used prayer to find solace when they were stressed out.

> I pretty much was brought up in the church background so my thing was always pray. My prayer was always head in my house, so I still do it today, if I feel like it’s too much for me to handle, I take it to God, I mean He can’t even, if it is not even

> that much, whatever it is I put it in his hands, at the end of the day, when I lay down at night, I say my prayers and whatever my problem is, whatever problems I've heard in my groups, I put it all in my prayer, and I leave it to Him to make it right.
>
> I grew up in church myself as well, I'm real big spiritual, that's what I get a lot of my positive energy from, the word, that's the atmosphere.

Although spirituality was almost universally endorsed as a positive coping mechanism, there were some counter viewpoints expressed about use of prayer and attending church.

> You can go to church every day. You can do this and that … preacher talking about praying … when you leave there, that electric bill or gas bill, they have to be paid. They don't care nothing about what their preacher say.

In response to this statement, another respondent added, "You know they are going to pass the basket … "

Some participants indicated that although prayer and engagement in church would temporarily relieve stress and help them to feel better, they did not feel that these activities would offer a permanent solution to the stressors and problems they faced. In addition, for men who expressed financial instability, attending church was perceived as another financial challenge.

Discussion

The data from our series of focus groups with African American men in St. Louis are timely and pertinent to the nation's discussions on Ferguson. These data indicate that racial discrimination and structural racism are pervasive stressors. Men in our sample were acutely aware of economic and employment disparities in the region that were related to race. These experiences could pose as substantial threat to the health and well-being of African American men in similar settings across the country.

Some experiences of racial discrimination reported by African American men in our sample occurred early on in their lives and informed their views of race relations early in life. Racial discrimination within the workplace was a major concern and source of frustration and stress for participants in our groups. These incidents were even more impactful because men in our sample, on average, were of lower socioeconomic position and did not want to risk their jobs if they reacted outwardly when facing discrimination. Many participants in the sample were employed in low-wage positions that often had little control and did not feel they could express themselves for risk losing their jobs. In addition, some of the participants in the sample were once incarcerated and were currently on parole and consistently spoke of simply "pushing it down" rather than outwardly reacting.

At the structural level, participants noted that quality of education and preparedness, along with the social environment in schools, were transformative factors. Many respondents noted stark differences in the types of schools that they had access to during their formative years and saw these educational disparities as important factors in their life trajectories. In

addition, sentencing disparities and long-term engagement with the criminal justice system was also a major factor related to structural racism.

This sample of men described a broad array of coping strategies, which adds to the literature in an important way. Some participants mentioned that they sought relief from stress through self-medication, specifically the use of alcohol, illicit drug use, and smoking. However, respondents also shared that as they aged, they were more motivated to use health promoting coping behaviors because they knew poor health behaviors, such as drinking or smoking, could shorten their life expectancy and increase their risk of different morbidities. In addition to the development of health problems related to coping behaviors, respondents also discussed that they realized that poor health behaviors such as drinking and drug use were only temporary solutions to their problems. Participants discussed how they became involved with drugs and alcohol use early in their lives, first in the search of social acceptance then as a method to cope with stress. Several participants expressed regret over their use of poor health behaviors earlier in their lives. This indicates that targeted, culturally appropriate prevention efforts are needed for African American men at different periods of development, particularly during emerging adulthood. It also indicates that middle-aged men may be a prime population to intervene on and help support cessation efforts. Intervention efforts must be tailored with the knowledge that some practices are effective means of coping, offer alternatives, and find ways to reduce exposure to poor health behaviors in poorer communities.

Physical activity could be a positive coping strategy that not only has mental and physical health benefits but also fits within the social and cultural norms of African American men. However, results from Ellis et al. (2015) indicated that African American men are less likely to engage in physical activity when they are feeling stressed. Furthermore, due to widespread racial residential segregation, neighborhoods in which many African American men reside may not have adequate resources to support individuals who wish to engage in physical activity (Williams & Collins, 2001). Results from this study suggest that physical activity is an effective, socially acceptable coping strategy for African American men, and more supports are needed to help promote and facilitate physical activity in this group.

Men reported that they looked to spirituality and religious practices to cope with stress. Evidence from previous studies indicates that these behaviors are generally associated with fewer mental health problems (Chatters et al., 2008; Hackney & Sanders, 2003; Taylor et al., 2011). Spirituality and religious practices are effective, socially acceptable coping strategies among African American men (Ellis et al., 2015). Yet, some participants indicated that although prayer and engagement in church would temporarily relieve stress and help them to feel better, they did not feel that these activities would offer a permanent solution to the stressors and problems they faced. In addition, for men in this group who expressed financial instability, attending church could be perceived as another stressful financial obligation. Helping African American men to connect with supportive religious environments and spiritual guidance may be an effective strategy to help cope with stress. However, it is important to make sure men feel supported and that they will not be judged for their struggles in these settings.

Social support, long considered a major factor in the stress and coping pathway (House, 2001; Lincoln, Chatters, & Taylor, 2003; Noh & Kaspar, 2003), was also a major source of relief for participants. Men voiced their desire to discuss stress in nonjudgmental support groups, and some shared their experiences in formal groups, such as alcoholics and narcotics anonymous, as well as informal focus groups and expressed their belief that support groups could be helpful in finding support and solutions to the problems they faced. Respondents reported that just talking about their stressors in a comfortable, nonjudgmental group setting would be helpful, and they would welcome more opportunities to do so. There was hesitancy expressed regarding seeking professional help to deal with stress and depression due to mistrust, availability of service, and cost. Support groups to help African American men cope with stress and overcome depression could be developed and tested to determine whether this is an appropriate and effective resource, particularly for socially and economically disadvantaged African American men.

Limitations

There are a number of limitations that should be considered when interpreting the results of this study. The focus group facilitator was an African American man, so it is possible that bias was introduced into the study. For instance, there could have been assumptions made by the facilitator rather than probing deeper and uncovering more information. Sex was discussed as an effective coping strategy among participants, but we did not assess whether sex was “risky” (e.g., unprotected sex, multiple partners). Future research efforts would benefit from including questions about the nature of sexual relationships that African American men have. Although there was organic discussion of perceived disparities within the criminal justice system in each of the focus groups, we did not systematically inquire about participants’ experience with the criminal justice system in the survey or in the focus group guide. Future inquiry in populations such as this would benefit from the purposeful inclusion of experiences within the criminal justice system as well as perceptions of unfair treatment due to race within the criminal justice system. In addition, future research would likely benefit from asking African American men whether their parents may have ever been incarcerated as researchers have noted that parental incarceration is associated with myriad physical and mental health problems (Turney, Wildeman, & Schnittker, 2012; Wildeman, 2010, 2012).

Conclusion

The findings from this study revealed a unique snapshot of what is occurring in the Ferguson region regarding perceptions of discrimination, unequal access to resources and opportunities, along with poor community–police relationships, all of which have coalesced and ignited unrest in the St. Louis region and across the country. Long before Officer Darren Wilson confronted Michael Brown for jaywalking and eventually shooting him, it is clear that African Americans in the St. Louis region have felt that they are unfairly targeted, watched, and harassed by the police. There are key structural factors, beyond improved policing tactics, that must be addressed. Although Ferguson has been the subject of conversation in the media and was the center of a Department of Justice investigation,

disparities in education quality and employment opportunities are deeply entrenched in the St. Louis region and must be addressed to ease tensions in the region.

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Table 1.

Characteristics of the Sample.

Variable	*n* (%)
Total	26
Age	
M (*SD*)	40.6 (1.64)
Marital status	
Married	2 (8)
Living with a partner	2 (8)
Separated	2 (8)
Divorced	4 (17)
Widowed	1 (4)
Never been married	13 (54)
Education	
8th grade or less	1 (4)
9th, 10th, or 11th grade	8 (31)
12th grade	9 (35)
Some college (no degree)	8 (31)
Current work status	
Full-time	7 (27)
Part-time	4 (15)
Unemployed	10 (39)