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Christina M. White Date

Stress, Coping, and HIV: Culturally Specific Coping Strategies and Their Influence on HIV Risk and Protective Behaviors in a Sample of Black Men in Valdosta, GA

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An abstract of
A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
in partial fulfillment of the requirements for the degree of
Master of Public Health
in Behavioral Sciences and Health Education
2011

Abstract

Stress, Coping, and HIV Risk: Culturally Specific Coping Strategies and Influence on HIV Risk and Protective Behaviors in a Sample of Black Men in Valdosta, GA

By Christina M. White

In spite of increasing rates of HIV among heterosexual Black men, there has been limited research on behavioral factors that influence their HIV risk and protective behavior. The Transactional Model of Stress and Coping (TMSC) suggests a relationship between stress, coping, and health behavior. Black men experience significant stressors due to their racism-related experiences and coping strategies used to address this stress may be related to their HIV risk and protective behaviors. This study used qualitative interviews and a quantitative survey to explore the relationship between culturally specific coping strategies and HIV risk and protective behavior among a sample of 30 Black men in Valdosta, GA. The study explored the types of racism-related stressors participants had experienced, culturally specific coping strategies used to address them, types of HIV risk and protective behavior the men engaged in, and the relationship between the coping strategies and HIV risk and protective behavior among the men.

Thematic analysis was conducted on interview data. Low, medium, and high HIV risk group categories were created using survey data and coping strategies were compared across groups. Findings show that participants experienced a variety stressors due to institutional, personally mediated, and internalized racism and used several coping strategies to address them including John Henryism, Cool Pose, Spirituality, and Social Support. In addition, participants engaged in several forms of HIV risk and protective behavior including condom use, HIV testing, non-condom use and having multiple partners. John Henryism and Cool Pose were used most frequently by low HIV risk and high HIV risk groups, while spirituality was used most frequently by the low HIV risk group. Social support was used with equal frequency by all groups, however the low risk group more frequently used social networks involving others tied to their place of faith. These findings suggest there are elements to John Henryism and Cool Pose that may influence both low and high HIV risk individuals. Furthermore, spirituality may play an important role in facilitating lower HIV risk. More qualitative research is needed to better understand these relationships.

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ACKNOWLEDGEMENTS:

Doing this work was a rewarding experience during which I learned several important lessons about research as well as taking the words of many and finding a way to convey them meaningfully and truthfully. When I conceived of this project my initial interest was to give a voice to Black men who, in so many contexts, are ignored and marginalized. Conducting qualitative research with this population seemed to me the perfect way to make sure their stories and the meaning behind them were heard. I must express my appreciation to several people who made this project possible.

First, I am immensely grateful to the 30 men who shared their thoughts, experiences, and emotions so candidly with the interviewers for this project. Through this sharing they have made a tremendous contribution to my growth as a student and researcher, and for that I am forever grateful. I can only hope that the work I have created does them and their stories justice. I must also thank Dr. Kimberly Jacob Arriola for her patient guidance and offering of several resources without which it would have been incredibly difficult to complete this work. In addition, Dr. David Malebranche is owed many thanks for allowing me to use his data set and giving me the academic freedom to explore what interested me without restriction. I am grateful to both Dr. Arriola and Dr. Malebranche for taking the time out of their busy schedules to review drafts and give useful advice without which I would have been lost. I would also like to thank the interviewers for Project Adofo, Bernard, Jeffrey, and Alanna for traveling to Valdosta to conduct the interviews as well as the project coordinator, Brandi Park, for being so responsive to my data and information requests.

Lastly, I would like to thank my family and friends: Mom, Dad, Jayson, Omarr, Afshan, Linda, Nastasha, Shani, Ona, Ayesha, Deja, and Sarah. Without their support I would not be where I am today.

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Chapter 1: Introduction

Background

Black men have the highest prevalence of HIV when compared to all other races and ethnicities in the United States and the most recent prevalence data indicate that the number of Black men infected with HIV is six times that of their white male counterparts (CDC, 2008). In addition, trends in disease prevalence indicate that HIV infection is increasing in the southeastern United States, particularly in rural areas (Karon, Fleming, Steketee, & De Cock, 2001; Steinburg & Fleming, 2000). Blacks in the rural southeastern United States are disproportionately affected by HIV as they represent approximately three-quarters of all HIV diagnoses in the southeast region (Hall, Li, & McKenna, 2005).

Georgia ranks 6th in AIDS cases in the nation with a cumulative total of 39,460 people infected as of 2009 (CDC, 2011b). Blacks account for approximately 66.5% (n=26,241) of those cases in Georgia compared to the 40.5% of cases represented by Blacks nationally (The Kaiser Family Foundation, 2010). Furthermore, in 2009 Blacks represented 74% of Georgia's newly diagnosed cases of HIV (not AIDS), while they accounted for only 30% of the state's population (Georgia Department of Community Health, 2010). While the majority (67%, n=26,986) of those diagnosed with AIDS live in the Atlanta metropolitan statistical area (MSA), the remaining third, (n=13,342), reside outside these Atlanta counties (Georgia Department of Community Health, 2010). The prevalence of HIV/AIDS in rural Georgia is among the worst in the nation. In 2006, Georgia ranked 1st among all states in both the number of cases of AIDS (n=201) and HIV (n=363) in rural areas (CDC, 2006a).

The majority of those infected with HIV in the rural Southeast are male, and this region has a higher percentage of men infected through heterosexual sex (28.5%) than in other rural areas (including Appalachia, the Mississippi Delta, and the U.S.- Mexico border) (Hall, Li, & McKenna, 2005). Among Black men in particular, approximately a quarter of new HIV infections are transmitted through heterosexual sex nationwide (CDC, 2011a). Additionally, approximately 80% of cases of HIV in Black women are contracted through heterosexual sex as well (CDC, 2011b). The high prevalence of HIV among heterosexual Black men is cause for more research into HIV risk behavior among this group. Exploring this dynamic will provide comprehensive information for Black men so they can protect both themselves and their partners from infection. In particular, it is important to address this issue in rural communities where access to medical treatment for HIV is limited (Kemppainen, Kim-Godwin, Reynolds, & Spencer, 2008).

Despite the high prevalence of HIV among heterosexual Black men, research evaluating the risk and protective behaviors among this population is relatively scarce in the United States. Much of the research surrounding HIV-related sexual behavior in Black men is conducted in populations of gay or bisexual men due to disproportionate burden of HIV among Black men who have sex with men (MSM) (Millett, Peterson, Wolitski, & Stall, 2006). In addition, an interest in the "down low" phenomenon, or men who have sex with men and women but do not disclose their sexual encounters with males to their female partners (Millett, Malebranche, Mason, & Spikes, 2005) has also fueled research on risk behavior almost exclusively among Black MSM and MSMW.

In addition to current research on Black men being largely restricted to gay and bisexual men, studies often focus on negative social contexts and behaviors associated

with HIV risk behavior including substance abuse, incarceration, and HIV seropositivity (Cederbaum, Coleman, Goller, & Jemmott, 2006; Coleman, 2007; Coleman & Ball, 2010; Khan, et al., 2008). Additionally, research almost exclusively focuses on HIV risk behavior and thus does not address how protective behavior can impact HIV transmission among Black men. Information about the diverse psychosocial factors and social context that may influence sexual behavior in Black men is largely absent from the literature.

Stress is a psychosocial factor that is a chronic source of aggravation in the lives of Black men in America (Dressler, 1985). In addition to general life stress, Black men frequently experience racism, which is a stressful event that can have adverse health effects (Clark, Anderson, Clark, & Williams, 1999; Williams & Williams-Morris, 2000). Racism and discrimination experiences are increasingly being understood by researchers in the context of stress and coping models that predict the impact of stress on psychological and emotional well being. Racism related stress is associated with poor mental health including anxiety, depression, and general psychological distress (Williams, Yu, Jackson, & Anderson, 1997; Kessler, Mickelson, & Williams, 1999; Siefert, Bowman, Helfin, Danzinger, & Williams, 2000). Additional psychological stress responses to experiences with racism include anger, paranoia, resentment, helplessness, hopelessness, and fear (Armstead, Lawler, Gordon, Cross, & Gibbons, 1989; Bullock & Houston, 1987). Clark et al. (1999) contends that prolonged exposure to acute and chronic racism related stressors influences coping responses and that these coping responses may modify the effect of racism related stressors on health outcomes (Clark et al., 1999).

The coping strategies used by Black men to manage the stress, race-related or otherwise, that they experience in their lives can have a serious impact on health behavior. Research has shown that negative coping strategies are associated with behaviors that adversely impact health including, smoking, illicit substance use, and poor eating habits (Mezuk, et al., 2010; Revell, Warburton, & Wesnes, 1985; Stone, Lennox, & Neale, 1985; Wills & Shiffman, 1985). In particular, maladaptive coping strategies are associated with increased sexual risk behavior including having multiple partners and unprotected sex (Folkman, Chesney, Pollack, & Phillips, 1992; McKusick, Hortsman, & Coates, 1985). Understanding the coping strategies used by Black men to cope with the stress in their lives and how they may be related to their sexual risk taking or protective behaviors has important implications for reduction of HIV transmission. More in depth knowledge of these coping strategies and their relationship to HIV risk could provide a foundation for new, tailored interventions that address this target population specifically.

Some researchers suggest that coping strategies posited by more common theories of stress and coping do not adequately represent the strategies used most often by Black men and women. Utsey, Adams, & Bolden (2000) argue that the group- centered psychology and spiritual elements of Black coping styles are not adequately reflected in the Transactional Theory of Stress and Coping. The authors suggest, that more culturally specific coping strategies may better explain the relationship between coping strategies and sexual risk behavior. As such, culturally specific coping strategies examined in this study include Cool Pose, conceptualized by Majors and Billson (1992), as a coping strategy used by Black adolescent males, and John Henryism, defined as a strategy used for actively coping with the psychosocial stressors in one's life (James, Harnett, &

Kalsbeek, 1983). These constructs are discussed in more depth in the *Theoretical Framework* section. Including these coping styles in a study of the relationship between coping style and HIV risk and protective behavior in Black men, is an opportunity to examine coping strategies that may be more culturally relevant.

Purpose

This study used qualitative methods to explore the influence of coping methods used by Black men for managing stress on their HIV risk and protective behaviors. In particular, it includes an analysis of two culturally specific coping methods identified in the literature. Semi-structured interviews were conducted with 30 Black men from Valdosta, Georgia, a rural area in the southern end of the state. It is part of a larger study examining mental health determinants, culturally specific coping strategies, and their relationship to HIV risk and protective behavior among Black men in Atlanta, Columbus, and Valdosta, Georgia.

Research Questions

1. What are the racism-related stressors that Black men experience?
2. What are the coping strategies used by Black men for managing their stress?
3. What are the HIV risk and protective behaviors that Black men engage in?
4. How does the use of culturally specific coping strategies vary by engagement in HIV risk or protective behaviors?

Rationale

This study fills several gaps in the current literature on stress, coping, and HIV risk and protective behavior. First, focusing on HIV negative, heterosexual Black men provides information about a population about which limited information exists with

regard to HIV risk and coping strategies. Second, evaluating culturally specific coping strategies in this population will help to elucidate the relationship between coping and sexual risk behavior in a way that addresses the unique cultural factors impacting stress and coping among Black men. Third, examining potentially HIV protective behavior among Black men will provide information about factors that influence positive behavior and could serve as the foundation for behavioral interventions to reduce HIV transmission. Lastly, this study focused on the rural Southeastern United States, an area increasingly impacted by heterosexual transmission of HIV and identified as a hotbed of new HIV infections. Understanding the dynamics of sexual risk and protective behavior in this area is crucial to developing programs that can help stop the spread of HIV.

Theoretical Framework

This study used the Transactional Model of Stress and Coping (TMSC) (Lazarus & Folkman, 1984) as a foundation for examining the relationship between stress, coping, and HIV risk behavior in Black men. This model provides a useful framework with which to consider how stressors can impact sexual risk and protective behavior by eliciting coping reactions that facilitate or inhibit these behaviors. The model defines stress as the result of an interaction between a person and their environment that "is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being" (Lazarus et al., 1984).The TMSC outlines an appraisal process through which an individual evaluates the threat of the stressor and the resources they have at their disposal to address it. Lazarus et al. (1984) assert that appraisal combines with coping efforts to impact coping outcomes such as emotional well being, functional status, and health behaviors.

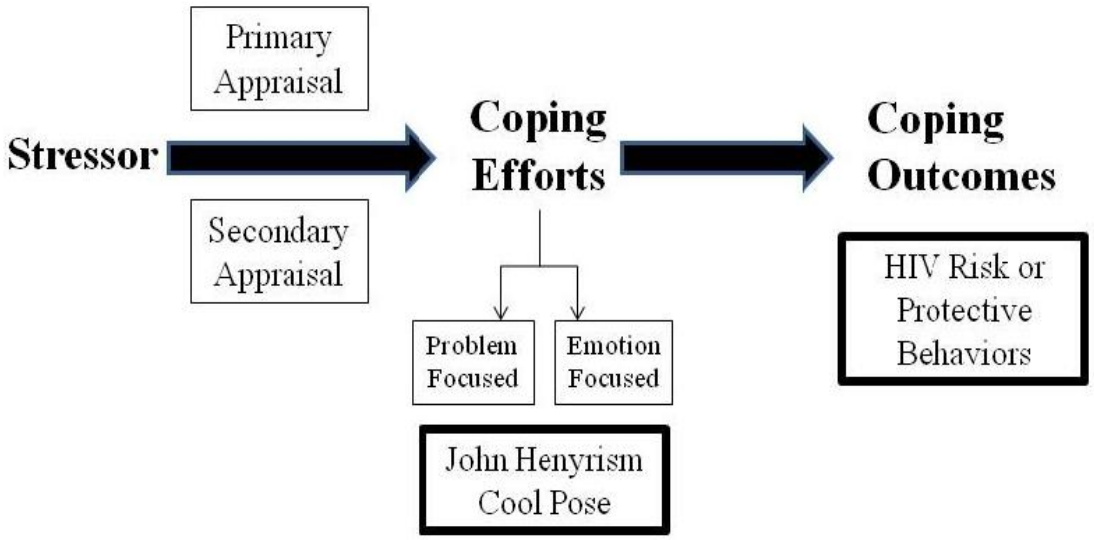
Primary appraisal is the process through which individuals assess the significance of a threatening event or stressor (Glanz, Rimer, & Lewis, 2002). According to the theory, the perception of severity or seriousness of the stressor is directly related to the amount of distress experienced as a result of the threat or event. Secondary appraisal involves an evaluation of an individual's ability to control the stressor and the coping resources available to them (Glanz et al., 2002). Lazarus et al. (1984) emphasize that secondary appraisal involves more than just a cursory listing of available coping resources. Rather it is a complex process in which in individual considers the available resources, their ability to successfully leverage them, and their expected effectiveness. Primary and secondary appraisals happen simultaneously and interact to shape the intensity of stress experienced.

Following the appraisal of stress, coping is the process through which an individual manages this person-environment interaction that they have appraised as stressful and any emotions that may accompany it (Lazarus et al., 1984). TMSC identifies two main coping strategies: problem focused and emotion focused (Lazarus et al., 1984). Problem focused coping is an active strategy which involves behaviors aimed at managing the problem and includes strategies such as active coping, problem solving, and seeking information (Glanz et al., 2002). In contrast, emotion focused coping involves managing the emotions associated with a stressor. It includes behaviors such as seeking social support, venting feelings, avoidance, and denial (Glanz et al., 2002). Which coping strategy is employed is associated with the results of the appraisal process. TMSC predicts that problem focused strategies are more likely to be utilized when the stressor is appraised as changeable (Glanz et al., 2002).

Finally, Lazarus et al. (1984) outline how coping outcomes are impacted by the coping strategies employed by the individual. Coping outcomes are the result of an individual's efforts to adapt to a stressful situation, and thus are the direct result of primary and secondary appraisal as well as the coping strategies used. The three main outcomes include emotional well-being, functional status, and health behaviors. According to the model, health behaviors may also be influenced by emotional well-being as a result of coping strategies. TMSC offers a lens through which to examine the way stress and the resultant coping strategies may impact sexual behavior among Black men.

While this theory offers a useful framework, it may not capture all the aspects of stress and coping present in Black men's lives. Utsey et al. (2000) argued that TMSC does not fully represent the range of coping strategies used by people of African descent. They suggest that modern coping theories, including TMSC, are firmly rooted in Eurocentric conceptions of stress and stress-adaptive behaviors. As a result, it is important to consider the culturally specific coping styles Black men may use in their encounters with stress. Two constructs which describe coping strategies commonly used by Black men are included as addendums to the TMSC in this study and are described below.

Figure 1 Transactional Model of Stress and Coping, John Henryism, and Cool Pose



*Adapted from Glanz et al. (2002)

Culturally Specific Coping Styles

John Henryism

John Henryism refers to "a strong personality predisposition to cope actively with psychosocial environmental stressors" (James, Harnett, & Kalsbeek, 1983). It is a coping concept defined by Sherman James, professor at the Duke University Sanford School of Public Policy, and based on an encounter he had with a hypertensive Black man. The man was named after John Henry, the famous Black steel driver of American folklore who raced a steam powered hammer and won, but collapsed and died of exhaustion after the race (Johnson, 1929). True to his namesake, this patient exhibited tremendous determination and motivation to succeed, even in the face of insurmountable barriers. Having been born into poverty, at the age of 21 Martin was an illiterate sharecropper. Through determination and hard work, however, by the age of 40, he'd taught himself to read and amassed nearly 75 acres of North Carolina farmland (James et al., 1983). As he

aged, however, Martin began to experience health problems such as hypertension and arthritis that led James to hypothesize a relationship between his highly motivated coping style and physical health (James et.al, 1983).

James et al. (1983) defined John Henryism simply as "an individual's perception that he can meet the demands of his environment through hard work and determination". As a coping construct it contains elements of what is defined in the literature on stress as "perceived control" as well as its behavioral counterpart, active coping. Individuals utilizing John Henryism as a coping style have a self perception of "personal confidence and environmental mastery" (James et al., 1983) that enables them to approach challenges with an attitude that they can accomplish anything with sufficient effort and determination. James et al. (1983) worked to clarify the concept of John Henryism into a measurable construct by creating a scale to quantify it. The original 8 item scale, measures themes related to hard work and determination in addition to perceived control.

James' original hypothesis about the relationship between John Henryism and health led to a significant amount of research that proved a relationship between use of this coping style among Black men and high blood pressure (James et al., 1983; James, Strogatz, Wing, & Ramsey, 1987; Bennett, et al., 2004). While this research has been done in both rural and urban populations it has used the scale developed by James et al. (1983) to examine the construct. As a result the literature is lacking in qualitative research on the use of this coping style. Furthermore, there is no research on the impact of John Henryism on HIV risk or protective behavior. Exploring the relationship between John Henryism and sexual behavior may help to reveal new areas for intervention among Black men.

Cool Pose

Cool Pose is identified by Majors and Bilson (1992) as a coping strategy used primarily by Black males to navigate systems of structural and institutional racism that can be psychologically damaging. It is a reaction to the paradox of American society that demands that Black men fulfill the role of breadwinner, provider, and protector for their families, while simultaneously restricting access to the tools of success so vital to these roles. Evidence of the cultural and institutional forces that negatively impact the prospects of young Black men in America can be seen in the numerous symptoms of social stress they exhibit as a whole. Black men suffer more mental health disorders than Black women or their White male counterparts, are less likely to complete schooling, and have historically had the highest rates of unemployment in America (Majors & Bilson, 1992). Furthermore, when they are employed, Black men tend to make significantly less than their white counterparts.

Majors and Bilson (1992) argue that while many social scientists consider "cool" to be a colloquial term and thus not worthy of scientific exploration, in reality, it serves as a psychological defense against the historic forces of oppression that Black men encounter on a daily basis. "Cool behavior" is empowering to some Black men because "it provides a mask that suggests competence, high self-esteem, control, and inner strength. It also hides self-doubt, insecurity, and inner turmoil" (Majors & Bilson, 1992). It is "a ritualized form of masculinity that entails behaviors, scripts, physical posturing, impression management, and carefully crafted performances that deliver a single, critical message: pride, strength, and control" (Majors & Bilson., 1992). Cool Pose generally takes two forms. The first is an expressive, actively aggressive performance that involves a way of walking, talking, and dressing that portrays style and control. Maintaining this

image requires engagement in a kind "compulsive masculinity" that portrays "toughness, sexual promiscuity, manipulation, thrill-seeking, and a willingness to use violence to resolve interpersonal conflict" (Majors & Bilson., 1992). The second is a "restrained masculinity" that involves showing limited emotion and remaining detached even in the face of extreme emotional turmoil (Majors & Bilson, 1992). By remaining un-phased, Black men transmit a message of calm and control that both empowers their own self image and undermines the psychologically destructive forces of racism and prejudice. Cool Pose has value as a survival skill among Black men because it counters feelings of "second-class status" experienced by men encountering the multiple barriers to success presented by the legacy of slavery and institutionalized racism (Majors & Bilson, 1992).

Cool Pose has been primarily examined as an urban phenomenon and the outwardly aggressive role portrayed by Black men has been explored in the context of "street culture". Majors and Bilson (1992), however, submit that it is a useful survival tool for Black men, and others, in a variety of settings. Black men in rural environments are subject to different, but equally damaging, social and cultural forces of discrimination than their urban counterparts. In actuality, rural Southern settings, in which the legacy of slavery and racial oppression may be particularly poignant, appear to be extremely important places to evaluate Cool Pose as a coping strategy. In light of the high rates of HIV among Black men, the impact that Cool Pose may have on sexual behavior can add to our understanding of behavioral risk factors among this population.

Cool Pose carries with it implications for HIV risk behavior that make it an important culturally specific coping strategy to examine. Behaviors associated with Cool Pose include sex with multiple partners as an expression of hypermasculinity as well as

efforts to have multiple children. The tough exterior portrayed by Black men utilizing Cool Pose includes a propensity for risk-taking that may also impact condom use with sexual partners. Consequently, examining the role that Cool Pose may play for Black men in a rural setting could help to explain sexual risk taking practices in which they may engage.

Cool Pose, John Henryism, and the Transactional Model of Stress and Coping

Cool Pose and John Henryism represent culturally salient strategies for coping with stress that may have important implications for sexual behavior in Black men. Furthermore, they remain largely unexplored in qualitative research as contributors to HIV risk or protective behavior. While they contain some aspects of problem and emotion focused coping, they do not fit neatly under either category. As such, they were explored as individual coping strategies within the context of the TMSC.

Chapter 2: Literature Review:

HIV and Black Men

Recent prevalence estimates indicate that Black men in the United Sates have higher rates of HIV than men of other races/ethnicities (CDC, 2008). In spite of this heightened prevalence, research conducted to date fails to explore the full range of factors that contribute to high HIV prevalence in this population. A disproportionately high rate of HIV among Black MSM when compared to their White counterparts has led to a multitude of studies that examine risk behavior among MSM in particular (Millett et al., 2006). Even research on this particular population remains inconclusive about the underlying reasons for the heightened prevalence. A review of the literature reveals that Black MSM engage in risk behavior such as unprotected anal intercourse (UAI) and having multiple partners at rates that are comparable to their White and Latino counterparts (Millett et al., 2006). The focus on the "down low" phenomenon, or heterosexually identified Black men who have sex with men has also driven the proliferation of research on Black MSM (Millett et al., 2005). Several studies on the relationship of willingness to disclose sexual identity to HIV risk behavior found that non-gay identified Black MSM engage in rates of risk behavior that are comparable or even lower than the rates of such behavior among men who have disclosed their sexual identity (CDC, 2003; Crawford, Allison, Zamboni, & Soto, 2002). In addition, studies have revealed that sexual identity has limited utility as a predictor of HIV risk in Black men (Crawford et al., 2002; Hart & Peterson, 2004). Restricting research to Black MSM excludes an entire population of Black men who have sex with women and thus limits the

ability of the research to truly explore the underlying causes of the epidemic among Black men as a whole.

Furthermore, research that has been conducted on heterosexual Black men to date focuses almost exclusively on the relationship of negative behavior and social context to risky sexual behavior. Studies on heterosexual Black men have focused on substance abuse, HIV seropositivity, and incarceration as predictors of HIV risk (Cederbaum et al., 2006, Coleman, 2007, Coleman, 2010, Khan et al., 2008). The focus on HIV risk behavior results in research that fails to address factors that may influence HIV protective behavior in African American men. In addition, it does not examine the range of social and psychological factors that may impact HIV related behavior in this population. A major social factor in the lives of Black men in America that has already garnered academic interest in several disciplines is the experience of racism. Black men are a population subject to the multifaceted forces of racism in this country. The legacies of racism still in place today make race based discrimination a social stressor for people of color that has real and measurable impacts on health outcomes.

Racism as a Stressor

Researchers have formally conceptualized the experience of racism and the impact that it can have on minority groups, including Black men. Jones (2000) argues that, rather than being a biologically salient construct, race is simply a proxy for social factors such as socioeconomic status and culture. As such, race captures the lived experience of an individual, particularly in a society as race-conscious as the United States. Jones (2000) offers a theoretical framework which outlines three levels on which racism is experienced by people of color: institutionalized racism, personally mediated

racism, and internalized racism. Institutionalized racism is a form of structural discrimination which is often normalized, if not legalized, and is characterized by "differential access to goods, services, and opportunities of society by race" (Jones, 2000). Personally mediated racism is experienced through everyday interactions with others and includes both intentional and unintentional acts of discrimination and prejudice (Jones, 2000). Lastly, internalized racism involves acceptance by the stigmatized race of the negative images and prejudiced stereotypes they are subject to by the dominant group (Jones, 2000). These three levels of racism, both individually and combined, have a negative impact on the growth and development of members of the stigmatized group that results in generationally sustained inequality (Jones, 2000).

Harrell (2000) expands on this framework, providing an explanation of the pathways through which these experiences of racism are detrimental to the well-being of racial minority groups. Racism negatively impacts members of a stigmatized group by generating stress and also by its impact on mediators of stress including support resources and coping options (Harrell, 2000). Harrell (2000) identifies six types of racism related stress, including that which results from: direct or vicarious racism experiences, daily racism microstressors, chronic contextual stress, and collective and transgenerational transmission of group trauma. These six types of racism related stress fall under three general categories of stress identified in the stress literature, including: episodic stress, daily hassles, and chronic strain (Harrell, 2000; Wheaton, 1993). Episodic stress results from direct or vicarious experiences with racism that occur over a defined and relatively short period of time (Harrell, 2000). Daily hassles may be short lived but happen on a frequent basis and serve as constant reminders that racism is ever present. They include

daily microstressors such as being mistaken for someone who serves people (doorman, parking attendant, etc.) or being followed or observed while in public (Harrell, 2000). Lastly, chronic strain is comprised of experiences of structural racism similar to the institutionalized racism described by Jones (2000). Harrell (2000) contends that chronic strain includes elements of the historic "sociopolitical manifestations of racism" that define the relationship between a minority group and the majority culture. The way this relationship is experienced by an individual in the context of the group, both collectively in the present and as part of the group history, is a constant and creates the chronic nature of collective and transgenerational stressors (Harrell, 2000). Perhaps most important to this framework is the idea that though individuals may not have had personal experiences of racism-related stress, living in a society in which these experiences occur for many creates a level of stress that exists in addition to general life stress (Harrell, 2000).

Racism-Related Stress and Psychological Well Being

Racism-related stress has a multitude of impacts on the physical, social, psychological, and spiritual well being of minority groups. It has been associated with various physiological and behavioral outcomes including hypertension, cigarette smoking, and cardiovascular reactivity (Anderson, Lane, Taguchi, & Williams, 1989, Jackson et al., 1996, Landrine & Klonoff, 1996). In recent years there has been increased interest in the relationship between psychological well being and race-related stress among Black Americans. Racism related experiences are strongly associated with poor mental health including general psychological distress, depression, and anxiety (Williams et al., 1997; Kessler et al., 1999; Siefert et al., 2000).

A few studies have examined race-related stress as a unique predictor of psychological health among Black men with mixed results. Sanders-Thompson (2002) surveyed a sample of 156 participants of different racial backgrounds and found a significant effect for ethnicity when comparing scores on the measures of stress used in the study. In addition, it was found that African Americans reported perceiving the highest amount of discrimination among all ethnic groups. Due to unequal sample sizes across the ethnic groups included in the analyses, it was determined that results were inconclusive about whether race-related stress was a unique stressor for Blacks. Nevertheless, this study provides evidence for experiences of racism as an additional stressor influencing Black Americans. In order to account for a factor that may be masking this relationship, Pieterse & Carter (2007) examined the relationship between race-related stress and psychological health controlling for general life stress among a sample of 220 Black men. They found that when general stress was controlled for race-related stress explained more of the variance in psychological health. Taylor & Turner (2002) evaluated experiences of racism and discrimination and the association with depressive symptoms among a sample of 5,924 high school students. Though Black students reported higher levels of stress and the most exposure to discrimination, when the researchers controlled for social stress, exposure to discrimination did not significantly predict depression in the sample. The researchers concluded that, in some instances, general life stress may play a bigger role than racism or discrimination in psychological distress. While these results differ in their assessment of the impact of racism-related stress on mental health, they indicate that Blacks in general may be

experiencing more stressors, race-related or otherwise, than their counterparts of other races and ethnicities.

Black Men and Racism-Related Stress

Black men experience intense and frequent discrimination in several domains including education and criminal justice (Sidanius & Pratto, 1999). In addition, to individual encounters, Black men are subject to structural racism that is a source of additional stress (Jackson & Volckens, 1998). Structural racism can take several forms but is evident in incarceration rates as well as employment status and compensation among Black men. When the employment rates of Black and White man are compared, Black men are more often unemployed and the salaries receive are often less than their white counterparts (Western & Pettit, 2005). High rates of incarceration among Black men also contribute to higher jobless numbers when compared to their White counterparts (Western et al., 2005). In conjunction with the impact of structural racism, Franklin (1999) posits that Black men suffer from *invisibility syndrome*, the concept that while a Black man may be successful in one area of his life, he is often categorized as dangerous and irresponsible in general. This leads to interactions in which he is forced into a stereotype and is often discriminated against as a result, for example, a Black man who is successful in his career who still experiences a woman clutching her purse when riding in the elevator of his office building. These experiences of Black men are now more frequently being understood in the context of race-related stress and are being evaluated for their impact on psychological and emotional well being among Black men. Evidence of the relationship of psychological distress, especially depression, to sexual risk behavior among Black men has led to calls for more research on the psychological

factors impacting risk behavior (Mays, Cochran, & Zamudio, 2004; Millet, Flores, Peterson, & Bakeman, 2007).

Coping Response and Health Behavior

Stress is a major psychosocial factor impacting Black men in America on a chronic basis (Dressler, 1985). Equally important to examining the impact of psychological distress on sexual risk behavior is evaluating how reactions to these stressors can impact risk or protective behavior. Lazarus and Folkman (1984) identify coping as the process through which individuals manage this stress and the emotions that are generated by it. As such, coping strategies have the ability to exacerbate or diminish the impact of stress on an individual. In order to understand the ways in which stress impacts the lives of Black men, additional studies are needed on the topic. In addition, equally important to examining the stressors themselves is evaluating the extent to which coping strategies may mitigate their impact.

The large body of literature on stress and coping includes a significant amount of research on its relationship to health behavior. Maladaptive coping has been conceptualized in the context of other behaviors that negatively impact health including smoking, alcohol, and illicit drug use (Revell et al., 1985; Stone et al., 1985; Wills et al., 1985). Revell et al. (1985) found that among a sample of college students, those that reported a coping style that involved isolation or keeping to oneself were more likely to self-medicate with various psychoactive substances including cigarettes. Stone et al. (1985) and Wills et al. (1985) examined the relationship between stress and coping and alcohol and other substance abuse with a similar conceptual framework: that substance use is a form of coping because it helps people manage stressors. Additionally, Mezuk et

al. (2010) evaluated a proposed etiologic model that suggests engaging in poor health behaviors (PHB) (smoking, alcohol use, high body mass index) is a coping strategy used for dealing with the stress associated with social disadvantage. In a sample comparing 341 African Americans and 601 Whites living in the Baltimore Catchment Area on measures of stress, depression, and PHBs, logistic regression models showed that as stress increased so did number of PHBs reported. This interaction was a protective factor against depression in African Americans. All of these studies examine the use of a chemical substance as a coping mechanism, however, it has been pointed out by researchers that sexual activity is similar to the use of substances in that it can make an individual feel better about their situation for the immediate moment (Folkman et al.,1992).

Coping Response and HIV Risk/Protective Behavior

McKusick et al. (1985) suggested a relationship between stress, coping, and sexual behavior when they found that reports of having sex to relieve tension were associated with risky sexual behavior among a sample of 655 gay men in San Francisco. The researchers suggested that identifying other outlets for coping with stress could be an effective way to intervene and reduce HIV risk behavior in this population. Folkman et al. (1992) expanded upon this research using the Lazarus and Folkman Theory of Stress and Coping to examine the relationship enumerated in the previous study, among a sample of gay and bisexual men in San Francisco. The authors examined the relationship of several problem focused and emotion focused coping styles to sexual risk behavior. A sample of 398 gay and bisexual men in San Francisco were surveyed about sexual behavior, stress in their lives, and the coping style they use to manage this stress.

Analyses revealed that coping style and not stress levels were significantly associated with risky sexual behavior, defined as unprotected receptive or insertive anal intercourse. In particular, self-controlling coping, defined as keeping to one's self, and positive reappraisal, looking for the positive side of stressful events, both emotion focused coping styles were positively associated with engaging in sexual risk behavior. In contrast, engaging in unprotected anal intercourse was negatively associated with the problem focused coping styles of seeking social support and spiritual activities.

In addition to the use of sex as a coping mechanism, coping resources have been shown to influence the relationship between stress and mental health. Peterson, Folkman, & Bakeman (1996) evaluated the association between stress, coping, physical health, psychosocial resources, and depressive mood among a community sample of 139 gay, bisexual, and heterosexual Black men. The authors used the Lazarus and Folkman Theory of Stress and Coping as a framework which posits that coping resources and coping styles influence the relationship between a stressful event and an outcome. They reported that while coping resources such as social support were significantly associated with lower levels of depression, coping style showed no association. The authors suggested that, since they only asked about one stressful event, which many respondents characterized as outside of their immediate control, the impact of coping style on depressive symptoms may have been muted. Research on the relationship between stress and coping and sexual risk behavior has been conducted almost exclusively among gay and bisexual males and more research is needed on this association in heterosexual Black men.

Coping Response and Black Men

What is known about the coping strategies used by Black men suggests that Black men engage in more negative coping styles than their counterparts of other races and ethnicities which could result in more HIV risk behavior. Leserman, Perkins, and Evans (1992) examined the coping strategies used by asymptomatic, HIV positive, gay men to evaluate the relationship between coping, dysphoria, and self-esteem. Though they point out that the sample of Black men was small (n=17) they concluded that, when compared to white men in the sample, Black men expressed more denial and helplessness coping styles. In addition, denial and helplessness in the study was associated with dysphoria, poor-self esteem, depression, and anger. Similarly, David & Knight (2008) evaluated a sample of 300 gay men of varying ethnicities and age groups and found that Black men reported more disengaged coping styles when compared to White men. In spite of this reporting more stress as a result of stigmatization for being both Black and gay, Black men in the sample did not report higher rates of negative mental health outcomes. The authors note that more research on the coping mechanisms used by Black men is needed to explore this phenomenon.

Though recent research has resulted in the inclusion of racism in modern stress theory, these theories do not always adequately represent the coping strategies used by Black Americans. Researchers have identified coping strategies used specifically by Black Americans that differ significantly from those identified by major theories of stress and coping including Lazarus and Folkman (1984). For example, Daly, Jennings, Becket, & Leashore (1995) found that, when confronted with stressful situations, Black Americans often seek support from units within their cultural group (family, community, and social networks). In addition, they often employ spiritually based concepts in coping

with external stressors. Utsey et al. (2000) conducted a content review of frequently used coping questionnaires and found that coping strategies commonly used by Black Americans were absent from these measures. Noting that Black Americans suffer disproportionately from stress-related illnesses (hypertension, cardiovascular disease, stroke, cancer) the authors cited the need for a culturally appropriate model of coping for this population. As such, Utsey et al. (2000) identified and developed a measure to evaluate four different kinds of culturally specific coping strategies including cognitive/emotional debriefing, spiritual-centered coping, collective coping, and ritual-centered coping. These coping strategies are based in an Afrocentric conceptual framework that takes into account the group and spiritual focuses that are inherent in the cultures of people of African descent. Other culturally specific forms of coping include Majors and Bilson's (1992) concept of Cool Pose, identified among Black male adolescents, and John Henryism, a personality disposition which describes a person who actively copes with the psychosocial stressors in their environment (James et al., 1983). Examining the relationship between culturally specific coping strategies and HIV risk and protective behavior in African American men could reveal new areas for intervention to reduce HIV transmission.

While the constructs of Lazarus and Folkman's (1984) Theory of Stress and Coping have been examined in relation to several health behaviors, including sexual risk behavior, the culturally specific coping strategies mentioned above have not been studied in the same manner. John Henryism has been studied extensively in relation to biological markers of stress. Higher scores on the John Henryism scale have been associated with high blood pressure, hyperlipidemia, and additional cardiac risk measures among Black

men of varying ages (James et al., 1987, Fernander, Duran, Saab, & Schneiderman, 2004, Wiist & Flack, 1992). As an active coping strategy that fits into the construct of problem focused coping in the Theory of Stress and Coping, it is possible that John Henryism could promote HIV protective behavior among Black men. In contrast, Cool Pose has been characterized as a negative coping strategy that could potentially contribute to HIV/AIDS transmission and unintended pregnancies in Black women (Wolfe, 2003). Wolfe (2003) examines Cool Pose, in the context of hypermasculinity, as a factor influencing Black male sexual behavior through low condom use and multiple partners. Corneille, Tademy, Nasim, Reid, & Belgraive (2008) conducted a qualitative study with Black men who have sex with woman about factors influencing sexual risk taking among this population. In the discussion of results, the researcher mentioned the influence of hypermasculinity and male gender role socialization as factors influencing risk behavior. While the authors do not mention Cool Pose as a factor they discuss a theme consistent with the concept of Cool Pose which includes having multiple partners as a means of achieving sexual prowess. While it has been studied extensively in studies on masculinity, Cool Pose has not been adequately evaluated as a coping strategy with implications for HIV risk behavior.

Summary

In spite of increasing HIV prevalence among heterosexual Black men, research regarding sexual risk or protective behavior in Black men has focused almost exclusively on gay or bisexual men, due to a high prevalence of HIV in this population and an overemphasis on the "down low" phenomenon. Additionally, research on Black men has evaluated risk behavior and negative behavioral and social contexts associated with

sexual behavior to the exclusion of research on factors contributing to HIV protective behavior. As a result, researchers have called for more studies on the other factors that may influence sexual behavior in Black men.

The racism-related stress that results from encounters with structural and interpersonal racism is increasingly being understood in the context of stress and coping theories. Black men experience high levels of both acute and chronic racism-related stress and studies have shown that Black men engage in more negative coping strategies than their counterparts of other races and ethnicities. This has implications for sexual risk behavior because maladaptive coping strategies are associated with increased sexual risk behavior. Studying the relationship between coping strategies for mitigating the impact of stress and HIV risk and protective behavior has important applications for reducing HIV transmission among Black men.

While current the Transactional Model of Stress and Coping provides a useful framework for conceptualizing this relationship, the coping constructs included in this theory do not capture the full range of coping strategies used by Black Americans. Culturally specific coping strategies including Cool Pose and John Henryism may reveal more information about the links between coping and HIV risk behavior in Black men.

This study sought to fill the identified gaps in the literature by using qualitative methods to evaluate the relationship between culturally specific coping strategies and HIV risk and protective behavior in a sample of 30, predominantly heterosexual, Black men. A discussion of the study methods follows.

Chapter 3: Methods

Research Design

This study utilized quantitative and qualitative methods to understand culturally specific coping strategies and their relationship to HIV risk and protective behaviors in African American men. Interviews were conducted with a total of 90 Black men, 30 men in Valdosta, Columbus, and Atlanta, GA respectively. The following section describes the eligibility requirements, the interview guide, data collection procedures, and the analysis of the data. Limitations of the study are also discussed.

Target Population and Sample

The target population for this study consisted of Black male residents of the state of Georgia who resided in Valdosta. The study sample included 30 Black men between the ages of 19 and 58 who lived in Valdosta. The mean age was 28.4 years (SD = 11.5 years). About half of the sample was employed (n=16). Approximately 73% of the sample (n=22) identified as heterosexual. Table 1 has a description of sample characteristics.

Table 1. Sample Demographics

Characteristic	N	%
Total	30	100.0
Race	30	100.0
Black		
Age		
<21	9	30.0
21– 30	13	43.3
31 – 40	4	13.3
> 41	4	13.3
Income		
< 15,000	19	63.3
15,001 – 20,000	4	13.3
20,001 – 30,000	5	16.6
30,001 – 45,000	1	3.3
45,001 - 60,000	1	3.3
Education		
Less than 9th Grade	2	6.6
Up to 11th Grade	1	3.3
High School	9	30.0
Diploma/GED	3	9.9
Tech	9	30.0
Some College	5	16.6
College Degree	1	3.3
Graduate Degree		
Sexual Orientation		
Heterosexual	22	73.3
Homosexual	4	13.3
Bisexual	1	3.3
Other	1	3.3

Note. Percentages are rounded so total might not add up to 100%

Sampling and Recruitment

We accomplished recruitment of the sample for this study through both passive and active strategies. Study staff posted post-cards and flyers advertising the study and containing study staff contact information in various locations in Valdosta. Additionally, staff posted flyers on both sexually neutral websites (Blackplanet.com, craigslist.com, and match.com) and same sex focused websites (men4now.com, Blackgaychat.com, and

adam4adam.com). Potential participants were able to call or email the study staff if they were interested in the project. In addition to this passive recruitment strategy, the study staff sometimes approached men in-person to ask if they would be interested in participating in the study. Some interviews were also set up by a contact at the Valdosta Department of Health who referred men to the study. Lastly, we utilized snowball sampling by giving participants three to five business-sized cards to give to friends they knew who were eligible and might have been interested in participating.

Eligibility Requirements

Participants eligible for the study were male, between the ages of 18 and 65, current residents of the state of Georgia, HIV negative or of unknown HIV status, and identified as Black or African American. In addition, study participants were required to be fluent in the English language.

Sexual activity was not included as part of the eligibility criteria because the study was trying to assess HIV protective as well as risk behavior and abstinence from sexual activity is a legitimate HIV protective behavior. Additionally, the age limit of 65 was in line with the maximum age for standardized CDC HIV testing recommendations and is also representative of the demographic of Black men in which new HIV infections are occurring (CDC, 2006)

Interview Guide and Questionnaire

We developed the interview guide for this study based on a phenomenological approach. Patton (2002) describes phenomenology as working to "methodologically, carefully, and thoroughly capturing and describing how people experience some phenomenon". We designed the questions for this study to illicit responses that allowed

the interviewee to express in their own words, their experience as a Black man in Valdosta Georgia. This allowed participants to put their experiences in the a social and temporal context as we asked them to reflect on what being a Black man was like for them at the time of the interview and at earlier points in their lives. The guide was divided into themed sections exploring mental health determinants including perceived stress, depression, and gender role conflict; it also explored culturally specific coping strategies including John Henryism and Cool Pose. Additionally it included questions about access to health care, experiences with law enforcement, and HIV risk and protective behavior such as condom use and HIV testing. While the guide does not include questions that ask specifically about the constructs of problem focused coping and emotion focused coping from the Transactional Model of Stress and Coping, it includes general questions about coping with depressed mood and stress that are worded so as to illicit responses about the coping styles used by participants. See Appendix A: Qualitative Questionnaire for reference.

A 23-item, self administered, survey instrument was given to participants immediately after the interview had been completed. This instrument was used to collect demographic information from participants as well as quantitative data on sexual and condom use behaviors over the past 12 months. The last section of the questionnaire asked about HIV testing practices. These sexual behavior and testing questions were adapted from a 2006 study of MSM conducted by Malebranche, Millet, and Gvetadze (2008) and the sexual behavior questions were modified to ask about both male and female sexual partners. Topics included number of sexual partners, and measures of condom use during vaginal and receptive and insertive anal sex with both female and

male partners over the past 12 months. Frequency of condom use was measured using a five-point Likert scale from Always =1 to Never =5, for vaginal and anal sex with female partners and insertive and receptive anal sex with male partners. See Appendix B: Quantitative Questionnaire for reference.

Data Collection

Interviewers traveled by car to Valdosta to conducted interviews. The interview sessions in Valdosta had to be scheduled in advance since the location was sufficient distance from the interviewers' home base in Atlanta that they had to stay overnight at a hotel when they made the trip. Staff conducted interviews in areas that were convenient for both the interviewer and the participants. These included conference rooms or other allotted rooms in the hotel interviewers were staying at, an office at the Valdosta Department of Health, the local library, and several other locations. The only criteria were that the location be quiet and conducive to privacy and audio recording.

All interviews were digitally recorded and took approximately 60 to 75 minutes. Interviewers explained the purpose of the study at the beginning of the interview and reviewed and had participants sign a standardized informed consent form provided by the Emory Institutional Review Board and the Grady Research Oversight Committee. Additionally, participants were informed of their right to terminate the interview at any time without fear of negative consequences. Upon completion of the interview and questionnaire, all participants were given a $50 Visa gift card for their time and participation. Interviewers kept field notes after each interview which they wrote down immediately following its completion.

Data Management

Study staff uploaded interview recordings as well as interviewer field notes to a shared drive for access by a transcription service hired for the study. Upon return of the transcriptions, the study coordinator reviewed them with the digital audio files for content consistency. Study staff also returned completed questionnaires to the study coordinator who hand-entered them into a Microsoft Excel document. I then uploaded the document into Statistical Package for the Social Sciences (SPSS) 18.0 for analysis.

Data Analysis

I coded the transcripts using the research questions and theoretical framework as guides. The codebook included codes to answer the research questions including codes for stressors participants faced, coping strategies they use for addressing that stress, and HIV risk and protective behaviors. The researcher also included codes for John Henryism as well as Cool Pose as culturally specific coping strategies used for addressing stress expressed in the interviews. Additionally, an inductive coding strategy was employed whereby codes for new coping strategies that were common across several men, but had not yet been including the codebook, were added and later included in the analysis and results.

Coded text was analyzed for themes that spanned across multiple interviews. Emerging themes and subthemes were organized into domains related to the research questions about stressors, coping strategies and HIV risk and protective behavior. Analysis of the relationship between culturally specific coping strategies and HIV risk and protective behavior was conducted using both the interview transcripts and the quantitative survey data.

These data sources were combined using a method of analysis described by Miles & Huberman (1994) as a way of linking qualitative and quantitative data. The authors outline a number of ways in which these two sources can be combined at different phases of the study including during design, data collection, and data analysis. They suggest that in data analysis, quantitative findings can help by "verifying or casting new light on qualitative findings" (p. 41). Most relevant to this study, Miles and Huberman describe a method in which quantitative data is used to create meaningful categories out of the qualitative cases. Qualitative data is then analyzed in these groupings as a way to reveal the potential difference and similarities between the categories.

In order to answer the fourth research question, the quantitative questionnaire items about condom use and number of partners over the past 12 months were used to create high, medium, and low risk categories out of the 30 Valdosta participants. High risk was defined as men who reported having had multiple partners in the past 12 months (more than 1) and who reported a condom use frequency that was less than "always" with male or female partners. Medium risk was defined as men who reported having only one partner in the past 12 months and reported a condom use frequency that was less than "always" with male or female partners. Low risk was defined as men who had either no partners or reported that they "always" used condoms with both male and female partners over the past 12 months. The number of men in each category as a result of these designations is illustrated below.

Table 2. Participant Risk Groupings

	Multiple Partners[a]	Single or No Partners[b]
100 % Condom Use[c]	**LOW RISK** n=15	
< 100% Condom Use[d]	**HIGH RISK** n=9	**MEDIUM RISK** n=6

[a] at least 2 or more over the past 12 months [b] 1 or 0 partners over the past 12 months [c] indicated "always" used condoms during vaginal/anal sex over the past 12 months [d] (indicated used condoms "most of the time", "half the time", "sometimes", or "never" during vaginal/anal sex over the past 12 months

Once the cases had been grouped into risk categories, the coded text for culturally specific coping strategies was analyzed within the categories to generate emerging themes of coping strategies used most frequently within low, medium, and high risk men. These themes were then compared across these risk groups to reveal differences or similarities between them that could clarify the relationship between culturally specific coping strategies and HIV risk and protective behavior in the Black male participants of the study. Qualitative analysis for this study was conducted using Nvivo 8 Qualitative Analysis Software. Descriptive analysis of the quantitative data was performed with SPSS 18.0.

Limitations

Limitations in this study include shortcomings as a result of sampling as well as data analysis. First, the sample is skewed toward men of low socioeconomic status, with over 60% of the participants making below $15,000 a year. As a result, the social context of coping strategies used by men in this sample may not be applicable for men of higher socioeconomic status. Second, over 70% of the sample was 30 years of age of younger which limits the ability of the study to draw conclusions about men 30 to 65, who are also within the age range of the demographic of Black men in which new HIV infections are

occurring. Third, the sample included a large number of college students who had come to Valdosta to attend school. Many were raised in surrounding towns and had not lived in Valdosta for very long. These men's views regarding racism in Valdosta were vastly different from those expressed by long-time Valdosta residents. While this is an important finding, it means that the exploration of stress, coping, and HIV-related behaviors among long time residents was more limited. Fourth, the risk groupings used to analyze the fourth research question were created using rough proxies for risk (condom use and number of partners) rather than using an actual scale. In particular, defining multiple partners as having had two or more partners in the past year is a limited assessment of risk. More information about the partner would be required to fully assess the risk. As a result, the groupings were less defined than they might have been had a scale been used.

In general, the small sample size as well as the age, income, and educational demographic characteristics limit the study's generalizability to a larger population of Black men. In addition, having one person as a primary coder and analyst could have lead to interpretation bias in the study conclusions. Last, the theoretical framework used to guide the analysis, was not used in the design of study instrument. While the phrasing of the questions made it possible to apply the theory, in analyzing the relationship between HIV risk and protective behavior and coping strategies, that it was not included in the framework of the interview guide limits its applicability in this study. In spite of these limitations, the study contributed a more comprehensive understanding of the relationship between stress, coping, and HIV risk and protective behavior than has previously been available in a sample of Black men residing in an area of the United States where HIV

incidence is rising significantly. The in depth information provided by the interviews conducted for this study provided a firmer foundation for comprehension and potential intervention in a field with little qualitative research.

Chapter 4: Results

Introduction

This section includes an overview of both the qualitative and quantitative results obtained from the interviews conducted and questionnaires administered to participants. The men in this study talked openly about the stressful situations they have encountered in their lives, sometimes on a daily basis, and how they address them. Many of them spoke for the first time about emotions related to previous stressors that had impacted them and mentioned that they felt a burden lifted by being able to speak about it with an objective listener. Their stories are valuable sources of information about the lived experience of being a Black man in the year 2010 and the challenges and successes associated with that identity. The findings are presented in answer to each research question. Themes that emerged for each question are presented along with excerpted comments from interviews to illustrate them. Quantitative data on HIV risk and protective behaviors is presented prior to the qualitative data obtained from interviews in the discussion of the research question related to HIV behaviors.

Race-Related Stressors

1. What are the race-related stressors that Black men experience?

Study participants reported a variety of stressors, ranging from daily occurrences to major life events, and with varying degrees of impact on the quality of their lives. The men interviewed described an environment in Valdosta in which they often felt disrespected and discriminated against because they were Black. This discrimination manifested itself in several ways including through everyday interactions with establishments and people in Valdosta, experiences with institutionalized racism, police

harassment, and negative stereotypes. Many of these experiences involved racial profiling that left the men feeling angry and violated. The pervasive nature of these encounters made it clear that racism is a major stressor for the Black men residing in Valdosta. The frameworks provided by Jones (2000) and Harrell (2000) are helpful in conceptualizing the racism-related experiences the men reported. The three overarching domains of racism which Jones (2000) describes, including institutionalized, personally mediated, and internalized racism, serve to organize the gamut of experiences described by the participants. Additionally, the six subcategories of racism-related stress which Harrell (2000) describes, help to explain the different pathways through which these experiences create stress in the lives of the study participants.

Institutionalized Racism

Jones (2000) describes institutionalized racism as "differential access to goods, services, and opportunities of society by race". She goes on to describe how this type of racism is structural in nature and often manifests both in lack of access to material goods as well as limited access to power. It is also often expressed through inaction in the face of need. Several of the participants described situations in which they found themselves or others denied access to goods, financial opportunities, or positions of power because of what they perceived to be systematic discrimination. They also articulated their reactions to this treatment and the impact it had on their lives and the lives of their families.

Chronic contextual stress

Harrell (2000) contends that this form of racism is stressful because the sociocontextual influences that drive it impact the lives of those affected in a chronic, large scale basis. It affects the quality of life of these individuals through impacting their

work lives, where they live, and their access to financial resources and decision making power to ameliorate their situation (Harrell, 2000).

Resource Denial

Charles was a 20 year old, originally from Jacksonville, FL, going into his junior year in college. He described being denied a loan without a satisfactory explanation when he tried to borrow money for classes that his scholarship did not cover:

> *Um, you know, when I try to get ah, loans and stuff from the school, like mean I always get these White people that tell me we can't do it and they really can't explain to me why because like I always do the stuff before, I always look up to see if I can get a loan or not, like my credit is good, my GPA is good and they basically say like they're trying to find some little loophole, where some shit I never even heard of, like well we can't get you this loan.*

In addition to being denied the loan he needed, he expressed anger at being mistreated in the bank office because he was Black. Simultaneously, he discussed a feeling of helplessness which he ascribed to the fact that the way he was treated was a societal norm: "Don't call me son and boy you know what I'm saying. Like, I really be ready to flip but I have to remember like, know what I'm saying, how society is. I just, I just get ticked off sometime regardless." Similarly, Luke, a 58 year old Valdosta resident with a graduate degree in counseling, discussed his perception that Black people are often denied loans for houses when Whites with worse credit histories are approved for similar loans. Discussing the double standards that exist for Whites and Blacks he said: "[A Black person's] credit score got to be immaculate. You know? And then they tell you a lie, "We can't do it. Your credit score not high enough." Here [a White] man, he is a lot

lower than mine, but he can get in, you know a two or three-hundred dollar home. I'm just trying to get one-hundred and fifty dollar home, a hundred and fifty-thousand dollar home."

Luke then went on to describe how these standards lower the quality of life for Black men. After having discussed his role in his family as a "provider", he articulated how being unable to purchase a home can undermine the confidence of Black men:"So they, they set those things in order where it makes it look like we are, you know you want to be down on yourself cause you can't do for your family like some, some others do. And those are some of the pitfalls that we have to watch out for . . ."

Luke continued this line of thought, moving on to how race played a role in differential promotion rates on jobs. He mentioned a specific situation in which some Black female doctors were passed over for a director's position in spite of their experience: "And [the White woman] didn't have the experience that these Black women had. And the leadership role, neither has she been in the classroom, but you will make her a curriculum director over these women who have the experience". Luke contended that power was often concentrated among Whites in Valdosta, describing how the control of money contributed to the power differential: "And just like in our system also, we have uh in following the money trail, all the white have, in decision-making, they handle the cash flow. Nobody Black is handling the cash flow". Lastly, he went on to specifically reference the power differential in the public school system in Valdosta, explaining the fact that though the school system is 70% Black, nearly all the decision making is done by Whites.

Bailey, a 40 year old participant who was born and raised in Valdosta, described the way race could often be the deciding factor in whether or not a Black person was hired for a position at all, saying: "its still-it's still that sense of inferiority around here. I mean around here it's real…it's still…your skin can keep you from getting a job around here". Bailey's statement demonstrates the way institutionalized racism instills negative self image in a minority group, like Black men. This negative self image is then reinforced by the social structures and norms that perpetuate it. Several of the participants were unemployed and looking for work and the impact of this employer-based discrimination had a tangible impact on their lives.

The Black Tax

Several study participants mentioned the concept of the Black Tax or having to work harder for success due to their race. Similar to Luke's discussion of having to be more prepared than their White counterparts to get a loan to purchase a house, participants discussed how this extra preparation played into getting jobs or achieving general success. Perhaps because many of the college aged men were faced with the prospect of entering the job market for the first time, they spoke most frequently and most articulately about this concept. Austin, a 27 year old ordained minister and graduate student defined it simply saying: "Black tax is, you know, just what I said. You have to work twice as hard to get half as far." Many of the men expressed a desire for typically White American male markers of success including a family and the ability to provide for them with a steady job. Charles, 20, expressed this desire, saying: "And that's what I want, I don't want to live like average, I want to live successfully and be comfortable so that way when I have kids one day, you know what I'm saying, I can like take care of

them and you know still live comfortably." Jason, 30, discussed these markers as applying to all heterosexual men in America: "Society want me to fit those molds in which every guy is, I think. Every heterosexual guy anyway, you know. When you're a man, everybody expects you to meet the woman, have the kids, get an education, house, white picket fence or whatever."

These men faced significant obstacles in achieving the aforementioned life goals. The concept of the Black Tax as described by study participants seemed deeply related to negative stereotypes against which Black men were struggling. Nicholas, a 54 year old participant described the image of Black people that had prevailed for most of his adult life: "Society would have a uh, should I say a automatic group or identification because if you were Black then they figured you're like all Blacks. You know they had a category that you are violent people, uh that you're basically thieves, um liars, you know and they basically put them all in [that group]".

Another quote from Charles demonstrates how such negative images of Black people made some of the men want to separate themselves from a Black identity all together: "And, as a male in society, like they look down on Black males. They always see us as a negative image and I'm just trying like fight the stereotype because I don't want to be seen as, you know what I'm saying, African American. You know, I don't want to be seen as no janitor, or nobody working in low income job. I want to be seen as a high figure, where they're like damn, he really did something with his life . . ."

This quote shows the conflicts that existed for many of the men around their identity as Black males. For many of them, society's image of Black men as generally low achieving was at odds with their personal goals for success. As such, they faced the

difficult task of blazing new ground and reinventing their identities in an environment rife with these stereotypes.

These negative stereotypes of Black people often meant that Black men were under increased scrutiny on the road to success. Evan, a 22 year old young man, described how this lesson was incorporated into his upbringing: "Because, growing up, you know, it was kind of beaten into my head that you know we're under a microscope, everything we do is odd many times, whatever, you know, so I've got to be twice as organized as you know let's say a White guy next to me, or, you know."

This concept of having to work harder to get the same results was echoed in the following statements from Charles and Cameron, respectively, both 20 years old:

> *Being a Black man, I gotta like really just bust my ass to be honest and like you know I say nothing is going to be given me. I can't walk into corporate America and ask for a job if I ain't got all my shit together like compared to you know a White man.*

> *I believe um, uh I believe a lot of Black men are required to work harder sometimes or they believe they should work harder just so they can be seen, you know just be, I guess like. A lot of times you have to go work ten times hard as a White man to be noticed or to be considered great.*

Many of the young men who were attending or had completed college were the first in their family to have accomplished this feat. This fact increased the anxiety they felt because of their desire to succeed in an environment in which they felt obstacles placed in their path because of their race. Brayden, a 21 year old sophomore at Valdosta

State, spoke about a college education as his way of escaping the poverty he was raised in described the pressure he felt not just from family, but also from the Black community as a whole: “The Black society it’s a higher expectation; we’re looking for you to you know lead the way for you know, prepare the way for the next person who’s coming in so it’s kinda like ya’ll really have like almost the world on your shoulders . . . “

Having to work harder for the same benefits afforded white men was a significant source of anxiety among the Black men in this study. Additionally, young men in college faced the added pressure of being a leader within their family or for their community Charles expressed anger at how this phenomenon impacted his job prospects: “It is just making me mad because like myself, I applied for a job and I know I’ve had like, you know what I’m saying, everything they looked for, I’m well qualified for it, not over qualified and they give it to some, know what I’m saying, some White person who, know what I’m saying, whose out ain’t really doing shit, smoking pot and all other stuff and she just like making me mad. I’m just really upset.”

Thus, even though Charles had worked hard and was qualified for the position, he believed he was turned down in favor of hiring a white woman. This is an example of a way that racial dynamics in Valdosta impacted the livelihood of Black men who are working to establish themselves in hope of or preparation for supporting a family. In this situation, what was presumably hard work to be qualified and prepared to take the position was not rewarded and left the young man feeling extremely angry.

In contrast to younger, college-aged men, who expressed anger at the double standards that exist, older Black men, like Nicholas, 54, seemed to see them more as a reality of the situation to be dealt with rather than fought against. Nicholas described his

time as a salesman at a local Valdosta car dealership and how he regularly had White customers who came in and refused his service. Rather than become indignant, he would get a White salesman to sell them the car and they would split the commission. This seemed to him to be an acceptable way to get around negative views of Blacks and still come out ahead without having to increase his work load. He explained: ". . . so the company still, you know got the business, but otherwise I wouldn't have been able to sell this guy nothing". Rather than expressing bitterness or anger at the fact that he was required to take extra steps to get half of the pay, Nicholas, appeared to accept it as an occupational hazard of sorts.

Nonetheless, the Black Tax remains a significant burden on many Black men that occurs on a chronic basis and appears to have systemic roots. Wyatt, a 23 year old student at Valdosta State University whose parents had immigrated to the states from Nigeria when he was young, summarized the impact of the Black Tax on Black men as a whole saying: "You know we have to work extra hard. Maybe that is why some of us gets so stressed out because we have so much stuff on our plates, already being overwhelmed with just being with unequal quality. So, we have to, we feel like we have to be a person whose works so much harder because ah, we don't have it like the other person."

Personally Mediated Racism

Personally mediated racism is experienced through interactions with others and includes both intentional and unintentional acts of discrimination and prejudice (Jones, 2001). Experiences that fall under this category are constant reminders of racism and its role in relegating a minority group to a lower status. Harrell (2000) presents two forms of

racism-related stress that encompass the experiences described by study participants: daily racism microstressors and racism-related life events

Daily Racism Microstressors

These stressors are frequent (often daily) occurrences that are small as compared to other major racism events (Harrell, 2000). Harrell (2000) explains that the stress associated with these types of stressors comes both from the fact that they are so frequent, and that they are typically events which are not considered "'serious' enough for people to confront". In reality, they occur so frequently that their victims often don't address them in order to conserve mental energy (Harrell, 2000). Microstressors include experiences such as being watched in a store, being mistaken for a criminal or someone who serves people (doorman, maintenance crew, etc.), and various other small events that occur on a daily basis for people of color in America.

Discrimination while shopping

Participants most frequently described small interactions that occurred on a daily basis and served as reminders of the discrimination in Valdosta. For many of the men, these types of encounters had been occurring throughout their entire lives. Adrian, a 19 year old college student attending Valdosta State University, shared his memories of a form of racial profiling he was frequently subject to: *"*Like, when I was younger, just being Black, I know this was just being Black because go to the gas station and the people behind the register, automatically think because you are Black you finna steal. And, whew, yeah. That happened a lot. It happened to a bunch of friends and everything. You go into ah, a gas station, especially if you are by yourself, they will harass you". The experience of being followed around in a store was common among the men in the study.

Men also reported being stereotyped by others as dangerous and being made to feel so by the reactions of others around them. Bailey, 32, described such an encounter with a woman at a local grocery store: “I mean, um I’ll tell you just the other day, I was in Farmer’s Grand-Market. I was standing right there…I’m just-I’m just looking at some uh up against the bell peppers and stuff. And, this lady was right there doing the same thing. She clinched her pocketbook and pulled it in front of her. I just laughed and walked off”.

These experiences were aggravating for the men and often elicited negative emotional reactions. While Bailey reported an outwardly lighthearted response, laughing and walking off, when asked to elaborate on his reaction to the experience he described being especially bothered by the unexpected nature of such situations: *“*Uh I got to say sometimes it kind of-it kind of, you know, irks a nerve. Because, I mean you really don't be paying them any attention. And, I mean, that is like the worst thing that just happened....” Adrian had an equally negative, though different, reaction. He expressed extreme anger at his experiences of being followed around stores: “That’s something I always hated. I hate that with a passion. If I’m being followed around a store I will leave your store. I won’t get anything. I don’t care if I need it, I’ll leave”.

For Adrian, his only recourse to being racially profiled in a store was to assert his power as a customer and refuse to purchase anything there. While this allowed him to regain power in the moment, it also made it more difficult for him to get things he wanted or needed at his convenience. The frequent and intrusive nature of these interactions, both occurring when the men were engaged in a daily activity, shopping by themselves, made them major stressors for the men in the study.

Racism-Related Life Events

Harrell (2000) also outlines a less frequent experience of direct racism as a source of stress: racism-related life events. These experiences have a definite beginning and end and not everyone in a minority group may experience them, in the same way that most experience microstressors (Harrell, 2000). Racism-related life events encompass experiences that may overlap with Jones' (2000) definition of institutional racism and include interaction with police and being denied for a loan or healthcare. While the stress of these events occurs infrequently (less than once a year) if at all, the effects can be long lasting (Harrell, 2000).

Police Harassment

Several interviewees discussed being harassed or racially profiled by the police in Valdosta. The men who spoke most frequently about these types of encounters with the police in Valdosta were the Valdosta State University college students. Many mentioned that being pulled over for no apparent reason had happened to them at least once and was an occurrence they had learned to expect if not tolerate. Adrian, 19, the college student who spoke about being followed in stores, recounted a typical situation that occurred one evening he was on campus:

> *Being in Valdosta, the police, the White police, whew, can't do nothing. Like, one white police, just recently, just pulled us over and another of my frat brothers over within five minutes the same police, and we was in the dorms. We was in the dorms, pulled em over and said they didn't have seatbelts on and they were going to get out of the car. Pulled em over and then he left us and pulled someone else over and went after us . . . They'll just hassle you, just to see how you react.*

Several men described a similar interaction with police in Valdosta and experiences ranged from being physically assaulted to simply being followed while driving. A common reaction among men who had experienced these types of interactions with police was anger and a sense of helplessness. Julian, a 20 year-old participant going into his junior year at Valdosta State University, described his reaction to being pulled over and made to wait outside a car in a public location while police searched it, without cause or a warrant, saying: "Makes me feel angry. And you just... all right... ain't too much you could, I could have done about it. I basically like laughed it off".

Many of the men who reported having had similar experiences described feeling they had to go along with whatever the police requested to avoid more negative consequences such as being arrested. While several men reported having spent time in jail, the men with the most negative memories of their interaction with law enforcement were those who had experienced the type of racial profiling and harassment described above.

Vicarious Racism Experiences

Harrell (2000) suggests that racism exerts its power over groups not only through direct experiences but also through witnessing the mistreatment of friends, family, and also strangers. Vicarious experiences are stressful because they can generate anxiety and a sense of danger and vulnerability in addition to a host of other negative emotions (Harrell, 2000).

Individual and Community Reactions

While almost all of the men reported experiences in which they were personally discriminated against, some also described the way in which being witness to racism impacted their lives as well.

Evan, a 22 year old Valdosta State University student, discussed an incident that occurred when he was working at a local clothing store. A Black man with dreadlocks walked in wearing an item of clothing similar to what they were selling in the store and the manager, a white woman, immediately assumed the man had stolen the shirt. During the interview, the student described his reaction to being asked by the manager whether the man had stolen the shirt: "And, in that aspect, I felt really disrespected, she wasn't talking to me or about me but it felt like it was because I mean I've never been you know subjected to some direct kind of racism, or prejudice or anything like that but I mean I've been around it and seen it. I think it affects me; I'm not going to say it affects me as much as the person who is going through it, but it affects me".

Nicholas, 54, described the way a memorial service for his great aunt, a victim of the Ku Klux Klan, impacted the community as a whole. He told the story of how is aunt had been pregnant when she was attacked by the Klan and killed. Her baby was cut from her stomach and stomped to death on the ground. He discussed his perception that a memorial brings to the forefront all the emotions felt by the community at the time of the event: "I think that when they bring up a memorial or something like this it stirs up hatred and strife all over again. You know. You know it happened, but you got to get beyond that, you know but if it's fresh and new in your mind but it creates violence and you want

to retaliate and that's how I feel about stuff like that because you, you never can get beyond it."

Thus, while some men may not have directly experienced race-based discrimination being a witness to it negatively impacted them as well as the people against whom it was directed. This is a testament to the nature of racism and the reality that even an indirect experience can be psychologically damaging for witnesses. The frequency of vicarious racism experiences added to the stress in an environment in Valdosta in which encounters with racism and discrimination were commonplace for Black men.

Other Racism Related Stressors

The experiences described in this section are illustrations of a form of personally mediated racism that does not fall under any one category of racism-related stress described by Harrell (2000). It may be included under any of these stressors previously discussed including chronic contextual stress, daily racism microstressors, racism-related events, or vicarious racism experiences.

Backlash Against Interracial Dating/Relationships

The pressure to maintain separation across racial lines was strong in Valdosta and the men's interpersonal interactions were often colored by this reality. Participants described encountering racism from both Black and White residents of Valdosta when they chose to date interracially. Several men in the study expressed an aversion to dating outside their race, but for the men who did date interracially, it was a source of stress and tension with friends and family as well as with strangers. Brandon, a 40 year old man who was in a long-term relationship with a White woman explained how the environment

in Valdosta was particularly hostile to their relationship. As an illustration of the discrimination he and his girlfriend experienced he described how he had been fired from a job because his supervisor found out his girlfriend was White. This was not a unique experience as another participant spoke about how his girlfriend had been fired after her company found out she was dating a Black man. Comparing their experiences in Valdosta to time they had spent in Tallahassee, Florida, Brandon said: "We come down here, and we got to deal with the racists and, and it's like your hopes, you have hopes, and your hopes go down real quick. And then kinda just deal with people, you know." He also expressed his frustration with having to deal with close friends who did not accept his girlfriend, saying: "I said, "Well, I love this person. And if you supposed to be my friend, you going love her too. You know, I don't have to deal with you, you understand?"

Brandon went on to describe how his friends eventually came to accept his choice of partner, but he mentioned that they only did so after he stopped coming to play cards with them. In addition to being ostracized initially by his own friends he mentioned that he felt unwelcome among White people saying, "if I sit with the white folks, you know, they act funny, you know". This man's story was representative of how racial dynamics between Blacks and Whites in Valdosta deeply impacted the personal relationships of some Black men and caused significant stress and anxiety.

In addition to the personal experience of resistance to interracial dating, Luke, 58, described the ways he had witnessed the racial divide being policed by public opinion, saying,

. . . and just like even, and still talking to White womens in small Valdosta, you get the eyes looking at you and what have you. And... and that kind of type thing. So you still have the same type things, you know? And people who marry outside of their race, they're looked at in a different light. Like even when you see those grandparents with the mixed kid walking in grocery stores, they treat them a little different than they treat the other kids who are totally white."

Such treatment by peers and community members can have a lasting impact on the relationships of Black men. In a community where they are already the targets of so much negativity, the addition of this dynamic simply adds to the stress.

Internalized Racism

Jones (2000) describes this form of racism as being defined by "acceptance by members of the stigmatized races of negative messages about their own abilities and intrinsic worth". As such, its presence, she argues, is characterized by the acceptance of limits on one's "full humanity" and "range of allowable self expression". Participants' narratives describing Valdosta painted a picture of a place in which racial lines had been drawn clearly and explicitly. Experiences of racism were often blatant and easily recognizable as such. Internalized racism is a less outwardly visible experience of racism-related stress and was generally expressed by participants in two ways. First, as its name suggests, this form of racism manifested as an internal struggle between self identity and the negative images projected by society about Black men. Second, older participants in particular expressed a certain nonchalant attitude around issues of racial segregation and mistreatment by police that indicated they had accepted them as part of the fabric of their lives as Black men in Valdosta.

Collective Experiences

Harrell (2000) recognizes the power of discrimination and racism aimed at the group as a potential stressor for the individual. According to her framework, these types of stressors are called "collective experiences" and are different from vicarious racism experiences because they do not require the individual affected to have directly witnessed any incident to feel their impact. Simply by being exposed to the cultural symbols and sociopolitical context of their environment, members of a stigmatized group are subject to its power as a stressor. It was these sorts of racism experiences that were often internalized by study participants.

Battling Stereotypes

Rather than portraying the classic definition of internalized racism and always adopting images of Black men projected by society, participants seemed to constantly be fighting pressure to conform to an image of Black males that consisted of typically negative stereotypes of Black men including gang activity, low intelligence, and sexual promiscuity. This pressure came from both Black and White peers and was experienced by several of the participants growing up in high school and college. Andy, 19, gave a description of what he termed as "the norm" for Black males: "Um stereotypical like, you know um...rambunctious, um ill behaved, um poor clothing, um dress while sagging the pants, um trashy mouth, um, you know um excessive promiscuous lifestyle, it's all of those um attributes that contribute to that stereotype." He went on to mention how gang violence became something that he identified with as a young Black male in high school out of a desire to belong: "In Georgia, and there was a lot of gang violence and um they built a very poor image of African Americans. And, at that time, I was young and I didn't

know any better. And, I felt that um you know being ashamed would um sort of um set me a far from my um...group…"

Andy, as well as several other participants discussed their attempts to define themselves in opposition to these images. The decision Andy later made to distance himself from gang violence and also from several other activities his peers were engaging in, including sex, resulted in him being ostracized. This caused a sense of intense isolation which he experienced throughout high school. The experience had a lasting impact on his life which he describes as follows: ". . . one of the continuous struggles that I deal with on a day to day basis is just um having um the confidence um as far as um being myself um and not um dwelling on um you know trying to live up to um anyone's standards but my own"

Andy's experience illustrates the stress and anxiety caused by the pressure to fit into a mold of Black male identity accepted by those around him. Cameron, a 20 year old senior at Valdosta State University, detailed the pressure he felt to represent a similar image of Black maleness as the only Black player on an all White baseball team in high school:

> *Um a lot of kids like, I guess Caucasian people think it's cool to be I guess uh Urban and they try to act like that around you but that's not really themselves. I really don't appreciate that just be yourself and um, I don't know it's different but every Black person doesn't act the same. I wish people could understand that. And people think if you are educated and you try to act, I guess keep up, act um … I guess educated and keep yourself up they try to say you're acting White or try to say you're acting different but it's not; you're acting like just a regular person.*

In this case, not conforming to the expectations of peers resulted in the authenticity of Cameron's Black identity being brought into question. When he continued to break stereotypes, deciding to play baseball instead of basketball, he encountered blatant racism on the field at games: "I've had racial comments blurted out at me when I was in the outfield from people like in … I was in Tennessee, real, real uh rural area. "Niggers don't play baseball!" Stuff like that".

The stress of this struggle for Andy and Cameron existed in trying to define themselves outside of the context of these negative images. Jason, 30, discussed distancing himself from the stereotype that all Black men are thieves and do drugs, saying, "And that's what makes it difficult because they think that all Black guys, when they see them, are gonna be the one that's gonna…thieves or whatever. There are gonna be the ones that's gonna lie. There's gonna be the ones that are gonna you know, just don't care about nothing. Drugs and everything else. No. I'm 30 years old and I can honestly say, I've never tried drugs. I will drink every now and then but I mean, that's me having a personal life."

These statements demonstrate how the stereotypes and others' reactions to breaking them were stressful and intrusive for these participants. As such, struggling to define themselves in these contexts was mentioned as a significant character-building event in their lives.

Accepting Boundaries

In contrast to the men who adopted identities directly in opposition to negative images projected about Black men, other men spoke about experiences with racism and stereotypes in ways that indicated they accepted the limitations they imposed on their expressions of self. This acquiescence to the social forces was present in the interview

text primarily in the men's lack of outrage and the matter of fact way in which they spoke about them. Isaac, 20, identified the negative images Black men face but expressed a sense of helplessness about being able to change those stereotypes:

> *"... people don't expect very much from us. They just expect us to walk around with our pants almost at our ankles. You know, with the wave cap and the…just really talking like you got hit upside the head with an iron pipe or something. Not really making a lot of sense, using pretty much slang in every other word you say. Pretty much, I just think they expect us to be idiots. And, as I told you before, I don't expect that to change. I'm just trying to better myself. I mean I can't do anything for the next guy if he doesn't want it."*

Although Isaac did not exhibit internalized racism in the classic sense, refusing to embrace the identity laid out for him, his expectation that it would not change shows his acceptance of this kind of discrimination as something he would be subject to for the rest of his life. These stereotypes limited his employment options as well as infringed on his path to success, and yet he viewed them as unchangeable. The earlier discussion of Nicholas, 54, the car salesman who dealt with White customers who refused to by cars from him by asking other White salesmen at the dealership to sell it for him, also indicates an acceptance of the status quo. Rather than being incensed and choosing to address the discrimination head on, he reasoned that the only way to sell cars was to work within the system at the car company.

In a clearer example of accepting established boundaries, Jordan, 32, described a situation that occurred to him as a young child with a white female classmate:

> *"When I came down here, that's when I really saw racism because when I was, I*

was in the second grade; this girl asked me to help her in a tree. This little White girl asked me to help her in a tree. So you know I was used to dealing with White people and when everybody was looking at me like, "What you doing?" I didn't know I wasn't supposed to touch the White girl; I didn't know. Because back then you know the Black people played with the Black kids and the White kids played with the White kids. And so, I didn't, she asked me to help her in the tree … she did that because I was so tall. You know so I helped her up and I picked her up like you know I had my hand like this right here. So I didn't realize I was touching her crotch you know and I think I scratched her or hurt her some kind of a way and she told on me; her parents came out there. Oh they wanted to suspend me and charge me with some kind of rape or something, it was crazy. Now I believe that was because I was Black and I really do believe that."

When asked how this experience affected him, he replied, "… it made me, reminded me to keep my distance from them White girls. No matter how friendly they were." This experience, instilled in him an awareness of important racial boundaries established in Valdosta. Even though this happened as a young child, the fierceness and unexpected nature of the backlash against him made him remember the lesson and he had no plans to contradict it.

Whether it was for the purpose of conserving mental energy or avoiding conflict, these men chose to operate within the boundaries placed around them by the racism they experienced in Valdosta. Accepting these indignities and tolerating them on a daily basis certainly took a toll on study participants that was different, but in many ways, equal to the stress experienced by those who chose to challenge the system.

Culturally Specific Coping Strategies

2. What are the culturally specific coping strategies used by Black men for managing their stress?

The study participants reported a range of coping mechanisms to help them meet the demands of their environment. These strategies often varied with age and educational status and the men reported differing levels of efficacy in stress reduction. Elements of both John Henryism and Cool Pose were present in the men's coping efforts in addition to various other active and passive coping responses to stress. Results are presented by coping strategy.

John Henryism

This coping style was only partially expressed by participants in this study. As a construct, it is defined by an attitude that anything can be achieved in the face of extreme obstacles. While the Black men, in this study certainly faced obstacles to employment, education, and financial success, the element of John Henryism that was expressed most clearly in the interviews was the sense of having the ability to overcome all future obstacles. In response to the myriad obstacles to success that Black men in the study perceived, many reacted with an attitude consistent with the "through hard work anything is possible" ethos of John Henryism. Liam, a 27 year old, a college educated, participant, stated simply that in spite of challenges Black men may face: "But my experience, I feel like as a Black man, as a Black man in 2010, that you control your destiny." Later in the interview he qualified his statement, stating that while Black men do control some aspects of the pathway to success they have limited control over others: "And the way I

do, because of the fact, if you get the education and you push yourself, you know, the sky's the limit. The way, the way I don't is because of the fact that you get stereotyped so much as a Black male, to regardless you got them papers and credentials, you still a Black male."

Despite the tension he identified between long held negative stereotypes of Black males and the drive to achieve, he reiterated that drive and ambition can overcome these images and result in success. Nicholas, 54, believed it was the responsibility of the individual to persevere in spite of the obstacles created for Black men by racism: "I believe if you get out and you make the effort you can do it. It may be a little harder for you; some doors may close in your face that you've got to go around but you can accomplish what you set out to accomplish. So uh I mean, I'm not one of those kind of people by no means and I hate to see people sit on the corner under a tree and say the white man won't let me do nothing." Robert, 50, characterized the struggle to achieve in the face of all obstacles as a fight, saying, ". . . when people are striving to have, I mean, you have whatever you access, whatever you want your mind set out to. I mean, you just fight to the last tick on the clock, until your last breath. And that's what it is, is a fight . . . Sometimes you got to take what you want."

While Robert and Nicholas stressed the importance of setting goals for success and taking control of them, Austin, 27, originally from another small town in Georgia, underscored that the way to do this in the job market was by letting one's qualifications speak for themselves: "You put in the work, and your resume' looks good... I always tell people, make your resume', you know, totally bias of color. Like if they see you have the qualification, there's nothing that can stop you." This comment demonstrates a belief that

being qualified as a result of hard work and determination can help transcend the inherent inequalities present for Black men in the work place. Some men suggested that this ability to overcome racial barriers through hard work is a new development that is the result of changing times and improved race relations. The election of President Barack Obama appears to have played a significant role in Black men adopting an active approach to coping with discrimination. Several of the men mentioned that they felt the election of President Obama impacted not only their personal perceptions of what was possible, but has also contributed to shifting the national image of Black men. Speaking to how it contributed to his own image of what Black men can accomplish, Austin, said of this: "Uh, I think, you know, with President Obama, we have no more excuses. It doesn't matter what your name is. If Barack Hussein Obama can be president, then you know, regular Bill or William or whoever can do anything they want to be . . . There's no more excuses. He's a Black man. I'm a Black man. And he can go all the way to the top. Surely you know, I can get a great job or you know, do good in my own field."

The feeling expressed in this quote, increased confidence in one's ability to achieve was echoed by other study participants as well. Men were also encouraged by what they perceived as a changing image of Black men as a result of President Obama's election. Austin elaborates on his perception of the impact of a Black president saying:

> *Five years ago, I'm sure everybody thought it was impossible for a Black man to be president. So I mean, I think everybody now should be stepping it up a little bit, going after, you know, your masters or whatever, just getting your education, working hard. I think, you know, five years ago the thug image and all that stuff was in. Like flavor-flavor was the most popular man on TV five years ago. And*

> *that's not the case anymore. That's not a good representation of who Black men are. And now we have something more positive to look at.*

With this quote, this participant drew a direct connection between President Obama's election and a more positive image of Black men. He also described the impact he thought it should have on other Black men. Liam, 27, discussed the impact he believed President Obama would have on the image of a Black man among people who had discriminated against them in the past,

> I feel like, by Obama being president now compared to five years ago, some people who pushed away from being around Black men in general can see, okay, it is such a thing as an educated negro over there.

President Obama's presence as a role model of an intelligent, successful, educated, Black man was a significant facilitator in the adoption of John Henryism as a coping strategy for many men dealing with the stress associated with trying to be successful in a hostile work environment.

The focus and drive expressed by the men who used John Henryism as a coping strategy is evocative of the problem focused coping construct included in Lazarus and Folkman's (1984) Transactional Theory of Stress and Coping. Rather than succumbing to the stresses they experienced in their struggles to achieve their goals in life, these participants took the attitude that they were responsible for their success and could succeed in spite of these obstacles. As a result, instead of responding with anger or frustration, these men channeled their energy into avenues that directly addressed the problem at hand. In particular, when it came to achieving success in the work place, participants focused on things like properly conveying their qualifications for the job as a

way to overcome the burden placed on them by unfair hiring or promotion practices.

Cool Pose

Cool Pose manifested as a coping style in several ways among the study participants. As it exists primarily as a way through which to portray strength, pride, and calm in the face of aggression, much of its use as a behavioral strategy was in direct response to discrimination. Most common among the study participants was the emotional detachment typical of Cool Pose. As described in the section on stressors, many of the men described an environment in Valdosta in which encounters with blatant racism were frequent. Since they occurred in public locations or in the course of day-to-day activities they were often unavoidable for participants. Participants reported coping with these events through monitoring the impact they allowed it to have on them. Bailey, 32, described his way of mitigating the impact internally: "Well, I won't say it doesn't bother me. But, I don't let it get to me. I don't…like, I don't uh I don't let anything stupid become of it. I'll put it like that. I know that the best way to defuse a situation is to get away from it and don't let it become a situation."

This quote demonstrates that although Bailey may have been negatively emotionally impacted by experiences with racism in Valdosta, he did not allow this to manifest itself externally. Rather than engaging the individuals responsible, he internalized his reaction, and didn't allow it to show. When asked how he developed this strategy he cited the frequency of such experiences growing up in Valdosta. This kind of tight emotional control was often exhibited externally by maintaining a cool, calm façade. In response to experiences of racism from White community members and homophobia from Black peers, Andy, 19, described his carefully controlled reaction saying, "Um I've

remained level headed. I don't lash out. I don't um step out of character. Um I just keep my game face on and you know, just not let it bother me." It was evident that this young man believed his reaction to experiences with racism to portray a sense of strength to his aggressors as he immediately went on to say: "I'm not intimidated by other races. And then, whenever they approach me or try to come off as intimidating, I'm not intimidated."

Several of the men also reported making light of the experience and many of them laughed during the interview while describing their reactions. Adrian, 19, had heard statements made by peers and others suggesting that he wouldn't go to college and must be selling drugs because of the kind of car he had. He described his response saying, "When people say things like that, I just really start laughing at them because I'm like do you really think this is the only thing I have going for myself. If I'm on a baseball team, I obviously have some type of discipline. If I'm on a football team, obviously I would listen to somebody; I would have some type of discipline. What makes you think I wouldn't do [the] same thing in class."

The use of Cool Pose by study participants as a way to reduce the impact of racism-related stressors on their lives, characterizes it as an emotion focused coping strategy as defined by Lazarus and Folkman (1984). Rather than addressing the problem directly, the focus was on mitigating the negative effect of these experiences on their lives. It appears to have been used most frequently in situations in which participants had little to no perceived control over the experience such as during brief interactions with strangers. Considering the frequency with which such racism-related stressors occur in Valdosta in particular, this coping strategy may be a useful tool for conserving mental and emotional energy.

Spirituality

The use of spirituality, churches, and scripture was an extremely important coping strategy used by study participants to address stress in their lives. Interestingly, the men indicated that spirituality plays a dual role and their use of it as a coping strategy contains elements of both problem and emotion focus coping as defined by Lazarus and Folkman (1984). As a facilitator of problem focused coping, the spiritual beliefs of several of the men gave them the confidence they needed to maintain a level of hard work and commitment in the face of racism-related stressors that they believed would ultimately lead to success. Liam, 27, described the role that prayer played in cultivating this mindset:

> *I know I'm going to be successful. I know it, you know? And... um I think that comes with uh, uh, praying, you know? Um I think that, I don't think, I know that, because we're praying. Because I asked God for that drive. You see what I'm saying? I ask him for that drive. And I'm more specific with it too. [Laughs] you know what I'm saying? I get down and say the drive when I'm at work, give me that drive to be the best or when I'm at home, give me the drive to be the best family man around. You know, I want to be the best. It's a price to pay to be the best, but I want to be the best. You see what I'm saying?*

This quote reveals how Liam's relationship with God gave him the strength to be confident in his ability to achieve. This allowed him to approach challenges with knowledge that with the drive he received through his prayers he would be able to overcome all obstacles. The act of praying to God for motivation and drive, however, can

also be classified as an emotion focused coping strategy as it involves regulating ones internal state before committing to addressing a problem.

Similarly, some of the men indicated that their reliance on religion and prayer provides guidelines for them on how to actively approach certain stressful situations and address the problem directly. Jack, a 20 year old Valdosta State sophomore, described how he turned to the Bible for solutions when he was experiencing financial stress.

> *Now let's look at the situation at this finance or just something ready to finance; let's look at the Word and say, "What do you say about finances; how do you say how to manage your finances or even to conduct your finances?" Okay, that's what the Word says. Okay I look, I take it, you know, I apply it and the stress leaves when you look off yourself; okay now I'm not looking at the situation. I'm not even looking at myself but I'm going back to what I know, you know what I'm saying? Going back to my foundation.*

In this situation his religion and faith in the Bible provided him with tangible action items for how to manage finances and relieve some of his stress. This allowed him to take an active approach to addressing the situation, while relying on the principles and techniques his religion outlined. At the same time, he discusses the fact that going back to the scripture reduces stress by taking him back to his "foundation" and distracting him from the problem, a distinctly emotion focused strategy. Thus it's clear that the same spiritual action can play a dual role in helping individuals to address problems and to regulate the emotions associated with them.

In a clearer use of spirituality as an emotion-based strategy, participants described how it helped regulate their emotional reactions and relieve stress by shifting their focus

from their problem to a faith in God's ability to solve it. Chase, a 27 year old retail clerk at a local mall, described this approach to stress, saying: "I'll be letting go and let God. You know what I'm saying? Taking it to Him and kind of trying to leave it there, man. You know what I'm saying? So you can't handle the world. Let go and let God."

Justin, a 20 year old participant from Macon, Georgia, who was attending school in Valdosta, outlined how "letting go and letting God" relieved him of almost all responsibility in the stressful situation: "Once you pray you just to leave it there. And just, I mean he hears you but just hope it gets answered. If that's the right thing; if that's what he wants, if that's his will."

Participants experienced significant stress relief from utilizing spirituality to help them cope with stress in this manner. When asked whether or not "letting go and letting God" works, Jack, 20, replied with the following explanation:

> *Well I mean yeah [claps] it does once you begin to really get outside of yourself, you know, because stress is involved when you're thinking about me, myself and I. When you got that eye trinity going on, when you're looking at, "Okay what's going on in my life?" What can I not do? What can I not do, but when you take your eyes off of yourself and you be like, "Okay, let's focus on how did I get to this point?" Let's reevaluate what got me to this point and you realize, "Okay, where I'm at right now, I'm where I was last year or two years ago I wasn't here." So I made progress, I made progress; that's the first thing. And then let's look "But how did you make progress? Well okay God I see where you direct me here and here and here." "Okay so I do understand God you're still directing me, you haven't took your hand off, okay."*

Several of the men spoke about the relief that comes from this type of passive spiritual coping. As the participant explained above, this technique allows the men to not only focus on something beside themselves and their stress, but also to trust that there is another person or power guiding their lives. The dual role that spirituality plays speaks both to its flexibility and its widespread use as a coping strategy among the Black men in the study.

Social Support

In addition to more individualized forms of coping, several study participants mentioned relying on a group or individual to help them address stress they may be experiencing. The men often kept these groups small and they consisted of a select number of family, friends, and sometimes religious leaders. Several men reported that within their families they often approached their parents or parental figures and occasionally siblings, for support when coping with stress. .The concept of confidentiality – of being sure the person they spoke with would keep their conversation between the two of them – was voiced on several occasions as a reason for choosing family over friends. A statement made by Jordan, 32, speaks to the fact that this desire for privacy played a role in deciding who to approach for emotional support among a circle of friends: "I mean I have a lot of friends I could turn to but see with this particular friend when I talk to him I know it's just between me and him. I ain't got to worry about it going anywhere else."

As a result the friends men consulted were often those they had known for an extended period of time or those with whom they were involved in a religious group or

fraternity. Several of the men had just recently become more involved in a religious group either on campus or, for those who weren't attending school, in their lives in general. It appears that religious connection with other men obviated the need for close friendship with their confidants as men spoke generally about coping with stress by speaking with other men in their campus ministry or other religious group. Several, participants discussed using social networks as a way to control their stress levels (emotion focused coping). Landon, 24, described how the other men from his church ministry helped his mood when he was experiencing stress saying, "Just with some of the friends from my ministry to other guys that I hang around with, you know. Just try to stay around them because they always positive..."

The elements of problem focused coping in using social support sometimes combined with the emotion focused strategies as participants often obtained both emotional support as well as practical advice for addressing a problem from social support networks. Jack, 20, mentioned that, in addition to prayer he also believes in "wise counsel". He described the calming effect of seeking advice from people he looked up to in his life: "You know they just bring me back to base and if they have any advice, well you know this is … I was, if I was in the situation this is what I had to deal with or some of the things I would have to do and just listening, listening to wise counsel. That's something that always soothes me and I'm able to get by and okay now I'm listening and what is it that you can say to me?"

In contrast, some men preferred to handle the stress in their lives on their own. Men who said that there is no one they turn to in times of stress mentioned not wanting to burden others with their problems as a reason that they were reluctant to lean on others

for assistance. Isaac, 20, explained that, ultimately, he felt any problems were his alone saying, “I don't want to burden other people with my stuff because they have their own problems and they’ll listen. They’ll smile and try to turn it into a joke. They’ll try to give you half-assed advice but in the end, it’s really your problem. You have to deal with it.” This reluctance to share the stress they may be experiencing with someone in their social network contains elements of Cool Pose as a coping strategy because it involves projecting an image of power and control. This form of isolation appears to be neither strictly emotion focused nor problem focused because while participants may have been using it as a way to avoid sharing intense emotions with their social network, it may also have served as a way to allow them to focus their energies on addressing the problem directly.

Other Coping Strategies

Study participants mentioned several other strategies they use to cope with stress. These strategies generally involved engaging in activities that helped to distract them from the stress or refocus their energies. They included both positive strategies like exercise and watching comedy on television as well as negative strategies like alcohol or marijuana use. When asked about the effectiveness of these strategies the men who exercised as a way to relieve stress generally thought of this as relatively effective and one man who didn’t exercise anymore speculated that he should start exercising again since he believed it helped him in the past. Jose, 25, spoke about the positive effect long walks have on his mood, saying: “Therapeutic, yeah. It really is, walking, and clearing your mind, that’s, that’s a big thing for me, I walk miles. I really walk for hours, just

walk, what are you doing walking? For what? Just walk, clear my mind, get up in middle of night and go take me a walk, you know what I'm saying? Clear my mind, it really is therapeutic for me, really is a good thing."

In contrast, those who engaged in substance use as a way of coping generally agreed that, while it relieved stress in the short term, it led to negative consequences and did nothing to address the problem. All of these addition forms of coping were focused on regulating emotions associated with stress (emotion focused coping).

HIV Risk and Protective Behaviors

3. What are the HIV risk and protective behaviors that Black men engage in?

Study participants answered both qualitative interview questions and quantitative survey questions about their HIV risk and protective behavior. Quantitative data from the survey provides a foundation for understanding condom use and testing practices among the sample. The themes presented which emerged from qualitative interviews further elucidate the risk and protective behavior engaged in by the sample.

Quantitative survey responses revealed that approximately a third of the sample (n=9) had remained abstinent from sex over the past 12 months and reported no sex with male or female partners. Additionally 11 of the respondents (36.7%) reported currently being in a committed relationship; 8 of those 11 had a female partner and 3 had a male partner. The number of female sexual partners in the past 12 months reported ranged from 0 to 14 with an average of 2.24 partners (SD=3.38). The number of male sexual partners in the past 12 months ranged from 0 to 20 partners, with an average of 1.10 partners (SD=4.01). See Table 3 for additional information about partners in the past 12 months. None of the

study participants reported having had sex with both male and female partners over the past 12 months. Among the men who reported having had at least one female sex partner in the 12 months (n=18), about one quarter (n= 4) men indicated they were currently having sex with more than one woman. Similarly, of the four men who reported having had at least one male partner over the past 12 months, only one reported currently having sex with more than one male partner.

Table 3. Sexual Activity in the Past 12 Months

Number of female partners	**% (n)**
0	36.7 (n=11)
1	20.0 (n=6)
2 or more	40.0 (n=12)
Number of male partners	
0	83.3 (n=25)
1	3.3 (n=1)
2 or more	9.9 (n=3)

Note. One participant did not indicate how many male or female partners they had

The survey results showed that condom use among this sample of men varied greatly depending on their relationship with their partner. While only 3.3% of the sample (n=1) reported "always" using condoms during vaginal sex with a primary partner over the past 12 months, 26.7% of participants (n=8) reported "always" using condoms during vaginal sex with other female partners. Men who had sex with male partners within the past 12 months reported condom use frequencies that varied both by the type of partner and by the type of anal sex. Similar to those who reported sex with female partners,

respondents reported using condoms less frequently with primary partners than with other partners. When asked about insertive anal sex with male partners over the past 12 months two out of three of the respondents reported using condoms less than half of the time, while the third said he "always" used condoms with his primary partner. However, two of the three respondents reported "always" using condoms during insertive anal sex with other partners while only one reported "never" using condoms. This difference was even more pronounced for those who had receptive anal sex in the past 12 months. When asked about receptive anal sex with primary partners, of the four who responded to the question, two reported "always" using condoms and two reported "never" using condoms with primary male partners. In contrast all four of the men who answered this same question about sex with other male partners reported "always" using condoms with these partners. Approximately two thirds of the sample (n=19, 63.3%) indicated they had been tested for HIV in the past year.

Protective Behaviors: Condom Use

In spite of the variation in condom use apparent in the quantitative survey data collected, men generally expressed their belief in the importance of condom use in the qualitative interviews. When asked about the main reasons to use condoms, the majority of the participants cited avoiding STDs and not wanting any (or more) children. The men expressed a fear of the permanence of STDs like HIV. Brayden, 21, a Valdosta State student summarized this sentiment, describing how things had changed since when his parents were young: "It's health-wise too because I mean there is so many diseases out there and I'm always remembering like growing up they used to say well you know back

in the day when we were young we got the clap or we got gonorrhea, you get a shot, you burn for a couple days, that's it. But now you going to get HIV or AIDS, STDs so stuff you can't get rid of."

Several of the men had friends or family members that had died of HIV. This experienced increased their fear of the disease itself. Jordan, 32, described how watching a cousin die of the virus motivated him to use condoms: "Yeah 'cause I wouldn't want to get sick and then die and then my grandma watch me go get sick and die like that because I had a cousin that had died and he lost so much weight and got that fine baby hair and all that kind of stuff there."

In other cases, the motivation came from fear of the perceived stigma associated with having an STD. Kevin, a 21 year old, self identified gay participant, explained how the compound stigma associated with being gay and having an STD, served as his main reason to use condoms during sexual encounters: "People look at you differently if you have stuff like that. You know what I'm saying? I don't want to be…I even feel like I get looked at differently just because I feel like I know I'm gay and I know I'm not maybe as macho as the other dudes. You know what I'm saying? So I already feel like I get looked at. And then I know they're already gonna be talking about, 'Oh yeah. You probably got that.' No, I don't."

Protective Behaviors: Testing

As was the case with condom use, the men in the sample reported various reasons why they chose to be tested. Participants appeared to possess a good working knowledge about the course of HIV and that it can be well controlled with medication. Many of the

men expressed a desire to be tested, simply so that they would know if they had HIV and could catch it early. Again, similar to perceptions of HIV that encouraged condom use, the desire to be tested early to avoid complications often stemmed from experience with a friend or family member who was HIV positive. Jose, 25, explained how knowing people who did not take their medication properly encouraged him to get tested often so he could avoid their fate: "I know a couple with HIV. This one guy, he don't take his medicine like he's suppose to, he just always sick, you know, always something, every day something wrong, you know. If I got it, I want to be healthy."

While men who held this belief often reported being tested regularly, others said it was a scare with a long term primary partner who was unfaithful or turned out to be HIV positive that spurred them to be tested. Additionally some men reported that it was after having unprotected sex with one or more partners that they decided to get tested. The biggest facilitator of testing in the group was the availability of HIV tests at health fairs or during a visit to their healthcare provider for another reason. As many of the men in the sample were college students at Valdosta State University, many of them stated that they would be tested simply because the tests were frequently available at frequent health fairs or testing drives on campus. Julian, a 20 year old Valdosta State junior, illustrates the role that peers also played in taking advantage of these opportunities for HIV testing: "Oh... yeah. It's just, it literally was like a group of friends, like, you know I think we should all go out there and get tested today. So like you have it, it's free testing. So we all went. And you find out like within 20, 30 minutes." In contrast, older men and men who were not in school reported being tested much less frequently. Much as the availability of the test increased testing frequency among college students, testing

practices among non-students in the sample depended largely on whether or not the participants had access to regular healthcare. Robert, 50, a maintenance man at a Valdosta hotel, expressed that though he went infrequently, he was comfortable with HIV testing, saying, Yes, I'm pretty comfortable with it. I mean... I mean, I hadn't had one in a long time. But I don't have no problem with getting no, taking no HIV test."

Risk: No Condom Use

Consistent with the fact that reported condom use varied by partner and sexual act in the survey data, men reported that, though they tried to use condoms consistently, there were a variety of reasons why they did not use condoms all the time. A few of the men in the sample reported deciding not to use condoms for two main reasons. The most common reason was that they were in a committed, long-term relationship with someone they trusted. Several men mentioned that in the context of marriage there was no reason to use a condom and none of the married men reported using condoms with their wives. In one case, the feeling of trust in his current partner was even able to help him overcome the affect of a traumatic experience with his previous boyfriend. He had not been using condoms with this previous partner and later found out from a mutual friend that his boyfriend was HIV positive. In spite of the fact that he broke down crying when he found out and described the experience as "very scary", when asked what made him decide not to use condoms with his current partner, he replied simply, "Um, because I trust him, and I don't know why really, I don't know".

Isaiah, 54, reported that he had tried to use condoms for several years now and no longer used them because he has had significantly reduced sensation when using them. He elaborated, saying, "I can't use condoms. I've tried, I can't, but I don't know man, I

just don't know what to say. Um, before I had a friend I did a lot of masturbation...stuff like that there, even though peoples out…ladies out, I was just scared to bother with them, any kind of way." While he initially engaged in protective behavior by abstaining for sexual activity with another person, the "friend" to which he referred in this quote was a long term female partner with whom he reported never using condoms.

In addition to making an active decision not to use condoms, study participants also reported not using condoms as a result of having sex unexpectedly. Brayden, 21, described a situation in which he was unprepared for sex: "Only time I didn't use a condom was once. And that was because they had just forced themselves on me like they just had a hot for me. And no condom in sight and I guess I had…I wasn't gonna say no let's just stop because I probably wouldn't get another chance." Thus the pressure and immediacy of the situation resulted in Brayden not using condoms

Risk: Multiple Partners

According to the survey results, several of the men indicated they had multiple partners over the past year. The majority of the men with multiple partners were young students and it emerged from the qualitative interviews that having multiple partners in a short period of time was facilitated by the fact that many of the students in the sample were members of a traditionally African American fraternity on campus. Several of the men mentioned that the fraternity members had an image that revolved around promiscuity. Julian, 20, who was a member of this fraternity briefly, described this image saying: ". . . My frat has stereotypes man, ladies man, getting a whole bunch of girls. Men players, pretty boys. That's my frat. They usually get stereotyped". He went on to tell the story of a situation he found himself in where a woman at his school was afraid to

express interest in him because she assumed since he was a member of the fraternity that he was "a player". In contrast to the reaction of that particular woman, Cameron, another fraternity brother, described how, membership in this group often resulted in a large number of propositions from women. "It just makes you think about things, like a lot of stuff I guess like I'm not trying to be like stereotypical but like being, uh I guess being a fraternity a lot of females come at you a lot of times, like I guess groupies. They come at you and they will tell you straight up, "I want to have sex with you."

Some of the men mentioned feeling pressured to live up to this image of the fraternity by their fellow members. Landon, a 24 year old graduate of Valdosta State University who considered joining the fraternity ended up dropping out of the pledge process as a result of this pressure. He described the internal conflict he faced while he was pledging:

> *But during that line process, it's like, and see, I was seeing things differently. I was really seeing what those guys were about. And you know, I was really seeing that like all they were, they were talking about was just pretty much girls, and you know what I'm saying? Just having sex, and that's just, that's everyday thing, you know what I'm saying? And um, yeah, and being that, like I said, even in those, at the end of 2008, I had, you know what I'm saying? Made a commitment to myself and with God that I was going, I was going to just give that part of me up, just the sex, just having sex with different girls and you know what I'm saying?*

This young man's experience makes it clear that the peer pressure felt by the men in this fraternity to engage in or support this type of behavior was strong and contributed to HIV risk behavior among men who attempted to uphold the image.

Culturally Specific Coping Strategies and HIV Risk and Protective Behaviors

4. How does the use of culturally specific coping strategies vary by engagement in HIV risk or protective behaviors?

Study participants were placed in three risk group levels (low, medium, and high) as described in the methods section. Interview text was then analyzed within these groupings to determine similarities and differences in coping strategies used by these groups. While the majority of the coping strategies reported in answer to question two were used by each group, there were distinct differences in both the frequency and way the coping styles were used between the groups. Results are presented by coping strategy.

John Henryism

The use of this coping strategy was reported only by those in the low risk and high risk groups. Just under half of the high risk group (n=4) and just under a third of the low risk group (n=4) said they approached stressful situations with a coping attitude consistent with John Henryism. In both groups, this attitude was mentioned in conjunction with discussion of Black men having to work harder for the same success as white men or the Black Tax. John Henryism was a coping strategy that helped men in both groups overcome this hurdle, mentally, if not physically.

Cool Pose

This strategy was discussed by a total of six men in the sample. Similar to John Henryism, it was used only by members of the low and high risk groups. Three men in each category reported employing Cool Pose in response to stress. As discussed in the

section on coping strategies it was used mostly when confronting experiences with direct racism or discrimination in the moment in which they were occurring. Two of the men in the low risk group described their use of Cool Pose as a means of avoiding sinking to the level of their aggressors while simultaneously maintaining control of the situation. One man described it as trying to remain "level headed" while another described it as "holding his head high". In contrast, men in the high risk group described Cool Pose as a way to prevent themselves from being too emotionally bothered by the experience. In addition to putting on an emotionally reserved front, it served as a precursor to a coping strategy that involved distraction (e.g. listening to music, exercising, etc.) from the incident that occurred.

Spirituality

Different manifestations of this coping strategy were used by all of the groups; however the use of spirituality for coping with stress was used most frequently by the low risk group. Approximately half of the men in this group (n=8) said they used prayer, reading the bible, or some other expression of spirituality to help them through stressful times. In contrast only a third (n=3) of both the high risk group members and the medium risk group members (n=2) said they used spirituality as a coping activity. The men in the low risk group reported using prayer and communion with God in both the active and passive sense. Some mentioned praying to God for guidance and looking to scripture for tangible guidelines on how to address stressful situations in their lives. Others "took it to God", using prayer as a way to work through stress by trusting that God would help them solve their problems. The high and medium risk group used spirituality as a passive

coping mechanism, trusting in God will to help them overcome obstacles. One man in the high risk group firmly believed that he wouldn't have been able to make it through a particularly stressful time when he experienced the death of his father and wife without God's help saying: "I couldn't have done it without Him".

Social Support

Men in all three risk categories used social support as a way of easing the stress in their lives. Men in all categories said close friends and family were the ones they turned to for support when they were stressed. As the low risk group used spirituality more frequently than the other groups to help them address the stress in their lives, members of this group also used ministry groups and other religious friends as a source of support more frequently than the other groups. Though they also discussed other people from whom they sought social support including parents, siblings, and close friends, men in the low risk group also mentioned more isolationist tendencies than either of the other groups. Just under half of the sample (n=7), discussed keeping to themselves or dealing with stress on their own. One participant in this group elaborated, saying that he felt addressing stress on his own was "a part of being a man. You try to man up; handle it on your own."

Other Coping Strategies

Men across all of the risk categories described different activities they engaged in as a way of distracting themselves from their stress as a way of coping with it. These activities were varied and included entertainment such as listening to music, playing

video games, or watching movies/television. It also included more active exercise including walking, lifting weights, and playing sports. Other activities mentioned were sleeping, eating, and driving.

Study participants in the high and medium risk groups reported much more substance use than the low risk group. Only one participant in the low risk group mentioned smoking marijuana as a way of dealing with stress, but he also mentioned that at the time of the interview he had stopped smoking 10 months previous. In contrast, a third of the high risk group (n=3) and two thirds of the medium risk group (n=4) reported current use of various legal and illicit substances including crack cocaine, marijuana, and alcohol (hard liquor and beer).

Chapter 5: Discussion

Introduction and Summary of Findings

Black men represent a group that has one of the highest prevalence and incidence of HIV in the nation. Black men in particular suffer from a high rate of HIV transmission from heterosexual sex as compared to their counterparts of other races and ethnicities. In spite of these facts, research focusing on the behavioral factors which impact the HIV risk and protective behavior of Black men, is severely lacking. Stress plays a significant role in the lives of Black men and the strategies they use to cope with it may influence their HIV-related behavior. As such, exploring the coping strategies used by Black men could provide valuable information for public health interventions that could slow the spread of HIV in this group. While traditional stress models, including the Lazarus and Folkman (1984) Transactional Model of Stress and Coping provide a foundation on which to base such an exploration of the relationship between stress, coping strategies, and health behavior, culturally specific coping strategies used by Black Americans are not adequately represented in these theories.

This study used qualitative interviews combined with a quantitative survey to explore the relationship between culturally specific coping strategies and the HIV related behavior of 30 Black men in Valdosta, GA. Findings from the study reveal that Black men are subject to a variety of racism-related stressors ranging from daily negative interactions with people in their communities to the chronic stress that comes from interactions with the forces of structurally-based discrimination. Study participants used several culturally specific coping strategies including elements of John Henryism and Cool Pose, spirituality, and social support, among others. While John Henryism and Cool

Pose were used almost exclusively as problem-based and emotion-based coping strategies, respectively, as defined by TMSC, the spiritually and social support-based strategies reported by the participants contained elements of both. In particular, the use of spirituality existed on a spectrum, with strategies containing different amounts of both problem and emotion focused coping. While, in some cases, prayer and scripture was used primarily as a problem based strategy, participants also derived benefits associated with emotion focused coping. On the other end of the spectrum, spirituality existed primarily as an emotion focused coping strategy.

Study participants engaged in two main types of HIV protective behavior which included HIV testing and condom use. Getting tested regularly was reported more frequently by those with easy access to healthcare or HIV testing sites, however participants generally agreed that HIV testing was important, particularly in light of what they perceived as a heightened HIV epidemic in Valdosta. Condom use varied, according the partner type as well as the type of sex being had (anal or vaginal). Participants reported fear of sexually transmitted diseases and the potential for children as the main reasons to engage in the protective behavior of condom use. Not using condoms, defined as a risk behavior, was facilitated by high levels of trust in the relationship, the level of preparation for the sexual situation, and a dislike of condoms in general. Having multiple partners, another risk behavior, was a behavior that was generally engaged in by the younger, college-aged men, and was facilitated by membership in a fraternity that encourages promiscuity among its members. When asked directly if stress impacted their condom use nearly all respondents replied in the negative. As such the relationship between coping strategies and HIV risk and protective behavior was explored by creating

high, medium, and low risk categories across which to examine the use of the identified coping styles.

John Henryism and Cool Pose were used most frequently by the risk groups at both the low and high risk ends of the spectrum, with only a small percentage of the medium risk group reporting the use of John Henryism and no use of Cool Pose. This suggests that these primarily problem focused and emotion focused coping strategies may have a relationship to HIV behavior of those at the extremes of the HIV risk spectrum. In contrast, spirituality was used most frequently by the low risk group. In an interesting split, while spirituality was used by the low risk group as a more problem focused coping strategy, with some facets of emotion focused coping including seeking support for stress relief the men in the medium and high risk groups who reported using spirituality, used it in as a clearly passive, emotion focused coping strategy; as a way to release stress and not contemplate a problem any longer than necessary. Social support was used by all risk groups with near equal frequency however the low risk group, likely because they used spirituality more frequently, reported using social networks which included ministry members or church groups for social support. Additionally, the low risk group reported using isolation/withdrawal as a coping strategy, the most frequently of all the groups. This may also be related to their use of spirituality since in addition to fellowship with a group, prayer is also often done alone. Various other emotion focused coping strategies that involved distraction from stress, including exercise, videogames, movies, and others, were used with equal frequency across the groups.

Positioning Findings in a Theoretical Context

Since this study explores culturally specific coping strategies used by the participants, it serves a unique purpose in that it can help shed light on the gaps in TMSC that do not address how these particular coping strategies fit into the larger picture of stress and coping. Examining study results in the context of this theory reveals that parts of the model are supported while others can be adapted to better represent these coping strategies. TMSC suggests a relationship between stress and health outcomes that is controlled by the appraisal process through which individuals evaluate the threat a stressor poses and the resources they have available to address it. This appraisal often determines what coping strategy is chosen with problem focused coping most often being employed when the stressor is appraised as changeable. While the study does not examine the appraisal process itself, findings suggest that Cool Pose and John Henryism were used as coping strategies for different stressors. While John Henryism was used primarily as a way to cope with racism-related stress in the work place or in the context of overcoming obstacles to goals, Cool Pose was employed primarily to regulate emotions during experiences of daily racism microstressors. This finding supports TMSC as the microstressors described by study participants occurred most frequently through interactions with strangers over which the men had little control. This reduced perceived control resulted in them choosing a more feasible approach to the stressor and which was to employ the emotion focused strategy, Cool Pose, to portray an image of aloofness and strength while internally regulating emotions to reduce the impact of these negative experiences. In contrast, the more problem focused strategy of John Henryism was

employed by men who felt they had control over a situation and could ultimately control their fate.

While John Henryism and Cool Pose represent coping strategies that fall largely along the lines of the problem focused/emotion focused strategy divide that TMSC suggests, the use of social support and spirituality by the men in this study are not as easily divided into these categories. While TMSC suggests that social support and spirituality are both emotion focused coping strategies, findings suggest that both are widely used among Black men and contain elements of both problem and emotion focused coping as part of their everyday use. Furthermore, the use of spirituality exists on a spectrum between problem based coping and emotion based coping with some spiritual coping mechanisms falling closer to problem focused strategies. In addition, sometimes men use both coping styles within the context of either spirituality or social support as they take comfort in seeking advice from positive influences in their lives. Furthermore, in the case of low risk men who employ spirituality to cope with stress, findings suggest that their social networks may consist of people who share their faith, which complicates matters further. For Black men experiencing racism-related stressors, the group context for airing grievances as well as spirituality are extremely important and culturally salient coping strategies. In light of these findings, in order for TMSC to more fully address the experience of stress and coping in this population, it needs a less rigid method of classifying coping strategies. Perhaps it will then be able to better explain the appraisal process as it relates to racism-related stressors.

In spite of these shortcomings, TMSC offers a potential pathway through which coping strategies can impact health behavior. Coping outcomes including health

behaviors are the result of an individual's efforts to adapt to a stressful situation. As such, they are the result of the appraisal process, combined with their chosen coping strategies. TMSC outlines the relationship between coping efforts and coping outcomes suggesting that health behaviors may be influenced by emotional well-being as a result of coping strategies. While there is no way, from the data collected, to determine a direct causal relationship between coping strategies chosen and HIV risk or protective behavior among Black men, this theoretical model suggests that the differences between the risk groups in the use of the identified coping strategies themselves may be meaningful. For example, while spirituality appears to be widespread coping strategy, its use as an emotion focused coping strategy (high and medium risk groups) may have a different impact on emotional well-being than its use as a primarily problem focused strategy (low risk group). This difference may facilitate more HIV risk behavior in the high and medium risk groups. More research is needed to explore and determine the specific nature of these relationships.

Implications for Public Health and Future Research

This study provides a considerable amount of qualitative information about the racism-related stressors experienced, culturally-specific coping strategies utilized, and HIV risk and protective behavior among a predominantly heterosexual sample of Black men in rural America. While it has a few implications for public health in its current state, it biggest contribution is to reveal new directions for research that can ultimately enhance the understanding of this group of men and lead to life saving interventions that will reduce the transmission of HIV.

While it is impossible to determine a causal relationship between coping strategies and HIV risk and protective behavior among Black men from the data collected, the findings indicate several important differences between risk groups. First, spirituality, used as a more active problem focused coping strategy appears to be somehow linked to low HIV risk behavior. This finding opens up the door for public health to work with faith-based institutions to increase problem-based coping skills and reduce HIV risk behavior. Additionally, the widespread use of social support networks among the men as a way to cope with stress may represent an excellent model for HIV intervention work with this population. Lastly, the finding that social organizations such as the fraternity can play an important role in shaping HIV risk behavior on college campuses, lends itself both to further investigation and to action on the part of public health officials on college campuses.

Overall, much more research is required to fully understand the dynamics at play in the relationship between culturally specific coping strategies and HIV risk and protective behavior among Black men. First, a more in-depth understanding of the way Cool Pose and John Henryism are used as coping strategies would facilitate a more comprehensive view of this relationship. While this study touched the surface of their use among Black men, only limited elements of each was present in the interview data collected. In particular, the element of Cool Pose that includes promiscuity as a way of demonstrating hypermasculinity is completely absent from this analysis. Studies examining this aspect could potentially identify a more direct relationship that surely exists between Cool Pose and HIV risk and protective behavior. In addition, while focusing on a belief in one's ability to achieve was certainly present in the sample, the

full construct of John Henryism, including facing extreme obstacles was not fully explored. Second, examining the role that spirituality plays in reducing HIV risk behavior could yield valuable information about how to harness this force that plays such an important role in the lives of many Blacks as a way to reduce HIV transmission. Lastly, more research on traditional stress and coping frameworks is necessary to ensure that they are truly representing the gamut of human behavior, including that of Black men and other minority groups that are often marginalized in research. This will lead to more culturally salient findings overall, which will improve the reach and impact of public health in America.

Conclusions

Findings from this study suggest is a relationship between stress, coping, and HIV risk and protective behavior among Black men. While the data collected do not allow the determination of a causal relationship, they provide valuable and intriguing information about differences in coping strategies used by risk group categories that encourage further research. Furthermore, they prove that it is important to consider the culturally specific coping strategies that Black men may use, as they provide valuable insight into the ways that these individuals cope with the constant pressures and stress of racism in America. The qualitative data from this study has provided rich and detailed information about the lived experience of Black men in America that will ultimately help to improve their health and wellbeing overall.

References

Anderson, N.B. (1989). Racial difference in stress-induced cardiovascular reactivity and hypertension: Current status and substantive issues. *Psychological Bulletin, 105*, 89-105.

Bennett, G. G., Merritt, M. M., Sollers, J. J., Edwards, C. L., Whitfield, K. E., Brandon, D. T., et al (2004). Stress, coping, and health outcomes among African-Americans: A review of the John Henryism hypothesis. *Psychology and Health*, 19, 369–383.

Cederbaum, J.A., Coleman, C.L., Goller, G., & Jemmott, L.S. (2006). Understanding the HIV Risk Reduction Needs of Heterosexual Substance Abusing African American Men. *Journal of the Association of Nurses in AIDS Care*, 17 (6), 28-37.

Centers for Disease Control and Prevention. HIV/STD risks in young men who have sex with men who do not disclose their sexual orientation, six U.S. cities, 1994-2000. (2003). *Morbidity and Mortality Weekly Report.* 52, 81-85.

Centers for Disease Control and Prevention. (2005). HIV prevalence, unrecognized infection, and HIV testing among men who have sex with men --- Five U.S. cities, June 2004--April 2005. *Monthly Morbidity & Mortality Report*, 54 (24), 597-601.

Centers for Disease Control and Prevention. (2008). Cases of HIV infection and AIDS in urban and rural areas of the United States, 2006a. *HIV/AIDS Surveillance Supplemental Report* 2008;13(No. 2]. Accessed 6/15/2011. Retrieved from http://www.cdc.gov/hiv/topics/surveillance/resources/reports/#supplemental.

Centers for Disease Control and Prevention. (2008). HIV Prevalence Estimates – United States, 2006. *Morbidity and Mortality Weekly Report*, 57, 1073-1076.

Centers for Disease Control and Prevention. (2011a). Disparities in Diagnosis of HIV Infection Between Blacks/African Americans and Other Racial/Ethnic Populations – 37 States, 2005-2008. *Morbidity and Mortality Weekly Report*, 60 (04), 93-98.

Centers for Disease Control and Prevention. (2011b). *HIV Surveillance Report, 2009*: vol 21. http\\www.cdc.gov/hiv/topics/surveillance/resources/reports. Published February 2011. Accessed [3/02/2011].

Clark, R., Anderson, N.B., Clark, V.R., & Williams, D.R. (1999). Racism as a stressor for African Americans: a biopsychosocial model. *American Psychology,* 54, 805-8I6.

Coleman, C.L. (2007). Health beliefs and high-risk sexual behavior among HIV infected African American men. *Applied Nursing Research*, 20, 110–115.

Coleman, C.L. & Ball, K. (2010) Sexual diversity and HIV risk among older heterosexual African American males who are seropositive. *Applied Nursing Research*, 23, 122-129.

Corneille, M.A., Tademy, R.H., Nasim, A., Reid, M.C., & Belgrave, F.Z. (2008). Sexual Safety and Risk Taking Among African American Men Who Have Sex With Women: A Qualitative Study. *Psychology of Men and Masculinity,* 9 (4), 207-220.

Crawford, I., Allison, K.W., Zamboni, B.D., & Soto, T. (2002). The influence of dual-identity development on the psychosocial functioning of African-American gay and bisexual men. *Journal of Sex Research*, 39, 179-189.

Daly, A., Jennings, J., Beckett, J. O., & Leashore, B. R. (1995). Effective coping strategies of African Americans. *Social Work, 40*, 240-248.

David, S., & Knight, B. G. (2008). Stress and Coping Among Gay Men: Age and Ethnic Differences. *Psychology and Aging*, *23*(1), 62-69.

Dressler, W.W. (1985). The social and cultural context of coping: Action, gender and symptoms in a Southern Black community. *Social Science & Medicine, 21*(5), 499-506.

Franklin, A.J. (1999). Invisibility Syndrome and Racial Identity Development in Psychotherapy and Counseling African American Men. *The Counseling Psychologist, 27*(6), 761-793.

Fernander, A.F., Duran, R.E.F., Saab, P.G., & Schneiderman, N. (2004). John Henry Active Coping, education, and blood pressure among urban Blacks. *Journal of the National Medical Association*, 96 (2), 246-255.

Folkman, S., Chesney, M.A., Pollack, L., & Phillips, C. (1992). Stress, Coping, and High Risk Sexual Behavior. *Health Psychology*, 11 (4), 218-222.

Georgia Department of Community Health (2010). HIV/AIDS Surveillance Fact Sheet. Retrieved from http://www.health.state.ga.us/epi/hivaids/. Accessed 02/25/2011.

Glanz, K., Rimer, B.K., and Lewis, F.M. (Eds.). (2002). *Health Behavior and Health Education: Theory, Research, and Practice* (3rd ed.) San Francisco: Jossey-Bass.

Hall, IH, Li, J, & McKenna, MT. (2005). HIV in Predominantly Rural Areas of the United States. *Journal of Rural Health*, 21, 245-253.

Harrell, S. (2000). A Multidimensional Conceptualization of Racism-Related Stress: Implications for the Well Being of People of Color. *American Journal of Orthopsychiatry, 70* (1), 42-57.

Hart, T., & Peterson, J. (2004). Predictors of risky sexual behavior among young African American men who have sex with men. *American Journal of Public Health.* 94, 1122-1123.

Jackson, J.S., Brown, T.N., Williams, D.R., Torres, M., Sellers, S.L., & Brown, K. (1996). Racism and the physical and mental health of African Americans: A thirteen year national panel study. *Ethnicity and Disease, 6*, 132-147.

Jackson, J. S., & Volckens, J. (1998). Community stressors and racism: Structural and individual perspective on racial bias. In X. B. Arriaga & S. Oskamp (Eds.), *Addressing community problems: Research and interventions* (pp. 19–51). Thousand Oaks, CA: Sage.

James, S.A., Hartnett, S., & Kalsbeek, W.D. (1983) John Henryism and blood differences among Black men. *Journal of Behavioral Medicine*, 6, 259-278.

James, S.A., Strogatz, D.S., Wing, S.B., & Ramsey, D.L. (1987). Socioeconomic status, John Henryism, and hypertension in Blacks and Whites. American *Journal of Epidemiology,* 126 (4*),* 664-673.

Johnson, GB. (1929). John Henry: Tracking Down a Negro Legend. *The University of North Carolina Press,* Chapel Hill.

Jones, C.P. (2000). Levels of Racism: A Theoretic Framework and a Gardener's Tale. *American Journal of Public Health,* 90 (8), 1212 -1215.

The Kaiser Family Foundation, *statehealthfacts.org*. Data Source: Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention-Surveillance and Epidemiology, Special Data Request, December 2010, accessed 03/02/2011.

Karon JM, Fleming PL, Steketee RW, & De Cock, KM. (2001) HIV in the United States at the turn of the century: an epidemic in transition. *American Journal of Public Health*: 91, 1060 –1068.

Kemppainen, J., Kim-Godwin, J.S. Reynolds, N.R., & Spencer, V.S. (2008). Beliefs about HIV Disease and Medication Adherence in Persons Living with HIV/AIDS in Rural Southeastern North Carolina. *Journal of the Association of Nurses in AIDS Care,* 19 (2): 127-136.

Kessler R.C., Mickelson K.D., & Williams D.R. (1999). The prevalence, distribution, and mental health correlates of perceived discrimination in the United *States*. *Journal of Health and Social Behavior,* 40, 208-230.

Khan, M.R., Miller, W.C., Schoenbach, V.J., Weir, S.S., Kaufman, J.S., Wohl, D.A., & Adimora, A.A. (2008). Timing and Duration of Incarceration and High Risk Sexual Partnerships Among African Americans in North Carolina. *Annals of Epidemiology*, 18, 403-410.

Landrine, H. & Klonoff, E. A. (1996). The Schedule of Racist Events: A measure of racial discrimination and a study of its negative physical and mental health consequences. *Journal of Black Psychology, 22,* 144-168.

Lazarus, R.S., & Folkman, S. (1984). *Stress, Appraisal, and Coping.* New York: Springer Publishing Company.

Leserman, J., Perkins, D.O., & Evans, D.L. (1992) Coping With the Threat of AIDS: The Role of Social Support. *The American Journal of Psychiatry*, 149 (11), 1514 – 1520.

Malebranche D, Millett, G., & Gvetadze, R. (2008). The impact of Gender role conflict on the sexual risk behaviors of Black MSM in the United States. Presented at the International AIDS Conference, Mexico City, Mexico. Abstract # WEPE0480.

Majors, R. & Bilson, J. Cool Pose: the dilemmas of Black manhood in America. (1992) New York: Lexington books.

Mays, V. M., Cochran, S. D., & Zamudio, A. (2004). HIV prevention research: Are we meeting the needs of African American men who have sex with men? *The Journal of Black Psychology*, 30, 78–105.

McKusick, L., Horstman, W., & Coates, T. J. (1985). Aids and sexual behavior reported by gay men in San Francisco. *American Journal of Public Health, 75,* 493-496.

Mezuk, B., Rafferty, J., Kershaw, K., Hudson, D., Abdou, C., Robinson, W.R., & Jackson, J.S. (2010). Stressful life events, health behaviors, race, and depression: an interaction model. *Comprehensive Psychiatry*, 51 (6), e7.

Millett, G., Malebranche, D., Mason, B., & Spikes, P. (2005). Focusing "Down Low": Bisexual Black Men, HIV Risk and Heterosexual Transmission. *Journal of the National Medical Association, 97* (7), 52S-59S.

Millett, G.A., Peterson, J.L., Wolitski, R.J., & Stall, R. (2006). Greater Risk for HIV Infection of Black Men Who Have Sex With Men: A Critical Literature Review. *American Journal of Public Health* 96 (6), 1007-1019.

Millet, G.A., Flores, S., Peterson, J.L., & Bakeman, R. (2007). Explaining disparities in HIV infections among Black and white men who have sex with men: a meta-analysis of HIV risk behaviors. *AIDS,* 21(15), 2083-2091.

Patton, M.Q. (2002) Qualitative Research & Evaluation Methods. California: Sage Publications, Inc.

Pieterse, A.L. & Carter, R.T. (2007). An Examination of the Relationship Between General Life Stress, Racism-Related Stress, and Psychological Health Among Black Men. *Journal of Counseling Psychology*, 54 (1), 101-109.

Revell, A.D., Warburton, D.M, & Wesnes, K. (1985). Smoking as a coping strategy. A*ddictive Behaviors*, 10 (3), 209-224.

Sanders-Thompson, V. L. (2002). Perceptions of distress among African Americans. *Community Mental Health Journal,* 38*,* 111–117.

Siefert, K., Bowman, P.J., Helfin, C.M., Danzinger, S., & Williams, D.R. (2000). Social and environmental predictors of maternal depression in current and recent welfare recipients. *American Journal of Orthopsychiatry.* 70, 510-522.

Steinburg, S. & Fleming, P. (2000). The geographic distribution of AIDS in the United States: Is there a rural epidemic? *Journal of Rural Health,* 16, 11-19.

Stone, A. A., Lennox, S., & Neale, J. M. (1985). Daily coping and alcohol use in a sample of community adults. In S. Shiftman & T. A. Wills (Eds.),*Coping and substance use* (pp. 199-220). New York: Academic.

Taylor, J., & Turner, R. J. (2002). Perceived discrimination, social stress, and depression in the transition to adulthood. *Social Psychology Quarterly,* 65*,* 213–225.

Utsey, S.O., Adams, E.P., & Bolden, M. (2000). Development and Initial Validation of the Afrocultural Coping Systems Inventory. *Journal of Black Psychology*, 26, 194 – 215.

Western, B., & Pettit, B. (2005). Black-White wage inequality, employment rates, and incarceration. *American Journal of Sociology,* 111*,* 553–578.

Wheaton, B. (1993). Sampling the stress universe. In W.R. Avison & I.H. Gotlib (Eds.), *Stress and mental health: Contemporary issues and prospects for the future* (pp. 77—114). New York: Plenum Press.

Wiist, W.H., & Flack, J.M. (1992). A Test of the John Henryism hypothesis: cholesterol and blood pressure. *Journal of Behavioral Medicine,* 15 (1), 15-29.

Williams, D.R., & Williams-Morris, R. (2000). Racism and mental health: the African American experience. *Ethnicity and Health,* 5, 243-268.

Williams, D.R. Yu, Y. Jackson, J, & Anderson N. (1997). Racial differences in physical and mental health: socioeconomic status, stress, and discrimination. *Health Psychology.* 2, 335-351.

Wills, T. A., & Shiffman, S. (1985). Coping and substance use: A conceptual framework. In S. Shiffman & T. A. Wills (Eds.), *Coping and substance use* (pp. 3-24). New York: Academic.

Wolfe, W. (2003). Overlooked role of African American males' hypermasculinity in the epidemic of unintended pregnancies and HIV/AIDS cases with young African American women. *Journal of the National Medical Association*, 95, 846-852.

APPENDIX A

Qualitative Interview Guide

PROJECT ADOFO – INTERVIEW GUIDE

"A Qualitative Exploration of the Influence of Social/Demographic Factors, Mental Health Determinants and Culturally Specific Coping Strategies on the HIV protective and promoting behavior of Black men in Georgia"

The purpose of this study is to talk about your experiences as a Black man. We will focus on topics such as where you live, race, stress, your mood, what it means to be a man, and how you cope with stress. Many men have different life experiences that shape how they see themselves, how much stress they think they are under, and how they cope with stress. We'll also talk a bit about your experiences getting medical care, HIV testing and condom use practices. There are no right or wrong answers in this interview, just say whatever comes to mind and think of it as a chance to have your voice and opinion heard. Ok, if you don't have any questions, let's start. We'll start with some general questions and some questions about the good things going on in your life first. ***[MAKE SURE PARTICIPANT TURNS OFF CELL PHONE BEFORE STARTING]***.

1. In general, tell me about what it's like for you living in [name of city].

(The purpose of this section is to solicit the respondent's point of view <u>without</u> influence of the interviewer or of the focused questions which follow. It is one of the most important elements of the interview because it allows for the discovery of unanticipated areas of concern for community members and providers. It provides a forum for them to disclose their agenda up front. It is most important that the interviewer does not lead the respondent in any way, though encouragement is sometimes needed. If necessary, encourage the respondent by repeating elements of the above statements or very general probes, e.g. I just want to know what you think: What is it like for you to live in (city)? Have things changed over time? Why?, Tell me more about that: etc. The interviewer may also use silence as a probe, which requires being comfortable with silence. With someone having difficulty, you might start by saying "Take your time and think for a while - just tell me what your thoughts are." Avoid interrupting the respondent while he is speaking.)

2. What would you say are the 3 most important things going on in your life right now?
    a. Probe – Why are each of these important to you?

3. What things in your life make you feel good about yourself right now?
    a. Probe – Why do these things make you feel good?

4. Give me an example in your life where you worked really hard for something and it paid off.
    a. Probe – What did you learn from that?

5. Tell me what it's like for you being a Black man in 2010.
    a. Probe – How do you think it's different for you as a Black man now as opposed to earlier in your life?

6. In general, what do you think is expected of you as a man?
    a. Probe – What do you think is expected of you specifically as a *Black* man? How are these expectations the same or different?

Now I'm going to ask you some questions about stress, your mood, and not so good experiences in [name of city]

7. What do you feel is making life stressful for you right now?
    a. Probe – What do you do when you feel stressed? (some people drink, some eat, others pray)
    b. Probe – How well do these things work to decrease your stress?
    c. Probe – Who do you turn to for support when you feel stressed?

8. What things in your life make you feel depressed or down?
    a. Probe – What do you do when you get depressed?
    b. Probe – Who in your life is there for you when you feel depressed?

9. What are some of the bad or negative experiences you have had in [name of city]?
    a. Probe – What experiences have you had where you felt people treated you differently because you were Black?
    b. Probe – Tell me about any other experiences where you felt people treated you differently for any other reasons.
    c. Probe – How have these experiences affected you?

10. Talk to me about your encounters with police or law enforcement in [name of city].

11. Tell me about any experiences you've had with going to jail or prison in [name of city].
    a. Probe – Any experiences in general with jail or prison in other cities/locations?
    b. Probe – How did it affect you?

Shifting gears, next I'm going to ask you about some of your memories about childhood.

12. Talk to me a little bit about what your childhood was like, anything that comes to mind.
    a. Probe – Who had the biggest impact on you growing up? Tell me about them.
    b. Probe – What experiences did you have with fighting or being beat up?
    c. Probe – What experiences did you have with being made fun of?
    d. Probe – How did you learn about sex growing up? Who taught you?
    e. Probe – What experiences did you have with being forced to have sex?

Now I'm going to ask you a few questions about your health care, your thoughts about condom use and your HIV testing practices.

13. Tell me a little bit about your experiences with getting medical care in [name of city].
    a. Probe – How do you get along with medical personnel (such as doctors or nurses)?

14. In general, what things make you want to use condoms when you are having sex?
    a. Probe – How does stress affect your condom use?
    b. Probe – How does feeling depressed affect your condom use?

15. In your life, how often do you get tested for HIV or STDs?
    a. Probe – What in your life makes you want to get tested?
    b. Probe - How do your experiences with getting medical care in [name of city] affect your HIV testing practices?

16. *Ok, final question. What in your life do you feel you need help with right now?*
    a. *Probe – If there was a community program that was developed to help you with what you just mentioned, what kind of services would it provide?*

We've reached the end of the interview. Before we end our discussion, do you have any additional comments or questions about any of the topics we've covered today?

Thank you very much for taking part in this interview – all that is left is a brief survey we need you to fill out and I'll give you some postcards to give to any other men you think would be interested in participating in this study as well. [At this point, turn of the recorder and hand

the participant the survey to complete. Give participant gift card and 5 postcards – make sure they sign the receipt book that they received the gift card before they leave].

APPENDIX B:

Quantitative Questionnaire

Demographic Questions

The following questions are meant to find out more about who you are and what you believe. There are no right answers to these questions. Please answer them as honestly as you can. Do not put your name or any other identifying information on this survey!!!!!

***General**: Questions in the first section asks general questions about you.*

1. How old are you? _____

2. Where were you born? (city) _____(country) _____

3. What is your religion? (Please circle one)

a) Protestant (Baptist, Episcopalian, Methodist, Presbyterian)

b) Catholic

c) Non-denominational Christian

d) Muslim

e) Spiritual

f) Other (Please describe) _____

4. What word **best** describes your sexual orientation? (Please circle one)

a) Heterosexual

b) Straight

c) Homosexual

d) Gay

e) Bisexual

f) Same gender-loving

g) Two-spirited

h) Other (Please describe) _____

***Education/Work:** The following questions ask about your education, job training, and work experience.*

5. What is the highest level of education you have completed? (Please circle one)

a) Less than 9th Grade

b) 9^{th} – 11^{th} Grade

c) High school diploma/GED

d) Some college

e) College degree (BA, BS)

f) Graduate Degree (Masters, PhD, MD, JD)

g) Technical school

h) Job training

i) Other (Please describe) _____

6. Do you have a job right now? ____ Yes ____ No

If yes: Job title _____

7. What is your yearly income? (Please circle one)

a) Less than $15,000/year

b) $15,001 - $20,000/year

c) $20,001 - $30,000/year

d) $30,001 - $45,000/year

e) $45,001 - $60,000/year

f) Greater than $60,000/year

We are interested in learning about you sexual behavior and condom use with your sexual partners.

1. How many female sexual partners have you had in the past year? _____

2. Are you **currently** having sex with more than one woman?

a. Yes 1

b. No 2

c. Refuse to Answer 99

3. Are you **currently** in a committed (primary) relationship with a woman (like a girlfriend, partner, or wife)? (Choose one) **(IF "NO," SKIP TO QUESTION 7)**

a. Yes 1

b. No 2

c. Refuse to Answer 99

4. How long have you been in this relationship? (Choose one)

a. Less than 6 months 1
b. 6-11 months 2

c. 1-2 years 3

d. 3-4 years 4

e. 5 or more years 5

f. Refuse to Answer 99

5. In the past 12 months, how often have you used condoms with this woman (primary sexual partner) when you put your penis in her vagina? (Choose one)

a. Always 1

b. Most of the time 2

c. Half of the time 3

d. Sometimes 4

e. Never 5

f. We haven't had vaginal sex in the past 12 months 99

6. In the past 12 months, how often have you used condoms with this woman (primary sexual partner) when you put your penis in her anus? (Choose one)

a. Always 1

b. Most of the time 2

c. Half of the time 3

d. Sometimes 4

e. Never 5

f. We haven't had anal sex in the past 12 months 99

7. In the past 12 months, how often have you used condoms when you put your penis in a woman's vagina who was not your wife, girlfriend or partner? (Choose one)

a. Always 1

b. Most of the time 2

c. Half of the time 3

d. Sometimes 4

e. Never 5

f. I haven't had vaginal sex with any women in that time 99

8. In the past 12 months, how often have you used condoms when you put your penis in a woman's butt who was not your wife, girlfriend or partner? (Choose one)

a. Always 1

b. Most of the time 2

c. Half of the time 3

d. Sometimes 4

e. Never 5

f. I haven't had anal sex with any women in that time 99

9. In the past 12 months, have you had anal or vaginal sex without a condom with any woman who you knew was HIV positive?

   a. Yes 1
   b. No 2
   c. Unsure 3
   d. Refuse to Answer 99

10. How many male sexual partners have you had in the past 12 months?

    _____

    (IF "NONE," SKIP TO QUESTION 19)

11. Are you **currently** having sex with more than one man?

    a. Yes 1
    b. No 2
    c. Refuse to Answer 99

12. Are you **currently** in a committed (primary) relationship with a man (like a boyfriend or partner)? (Choose one) **(IF "NO," SKIP TO QUESTION 16)**

    a. Yes 1
    b. No 2
    c. Refuse to Answer 99

13. How long have you been in this relationship? (Choose one)
    a. Less than 6 months 1
    b. 6-11 months 2
    c. 1-2 years 3
    d. 3-4 years 4
    e. 5 or more years 5
    f. Refuse to Answer 99

14. In the past 12 months, how often have you used condoms with this man (primary sexual partner) when you put your penis in his butt? (Choose one)

    a. Always 1
    b. Most of the time 2
    c. Half of the time 3
    d. Sometimes 4
    e. Never 5
    f. We haven't had anal sex where I penetrate him in that time 99

15. In the past 12 months, how often have you used condoms with this man (primary sexual partner) when he puts his penis in your butt? (Choose one)

    a. Always 1
    b. Most of the time 2
    c. Half of the time 3
    d. Sometimes 4
    e. Never 5
    f. We haven't had anal sex where he penetrates me in that time 99

16. In the past 12 months, how often have you used condoms when you put your penis in a man's butt who was not your boyfriend or partner? (Choose one)

a.	Always	1
b.	Most of the time	2
c.	Half of the time	3
d.	Sometimes	4
e.	Never	5
f.	I haven't had insertive anal sex with any men in that time	99

17. In the past 12 months, how often have you used condoms when a man puts his penis in your butt who was not your boyfriend or partner? (Choose one)

a.	Always	1
b.	Most of the time	2
c.	Half of the time	3
d.	Sometimes	4
e.	Never	5
f.	I haven't had receptive anal sex with any men in that time	99

18. In the past 12 months, have you had anal sex without a condom with any man that you knew was HIV positive?

a.	Yes	1
b.	No	2
c.	Unsure	3
d.	Refuse to Answer	99

19. How many transgendered (male to female) sexual partners have you had in the past year? _____

HIV Testing Practices

We are interested in learning about your past HIV testing experiences. We understand that some of these questions are quite sensitive but your honesty is needed and greatly appreciated.

20. Have you been tested for HIV in the past year? **(If "No," skip to question 22)**
    a. Yes 1
    b. No 2
    c. Don't know 77
    d. Refused 99

21. Did you return for the results?
    a. Yes 1
    b. No 2
    c. Don't know 77
    d. Refused 99

22. What did you think your chances are of getting HIV based on your sexual behavior in the past year?
    a. Very likely 1
    b. Likely 2
    c. Equally as likely as unlikely 3
    d. Unlikely 4
    e. Very unlikely 5
    f. Don't know/ Not sure 77
    g. Refused 99

23. What did you think your chances are of getting HIV based on your sexual behavior in the past 3 months?
    a. Very likely 1
    b. Likely 2
    c. Equally as likely as unlikely 3
    d. Unlikely 4
    e. Very unlikely 5
    f. Don't know/ Not sure 77
    g. Refused 99