Exploration of Communal Discipline as a Contributing Factor to Community Stress in African American Adults

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Abstract

Discipline of children varies, and is multifactorial in its intent and impact. Exposure to discipline begins in childhood and continues through adolescence and adulthood. Physical or verbal discipline may come from parents and family, the community, or society. A lack of discipline, as well as parental permissiveness, positively predicts developmental changes and deviant behaviors in children (Harris et al., 2017). Community stressors may include abuse, neglect, and exposure to violence or prolonged economic hardship that results in protracted biological and psychological alterations in individuals. These alterations may have negative consequences for overall health, well-being, and positive life course progression. Exposure to violence in communities can desensitize children and they can begin to deny violent acts if parents do not aim to mitigate them (Tyler, 2013). The purpose of this study was to ascertain the perceptions of African American adults regarding stress and traumatic events occurring in their environment.

A phenomenological approach was used to gather information on African American participants' interpretations of their lived experiences regarding stress and traumatic events within their lives. Participants aged 18- 70 years were recruited from a near eastside community in Columbus, Ohio. A community leader and business owner in the community hosted space for the groups. Three focus groups were conducted and led by an advanced practice mental health nurse and two senior nursing students assisted. The focus groups were audiotaped, transcribed, and analyzed for emerging themes.

Themes identified included community change, children and parents, and protective isolation. Participants expressed concern for decline in the community and the community's services. Focus group members also expressed concern for the safety of the children in the

community, as well as the concern for lack of positive authority figures for the children. Lastly, participants also expressed multiple forms of protective isolation as a coping mechanism for the dangers in the community. The interconnectedness of the identified themes emerged as the community's fear for the children's safety and discipline, but also as fear of the children and the violence they bring to the community when there is frequent exposure to violence and little discipline, parental control, or role models present.

Results from this phenomenological study support findings in the literature regarding a lack of discipline in children can lead to poor overall health of the community residents. Additional studies need to be conducted within similar communities.

Key words: discipline, stress, African American adults

List of Appendices

Chapter 1: Statement of the Problem

Introduction

Prevalent mental health disparities for minority populations exist. According to the Surgeon General's report, *Mental Health: Culture, Race, and Ethnicity*, minority populations are less likely to receive mental health services, and if they do receive care it is often poorer quality of care (2001). Minority populations also have less access and availability to mental health services, and are underrepresented in mental health research.

African American adults face numerous challenges related to healthcare. There is little research and understanding on mental health distinctions of African Americans and the population often lacks healthcare recourses, let alone mental health resources. The African American population does not have consistent access to mental health care. A gap in the literature exists regarding specific sources of stress or psychophysiological responses to stress in the African American population. According to The Centers for Disease Control, this gap in literature highlights that the African American population is not provided proper mental resources, nor are general healthcare providers delivering best patient centered care specific to this population.

Background of the Problem

African Americans face a unique struggle when it comes to receiving health care because their population faces many unique characteristics that impact daily life (McCallum et al., 2002). Internalized racism causes concentrated poverty and poorer environments, which has a negative impact on health outcomes for African Americans (Fiscella et al., 2004). Underserved communities face distinctive environmental stressors, which can be influenced by numerous factors such as high crime rates, substance availability, poverty, and scarce resources that are

associated with low socioeconomic status (SES). Minority groups experience environments of social and economic inequality, which includes greater exposure to racism and discrimination, violence, and poverty, all of which impact mental health (Department of Health and Human Services, 2001). Cultural perceptions of mental health can influence if and how an individual pursues help, their social supports and coping styles, and stigma attached to mental illness.

The Near East Side of Columbus, Ohio, where the study was conducted, has a particular history that makes the population and environment unique. *African American Settlements and Communities in Columbus, OH: A report* (2014) describes the history of Mount Vernon area as established in the early 1900s, becoming a safe location for African-Americans to reside after segregation from the generally white community. The community began to grow and housed many different relationships that were professional, personal, and spiritual in nature. Community members inspired and supported one another in business, family, and spiritual ventures. However, the construction of Interstate-71 in the late 1960s and early 1970s injured the community by bisecting it from the downtown area of Columbus. Despite these struggles, the Near East Side community survived and is currently experiencing economic and historic renovations.

Purpose of the Study

The purpose of this study was to determine how African American adults perceive stress and better understand the experience, resources, and support related to traumatic events and stress in the Near East Side community of Columbus, Ohio.

Significance of the Study

The significance of the study is to bring attention to and document the unique stressors African American adults face and how those stressors manifest specifically in African American

adults. Individual stress is created by multiple factors and varies from each individual based on personal interpretation and perception of these factors. African Americans already have a difficult time accessing quality, basic physical healthcare, let alone mental healthcare. Having further information on what unique stressors this population faces, and how these stressors then manifest, are important to understand how to best provide care to enhance general wellness of African American adults.

Conceptual Frame of Reference (Theory)

The Social-Ecological Model (Centers for Disease Control, 2015; Dahlberg & Krug, 2002) was used to explore the complex interplay between individual, relationship, community, and societal factors that place residents of the Near East Side community at risk for experiencing stress, as well as from receiving adequate support.

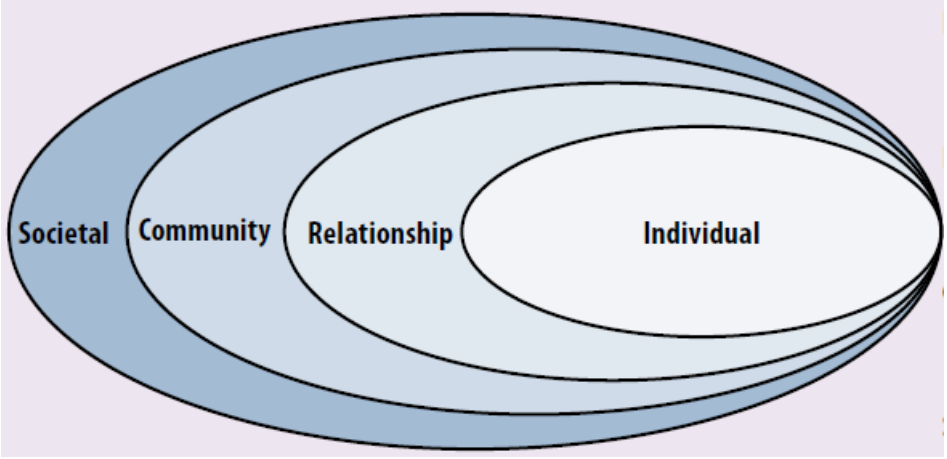

Figure 1: The Social-Ecological Model (CDC, 2002)

In this model, all of the overlapping rings illustrate the interconnectedness of a person's environment. The inner-most ring, the individual level, represents the personal history, mentation, and perception of the individual that may increase the amount of stress experienced or influence the way stress manifests. The second ring represents the individual's relationships with his/her closest partners, family, social circle peers, and how these tight personal connections

influence behavior, thoughts, and actions that contribute to his/her experiences. The community ring follows and represents the individual's social and physical environment such as neighborhoods, workplaces, and churches where social relationship and connections occur. The outermost ring is the societal ring and represents cultural and social norms that may create barriers to accessing or receiving care.

The Model of Human Ecology (Parenting UK, 2017; Bronfenbrenner, 1979) was designed to explain how the inherent qualities of children and their environment interact to influence how they will grow and develop.

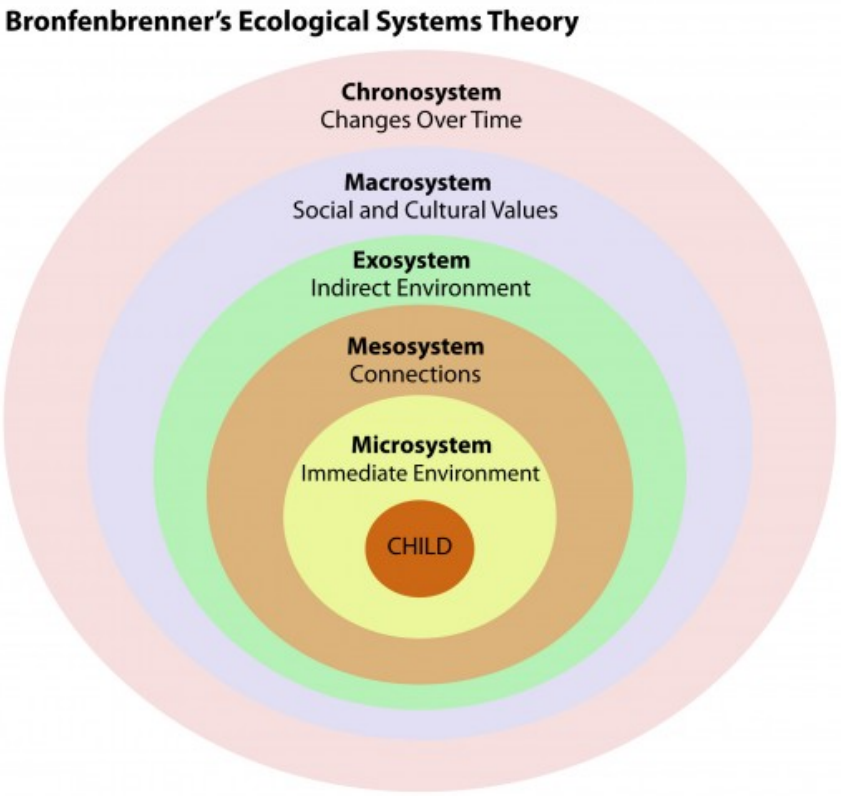

Figure 2: Model of the Ecological Systems Theory (Psychology Notes HQ, 2013)

The innermost level is the microsystem, which consists of the child's most immediate

environment and could include home, school, daycare, or community environment. The mesosystem is defined as the system of microsystems and the way each microsystem relates and links to each other. The exosystem is the linkage of two or more settings that do not have a direct impact on the child but still has the ability to affect the child. The macrosystem is the most distant groups of people and places that still have influence and significance on a child. The outermost ring is the Chronosystem, which is representative of the dimension of time, and takes into account change and consistency in a child's environment.

Study Aims

The aim of this study was to gain greater knowledge on the African American adult experience and enhance insight on how African American adults perceived, interpreted, and reacted to individual life stressors. This study used a phenomenologic approach, which focused on subjective experience and strived to understand a person's perception, perspective, and comprehension of a certain event.

Chapter 2: Review of the Literature

The review of literature began with general information on mental health in the African American population in regards to mental health and mental health care access, as well as mental healthcare access and mental health resources available within the community. Articles were found using the key words "mental health," "African American adults," and "access" from PubMed, CINAHL, and EBSCOhost. Further information was gathered on stress in the African American adult population in similar socioeconomic areas; information of interest included what causes stress for this particular population, how stress is tolerated and handled, if stress-mitigating interventions were present. Articles were searched using PubMed, CINAHL, and EBSCOhost using the key words "stress," "African American adults," and "low socioeconomic status."

African American adults are less likely to be accurately diagnosed with depression than white or Caucasian adults (Borowsky et al., 2000). Patients in a minority population perceive discrimination and poorer overall healthcare (Sorkin et al., 2010). Racism or discrimination is a barrier to care because it leads to perceptions, mistrust, and stigmas of racism that prevent people from seeking needed mental health care (National Public Radio, 2012). Stress related issues are difficult to address in low SES because it may present itself differently in the African American population (Fiscella et al., 2004). Neighbors et al. (1998) supports that spirituality is a common coping mechanism to stress. McCallum et al. (2002) highlighted that the most common sources of stress in African American adult populations are lack of adequate resources, role functioning, relationship conflict, and health concerns. Goldmann et al. (2011) urged that prevention should be the utmost importance for this population because access to mental health treatment could reduce the mental health burden in urban areas. Schwartz et al. (2005) focused on stress among

African Americans in the inner city and its manifestation as Post Traumatic Stress Disorder (PTSD) to specifically measure how trauma, violence, and stress effect the populace. Schwartz et al. concluded that PTSD is common among the population, but that not all of the population is affected equally.

After the focus groups were conducted another literature review was done to gather information to support themes that had emerged throughout the group. Participants verbalized a concern for the safety and the parenting of the children in the community, as well as a fear for their own safety from the children who lacked activity parental involvement. Articles related to parenting and discipline, as well as deviant behaviors in children within African American communities were found using the key words "discipline," "African Americans," "communities," and "parenting" from PubMed, CINAHL, and EBSCOhost.

Etkins et al. (2014) discovered that both parents and children adjust their behavior based on responses and actions of one another. Parental permissiveness positively predicted deviant behaviors and developmental changes in urban, African American adolescents living in high-poverty neighborhoods (Harris et al., 2017). Bolar et al. (2016) provided an in-depth community-based study on urban minority parents' views of child health with heavily reoccurring themes of lack of spaces for physical activity and community violence. Co-occurring factors were related to limited engagement of outdoor activities, physical inactivity, increased obesity, and poor mental health and coping. The article emphasized that poor parenting is the largest barrier to improving childhood outcomes, and that quality parenting is the most important issue to address for community programs. This supports Barlow, Bergman, Kornor, Wei, and Bennett's (2016) findings that group-based parenting programs improve a young child's overall short-term emotional and behavioral adjustment. Bolar et al. (2016) further suggests that health outcomes

for children in urban neighborhoods would be increased if community focus was directed at establishment of social capital and creation of constructive activities. Multiple variables impact child rearing behaviors such as maternal stress, adolescent exposure to economic struggles, and exposure to community violence. Struggling mothers have less adaptive parenting styles. Children become desensitized to, and as well as deny, violence if parents do not aim to mitigate violent acts (Tyler, 2013). Young African American mothers who have been exposed to high levels of violence employ harsh disciplinary practices resulting in increased child behavior problems compared to young mothers who have less exposure to violence and employ less harsh disciplinary practices (Mitchell et al., 2009). Whaley (2002) performed a review of literature that emphasized that African American children respond to physical discipline with decreased child behavioral issues, unlike European American children who respond to spanking with disruptive behaviors.

Chapter 3: Methodology

Research Design

The study design is a phenomenological approach. The focus of phenomenological inquiry is on what people experience and how they interpret and give meaning to those experiences (Streubert & Carpenter, 2007). This approach is grounded in a constructivist epistemology that views "reality" as socially constructed. This construction and representation of reality is based on one's culture and experience and informs social action. Description of the lived experience (Padgett, 2008) helps further clarify the phenomenon of interest by finding the common themes in the participants' experiences; in this case the stressors related to discipline of children faced by African American adults living in the near east side community of Columbus, Ohio.

Population and Sample Design

The convenience sample was 25 African American adults ages 18-75 who self-identified as having experienced stress or traumatic life events. For phenomenological studies Creswell (1998) recommends a minimum of five to 25 participants and Morse (1994) suggests at least six participants. Participants were invited to attend one of two focus groups to share their experiences concerning what they thought about stress and traumatic life events, perceptions regarding sources of support and ability to seek help for stress and traumatic life events, and potential barriers/access issues to attaining support. Consent to participate (informed consent) was obtained from interested individuals at that time. Recruitment of participants occurred in collaboration with trusted community partners, who are members of The Ohio State University College of Nursing Engaged Impact Community Advisory Board: Making a Difference, Inc., a non-profit organization that seeks to empower African American adults in the Near East Side

community of Columbus Ohio. Recruitment was done by flyers posted in community settings, announcements in community newsletters, church bulletins, and by word of mouth. Flyers were distributed inviting interested persons to participate at businesses, churches, and community agencies located in the Near East Side of Columbus, Ohio. Participants in the focus groups were given a one-day COTA bus pass and a $30.00 gift card to a local retailer for their participation. The focus groups were held in a community room next to the Making a Difference, Inc. office located in the Near East Side. Refreshments were also provided during the focus groups.

The first focus group consisted of 16 total adults, all African Americans, with an age range from 28 to 61 years of age. Three of the first focus group's participants were married, one was separated, one was divorced, and seven were never married. Relationship data was not available for the remaining four participants. The majority of the participants rented their home, totaling 15 out of 16 participants that were renters. The number of people residing in a participant's home ranged from one to seven people. The number of children participants had ranged from two to a high of 17. The annual income for 13 participants was less than $10,000; data was missing for two participants, and one preferred not to answer. Four of the 16 participants said that they had participated in counseling at some point in their life, two participants preferred not to answer, and the remaining 10 participants had never participated in counseling.

The third focus group consisted of 11 total adults, all African Americans, with an age range from 45 to 81 years of age. Because of two participants being over the age of 75, they were removed form the data set, resulting in a total of 9 adults for the third focus group. Two of the third focus group's participants were widowed, one was separated, one was divorced, and four were never married. Eight of the participants rented their home and one participant owned their

home. The number of people residing in a participant's home ranged from one to three people. The number of children participants had ranged from zero to four. The annual income for 6 participants was less than $10,000, two participants had an annual income of $10,000-$14,999, and one participant had an annual income of $15,000-$24,999. Two of nine participants said that they had participated in counseling at some point in their life, and the remaining seven participants had never participated in counseling.

Data Collection and Procedures

Three focus groups were held. Each focus group was audio recorded. The tapes were transcribed by a transcription service. Memos and field notes were also used. Unfortunately, audio recordings were only audible for focus groups one and three. Consequently, data from focus group two was excluded from the study.

Phenomenological analysis (PA) interviews (Padgett, 2008) were conducted with participants from each focus group (e.g., 6 to 8 participants) and were led by a culturally competent facilitator and the Primary Investigator (PI) who used pre-determined questions regarding informants' experiences with stress and stress from traumatic events. The PI, an APRN certified as a Clinical Nurse Specialist in Psychiatric/Mental Health Nursing, was present during all of the focus groups to help identify participants who may have needed additional resources or referrals following the focus group. The interviews began with broad, open-ended questions to ensure rapport and openness necessary to understand the participants' lived experience with stress and traumatic events in their community.

Two BSN Honors students assisted in obtaining informed consent, fill out demographic data and screening questionnaire, and distribution of incentive. Two BSN honors students also helped with data analysis of transcribed audiotapes.

Data Collection Instruments

The screening questionnaire was used to determine if a participant was eligible to participate in the study. Please refer to Appendix A for the screening questionnaire.

The demographic questionnaire was used to gather information on the participant's such as age, sex, income, living situation, etc. Please refer to Appendix B for the demographic questionnaire.

The questions asked in focus group pertained mostly to a participant's connectedness to the community and stress. The full list of example questions is provided in Appendix C. Relevant probes and follow-up questions were used as needed. Sessions were audio-recorded then transcribed verbatim. Each participant also completed a demographic questionnaire.

Data Management/Analysis

Demographic data was analyzed using a Microsoft excel spreadsheet. The transcripts were read in their entirety to gain an overall impression of ideas and reoccurring topics, and the transcriptions were analyzed using content analysis. Phenomenological analysis examines interview transcripts in search of quotes and statements that are emblematic in meaning, which are then clustered into themes that form the architecture of the findings. As each focus group was completed, transcripts were reviewed on an ongoing basis to assess for the occurrence of saturation and the emergence of consistent patterns. The investigators continued to identify themes until saturation was reached and an exhaustive description of the participants' experience emerged.

Several strategies were used to ensure rigor, credibility, and validity of the study methods and analyses (Patton, 1990). First, the research process was documented through memos, field

notes, and focus group summaries. Memos were used to record procedural decisions made throughout data collection, development of the focus group guide, and analysis. Field notes from focus group moderators and research team meetings were used to review project materials and identify additional topical areas that were examined. Lastly, focus group summaries were linked to focus group transcripts and provided additional documentation for comparison in data analysis. The triangulation of these combined data sources provided a comprehensive perspective on the proposed project (Patton, 1990).

Chapter IV: Results and Discussion

The focus groups yielding occurring themes among the participants related to their feelings towards and concerns of the community.

Community Change

Most of the participants all agreed that the community had changed from when they were younger. With an average of 49.87 years of age for focus group one and 57.2 years of age for focus group three, participants had lived through and experienced community change over multiple years and generations. Participants urged, "it *was* a community," and "used to be a live place," but has turned into a place with "more drama" and has "change completely." Great concern was expressed over new residents that were "coming from everywhere" and were "not born and raised" there. New residents in the area created a form of communal mistrust because they possessed "different mindsets". Not knowing who someone was within the community caused a concern for safety and protectiveness within long-living community residents causing them to be "too afraid to go out." Participants provided great detail on the type of close-knit community they had had growing up that looked out for its residents and how they believe it has "changed to worse."

A lot of discussion on community change emphasized the current lack of community figures and role models, one of which being teachers. Participant's felt that teachers in the area did not care about the influence and positive impact they might have on a child because "they're just in it for a paycheck anyway." Teachers were reports to be mistreating the children and school, and nothing was reported. Not only did the teachers not care what they were doing for the children, but no one from the community stepped in on the behalf of the children. Group members discussed their community role model and his role in steering you out of trouble.

Presently in the community, if an individual tried to help a child then they would have to "fight the whole family"

Children and Parents

The greatest amount of concern in the community was for the safety and wellbeing of the children in the community. Participants described the recreation centers and after school activities they had access to when they were growing up, and how the children now "can't be kids and be free to play." "They're prisoners," in their own community and are not able to experience normal daily activities without exposure to violence, crime, or both. Participants urged that kids don't have the ease of walking outside and being able to freely play without someone watching them, or without the fear or stress of corruption.

Though the largest concern was for the children in the community, the participants expressed that "you can't blame the children" because you have "to blame the parents" for not "raising their kids right." The majority of participants agreed that parents were not always around to provide care and guidance to their children. Participants shared stories that the kids would beg for money for food on the street, or would walk the streets with their parents trying to sell bottled water to earn money for a sandwich from a fast food restaurant.

Protective Isolation

A common theme that immerged from the focus groups were the danger of the community and the lengths participants went to go to in order to protect themselves. Participants would isolate themselves because the "area was good if you mind your own business and don't worry about somebody" else in the community. One must "have a real small circle" of people in the community "because if you stay to yourself it usually helps." One participant stated that she "was taught to depend solely on [herself] and God." Group members expressed different ways to

protectively isolate themselves in hopes to appear unattractive to thieves or other people in passing. Women shared that they can no longer use the purses or rings that they cherish because they don't want to be considered flashy to robbers. Participants expressed that they don't go out at night or when it starts to get dark, and they encourage others to do the same. One specific story of an individual's protective isolation strategy at was to pick up grass and start chewing it. She hoped that it would deter violent people from approaching her because she would seem mentally unstable, but if someone did still approach her while she was waiting at the bus stop all she "has was a wad of grass to give 'em and a bus pass."

Discussion

Qualitative studies can provide valuable insights into the challenges faced by African Americans and how those challenges transpire and relate to stress. Participants expressed a desire for more effective community resources for parents and caregivers. Safety was communicated as a concern and barrier for children to access resources and constructive activities within the community. Research findings were shared with community stakeholders.

Limitations

The way this convenience sample was gathered could also be a limitation in that the volunteers of the study were purely interested in the incentive, and or did not answer openly or honestly. However, purposeful can be completed used several different strategies to recruit or deliberately invite populations of interest to participate in a study (Fawcett & Garity, 2008). A malfunction with the audio recording for the second focus group was also a limitation in the study. The focus group improperly recorded meant that the transcript did not exist for the second focus group, eliminating the amount and variability of study data.

Chapter V: Conclusions and Recommendations

Summary of Findings

Though a deeper understanding was gained on some factors that contribute to community stress, this research did not make further progress on the original Surgeon General's report, *Mental Health: Culture, Race, and Ethnicity*. More research and actions need to be done to address barriers that African American people face to overcome the issues still present that limit access care. More research also needs to be done to inform health care professionals of distinctions in minority population so they are better trained in providing the best quality care to patients within those minority populations.

Conclusions

African American adults in the Near East Side of Columbus provide valuable insights into community change because of their establishment within the community for many generations. Community change can be a source of stress and frustration for African American adults that have resided in the community for many years, allowing them to witness community change over time. Community change can increase communal mistrust, which can diminish the ability of communal discipline for children within the community. African American adults in low SES areas may experience stress from the lack of safety, resources for, or discipline of children in the community. African American adults may also experience stress, resulting in participation of protective isolation techniques, because of youths and adolescents in the community that lack parental or guiding figures and contribute to the violence and danger of community. There may be a cyclic pattern within African American communities where adults are fearful *for* the wellbeing of children within the community, but are also fearful *of* the children and their capability of inflicting harm.

Recommendations

Further research is needed to address gaps in the literature for better understanding of the African American experience. A mixed methods approach is recommended to gain a deeper understanding of children's needs within the community. Schools may be a good place to begin deeper investigations into understanding what resources, lessons, and aid children are and/or are not receiving.

Appendix A: Screening Questionnaire

Making a Difference: Creating New Gateways to Mental health and Wellness

Participant Self-Screening Form

Please select the following questions

1. Are you a resident of the Linden community? _____yes _____no
2. Are you a resident of the Near East Side community? _____yes _____no
3. Are you between the ages of 18 years and 75 years? _____yes _____no
4. Do you speak and understand English? _____yes _____no

Individuals who answer yes to questions 1, 3, and 4 or to questions 2, 3, and 4 are eligible to participate in the focus group.

Appendix B: Demographic Questionnaire

Demographic Questionnaire

Your individual response will be kept confidential. The data collected from all of the focus groups will be used to help us better understand the demographics in your community.

1. What is your age: _____

2. What is your ethnicity (select all that apply)?

- ☐ White
- ☐ African American
- ☐ Hispanic
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian
- ☐ Other_____

3. What is your current marital status?

- ☐ Married
- ☐ Never married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed

4. How many children do you have: _____

5. How many people live in your home: _____

6. Do you rent or own your home?

- ☐ Own
- ☐ Rent
- ☐ Other

7. What is your zip code: _____

8. What is annual your income?

- ☐ Less than $10,000
- ☐ $10,000 to $14,999
- ☐ $15,000 to $24,999
- ☐ $25,000 to $34,999
- ☐ $35,000 to $49,999
- ☐ $50,000 to $74,999
- ☐ $75,000 or above
- ☐ Prefer not to answer

9. Have you ever received counseling or mental health services?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Thank you for your time and for your participation.

Appendix C: List of Example Questions

Example questions to facilitate focus group are provided below:

1. How long have you lived in the Near East side community?
2. What is your experience living in the Near East side community?
3. Most everyone has been through a stressful event in his/her life. What do you know about stress? Have you experienced stress?
4. What do you think causes stress?
5. What activities, resources, services, and support do you seek when you feel stressed?
6. When an event or a series of events cause a lot of stress, it is called a traumatic life event. This can have an impact either on people who have seen the event firsthand or on people who have seen the event through media, such as television. A person's response to a traumatic event may vary. Some common responses include feelings of fear, grief, and depression, changes in appetite and sleep patterns, and withdrawal from daily activities. Have you experienced any traumatic events? Can you describe them? Have you experienced any of these responses?
7. If so, what do you do to cope?
8. Is there anything you think that could help you cope that you cannot find or access?
9. What do you think needs to be offered in the community to help people who have witnessed or experienced traumatic life events?

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