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Inner-City African-American Women's Adolescence as Stressful Life Events: Understanding Substance Abusing Behavior

Marlese Durr,

Department of Sociology and Anthropology, Wright State University, 3640 Colonel Glenn Hwy, Dayton, OH 45435, USA. Center for the Elimination of Minority Health Disparities University at Albany, Albany, NY, USA

La Fleur F. Small, and

Department of Sociology and Anthropology, Wright State University, 3640 Colonel Glenn Hwy, Dayton, OH 45435, USA. Department of Geriatrics, Boonshoft School of Medicine, Wright State University, 3640 Colonel Glenn Hwy, Dayton, OH, USA

Eloise Dunlap

Special Populations Research Center, National Development Research, Inc., 71 West 23rd Street, 8th Floor, New York, NY 10010, USA

Marlese Durr: Marlese.Durr@Wright.Edu

Abstract

Lula Beatty (2003:59) asks, “What makes a black woman, voluntarily take a substance into her body which alters her perceptions and feelings of well-being?” This research examines African American women's substance abuse as a response to stressful life events grounded in adolescence, drawing in part on the cognitive-transactional approach and distal stressor model to discuss the effects of stressors on mental health and substance abusing behavior. Most respondents viewed their adolescent experiences and the associated stress as tribulations or lessons to be lived through, rather than a signal of needed change in their social, cultural, and ecological life circumstances. The effect of exposure to constant stressors early in the life course coupled with proximal stressors often resulted in negative active responses to stress (i.e. substance abuse) and continued stunted emotional growth. Thus, our findings indicate that the experience of African American women as adolescents contributes to understanding substance abuse amongst this population. These findings further help develop the cognitive-transactional model, while adding to the distal stressors and life process model as a way of considering gender, race, and structural forces.

Keywords

African American women; Stress and substance abuse; Stressful life events and substance abuse

Introduction

Lula Beatty (2003:59) asks, “What makes a black woman, mama, sister, daughter, friend, and wife, voluntarily take a substance into her body which alters her perceptions and feelings of well-being? Why does she seek to literally change her mind, change the way she sees, feels, thinks, and behaves? What effect does this have on her life, the lives of her children and family, and the vitality of her community?” These rhetorical queries consider

these women's reasons for choosing to use legal and illegal drugs, (e.g., alcohol, crack, cocaine, and heroin) despite public health billboards, television and radio public service announcements describing its link to health problems, violence and crime, loss of income and social support, and obliteration of family relationships (Pinn 1998; Nobles and Goddard 1989). Her questions address behavior that is antithetical to images of Black women as providers of spiritual and emotional support to kin and friends and as caretaker-breadwinners (Billingsley 1992). Moreover, these questions ponder women's health decisions and obstructions to healthy behaviors, (Brown-Bryant 1985; Makuc et al. 1989; Calnan and Johnson 1985; Baum and Gruenberg 1991) while indirectly contemplating social and ecological conditions under which substance abuse becomes a choice.

Beatty's inquiry highlights social and ecological conditions that find young girls becoming women in homes that are stress producing and trauma-filled, while peppered with volatile family upbringings fastened to unstable intimate and martial partnerships; which Fullilove et al. (1990) describe as important etiologic factors in drug abuse. For girls who experience living in multiple and overcrowded households, with parental substance abuse, death of a substance abusing mother, father, or sibling, sexual abuse, rape, domestic violence, and the incarceration of a family member; they have little, if any, social support; but stress, stressful life events, trauma, and depression are ever-present. Golub et al. (2006) suggest that substance abuse may be a "get away" to alleviate stress directly related to household strain. As a consequence, some scientists posit that a cycle of drug use may begin to relieve symptoms of depression and trauma. In spite of this anxiety reprieve, these girls experience distress in trying to secure drugs, then additional anxiety as they relieve their latest pressure by continuing to use drugs. However in their homes, continual off-putting visual, verbal, physical, and negative life events have a greater effect on depression than lack of social support (Taylor et al. 1991). Despite knowledge of addiction's incapacitating effects, they become the latest victims of drug dependence, which ensnares them in communities that serve as total institutions (Goffman 1967; Dunlap et al. 2002), limiting their human, social, community, and cultural capital as teen and adults.

Yet, many recover from their addiction, after a considerable period of abstinence and/or participating in recovery programs. They weigh future opportunities which also produce stress as they take into account each new life changing activity which makes day-to-day activities, and interaction with family and generalized others; stressors as they manage life responsibilities such as work, finances, and childrearing. Alongside these adjustments, their awareness of their inadequate workplace skills may cause their return to drug use as a way of dealing with these new stressful life events.¹ A question which arises when investigating the relationship between gender, stressful life events, and substance abuse is: what types of life experiences act as stressors which are likely to trigger a return to substance abuse? To answer this question, we examine their experiences as adolescents which we hypothesize are embedded within a family history of psychological and physical violence coupled with stressful life events and trauma where substance abuse becomes a way to flee familial pathology.

Research on African-American Women and Substance Abuse

To date, a key limitation of substance prevention literature has been the paucity of research that examines the extent to which substance use risk factors identified in studies of white adolescents generalize to African-American (and other non-white) youth. Research findings

¹Psychologists argue that as a rule, stress is identified as a (physiological) process in which A person(s) and environment(s) interact. The joint effect of the persons and environment on pathology is studied along with mediating and moderating factors, such as coping with social support.

from colleagues at the University of Michigan conclude that African-Americans and white youth are not equally exposed to the same vulnerable risk factors that lead to substance abuse (Wallace and Muroff 2002). An increase in age is strongly associated with the development of substance abuse (SAMHSA 2009). Numerous studies have consistently reported lower rates of African-American substance abuse compared to Caucasians (Kilpatrick et al. 2000), implying the operation of other factors. Moreover, although males were more likely than females to be current illicit drug users, the rate of current illicit drug use among females aged 12 or older increased from 5.8% in 2007 to 6.3% in 2008 (SAMHSA 2009). Therefore, increased observed substance abuse among African-American women remains a social curiosity. These research findings highlight the clear need for theoretically driven rigorous race-specific research to better understand the etiology of substance use among African-American, of particular interest to authors of this paper, female adolescents.

Some scholars' investigations of Black women's substance abuse have linked drug use to neighborhood composition and socioeconomic status, while others contend that a clear pattern of relationship between economic status and drug use exists (Vlahov and Galea 2002; SAMHSA 1999; Knupfer 1989; Kopstein and Gfroerer 1990). Other scholars add to these suppositions by arguing that substance abuse may be intensified in poor and minority women due to social, cultural and ecological variables (Sanders-Phillips 1998), like marriage. Black women are less likely than white men or women to be married or to have ever been married (Rodgers and Thornton 1985; Norton and Moorman 1987; Bennett et al. 1989). Although they desire marriage, their inability to marry may function as personal, cultural and societal stressor during their twenties and early thirties when marriage is expected but for them may be peak substance abuse years. For unmarried girls and women with children, single motherhood is oftentimes a stressor.

More often than not, these women are in relationships with other substance abusers, participants in situational partner violence engage in illegal and violent behavior, more likely to abuse or neglect their children because their substance abuse began at a young age (Friedman et al. 1996; Gilbert et al. 2001). Adolescent experiences such as sexual abuse and rape caused post-traumatic stress disorder (PTSD) in most of our subjects.² The PTSD caused later-life substance abuse (McCauley et al. 1997). Using data from a community epidemiological survey, Helzer et al. (1987) found that 70% of its respondents diagnosed with PTSD were women. In another study of illicit drug users, Cottler et al. (1998) found that 67% of African-American women respondents (especially those beginning substance abuse), at an early age, met the diagnostic criteria for such psychiatric disorders as phobia, major depression, antisocial personality disorders, and PTSD.

Over the last 35 years, theoretical models have emerged to explain and predict drug use as an adaptation to stressful life events (e.g., the stress-vulnerability, ecological and dispositional model). Researchers have isolated variables and conditions that act as keys to understanding women's substance abuse such as gender, parental abuse of alcohol or other drugs, sexual abuse, violence, parental relationships, sex role conflict, environment, social networks, biological factors, and personality; all of which are related to the interaction of stress and trauma and serve as predictors or contributing to substance abuse (Russac and Weaver 1995; Algeria et al. 1998; Dishion et al. 1988; McCarthy and Anglin 1990). But these theoretical representations have insufficiently elucidated the etiology of substance abuse for the general population, and for Black women in particular. The purpose of this

²Post traumatic Stress is an anxiety disorder characterized by a terrifying physical or emotional event (trauma) causing the person who survived the event to have persistent, frightening thoughts and memories, or flashbacks, of the ordeal. Persons with PTSD often feel chronically, emotionally numb.

paper is to develop a theoretical model, informed by Lazarus (1995) and Ensel and Lin (1996), accounting for the influences of gender, race and stressful life events during adolescence on the substance abusing behavior of African-American women.

Stress and Stressful Life Event Models

Of the three broad perspectives that can be chosen to study stress (Response-Based Perspective, Stimulus-Based Perspective, and Cognitive Transactional Perspective). The Cognitive Transactional Approach (Lazarus 1966, 1991)³, the third form of analyzing stressors, defines stress as a relationship between a person(s) and environment (s) demanding more than his/her resource reserve has available, putting their well-being at risk. Consequently, stress is a by-product of specific encounters between person(s) and their environment exerting reciprocal influences between individual and environment-making stress a continuous exchange and transaction. Thus, stress is an active agent possessing unfolding processes with causal antecedents and mediating processes and effects (Lazarus 1991, 1996)², as individuals cope with its short and long term effects. The outcomes on their physiology include emotive responses such as anger, anxiety, guilt, shame, envy, jealousy, disgust, compassion, and hope (Lazarus 1995). Therefore, reactive emotional responses, coping mechanisms, and resource availability to assist in dealing with environmental or situational cause-and-effects, whether they are social, cultural, structural, or environmental are extremely important due to the unfolding nature of traumatic social interactions.

Figure 1 displays this stress/health relationship. Although this model appropriately diagrams stress-filled relationships and interactions that affect health and physiology, social, cultural, environmental, and structural constraints which may exacerbate stress or stressors between individuals and environments are missing. Additionally, this model does not take into account latent and overt stressful or traumatic experiences.

Figure 2 displays Ensel and Lin's (1996) model which evaluates previous (distal) and current (proximal) experiences in the life stress process. They argue classifying stress must take into account the timing of events over longer periods of time. By investigating timing and time frames under which stress and stressors occur, stress is operationalized to answer questions surrounding when stress and stressors disintegrate and no longer has an impact on current life processes or depressive symptomatology (See Avison and Turner's (1988) discussion of acute/chronic stress).

This model captures our respondents' recollection of past and current experiences in a collective way. So that experiences and/or events, be they past or present (such as residing in multiple households, parental substance abuse, death of a mother, father, or sibling, domestic violence, overcrowding in a place of residence, and/or the incarceration of a family member) may be taken into account. However, their model does not place emphasis on the reciprocal effects of distal or proximal stressors, or structural constraints. Instead, Ensel and Lin (1996) include the variable social support (e.g., assistance from family members, relatives, and friends), which for these women as adolescents and possibly as adults is nonexistent. Additionally, neither race nor gender is evaluated within this model.

³The Response-Based Perspective centers on organisms physiological response and possible development of illness. This perspective distinguishes between a stressor (the stimulus) and stress (the response). The Stimulus-Based Perspective investigates characteristics of stressors, contending that each social interaction or set of interactions possesses unique demands, be they physical, social, or task-related that may spend individuals' coping resources and generate a stress response. This line of research emerged with Holmes and Rahe's (1967) Social Readjustment Rating Scale which measures stress by assigning numerical scores to forty-three pleasing and odious critical life events grounded in the supposition that stress makes individuals susceptible to physical and mental illness based on the length of the time of the events.

Figure 3 illustrates a proposed model of how life events may share reciprocal relationships with Lazarus' (1995) concept of health compromising behaviors and limited coping resources, or what we call active responses to stress, and to Ensel and Lin's (1996) concepts of distal and proximal stressors and distress. Our ethnographic work causes us to conceptualize a reciprocal relationship model. By this we mean reciprocal relationships exist between structural constraints and health compromising. Our model considers gender, race, environmental, and structural constraints sharing a direct relationship with active responses to stress. Within our model, reciprocal relationships exist between structural constraints, health compromising behaviors, and between stressful life events and structural constraints as well as active responses to stress and health compromising behaviors. By adding race, gender, environmental and structural constraints to this model, it brings to life a set of events in the lives of African-American women (and men) that relates to low income inner-city living.

Methods

Data Collection

Data for this paper stems from the Distressed Household Study which examined the co-occurrence of drug use and violence in inner-city New York (Central Harlem, South Bronx, Brownsville, East New York, and sections of Brooklyn) from July 1997 to September 2001. Field researchers interviewed respondents quarterly over five years employing semi-structured and in-depth interviews coupled with direct observation (field notes) on activities taking place in the neighborhood and household to isolate stressful life events. Respondents were asked about their life histories, drug of choice, use and sales, employment and violence, and probing interviewing techniques were used when appropriate. Data records were kept in a locked safe that is accessible only to key research staff. Pseudonyms are used to protect the identities of the respondents.

Analysis

Secondary data analysis is employed and data are analyzed for experiences depicting stressful life events during adolescence with elucidatory quotes included within the paper for the following questions. (1) Who lived in the household you grew up in? (2) What legitimate jobs have you held? (3) What are the ways you have earned money? (4) In thinking about your life, what emotions, thoughts, or behaviors come from growing up in your family? These questions were chosen since it was felt that they would reveal the most about their adolescent experiences and their contribution to stress in their lives in the past (distal) and present (proximal). Stressful life events are operationalized as past and current interactions between individuals and their environment(s), e.g., residence, employment, neighborhood, and emotions. The qualitative data were coded using field notes and open coding methods. The data was coded line by line and segmented into specific concepts and themes relevant to understanding the adolescent experience contribution to understanding substance abuse amongst African-American women in adulthood. In order to avoid selection bias, the study includes data from households that represent a range of experiences typical of the inner city and includes households connected and disconnected to drug activities. Data in this article represent the total sample of the parent study.

Results

Respondent Characteristics

Respondents from 72 severely distressed households provided accounts of their adolescent experiences. Of the 84 female respondents, 70 were former drug users and 14 were undergoing the process of recovery. Eighty of the 84 respondents self-identified as African-

American or Black, and ranged from 19 to 85 years of age, with a mean age of 34 years. All of the women reported having no jobs and about one-fifth (21%) reported being raised in a household with both parents. One of the most commonly reported problems was living in a household with substance abusing parents; 73% reported living in a household with one to two substance abusing parents (see Table 1).

The Nature of Stressful Life Conditions in Inner-City Households

More often than not, these women grew up in households with verbal and physical abuse, parental drug abuse, domestic violence, overcrowding, and the loss of a parent or sibling to drugs, death or incarceration. For some, the realization dawned as they got older and changed their perception of the parent, as in the case of Whitney and her mother:

No, I never seen her do it. Um, she would go in the bathroom most of the time. And how I know that is because when she would go, a lot of times she left blood on the sink, you know, because she would shoot up. ... And after, as you grow to a certain age, you hear about ... drugs and the kind of paraphernalia they use and things like that. Or how they shoot up, or how they use it. ... Up until about the age of ten, I think I really didn't know she was using drugs. They would say, oh, your mother's sick; your mother's sick. So I thought she was sick, that she had something wrong with her, you know. So I always felt so sorry for her. You know, Mommy, you okay?

Living with a drug-dependent mother could also be stigmatizing, as Sharon recounts:

A lot of times I felt so embarrassed by my mother—this is before she had got onto the crack, she's on the Methadone, so that was so embarrassing, and the way that kids are, you know, [they] used to tease us about my mother nodding and carrying on, just laughing at my mother and she used to be, you know, nodding and what not, it was real embarrassing. It never really changed my feeling ... towards my mother. I love my mother to death. ... I'm still here, but, yes, I've been embarrassed, I've been embarrassed, yeah.

Eight percent of respondents reported that their fathers died when they were young, citing illness, accidents, drug abuse and at least one murder as causes. Many of the women called the loss of their fathers devastating, but few went through the kind of trauma Lee experienced when she found her father dead from an overdose:

My father died when I was fifteen, turned fifteen. He died Christmas Eve. In my arms... Died of an overdose of heroin... My half-brother, his oldest son, looked like him, but I was his favorite. ... I was staying at my grandmother's house on Putnam Avenue. My oldest brother came and got me. He said my father was ill. I dropped everything... I was trying to wake him up... He was dead on the floor. It's kind of hard to talk about.

Others like Ricochet and Brenda experienced a combination of verbal abuse and physical violence. These women recount the verbal and physical abuse they endured from their mothers:

Ricochet: She constantly beating me, you know, because I'm too fat, because one of my skirts might cost \$25, a lot of my clothes dirty because I had to wear Lane Bryant's clothes. My father gave me the money to get them; (inaudible) she would get home, because she spent that much and then beat me for it. You too big, bam, bam. You big, he big, what you expect me to be, little.

Brenda: She cursed me out and whip my butt. Or stay in the room with no TV. I can't remember if it was me cause you know, or Olivia. She threw uh I think it was

no, I think it was me. It was me, yeah. She threw uh, um, they used to have a big iron thing and the thread used to go around like this sewing thread. And she threw that at me yeah. It didn't hit me though, should it missed. No she threw it and missed so she grabbed me and had me like this...she had me up by, you know, my chin like, like this and that was it. I think it was, I don't know what it was, I think uh my little sister got her hand slammed in the bathroom door but I didn't do it. It was my um, It was Olivia and Tom. They were teasing her and she would run. I mean June. He would run and they pulled the door and the door closed on her finger and they couldn't get it open. She wanted to get all of us. But she mainly was after me, like I did it.

Domestic violence was also a part of their households, as Barbara describes beatings she and her stepmother received from her father:

Uh huh ... that Nigger one time took a belt around my neck and lifts me off the floor, that's abusive. Or like, at night, he used to beat my stepmother up with a tripod, with a chair, we'd be praying in the room that he would stop. We'd used to be hearing her crying and we'd [be] begging him to stop.

Judy describes weekend experiences with her mother and father and recalls domestic conflicts that became progressively worse:

He used to drink EVERY weekend. He would've his friends over. Every single weekend... And sometimes he didn't come home on Friday, and Mommy used to beat his ASS! He was like 5 feet tall [and she was 5'11, 400 pounds]! So you could imagine ... We used to try to get her off of him! Ooo! It was terrible! It was traumatizing to the one ... [sister] Bev? She used to have nervous problems, cuz she used to beat him up so BAD! ... Yeah. It was bad. And then they fought with guns. Like, he always used to run for this little sawed-off shotgun he had in the closet from when he came from Virginia, before they got married. He had it for a long time ... [O]ne day he ran for it, and they shot a hole in the floor, and I was like, oh my God! They really gonna...tuh! Put us out! It was bad. It got real bad.

Many women reported growing up in large families in small apartments. In some cases, this involved extended family or fictive kin in overcrowded residences that was quite severe, as Happy recounts:

Oh, my God, it was ... nine of us all together. Five, with me and my [mother and] father and my brothers and then my Godfather, my Godmother and their two kids... [I]t was uh, the living, the bedroom, the living room, the dining room and the kitchen. My mother and father had the bedroom, then my—then me and my brothers were staying in the living room and then my Godmother and all of them was in the dining room, but there wasn't like no table there or nothing. Everything was beds in all the rooms.

Several respondents recalled that older sibling's left cramped family quarters to stay with relatives. For Bobbie, the pressure of not having enough room was so strong that she eventually left without having another place to stay:

There was six girls in one room. And like I said before, it was embarrassin' sleepin' with your mother when you're 13 years old. And you got to share a bed with your mother, that's how crowded it really was. It was just too crowded. And I stayed. Then they left. They moved out. I stayed there till '91. Then I moved out. I went in the system. I went into the shelter.

For many women in the study, overcrowding seemed to be routine, a natural consequence of low income housing in New York City.

Employment: Legitimate and Illegitimate

By the time these women reached the age of majority, all had become involved in substance abuse, had between two to five children (89% or 75 respondents), had not finished high school (83% or 70 respondents), although a few had completed some college, business school, or technical training (16% or 14 out of 84 respondents). This is important, since during this time changes in the labor market forced employment in cities to decline. Many factories and plants in which they could work because of their limited skills closed (Bluestone and Harrison 1982; Farber 1996; Kalleberg et al. 2006; Reich 1998; Conrad and Kaul 1998). The changes in the labor market forced many of these women to seek employment as unskilled laborers in the fast food and home health aid industry; or as messengers and cashiers. Two women were previously employed by the City of New York, one for the Board of Education and the other for New York City's Department of Children's Services. One of these respondents held her position for 20 years and the other for seven years.

Jackie describes a job search before becoming pregnant and her options after she left food service employment and returned to drug use. Shorty recalls working as a nurse's aid before pregnancy and her loss of a job paying what she considered good money.

Jackie: One sister was working for this big company in the kitchen, like, uh, food service. The other one was working in Wards ... she tried to get me on at Wards [ph] Island. But, the waiting list was so long, you know, I never got on there....So, you stayed with the food service. ...I would mainly make up the salads whenever she would tell me to do. Fix a lot of salads and hors d'oeuvres, and stuff like that, in the kitchen. [I made] just over minimum wages...I worked there three years. I got pregnant...didn't work after that...me and his father wasn't getting too long ... We broke, he caught me in the back ... He caught me using drugs heavier again.

Shorty: working in a nursing home as a nurse's aide and working in the home with the old people as a home attendant... While I was working in the nursing home I moved in the shelter and it was kind of too far so I leave the shelter and I didn't have nobody to keep the kids. Then I found out I was pregnant... I get sick a lot so...morning sickness so I gotta' keep taking blood every month because my blood iron is negative...make sure my kids come out all right and not sick or deformed.... Um...that was the best job I had. I use to go and in two weeks...about...my first check I was shocked...about \$400...Then after that like two or three hundred dollars.

As employment opportunities became even more restricted, these women's lack of educational attainment and inadequate soft skills exacerbated their competition in the labor market. Most worked as prostitutes or sold drugs, with a few of these women engaging in occasional robbery, shoplifting, pickpocketing, panhandling, con games, and selling stolen items; or, they worked as strippers or go-go dancers. Carmen and Peaches recall their career in drug sales, stripping, and go-go dancing as a way to sustain themselves, while describing the environments in which they worked. Barbara discusses working as a stripper in graphic terms as a way of distinguishing her employment from prostitution.

Carmen: Selling drugs. ... sold some crack before. ... I was a stripper... in a club. I mean, was that a daily job? ... I tried to make it something weekly, like two or three times out of a week, but...But that is traumatizing...Because the whole environment will kill you... It's just so much negativity... you can't just get into that kind of job, if you like sentimental or something, because it's like everybody, nobody cares. It's just about the money. And even though you're there for the same reason, maybe you try to make a little good out of it. But there really is no good to

make out of it, so. Cold is-my sister once refers to it like this; she said, and she smokes crack, she said, um, it's the same thing as people out there smoking crack. The same attitude they have, and they aren't even using crack, you understand what I'm saying, so just-and I should-...

As a stripper:

Carmen: I've had sex before for money, but not like-. You know, but if you're having sex, and you know he's gonna give you money, and basically that's what you're actually there for, you might not out and out say it. But, listen, when you finish and you be ready to bounce and he be ready to give you money, and that be that; you ain't calling no other time, besides for that, then, you're having sex for money.

Barbara: recently, I've been doing it and I loved it. ...Twenty dollars a lap dance, some places, ten. ... I was trying for fifteen. But those nigger's around there want to spend so I would get, my money. I made like two-forty in like an hour and fifteen minutes. ...You get on the stage firstand... You do your dance. ... Then being that when I'm like I'm a new face they be very curious. ... They just be jumping on it, and they just be handing me money.

As a shoplifter:

Peaches: No, not really, just food. Oh, one time I did shoplift for a few earrings, small pieces like that, makeup to sell for drugs, at Woolworths... Some petty thefts... Yeah... Mainly prostitution...Off the books.... go-go dancing.

Emotional Recollections of Adolescent Experiences

When asked by interviewers to recollect what they felt about their childhood or adolescence, most stated they were sad or angry. Many expressed desire to live and care for their children and manage their intimate relationships differently than their parents. Ricochet for example, discusses her desire not to be like her mother, implying that her sadness was connected with obesity from her parenting trauma. Brenda's description of sadness was related to being given up by her mother when she took on a new paramour.

Ricochet: Me and my sister was talking about that today...about how she used to beat my brother with the hot water and the extension cord. See your mind plays back things on you. That's why I say, if I ever get my kids back I'm never gonna beat them like that. Tushay and them can tell you, I didn't beat them with extension cords and shit! I would knock the shit out of them! Boom! Bam! Go to bed! I knocked them because they was fucking at twelve and thirteen years old! I didn't beat them when they was little. I talked to them. I didn't wanna be like my mother.

Ricochet: Mostly sad because I was fat. I was very violent. Because I was about to stab my sister! I don't give a fuck how old you was. ... If they say something I don't like I'm hitting them.

Brenda: It was happy and sad... She was always putting me away...I was sad when she got the man that she was with. ... It's just that sometimes I feel...I be saying, Oh well I ain't gonna let my kids go...I ain't gonna let my kids go through what I went through... she just met the wrong men man.

Candy describes feelings of powerlessness; how it led to becoming uncaring as she abused substances. Carmen describes the reason for her uncaring attitude. Peaches talked specifically about her stressful and traumatic experiences. Diane discusses her substance abuse involvement and the anger she experienced when a former drug partner refuses to assist her cop.

Candy: Was definitely anger, resentments ... sadness; a lot of stuffing of my feelings. ... there was a lot of acting and pretending that things were okay, when I knew they really weren't. ... a lot of biting my tongue. I mean, I felt powerless. ... And also rage, you know. ... Thinking about when I would get old enough to control my own life. ... I was determined that no one was going to control me, once I got old enough, you know, to make decisions in my own life. ... I became controlling; very withdrawn...to the point that...I became withdrawn. ... I was so fixated on denying what was going in my life ... would hide in books... eventually I turned to drugs...to hide from my life. ... no one's opinion mattered.

Carmen: ... I stay on the I don't care mode.... unless it has to do with my son. ... I'm still young; I'm smart. It's just so hard to pick up and it's just like, to go through-putting it back together, even though I have to do that; it's not too late for me to do that. I don't want it to be too late. But I'm not like hopeless; I'm just like-still in the I don't care mode... I'm getting fifty dollars [from welfare], don't want to spend it on.... carfare for me not to get a job anyway. I don't want to work for McDonalds, even though you got to start somewhere.

Peaches: Well I, I went through a lot of stressful and, and traumatic things when I was younger. ... it caused me ...to go into a shell, like, go into myself. Like violent things would, you know, my mother and, and her mate fighting' all in front o' me, and coming' to pick me up from school and fighting' downstairs... outside o' the school in front o' all my classmates ... just make me want to withdraw.

Diane: never thought I would get into drugs. But she's the one that turned me out. ... She came from Baltimore. ... she took her bag upstairs and she came downstairs and [I] was still sitting there. ... she hail a cab and went to Fulton Street and copped some drugs and went up there and got high.... now she got a house; she got a car. She works two jobs. ... I asked her mother for money, she talk about she spent all her money at the circus. But she gave Bernice twenty dollars, ten for her and ten for my mother. And Bernice kept the whole twenty....I was mad.

For many of the women recollection and reaction to distal stressors faced during adolescence had implications for responses to current stressors. Most often this translated into higher distress and lowered emotional tolerance. The effect of exposure to constant stressors early in the life course coupled with proximal stressors often resulted in negative active responses to stress and continued stunted emotional growth. Examples of such responses include, but are not limited to, physical fracas further drug and/or alcohol use, and abuses of one's own children (see Fig. 3).

Discussion

While discussing their adolescence, the majority of these women did not discuss future life circumstances and opportunities, except for one or two who were currently enrolled in college. In more instances than not, they alluded to their idealized notions about family life and raising their children. Marriage or finding a life partner was never a part of their discussion. Rather, their focus was on emotions surrounding past and present circumstances. Only Peaches used language which outlined her emotional distress.

Yet in their descriptions of their emotions and behaviors, Ricochet discussed her need to engage in violent behavior, where as Candy discussed feeling powerless, but determined to control her life. Their concern for generalized others was expressed as disdain, as found in Barbara's discussion of persons to whom she sold drugs and stripping fans. From the tone of these women's interviews, although not mentioned, shame, might be one of the emotions they experienced, given their desire to hold a separate set of behaviors than their parents. In

not recognizing the stress they endured, these women appear to accept their adolescent environment matter of factly. However, it is clear that some of these responses, such as Sharon and Judy's, reflect the trauma they were exposed to being raised in an environment where substance abuse resides.

Findings from this study have advanced and informed the development of the new model for understanding African-American adolescent girls' responses to stressful life events and use of illicit substances. Previous research has highlighted the intergenerational relationship between drug use and their parent's drug activity. A case study of four generations of women shows that they often recapitulate the prevailing conduct norms and replicate them in the next generation (Dunlap et al. 2002). However, one of the goals of this analysis is to discuss the effect of stress (distal and proximate), not just learned behavior, endured by African-American women during their adolescence and its effect on their lives. All of the constructs developed in the newly presented model were supported by this research. In the context of inner city neighborhoods, the interconnected nature of structural constraints, stressful life events, active response to stress and eventual participation in health compromising behavior is quite apparent.

Within this paper, we have found that through recollection of childhood experiences and their own drug use and recovery, we have been able to see the connection between distal and proximal stressors within their lives and their need, then as well as now, for additional social resources. What is more, from their comments, they view their stress as though it were a lesson to be lived, rather than a signal to change their life circumstances, and definitely not a form of depression. For them, wishing they had a different life and the sadness and anger they experience and possibly retain, had been tempered over time.

While the focus of this study was to examine adolescent experiences as stressful life events which lead to their substance abuse, it is important that future research using this model focus on the interconnection of structural and personal forces and additional impacts on active response to stress. Many of the distal stressors experience by many of these women are consequences of social class, race, gender dynamics, and their immediate environmental context. What role does neighborhood and its social context play in stressful life events and trauma these young women encounter? Does the environmental contexts in which they live have an impact on rehabilitative behavior? How do distal and proximal stressors connect with their current social, cultural, and neighborhood environment? This model coupled with further research is needed to understand etiology, identify those risk factors that are most salient for African-American female adolescents, and target those that are most amenable to change through well designed, and perhaps, culturally tailored preventive interventions.

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**Process Model of Stress/Health Relationship Based On
Transactional Stress Theory
(Lazarus,1991)**

Fig. 1.
Process model of stress/health relationship based on transactional stress theory (Lazarus 1991)

Fig. 2.
Distal stressors and the life process (Ensel and Lin 1996)

**African American Adolescent Girls Active Responses to
Stressful Life Events: Understanding Substance Abuse**
(Durr, Small, Dunlap)
Adapted from Lazarus (1991) and Ensel & Lin (1996) Stressful Life Events Models

Fig. 3. African American adolescent girls active responses to stressful life events: understanding substance abuse (Durr, Small, Dunlap) adapted from Lazarus (1991) and Ensel and Lin (1996) stressful life events models

Table 1

Distressed household respondent characteristics

Category	Number	Percentage
Number of Distressed Households	72	100%
Number of Respondents	84	100%
Race		
African American	80	95%
Puerto Rican	4	5%
Average Age	34	–
Education		
High school diploma, some college	14	17%
Business school or technical training	–	–
Did not completed high school	70	83%
Substance Abuse		
Former Substance Abusers	70	83%
Number of Women in Recovery	14	17%
Employment		
Unemployed	84	100%
Adolescence Household Characteristics		
Lived with Mother and Father	18	21%
Lived with Mother and Stepfather	12	14%
Lived with a Mother and Boyfriend(s)	17	20%
Live with Mother	12	14%
Lived with Grandmother	9	11%
Lived with Mother and Grandmother	12	14%
Lived with Extended Family	5	5%
Lived with Adoptive Parent	1	1%
Household Substance Abuse		
Mother and Father	23	27%
Mother	30	36%
Father	10	11%
Grandparent	7	8%
Extended Family	15	18%