Black Women and Stress: Utilization of Self-Help Groups for Stress Reduction

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ABSTRACT. This study investigated the success of a Focused Support Group (FSG) model in maintaining black women in self-help groups and reducing stress over a six month period. Respondents participated in a five week Focused Support Group led by professional staff. Six months later they were administered a questionnaire to determine the usefulness of that model in alleviating work related stresses and maintaining the participants in self-help groups. Questionnaires examined self-reported changes in stress, support networks and the influence of group leadership characteristics on group continuation. Results indicated those black women who remained in self-help groups after six months reported a continued lowered level of stress, an increase in sources of emotional support and a general increase in the quality of interpersonal relationships. Respondents who did not continue in self-help groups were characterized by a desire for mental health services, involvement in relationships and saw time conflicts as the primary factor for not continuing. Implications for service utilization patterns by particular subgroups of black women are discussed.

It is estimated that between 14 and 15 million Americans utilize self-help coping as a primary group strategy for mental health prob-

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lems (Evans, 1979). Currently, self-help groups are growing so rapidly they are referred to as the "third revolution" in mental health (Hurvitz, 1976). They represent a radical shift in the paradigm of human service provision as they depend very little on professionals or professional agencies, though their inception is often by professionals. Self-help groups rely on peer skills, focus on education and emphasize a network or group approach to providing information, support or help (Borman, 1982). Often these provisions of service are without fee and are dispensed to a large segment of a specialized population which cuts across educational, age, social class and ethnic lines. With increases in fees for mental health professional services and shortages of mental health personnel, self-help groups fill an important gap in the provision of mental health services.

Human service professionals are beginning to recognize the potential of self-help groups for providing mental health services to previously underserved populations. While self-help groups, are viewed as a panacea for disadvantaged or disenfranchised groups conspicuous by its absence is any studies on blacks and self-help groups.

The lack of research findings or descriptive papers on self-help groups with blacks as the focus should not be interpreted as a lack of interest or an inappropriateness of this intervention, particularly for black women. Historically black women have participated in self-help endeavors not only out of social and psychological interest, but economic need. During 1895-1925 black women in the South were very active in establishing self-help groups to "facilitate the lifting of the burden of prejudice" (Neverdon-Morton, 1982). The behavior of help-giving, education and caretaking is a cultural/gender phenomenon long ago established for black women by the black community (Aschenbrenner, 1975; Stack, 1974; Martin & Martin, 1978). Black sex role socialization behavior underscores education, caretaking and mutual aid by black women, particularly within the family. These behaviors are also prominent in the traditional helper networks among black women (Stack, 1974). Thus it would appear that self-help groups would be a readily acceptable intervention strategy for improvement of effective psychological functioning among black women. The purpose of this manuscript is to explore the phenomenon of self-help in a group of black women and examine the effectiveness of self-help groups in stress reduction.

METHOD

Respondents in this study were black women who had participated in one of the four five week, leader led, Focused Support Groups six months earlier. Participants were recruited from a program sponsored by a community mental health center designed to explore methods of alleviating employment related stress and increase professional and interpersonal support networks. The Focused Support Group model developed by the author serves as a clinical intervention model to increase the positive support networks of black women in order to help alleviate or buffer particular stresses. The goals of the Focused Support Group model are to build and enhance group bonding and group cohesion in a short period of time; to present participants with a model of facilitation which can easily be executed by them; and to change patterns of coping through increased awareness of behaviors, symptoms associated with those behaviors and maladaptive response strategies in the resulting situations. Details of the Focus Support Group model are presented in Mays (1984). At the end of these leader led groups all participants decided to continue in self-help groups without professional staff. While the initial leader led groups focused on the alleviation of employment stressors, the self-help groups broaden their goals to include reduction of any stressors and maintenance of the psychological well-being of their members.

Eighty-six black women attended the first session of the Focused Support Groups. Groups, which were composed based on similarity of occupation, were open throughout the five weeks and averaged 10-13 members. At the end of Session Five, four small groups remained (n = 59) a white collar professional, white collar clerical, white collar managerial and a group of community/social service workers and mental health para-professionals. Fifty-nine respondents were present at Session Five. It was established at that time participants would meet with the author six months later for feedback on the results of the questionnaires they completed at the beginning of the session on their labor market experiences.

A month prior to the scheduled six month follow-up meeting, two questionnaires were mailed. One for participants who had continued in self-help groups and another for individuals who discontinued attendance in their self-help groups. Each of the questionnaires contained items on self-reported current level of stress, level of stress at

the end of the leader led groups, ratings of group leader from the Focused Support Groups and reasons for continuing or discontinuing self-help group participation. Respondents were asked to complete the appropriate questionnaire and bring them to the session, or mail them to the author. Attendance at the session was very poor, with 18 participants of a possible 59 (30.5 percent) attending. All members attending were continuers in the various self-help groups. Completed questionnaires were returned at the session by 6 of the participants (one proved to be unusable). A mailing was done two days after the follow-up meeting which yielded 12 usable questionnaires from individuals continuing in self-help groups and six usable questionnaires from individuals who had dropped out of groups. A second mailing was done three weeks later but yielded no additional questionnaires. The total number of questionnaires for respondents continuing in self-help groups was 17 and 6 for dropouts. A series of non-parametric tests were performed on the 17 respondents who continued in self-help groups to determine factors related to continuation in self-help groups, quality of relationships, and factors related to stress reduction.

RESULTS

The attrition rate for the self-help groups was determined at the six month follow-up meeting. Members from each of the 4 original leader led Focused Support Groups were polled on group membership status. Members were not asked to identify names of individuals who dropped out but rather to provide a count of the number of dropouts based on the membership of the group since the last leader led group.

Overall the reported attrition rate for the four groups was 12 percent. The professional women's group ($n = 8$) suffered the greatest attrition. Members reported a 50 percent loss ($n = 4$). The participation rate by members in the group occupationally composed of community/social service workers and paraprofessionals suffered no attrition ($n = 12$). All the members of this group were present at the six month follow-up session. Questionnaires were returned by 17 participants who continued in the self-help group format and 6 participants who dropped out sometime after the initial leader led groups.

The seventeen respondents ranged in age from 29-53 ($\bar{x} = 39.6$)

and could be characterized as moderate in their perception of their racial consciousness. On feminist consciousness respondents were evenly split between the self-perceptions of moderates and black feminists. Five of the respondents were married while the majority were divorced respondents, five indicated they were casually involved, three were in a committed unmarried relationship and two were uninvolved.

In the continuers, fifty-three percent (n = 9) of the respondents found the self-help groups moderately helpful in decreasing feelings of stress and 47 percent felt they had helped a great deal. Fifty-three percent of the respondents felt the self-help groups moderately increased the number of people they could turn to for emotional support while 47 percent felt it increased a great deal. Eighty-eight percent of the respondents felt their intimate interpersonal relationships had gotten better as a result of participating in the self-help groups. Only 6 percent felt their relationships remained unchanged. There was a correlation between age and occupation, the older the respondent, the higher their occupational status (Spearman's r = .54, p = .02). There was also a significant correlation between occupation and relationship involvement status (the higher the occupational status of the job the less likely was the respondent to be involved in a relationship (Spearman's r = .57, p = .01).

Self-reports of respondents stress at the beginning of the facilitator led groups, the start of the self-help groups, and the six month follow-up were obtained. Significant differences in the changes in stress reduction between the divorced and non-divorced respondents was found. Divorced respondents entered the initial facilitator led groups with a higher mean level of stress than the non-divorced group (5.4 vs. 4.7) though the difference was not significant. Divorced women continued at the end of the five leader led groups to have a higher level of stress (4.6 vs. 3.5 (T = .54, p < .10). After six months of participation in the self-help groups the divorced women evidenced greater overall decrease in stress than the non-divorced women (4.3 vs. 5.0 (T = 3.78, p < .001). On the other hand the stress level of the non-divorced women increased during the self-help groups being significantly greater at the six-month follow-up (3.5 vs. 3.5, (T = 2.31, p < .10).

There was a significant positive correlation between the level of stress before participants attended the initial support groups and the types of occupations they were employed in (Spearman's r = .62, p = .008). The higher the status of the occupation the more stress

decreased at the end of the five week leader run support they reported. Wilcoxon signed rank test showed that their stress decreased at the end of the five week leader run support group and remained lowered with no significant increases or decreases from six months later until the time of the last session ($T = .28, p > .05$).

Continuation in Groups

Thirty-five percent of the subjects rated their support group facilitator as the most important factor in their decision to continue in self-help groups. Fifty-three percent thought the facilitator was not an important factor in their continuation. In ranking the importance of different qualities for the facilitator there was a significant correlation between credentials of the facilitator as important and perceived leadership skills. The higher the ranking of the credentials of the facilitator as important the lower the ranking of the person's leadership abilites (Spearman's $r = -.83, p = .02$). Those individuals who indicated they would not have sought traditional mental health services for stress related problems before their involvement in the support groups felt their facilitator understood their experience better than respondents who would have sought traditional mental health care for emotional problems (Spearman's $r = -.71, p = .03$). The longer those individuals likely to not seek treatment stayed in the self-help groups, the higher their ratings of the facilitators ability to understand their experience (Spearman's $r = .67, p = .04$). The facilitator's ability to understand was the key factor in their continuation in the self-help groups.

Racial, Feminist Consciousness and Job Stress

There was an interest in investigating the relationship between racial and feminist consciousness and stress. It was thought that greater awareness of potential employment related discrimination may result in a larger number of experiences of stress. Twelve percent of the subjects stated race made no difference in getting a job while the overwhelming majority (88 percent) held the opposite opinion. Eighty-two percent of the sample felt sex made a difference in getting a job. Eighteen percent of the sample classified

themselves as conservatives on the issue of racial identity, while 65 percent were moderates, and 18 percent militant. In women's issues, 53 percent of the sample classified themselves as moderates, while 12 percent were conservative and 35 percent viewed themselves as black feminists. Results indicate no significant relationships among black women's racial and consciousness and other variables in the study.

Non Continuers

Six respondents who participated in the five week leader led session but who did not continue for the six months in the self-help format returned their questionnaires. While the small number precludes any statistical examination of the dropouts, the results from the six respondents provide interesting insights into the area of service utilization by black women.

The six respondents ranged in age from 29 to 54 ($\bar{x}$ = 39.5) and could be characterized as moderates in their views on racial and feminist issues. The majority (n = 4) were involved in intimate relationships, two were married, one casually involved and one in a committed unmarried relationship.

The six evidenced very few patterns but represented a diversity in their answers to many of the items on the questionnaire. Those findings which were consistent for a majority of the group raise interesting issues for future research investigation. The majority of the group (n = 4) indicated time was a major obstacle in group attendance, though there was interest by the four respondents to start a new group. Upon further perusal of occupational statuses the majority of the women represent the drop outs from the professional women's group (n = 4). In perusing answers to their open ended questions regarding participation in a new group time conflicts were presented as overloads. One of the individuals stated she would prefer individual psychotherapy while a second indicated depression prevented her from attending. Looking at the stress ratings of both individuals, they indicated their stress was lowered from its previous level.

Three-fourths of the respondents showed a decrease in stress level from Session One to Session Five of the leader led group. Reasons given for causes of stress varied among the six respondents with no similar causes emerging.

DISCUSSION

The phenomenally low attrition rate and maintenance of lowered stress levels among divorced black women in self-help groups over a period of six months suggests self-help groups for stress reduction are a viable intervention for divorced black women in white collar occupations. More structured leader led groups such as those outlined in the Focused Support Group model were more successful over a five week period in lowering the stress of non-divorced black women. Divorced black women entered the group with the highest state of perceived stress and took longer to decrease this stress with self-help groups seeming to work best. Either the stressors experienced by divorced women were more intrapsychic and required a longer period for resolution or these women tended to do better in peer group settings. For the non-divorced group, many of who were married, the professionally facilitated group significantly lowered their stress but the self-help groups were unable to maintain this lowered level. This group may have had less investment in the development of female friendships as a means of coping with stressors since many had significant others in their lives. In attempting to account for these results an anecdote from one of the groups may provide a great deal of insight. In the first session of the leader facilitated group one of the respondents stood up and said in the larger group, ''I'm 47 years old, I'm not married now and I have no intention of getting married again, so my relationships with other black women are very important to me.''

The divorced women, many of whom were involved in heterosexual relationships, may because of their divorce, have come to value the importance of other black women in assistance in coping with daily stressors. Further research which provides more definitive answers or insight into the use of professional and self-help services by particular subgroups of black women would be a valuable contribution.

Findings from this study contradict research which suggest that those most likely to participate and benefit from self-help groups are those who would avail themselves of conventional professional services (Lieberman & Bond, 1978). Participants in the study indicated, prior to attendance in this project, would not have availed themselves of traditional mental health services for help in dealing with an emotional problem.

In particular, the results suggest the use of the Focused Support

Group Model (Mays, 1984) as a precursor to the self-help groups as a method for lowering attrition rate. Participants in the self-help group of this study by virtue of prior participation in the Focus Support Group Model had developed both professional and personal support networks among their group members. These networks increased the cohesion among the members of the self-help groups, a factor which may have contributed to the low attrition rate.

The thinking which dominates most self-help groups is if they are successful they have been devoid of contact with professionals (Katz, 1981). A review of the literature reveals that professionals have been instrumental in the development or support of most self-help groups (Borman, 1979; Borman & Lieberman, 1979). Data from this study supports professional intervention but underscores the importance of similarity in ethnicity and gender when professional service providers are involved.

The self-help groups were most successful in providing participants with a source of emotional support and changing the quality of their interpersonal relationships. Too seldom is it stressed that participation in self-help groups has benefits beyond mere help for a problem/distress. Self-help groups provides support (Gottlieb, 1982), improve quality of life (Raiff, 1982), and develops a sense of community and in-group membership among participants which leads to an increased sense of psychological well-being (Katz, 1981).

Examinations of self-help group processes have suggested that ideology and structure may be highly critical factors in promoting group cohesiveness and lowered attrition in disadvantaged groups (Katz, 1981; Durman, 1976). Black women participants may have perceived their facilitators as ideologically similar in the areas of culture, ethnicity and gender which provided a better measure of social comparison for gauging the individual pathology versus the social nature of their problems. For black women, as out-group members because of their dual low ethnic and gender status, the establishment of a sense of community through feelings of identity and similarity provided by self-help groups with other black women may serve to buffer the possible psychological effects of alienation, non-belongingness and loneliness. Methods of stress intervention are particularly important for black women as recent surveys indicate an increase in their levels of distress and serious emotional problems (Kahn, Lin & Lin, 1983).

Findings that participants in the self-help group maintained a

lower stress level during a six month period of participation and were highly influenced by group leaders to participate in self-help groups may support the observations of Durman (1976) that self-help groups when "either a heavy ideological component combined with discipline and strong leadership or more intensive involvement by sympathetic involvement is present are most effective." The group with no attrition in this study was one which shared a close relationship to its facilitator. After the ending of the five week leader led sessions this facilitator periodically visited her small group in its self-help mode. In contrast the professional group marked by the greatest attrition was also marked by the weakest relationship with its facilitator (see Mays, in press). Results support Durman's (1976) suggestion that self-help with particular populations may be most effective when adapted to include close ties with professionals and conventional services. Further research is suggested to investigate the role of ethnicity, gender and similarity of ideology (racial and feminist) in decreasing attrition and promoting service utilization. Psychotherapy studies with lower SES clients suggest lowered drop out rates when therapists are perceived to be similar in characteristics to the client. Community interventions or prevention outreach aimed at black women who are least likely to use mental health services may be most successful if delivered by other black women.

This study raises the question of what characteristics of the professional group leader were influential in promoting continuation by black women in self-help groups. Many of the participants listed their facilitator as an important reason for their continuation in the self-help group. Of greater interest is the finding that the length of continuation in the self-help groups for women least likely to use traditional mental health services was related to a positive perception of the facilitator in their previous Focused Support Group experience. These women rated the quality of the facilitator's ability to understand their experience as the most important factor in her leadership skills. This perception of insight into their experience may be a critical factor in mental health service utilization by black women.

Black women as a group generally do not tend to seek assistance from mental health professionals for emotional problems (Rosenblatt & Mayer, 1972). Instead they are more likely to utilize mainstream medical sources (Weaver & Iuni, 1975) or informal sources of help—friends, family, neighbors, or religion (Neighbors, Jackson, Bowman & Gurin, 1983). As primary caretakers in the

family system black women are burdened with the expectations of staying well in order to care for others (Jackson, 1981). Facilitators in the Focused Support Groups were both black and female who it appears provided the participants with a level of empathy that alleviated their reluctance to utilize conventional mental health services. This supports Jackson's (1981) suggestion that urban blacks seeking treatment for emotional problems would do so in greater number if the caregiver were more sympathetic.

A concern raised by the study is mental health service utilization by professional black women. This group suffered a high attrition rate in the six month follow-up and in the initial five week Focused Support Group setting (Mays, 1984). An earlier paper (Mays, 1984) reported the difficulty this group encountered in its small group. This group, accustomed to being in positions of leadership and authority, appear to have the most difficulty in being in positions of receiving nurturance and receiving caretaking. Clinical observation suggests, like middle class whites, professional black women may be more likely than other subgroups of black women to utilize individual psychotherapy. Similar to Anglo women, perceived ethnic/cultural and gender similarity is an important factor in the selection of a psychotherapist (Lorde, 1984). Due to the paucity of black female mental health professionals this presents a dilemma for the black professional women in search of individual psychotherapy treatment with a black female mental health professional. While increases in self-help groups, and sensitive non-ethnic and ethnic male professionals may serve to increase mental health service utilization in other subgroups of black women, professional black women are severely hampered by the lack of black female professionals. In addition to a call for increases in the number of black women mental health professionals, further research is suggested to examine the service utilization behavior of professional black women. Important in this research is the exploration of the unique attitudes and patterns of help-seeking and caretaking of this subgroup and the implications of these patterns for dissemination of mental health services must be addressed.

If mental health professionals are interested in the development of effective and relevant self-help intervention and prevention strategies with black women, then results of this study suggest a model which combines formal services of the community mental health professional being used with the promotion of natural help-seeking networks (i.e., other black women). Service planners must

rethink their strategies which focus on the community mental health *agency* as the foundation for service provision. In spite of having a staff of service providers similar in characteristics to the hard to service clients, the success of the self-help movement and results of this study have demonstrated the need to refocus service planning efforts of the agency to the natural helping networks in the community (Durman, 1976). Black women least likely to utilize conventional mental health services may best be helped in a model which utilizes agency resources to strengthen natural community helping networks.

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