Spiritual Beliefs and Illness Management among Older African American Men

Idethia Shevon Harvey, Ph.D., College of Applied Health Sciences, Department of Kinesiology and Community Health, University of Illinois at Urbana-Champaign

Abstract

Few studies have addressed the role of spirituality in self-management of chronic illness among older African American men. A purposive sample of 26 African American men in a National Institute on Aging funded study on the process of self-care completed open-ended interviews. Data were analyzed for common themes through thematic content analysis. Four themes emerged from this analysis: 1) God the healer; 2) partnering with God in disease management; 3) prayer, the pain manager; and 4) spirituality as a coping mechanism. Knowledge of spirituality and how older African American men use it to manage chronic illness may assist gerontologists in designing effective, culturally appropriate health programs.

Introduction

Chronic conditions, such as heart disease, diabetes, arthritis, and obesity, are the leading causes of illness among older adults and account for 7 out of 10 deaths. Approximately 80% of the population aged 65 years and older has at least one chronic condition (Centers for Disease Prevention and Control, 2007). The 2004-2005 report from the National Center for Health Statistics stated that the most frequently occurring conditions among older African American men were hypertension (52%), diagnosed arthritis (36%), all types of heart disease (22%), and diabetes (19%). Comparable chronic conditions among non-Hispanic whites were hypertension (44%), diagnosed arthritis (42%), all types of heart disease (35%), and diabetes (16%) (National Center for Health Statistics, 2007).

Regionally, African American men consistently experience elevated levels of mortality and severe functional limitation from

heart disease as well as stroke, prostate cancer, and other chronic illnesses (Barnett, Braham, Casper, Elmes, & Halverson, 2001; LaPlante & Carlson, 1996; Newschaffer, Brownson, & Dusenbury, 1998). Musa, Seiler, Flora, Briem, Martire, and Schulz (2003) noted several critical health problems and disparities among residents of Allegheny County, Pennsylvania: African American males live an average of 5.7 years less than white males, the rate of stroke-related death is 1.5 times higher, and the rate of prostate cancer-related death is 3 times higher in older African American men than in older white men.

Although chronic conditions often impinge upon activities of daily living and quality of life among older adults, proper self-management strategies can alleviate symptoms and prevent the occurrence of disabling complications. Research shows that self-management of chronic illness has a positive impact on older adults' physical and mental health outcomes (Clark, Becker, Janz, Lorig, Rakowski, & Anderson, 1991). Furthermore, randomized self-management interventions using self-regulation models show positive results in health outcomes for older adults diagnosed with heart disease and arthritis (Clark et al., 1997; Lorig et al., 1999). In spite of widespread consensus that self-management practices play a critical role in the management of chronic illness, few studies have examined the daily self-management practices, specifically the spiritual practices, of older African American men with chronic illness. The purpose of this study was to explore how spirituality affects experiences and behavioral strategies in the self-management of chronic illness among older African American men.

Background

Leventhal, Nerenz, and Steele (1984) and Leventhal, Benyamini, Brownlee, Diefenbach, Patrick-Miller and colleagues (1997) developed the theory of self-regulation to understand how individuals manage chronic conditions. Self-regulation theory proposes that people use strategies based on their illness experience. It assumes that individuals act as active problem-solvers by developing cognitive representations of the threat (i.e., making

sense of their health problems) of chronic illness, which determines how they respond to that threat. Therefore, illness management depends on the constant renewal of the assessment and knowledge of, emotional response to, and experience with health outcomes (Leventhal, Leventhal, & Cameron, 2001).

Similar to the self-regulation theory, the Common Sense Model (CSM) also assumes that individuals are problem-solvers who are actively involved in interpreting the meaning of their somatic experiences, deciding how to best respond to these experiences, and evaluating the effectiveness of their response for achieving a desired outcome. The CSM can be applied to self-management practices as a continuous process of goal setting (selection of self-care management strategies), coping procedures (carrying out these management strategies), and appraisal (evaluation of the results), with subsequent feedback and adjustment of goals (Leventhal, Leventhal, & Schaefer, 1992). An individual with a chronic illness is constantly examining, interpreting, and managing his or her condition within the context of his or her social and cultural system. This exchange is based on the intimate connection that often occurs between self-regulation and the culture of the individual (Baumann, 2003). Culture constitutes shared norms and practices; it acts as a guide, incorporating experiences, perceptions and interpretations to develop the lens of an individual's worldview (Leininger, 1988).

Research shows that older African Americans appear to have a high level of spirituality when compared to whites (Armstrong & Crowther, 2002; Harvey & Silverman, 2007; Koenig, McCullough, & Larson, 2001; Levin, Chatters, & Taylor, 1995; Nye, 1992). Nye (1992) found that personal identities and life experiences of older African Americans were interrelated with their spiritual beliefs.

Research on spirituality and health has made important strides in understanding how race and ethnicity contribute to self-management behavior among older African Americans (Abrums, 2000; Chin, Polonsky, Thomas, & Nerney, 2000; Harvey, 2006; Mansfield, Mitchell, & King, 2002; Matthews, McCullough, Larson, Koenig, Swyers, & Milano, 1998; McAuley, Pecchioni, & Grant,

2000). Studies indicate that the cultural values of spirituality and self-management practices in illness among African Americans are expressed in a variety of ways, such as social support and healing practices (Abrums, 2000; Becker, Gates, & Newsom, 2004; Harvey, 2006; McAuley, Pecchioni, & Grant, 2000; Polzer & Miles, 2007). McAuley et al. (2000) reported that African Americans consider God as the healer, comforter of the sick, and miracle maker. With the exception of Bowie, Sydnor and Granot's 2003 study, participants in the majority of these studies were most likely to be women (Abrums, 2000; Chin, Polonsky, Thomas, & Nerney, 2000; McAuley et al., 2000; Nye, 1992; Samuel-Hodge et al., 2000). For example, McAuley et al. (2000) interviewed 15 participants and nine were women; Chin et al. (2000) interviewed 19 participants and 11 were women; and Polzer and Miles (2007) interviewed 19 women out of 29 participants.

Despite the importance of spirituality in the African American culture and the consensus that self-management practices play a critical role in the maintenance of health, relatively little is known about the role of spirituality in the illness management practices of African American men. The self-regulation theory and Common Sense Model, as well as empirical literature on spirituality and illness management, provided the conceptual framework in this qualitative study of spirituality and illness management among older African American men.

Methods

The Parent Study

Participants in the present study were enrolled in a larger four-year longitudinal study funded by the National Institute on Aging (R01-AG 18308). This larger study, titled "Process of Self-Care: Comparison of Older African Americans and whites" and labeled the "parent study," examined the process of self-care for hip or knee osteoarthritis (OA) and ischemic heart disease (IHD) in a community sample of older African Americans and non-Hispanic white Americans in Allegheny County, Pennsylvania. The parent

study's sampling frame was the Medicare Enrollment File for Allegheny County in April 2001. African Americans were over-represented in the parent study to achieve an adequate sample size for statistical analyses, and the sample was stratified by gender and race to assure a more effective comparison when using these indicators. Disease eligibility criteria were based on a series of self-report questions derived from the National Health and Nutrition Survey and self-report disease markers for cardiac conditions and treatments. Additional eligibility criteria included living in the community, residing in Allegheny County, being 65 years of age or older, and lacking cognitive impairment.

Researchers used a telephone survey to screen participants for eligibility and recruitment into the parent study. Of 5,094 eligible older adults identified during screening, 2,171 met the criteria for study inclusion, and 1,128 (52%) agreed to participate (525 African Americans and 603 non-Hispanic whites). Participants were interviewed four times during a 36-month period between June 2001 and July 2004.

The Present Study

Prior to the third interview of the parent study, a pilot test was conducted by the author with a purposive sample of 10 individuals, aged 69 to 79, that aimed to determine the appropriate questions for the present study. The Institutional Review Board of the University of Pittsburgh (IRB-UP) approved this pilot study in which respondents were asked to define spirituality and explain how spirituality or spiritual beliefs helped them manage their illness. Persons refusing to participate in the pilot study remained eligible for participation in the parent study. After completing the pilot test, the spirituality questions were added to the parent study questionnaire, which was approved by the IRB-UP. By the third wave of the parent study, 959 participants were actively enrolled, but 414 of these enrolled participants had not been interviewed. Approximately 20% of the 414 participants in the parent study were selected through quota sampling stratified by gender and race for participation in the present study.

Participants of the present study (n=26) ranged in age from 69 to 86 years, with an average age of 76.7 years (SD=4.0). Most participants were married (61.5%) or widowed (30.8%), whereas few were divorced or unmarried (3.8%). Among the participants, heart disease (38.5%) was the most prevalent chronic condition followed by diabetes (19.2%), diverticulitis, prostate cancer, and thrombosis (15.4%), and arthritis (11.5%). Less than one quarter (23.1%) of men had college degrees. An overwhelming majority (96.2%) of men identified as Protestant and reported having either very high or moderate levels of spirituality (84.6%).

Data collection began in November 2003 and ended in February 2004. Five females with interviewing experience conducted interviews in either the men's homes or an agreed-upon location. Trained interviewers used an open-ended questionnaire to elicit participants' subjective views on being spiritual, their definition of spirituality, how spirituality or spiritual beliefs have helped them to manage their most important health problem, and how they have used spirituality or spiritual beliefs in managing their illness. Interviewers completed 26 audiotaped, in-depth interviews.

Data Analysis

A professional transcriptionist transcribed the audiotaped interviews. The author used thematic content analysis to analyze and identify themes of spirituality in men's self-management of chronic illness in transcribed interviews. Content analysis focused on searching for patterns in text. First, the author read all transcribed interviews several times prior to coding to become familiar with the data and to begin to identify potential themes. Afterward, each transcribed interview was coded to assess men's views of spirituality and ways in which men used spirituality or spiritual beliefs in managing their illness. Words, phases, sentences, or entire paragraphs referencing spirituality and the process of illness management were denoted in the margins of each transcript through the "pen-and-paper" approach. These denotations were used to describe and interpret meanings of spirituality and the process of illness management, thus leading to themes that were identified

inductively and emerged naturally from transcribed interviews (Baxter, 1991). Second, in order to validate themes, the author referenced the original text of transcriptions. To establish inter-rater reliability in identifying themes, a study team member performed separate thematic content analysis from nine randomly selected transcribed interviews. The author and the study team member met and reviewed the results of their separate analyses at which time they also reconciled any inconsistencies in the identification and interpretation of themes.

Results

Self-management of chronic illness consists of daily activities people do to improve or maintain their health (Mockenhaupt, 1993). These activities often include, but are not limited to, medication management, physical activity, and dietary compliance. While African American men experienced the impact of their chronic conditions in myriad ways, commonalities emerged with respect to the definition of spirituality and its role in the self-management practices. The men in this study defined spirituality as an "intimate relationship with a higher power (e.g., God)." According to the respondents, God has several roles, but the centrality of His omniscience is to provide transcendence in chronic illness management.

The analysis of these men's transcripts yielded four major themes: 1) God the healer; 2) partnering with God in illness management; 3) prayer, the pain manager; and 4) spirituality as a coping mechanism. Examples of thematic results from in-depth, transcribed interviews all use verbatim wording.

Theme 1: God the Healer

Some of the African American men's narratives reflected their faith and trust in God. They believed that God provided the means to get through their illness by either restoring their health or by guiding them to acceptance of the outcome of their illness. During the interviews, they said that God played several roles, such as being in control of their life and healing their illness. They

believed that God healed them from their illness if He chose to do so. The descriptions included the feeling of not being alone and a real belief that God saw them through the illness. For example, an 83-year-old thrombotic man elaborated on this phenomenon:

> When I get pains and soreness--soreness and pain or aches or whatever, I pray to God He relieve it; cast it out of my body....He's (God) the only one that can heal it. Because I know that, He has the power to heal. He has the power to heal, and He's the only one that has the power to heal what my problems are within my body, my mind. He's the one that can cleanse my mind and can cleanse my body….That's how I feel. I can take all the medicine that's in the pharmacy, and if He doesn't want me healed, I won't get healed. It's up to Him to make the medication work, to heal me….He can just send the Spirit down to heal me.

As another example, a 78-year-old man diagnosed with diabetes said:

> When I first had the heart problem, I knew that God was with me and everything. And at first, I had a little fear….but as medical treatment took place and I began to feel better. And then I realized that God is in the plan. He is overseeing everything…and when I had the cancer of the prostate, I trusted God that everything would be all right….I went through the procedures and so forth, and everything did come out all right….I think that, you know, I look to God and I think my body is being under God's control. And…I don't worry about it….I have trust in God, and I just don't have that fear. I don't have the fear because I believe that everything will be all right, you know… and from a spiritual point of view that means that I'm not worried about them.

The African American men in this study believed that God was in control of their health and they trusted God with their illness outcomes. The belief system among the men categorized God as a controller in chronic illness management and healer of sickness.

Theme 2: Partnering with God in Illness Management

God was seen as a collaborative partner in addressing chronic illness through medical professionals. The African American men who endorsed this theme viewed God as an extension of medical care. Several of the men acknowledged the working partnership between God and the medical professionals in providing health care. When they expressed God's role in their life, they justified their self-management practices by discussing how God worked through health professionals, which allowed the participants to maintain this dual working relationship between God and their doctors. The African American men believed that God gave the medical doctors wisdom to treat their illness. An example of this from a 72-year-old man with diabetes:

> I think God works through man, I really think it's the way that God works….He guides you through His divine wisdom. He just some kind of way moves you by some spiritual forces. He directed me to a good doctor…I take their medicine like they say…that is spiritual because if God hadn't sent a man down here with wisdom, where would we have been? God gave them the wisdom of being a doctor…I had faith in God…

A similar response from a 78-year-old arthritic man:

> God put the doctors down here….They work together. God helps put the doctors so He can help you. So I think God helped me. And He put these doctors down here to give you medicine and help you in that direction. So you got two good things going for you.

The preceding quotes represent a triadic relationship (e.g., God, doctor, and the participant) in relation to self-management of illness. The African American men suggested that God works with and through doctors to promote healing. These statements elucidated the interrelated accountability for recovery among all parties (e.g., each plays a role in the management of illness).

Theme 3: Prayer, the Pain Manager

When an individual's pain becomes unbearable, turning to a power greater than oneself becomes an alternative means for managing pain. Spiritual techniques, such as prayer, were acknowledged by the men as a method of distraction during painful flare-ups. The pain and suffering incurred were overcome by the perception that God supported them through their adverse circumstances by providing comfort or lessening the pain, if only temporarily. In fact, several of the men commented on the "prayer-response" mechanism in pain management and the power that prayer played in the pathway of pain management. To illustrate this point, a 73-year-old with diverticulitis noted his use of prayer to manage pain prior to going to sleep by saying,

> when [I'm] in pain…I ask the Lord right there to give me the ability to go to sleep. And he will let me go to sleep and I'm impervious to the pain.

A 70-year-old man diagnosed with arthritis said:

> It helps me with my pain. It takes your mind off the pain. You don't always be dwelling on your pain…. I pray about all my pains and whatnots. I ask God to help me with my health and everybody else's. So that's taking – that's taking in all the pains that you have by asking him to help you with them and someone else, too. When I pray, I ask God to help me with my health.

The men viewed their problems with illness, pain, and suffering as inevitable, but prayer supported them through their medical adversities.

Theme 4: Spirituality as a Coping Mechanism

The African American men offered many approaches to dealing with stressors related to pain and chronic illness management. Several of the men managed their illness by using spirituality practices and beliefs as a coping mechanism. The African American men repeatedly described integrating spirituality into reasoning and problem-solving techniques, an approach that served as a coping mechanism in managing illness and alleviating potential stressors, such as pain and helplessness. The following participant, an 81-year-old man diagnosed with diabetes who recently arrived home from a hip replacement, stated,

> If I didn't believe in the Almighty….I probably would have ended it all a long time ago…[my spirituality] keeps me together. It keeps my head straight….I ask the good Lord for mercy, if it gets bad enough.

Spirituality provided both mental and physical distractions from illness. Correspondingly, a 74-year-old man diagnosed with arthritis stated:

> Well, I ask God in the name of his son Jesus Christ to help deal with my health. Yeah, inspiration. That feeling of being able to do something instead of being downhearted or feel like things are always against you. It takes…away – it takes that away from me. It gives me inspiration to want to do something and to believe more strongly and that it will help you, and it will help you.

Similarly, a 79-year old man with diabetes explained how his spirituality accompanied by meditation helped him manage his physical illness and depression:

> Well, when you meditate, that kind of lightens your burdens of all what bothers you or your aches and pains, everything is wrong with you….When I get all depressed or something and I call on Jesus, and it just helps.

Discussion

This qualitative study examined spiritual approaches to self-management practices among older African American men diagnosed with a chronic illness. Results demonstrated an association between the role of spirituality and illness management. For some of the men, spirituality was used as a coping mechanism; for example, the African American men turned to their spiritual beliefs as a source of hope and strength. For others, spirituality was a form of self-management. The men in this study actively evaluated their health in order to maximize their well-being through a variety of behaviors that included seeking medical care and praying. Strong spiritual connections improved the men's sense of satisfaction with life and enabled them to adjust to their disability and illness.

The Common Sense Model (CSM) represents the chronically ill individual who, as an active participant, makes sense of his illness by evaluating management techniques within a social and cultural context (Leventhal, Halm, Horowitz, Leventhal, & Ozakinci, 2004). The CSM recognizes that the individual with a chronic illness can choose from a vast array of self-management strategies (Eisenberg et al., 1998; McAuley et al., 2000). Consistent with these theoretical ideas and other studies (Mansfield et al., 2002), the men in this study believed that God had the power to heal, that medical doctors were instruments used by God, and that prayer helped manage pain and helped them cope with their illness. In addition, results show an association between the men's spiritual beliefs and their use of management strategies. This finding is consistent with the CSM, which posits that the representation of illness and self-management is affected by a person's beliefs. These beliefs may include spiritual beliefs about self and cultural views of illness management (Leventhal, Idler, & Leventhal, 1999). Further,

findings indicating African American men believed that medical doctors were instruments through which God administered healing are consistent with prior research (Bowie, Snyder, & Granot, 2003; Mansfield et al., 2002). The men's belief systems blended the spiritual and allopathic aspects of health, a finding similar to prior research that indicated African Americans viewed God as healer and miracle maker (McAuley et al., 2000).

The CSM explanatory framework used in this study and supporting findings may facilitate development of intervention strategies to assist older African American men to incorporate health-promoting behaviors into their lives. In regard to developing these strategies, it behooves professionals to understand self-management as a process that not only evolves over time but also develops in relation to a person's illness type, specific concerns about personal health, and individual as well as cultural belief systems. Recognizing culturally based practices is important because they give rise to the development of illness-specific self-management schemes for chronic illness.

With the projected increase in the prevalence of chronic conditions in the future, development of innovative health programs and interventions is needed to minimize, if not eliminate, current disparities in health outcomes among older African Americans. Instruction about and the practice of specific behaviors and self-monitoring skills can be built into interventions to promote physical activity. Furthermore, interventions that incorporate factors important to African American men may prove an invaluable tool for assisting them in selecting or evaluating the efficacy of health behaviors within the context of their lives.

Limitations of this study include its regional focus and the under-representation of participants not affiliated with Protestant religions. These limitations warrant studies in other regions with participants of other religious faiths. Despite limitations, findings add to the existing literature on African American older men with chronic illness by exploring the spiritual dimension of those living with a chronic illness. The challenge is to develop a synergistic

approach to health and well-being. Additional research on the role of spirituality may enable public health gerontologists to better understand the specific needs of older African American men and facilitate the development of programs and interventions to improve quality of their care.

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Address correspondence to Idethia Shevon Harvey, Ph.D., University of Illinois at Urbana-Champaign, College of Applied Health Sciences, Department of Kinesiology and Community Health, 1260 S. 4th Street, MC-588 Champaign, IL, 61820, USA, Phone number (217) 244-3438; Fax number (217) 333-3766; E-mail shevon@uiuc.edu.

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