

JOURNAL OF  
**African  
American  
MEN**

Fall 1997  
Volume 3  
Issue 2

CONTENTS

- Gary A. Sailes 3  
*Editor's Comments*
- Patrick C. McKenry, Hyoun K. Kim, Tina Bedell, 7  
Keith Alford, and Stephen M. Gavazzi  
*An Africentric Rites of Passage Program for  
Adolescent Males*
- Joanne M. Hall and Patricia E. Stevens 21  
*African American Men in Nursing: A Career  
Opportunity that Challenges Structural Racism*
- Patricia Dixon 33  
*Death of Significant Others and Unresolved  
Grief among a Population of African American  
Male Crack Cocaine Users*
- Vernon G. Smith 49  
*Caring: Motivation for African American  
Male Youth to Succeed*
- Ronald E. Hall 65  
*Human Development across the Lifespan  
as Identity Model for Biracial Males*

# Death of Significant Others and Unresolved Grief among a Population of African American Male Crack Cocaine Users

Patricia  
Dixon

Numerous studies have examined the role of parental loss during childhood on psychological functioning in adult life (Mireault & Bond 1992; McLeod, 1991; Saler & Skolnick, 1991). There have also been studies which have examined the effects of losing parents during adult years. For example, in Umberson & Chen's (1994) study, they found that when compared to those who are not, bereaved adult children experience a significant increase in psychological distress and alcohol consumption (p. 158).

Also of focus has been the impact of unresolved grief on psychological functioning. Unresolved grief is defined primarily as difficulty dealing with the death of someone close, primarily a family member. Zisook & Lyons (1990) note that unresolved grief is a frequent but often overlooked problem among non-patient and patient populations, and, in a study, found that 17 percent of individuals entering an outpatient psychiatric facility suffered from it. In addition, they found that those with unresolved grief had a significantly higher incidence of alcohol problems and were more likely, although not significantly so, to have had more drug problems.

*The purpose of this study was to explore factors contributing to addiction in a population of African American males. The males were recruited from a homeless shelter in a northeastern seaboard city and interviewed using an in-depth ethnographic method. An emergent theme was the death of family members and/or significant others during childhood, adolescence, and early adulthood. The findings have implications for treatment providers, to incorporate mechanisms to explore whether adults are suffering from problems stemming from unresolved grief, and ways to address it.*

---

Patricia Dixon is an assistant professor in the African American Studies Department, Georgia State University, 1 Park Place South, Room 549, Atlanta, GA 30303.

The purpose of this study was to explore factors contributing to the trajectory to drug addiction in a population of African American males who were addicted primarily to crack cocaine. Though loss through death emerged as a salient factor among the males in this study, few have focused on it as a possible role in addiction and none were found which examined it as a factor in addiction among African American males. Because this research was exploratory, loss through death was not an *a priori* assumption. It, however, loomed large. What also loomed large are the tragic circumstances surrounding some of the deaths. In addition was the role of alcohol. In many instances alcohol was a significant factor in the incidents that led to death. Because the high incidence of death and the tragic circumstances surrounding some of them were such conspicuous factors in this study, this is the focus of this article. It describes the experiences of some of the participants. It concludes that though not a causal factor in addiction (particularly to crack cocaine, since it is a highly addictive drug and one-time use may lead to addiction), loss of significant others should be considered when examining antecedents to drug addiction, especially among African American populations in urban centers who come from families which have experienced poverty, continuing stress, and other related problems. Finally, it is recommended that public drug rehabilitation service providers, many of whom serve African Americans in inner cities, incorporate into treatment modalities ways to examine whether clients are suffering from psychological pain stemming from unresolved grief, to develop ways to address it, and to collaborate with other life-survival programs to facilitate them to normal living.

#### METHOD

##### *Procedures*

This study comes out of a larger demonstration project which was being conducted in a homeless shelter in a northeastern seaboard city. In the larger study, homeless males, 90 percent of whom were African Americans, were interviewed by nine research assistants using various psychometric and other instruments over a period of three years. Also included was an ethnographic component which entailed the use of a semi-structured life history questionnaire. For the present study, 101 African American males were interviewed using a background questionnaire, in which the purpose was to collect additional information on family, and drug and alcohol use. Of the 101, 25

They were included in the ethnographic component of this study and were interviewed by the author through in-depth long interviews.

### *Subjects*

The ages of the 101 participants ranged from 22–50, with a mean of 34. The mean number of years of education was 12, with a range of 10–15. Over half of the participants (56%) had dropped out of high school. The participants had completed an average of 17 months of training with a median of 11. The mean length of full-time employment was approximately four years and the median was three. The mean length of time since last job was approximately 17 months, with the median being 12. Only 24 percent were employed full-time, while 24 percent held regular and irregular part-time employment. Forty-eight percent were unemployed. Approximately 98 percent reported having used alcohol and crack cocaine, 84 percent marijuana, and 10 percent heroin. Although alcohol and other drugs had been used throughout their lifetimes, most were homeless because of addiction to crack cocaine.

### RESULTS

The ethnographic component of the study revealed that although various factors emerged in the participants' experiences, the most salient one which appears to have impacted most profoundly upon the lives of many was the loss of significant others, primarily family members through death. There are two ways in which the loss appears to have contributed to the trajectory to addiction. First is the untimely death of one or more family members. Some lost a significant other very early in their lives, leaving them without any psychological, emotional, and/or material support. Left on their own, they turned to the streets and became involved in various activities in the underground economy. Of these activities, drug distribution was one. Many also began using drugs and alcohol during these years. Involvement in such activities eventually became a part of their daily lives and these habits were carried over into adult life. As use progressed from less to more addictive drugs, they eventually encountered crack cocaine, and it was use of crack cocaine that eventually led to homelessness. The second way in which death of family members appears to have contributed to the trajectory to addiction is through psychological pain stemming from the loss which became, for many, unresolved grief. In some instances it was the loss which prompted them to begin using. In

**TABLE 1**  
**Death of Significant Others (Subsample  $n=25$ )**

	Overall		Before or During Adolescence		After Adolescence	
	n	%	n	%	n	%
Total Deaths	14	57	10	40	11	44
Murder	7	50	5	50	4	36
Illness/Accident	7	50	5	50	7	64
Total Alcohol and Drug Related	8	57	6	60	4	36
Murder	5	63	4	80	2	50
Illness/Accident	3	39	2	40	2	28

other instances, it was the pain stemming from the loss that led to increased use. In many instances, the loss was sudden and/or unexplained. In others, it was senseless, especially when the significant other was murdered. As can be seen in Table 1, the incidence of death occurred in 57 percent of the participants' lives. Of all the deaths, 57 percent were alcohol and/or drug related.

The deaths occurred at various stages in the lives of the participants, some during childhood and/or adolescence and others during early adult years. For those who lost a family member to death, 40 percent lost them during childhood or adolescence. What made the loss more traumatizing was the disorganized family life under which some already lived. In some instances, the deaths occurred immediately after an earlier family disruption—separation or divorce of parents. After the death the family system fell apart, and in some instances the lives of the participants entered a state of chaos. For many, it was not only the death that was traumatizing but the unusual circumstances surrounding it. For example, one participant's mother died when he was 14 years old. His father had died two years prior to this and his older brothers and sisters had already moved out on their own. This left him at an early age to assume responsibility for the care of his mother. Though her dying left him with virtually no support, it is what happened to her prior to her death which seems to now plague him. According to him, she "was a seamstress and . . . got some kind of disease in her hands" which led to their having to be amputated. The process "started . . . with a finger; then another finger; then she had nubs and then the hands . . . all the way up to the elbows." It was he who had to "soak her nubs in a water solution . . . put the ace

bandages on them and wrap them up and. . . .” It was he who “had to [come] home [from school] to feed her . . . give her baths . . . [and] read her the bible” because “she couldn’t turn the pages.” And it was he who “used to . . . find her in the morning on the way to school, laid out in the hallway [with] vomit all over her face, and clothes . . .” in a way he could not describe, as she attempted “to hide, cover up or medicate . . . her feelings with the alcohol.” Losing his mother in this way was traumatizing, as was the shifting between relatives immediately afterwards. He was eventually put in a youth development center because he dropped out of school, and at age 15 became a member of a gang and got involved in delinquent activities, including bank robberies. As a result, he spent 21 years of his life in and out of prison. During intervals in which he was not incarcerated, drug distribution was the means by which he made a living. It was this lifestyle which eventually led him to the shelter.

The mother and father of another participant separated early in his life. He first lived with his father and stepmother under extremely crowded conditions (he shared a household with 13 other children) where he sustained abuse from his stepmother and her children. To get away from these circumstances, he repeatedly ran away to his aunt’s house, where he eventually remained. Although his living conditions improved substantially, he and his aunt sustained tremendous physical and emotional abuse from his uncle and this prompted him to turn to the streets. Though he did not know his mother, he found out things about her which made him “hate her.” It was her problems with alcohol which caused his three sisters and brother to be separated and placed in the care of the “state,” after they were burned out of their apartment, because “she was so drunk, she didn’t know what was going on.” He remembers seeing her three times in his life, once when “she sneaked down through an alley” to see him. He recalls, “I remember I hugged and kissed her. I didn’t know when my birthday was, so I didn’t know how old I was. . . . Nobody had ever told me. . . . I remember asking her ‘When’s my birthday?’ She said ‘Your birthday’s October 12.’ And her birthday was October 10th. Anyway, it was real brief and short. She told me she loved me and let me go.” The last time he saw her was “when she was dead, laying in the coffin.” Though he did not “shed a tear,” he appears to have carried the pain most of his life, as he was “angry about not having a mother, because everybody had a mother.”

In some instances interviewees lost loved ones through murder. The loss was especially traumatizing when they were close to the parent. An example of this is one participant who

was 10 when his mother and father separated and 14 when his father was murdered. He was extremely close to his father, whom he described as "... an honest man ... a God fearing man ... someone that you would look up to and respected ..." He explains:

It was on Sunday... We were on our way to Church... Before we left, my father received a phone call. It was his landlord. And I had a distinct feeling something wasn't going right that day. It was about 4:30 or 5:00 that afternoon. And my grandmother came to church with my brother and said that my father was murdered—that he had got stabbed in a bar right around the corner from where he was living. And they dragged his body around the corner and dropped it in front of the police station. My life took a change for the worse. I kept asking, "How could it happen to my father? Why did it happen to my father?" My father never hurt anybody, if anything, he'd help anybody. And all of a sudden this come along. It was really hard.

He was never able to connect with his mother whom he says, "would scorn at me as if I shouldn't of been born." He continues, "Any problem I would have and I wanted to talk to her, she wouldn't have any time to talk. And I mean things could really be bothering me." Besides not being able to communicate with his mother, there was very little supervision as according to him, after his father died, "She was never home. She was out drinking." After he got into his teenage years, that's when he started doing what he wanted to do. He eventually dropped out of school because he "didn't understand the work," and spent some time in jail at age 16 during which time he witnessed a man get murdered. He left his mother at the age of 18, and since age 20 he has been homeless on and off, working periodically and living alternately with his mother, "in the back of churches" (he was in the ministry for a brief period and would use the churches for shelter), and in shelters.

Though death of significant others occurred during childhood and adolescence for some participants, it occurred in early adult years for others. Of the 25 participants who lost someone close, 44 percent lost them in adult years. However, being older did not mitigate the pain. As with those who lost significant others during their early years, they appear also to have not recovered from it. In some instances it was the loss which prompted them to begin using substances. An example of this is one participant who lost his mother, to whom he felt extremely close, to pneumonia when he was 21 years of age. During his childhood, his mother was "always sick" with diabetes and "mental

illness" and "always taken away to the hospital." He was closely attached to her, so when she would "... say she wanted to kill herself," he would say it too. He explains that after his mother died, "I got real weak. . . . I got like female dependent. . . . I needed someone to take the place of my mom." Unfortunately, the women he became involved with were the "fast types," the kind that "hang in bars, and be drinking and snorting." He would "deal with [his] hurt by drinking, getting high, sort of like buying friendship." He says, "Often times, I found that I didn't even like the person. . . . The girls influenced me to snort cocaine. That's how I started getting involved with it." He eventually began freebasing, this progressed to crack cocaine and it was this which led him to lose his job. Not being able to obtain employment at the same level, he took this in as another loss. His life continued to down-spiral.

Approximately 24 percent of the participants experienced multiple losses. For some, both losses occurred during early years; for others they occurred in early and later years. An example of multiple losses during early years is a participant whose stepfather "sneaked in" the window at four o'clock in the morning and opened fire on his five brothers and sisters, killing one of his brothers. In this situation, he and his siblings lived with his mother and stepfather, both of whom had problems with alcohol. In most instances, when drinking began, "it was like a communion thing—togetherness. But after they started drinking it was a violent thing. . . ." When his mother attempted to leave his stepfather, he sought revenge. At the time the shooting occurred, his mother was away on a trip (he believes she left because she felt something was going to happen) and the interviewee was visiting his grandmother in another city close by. He, however, appears to have not recovered from what he saw upon his return. He explains:

They had just removed my brother about 20 minutes before we got there. . . . I wasn't supposed to go in the house. But I wouldn't let them stop me, because I was determined to go in there just to see what went on. And I went upstairs in the bedroom that me and my brother and them slept in and seen all this blood. . . . I seen this big puddle of blood. I didn't realize blood was that rich, you know. I never realized that for the holy God, I never realized our blood was that rich. . . . What made it so bad, they pulled up the mattress. So they tried not to get hurt. You know how you block a mattress in front of you. . . . the mattress was still the same way. The way I heard it, my sisters and them tried to run, that's how they got shot. My brothers and them, they were



goin' to hurt him. My older brother was going for him. That's why he automatically killed him. . . . He shot my brother in the temple. . . . He shot my other brother in the arm, he shot my sister in the jaw, he shot my other sister in the arm. That's four people. And my younger brother, he got away. (He believes that his stepfather let his younger brother go because he was his favorite.)

This same participant also lost his natural father, to whom he felt close, to murder. A year prior to his murder he began to develop a relationship with him and looked to him for guidance, especially since he did not get along with his stepfather. He had spoken to him a day or two before; the next he heard his father was dead. According to the interviewee, while his father "was in the tub getting himself together. . . . his lady friend came in and slashed his throat" (he believes she murdered him because he was going to leave her).

Others lost significant family members during childhood and early adulthood. For example, one participant's mother and father, with whom he was extremely close, separated when he was six years old. At the age of 10 he lost his father, who died of cancer. Although the separation had a profound effect on him, it was his father's death that prompted him to begin drinking. His family dissolved after this and he and his two sisters were put in the care of an aunt. After two years, he was sent south where he was shifted between relatives. He describes the impact it had on him. "They [his sisters] seemed to adjust better than I did. Because they had that structure, that love. . . . I was separated from my sisters and was shifted between aunts and uncles. Each month I'd go to another aunt and uncle's house. You know I didn't have that love. It seemed to me I could never adjust to things." He eventually moved back to his place of origin at the age of 15 and because he was having conflicts with an aunt over curfew moved in with a 38-year-old woman and began supporting himself through working in a speakeasy (a house in which alcohol is sold illegally). It was also during this time that he was introduced to cocaine by this mother whom he says "was loose" and "fancy free," would "get drunk," and "partied a lot." According to him, she said, "I'd rather you do it with me than go out here in the streets and do it." He later began distributing cocaine with a friend who eventually murdered his sister. To make up for the money he was losing because of his freebase habit, the friend manipulated the participant's sister into prostitution. She, however, met a man who according to the participant, "paid her nightly so she would not have to trick." He describes what happened.

My so called friend. . . . my partner, he found out about her. So he started blackmailing the white guy getting more money. He got \$5,000 from him. See. . . . the white guy really loved my sister. He loved her. So he [the friend] would do things like call him and tell him she's kidnapped. That's how he got \$5,000 one night. The white guy was naive. He brought \$5,000 to get her. Anyway the white guy got tired of it. So one night he said he wasn't going to pay anymore. So my partner broke the white guy's leg. My partner went to jail. While he was in jail, my sister got pregnant by the white guy. When he came out, he called my sister around the house. He killed her. He stabbed her 36 times tied up in a chair. What made it so. . . . I guess the drug had me so bad. . . . I was there while my sister's body was underneath the porch. He kept her body underneath the porch for five days. But in that five days, I was there three days getting high with him. I didn't know. I mean the odor didn't make it. . . . It didn't bother me. . . . It didn't have me wondering. Yeah we smelled something, but we didn't know what it was. I mean we were looking for my sister, but I didn't think he would do anything to her. The only reason he got caught, is he was on the porch one day getting high with one of the boys next door. And he told the guy, "I killed the bitch." The guy next door said "What bitch?", He said "C. . . ." The guy next door didn't believe it. He went over underneath the porch and pulled the trash bag out and showed him. The boy next door knocked him out and called the cops. The cops came and picked him up. I was at work and heard about it on the radio. . . . I get up there and he's sitting in the car, and they still got her body. I had to get over there and look at the body. . . . It hurts thinking about it.

After this he freebassed a substantial amount of cocaine within a period of about two days and since that time, as he sees it, "nothing went right for me." He even recalls how he began robbing people—even drug dealers—in order to get money for drugs. Once he "took a \$500 pack from a drug boy." When the boy pointed the gun at him and "cocked the trigger," he said "'Shoot me'. . . . I had nothing else to live for after my sister died."

Though most experienced loss of immediate family members, there were those who for various reasons such as abandonment or feelings of detachment from their parents became emotionally attached to extended family members. Because of their attachment to these significant others, the losses were just as traumatizing. This is the case of one male who was emotionally attached to two of his uncles. He appears not to have recovered from their deaths. He describes the bizarre death of one.

He [the uncle] went with [dated] the mother and I went with the daughter. Anytime we got into a relationship he always went with the mother and I went with the daughter. I was supposed to have taken him home. He was taking medication and had just gotten out of the hospital and he was sick. But he wanted to go down there and see his lady. So I drove him down there. And I went to take B—— somewhere. But he had an argument with B——'s mother and he asked me to take him home. And I asked him to wait cuz I knew he had been drinking. And I went and did something for B——. And when I got back they told me he left. . . . And I still don't understand why he took SEPTA [transportation system] that day unless he must of been feeling fucked up. Cuz he always walked. He slipped running for the train, and fell on the tracks. By the engine running, it was vibrating on the tracks when he was laying on the tracks. And he was trying to get off the tracks, and he grabbed the guard rail. When it finished he was the color of your pocket book [Black]. I was the only one able to go and identify the body at the morgue. Cuz my mom couldn't deal. I went and did it for my grandmother. I hadn't cried over it. I don't cry anyway. I don't show emotions like that as far as showing tears or nothing like that. Never did.

The second uncle died Christmas day a couple of years later at his grandmother's house after he fell down the stairs and "split his head open on the radiator." In both instances alcohol played a major role. In both instances, the men had been drinking just prior to their deaths. It was directly after the second death that the participant's drug use increased. He turned to his cousins to fill the void left by his uncles. They were unable to fill it; however, they introduced him to drug distribution. And as typically happens to individuals when they become involved in such activities, he became his own best customer.

Another interviewee, only 23 years old, also lost two uncles early and later in his life. The murder of both uncles can be attributed to the fact that an older uncle ran a major drug ring in which he employed about 75 individuals from the community, including the participant and his two uncles. He lost one uncle when he was 13 years old. He states, "My childhood up to 13 was good. . . . At 13 one of my uncles got killed. He got shot. It was drug-related territory. He used to take me places. . . . I really looked up to him. After this, my grades went down and my behavior got bad." He later lost another uncle to a drug-related murder. He says, "At 18 another of my uncles got killed. I was living with him. He was 24. We were real close. That threw me off my 'square.' I was done then. That's when I quit my job."

Ten months after the death of his second uncle his two-month-old daughter was murdered. He describes how he found out about this murder and how it impacted upon him.

... me and the fellahs were drinking all night. One of those 24-hour "chumpys." I was on my way ... lit up, to get some chicken wings. One of my friends said "C—, I just came from a speakeasy and one of your daughters is in the hospital. They said they don't know if she's going to make it or not." I said, "Stop playing." He said, "No, go around there." I went around there and the lady said, "Yeah, she's in the hospital," and she drove me to Children's Hospital. The baby was eight weeks old at the time. Her mother was sitting there. I asked her what happened. She didn't say nothing. Then the doctor said, "I'm not going to lie ... she's dead." I looked at her and went off in that little room. They had to pull me off of her. I tried to kill her in there. They let me go in the room and hold the baby. I couldn't put her down. It was like my arms were stuck. My mom came in and was crying. I was hollering at her (the baby's mother), "I'm going to kill you. ... I'm going to kill you!" Soon as I stepped out of the door, all I saw were cameras and lights and they took me in for questioning. They took her down too. It was on the news. I saw her that night. She was on her way to a bar. The next day they arrested her.

He further explains how the baby was murdered.

The doctor said somebody threw the baby against the wall. When I saw her she had streak marks on her head. She [the baby's mother] got two-and-a-half to five years. She wrote me. I talked to her on the phone. She said that she didn't do it. She said her mother did and she took the blame for her. Her mom's crazy. She got out of jail last year sometimes [sic]. My mom raised the children [his other children] while she [the baby's mother] was in jail. ... After the baby's death I didn't care about nothing, nobody. ...

## CONCLUSION

From the accounts, there are two primary ways in which loss appears to antecede an addiction in this population. One way is when it occurs in early life. In instances in which parent-figures died, the lives of several of the participants became chaotic immediately afterwards. Some were left with an alcoholic parent (from whom they felt emotionally detached) or were shifted between several relatives. Because of emotional detachment and/or abuse from the remaining parent or relatives and the emotional turmoil that can come with being shuffled around,

some went on their own before they had acquired life survival skills, and they became involved in illegal activities (theft, robberies, distribution of illicit substances) with peers and/or gang members or older males of their communities, who provided them a sense of family and belonging. For these individuals, such experiences planted the seeds that would eventually catapult them to addiction. They eventually encountered crack cocaine. After about two years of using it, their lives bottomed out. The result was homelessness.

Another path to addiction is pain stemming from the loss. It is apparent from accounts in this study, as well as how emotional some the participants became when describing their experiences, that they had still not recovered from the loss of significant others; they were still grieving. Some were suffering from loss that occurred during childhood and adolescence, others during young adulthood. With regard to childhood loss Costa & Holliday (1992) identify three tasks that need to be undertaken when a child undergoes loss of a loved one. First he/she needs to understand and come to terms with the reality and circumstances of the death. Second, he/she must mourn. Third, the child must resume and continue living. Failure to complete these tasks, according to them, may create problems with personality development.

For some of the participants who lost a family member during childhood, they appeared to have never come to terms with the reality or circumstances of the death. Studies show how crucial it is not only that the death be explained realistically, but that the surviving parent or other family members and friends help the child work through it. What is also important is that they feel secure in knowing there is someone to replace the loss. In this study, instead of having someone to help them through the death, several of the participants were shifted between relatives and never given the opportunity to get any sense of security, let alone someone to help them work through the death, or replace the individual who died.

Because many never worked through the first stage, some were unable to move to and work through the second stage, which is mourning. Statements like, "I didn't shed a tear," "I hadn't cried over it," are indications of this. Studies show the importance of allowing and helping children to mourn. For example, Saler & Skolnick (1992) show that "individuals who reported less opportunity for participation in various activities that are believed to foster the mourning process had higher rates of overall depression." Also, findings from their study showed that

"greater involvement in activities such as attending funeral related events, being able to keep mementos of the dead parent, openly expressing anger to someone else about the death, hearing stories about the deceased parent, seeing pictures in the home of the dead parent, and visiting the grave was predictive of less risk for subsequent depression" (p. 513).

That many had not dealt adequately with the first two stages may have implications for their inability to get back to normal, if their lives ever were normal considering the disorganized family situations in which some lived. In this article, several reported that it was the death of a parent that prompted them to begin to use substances in the first place. And the availability of alcohol and inadequate supervision made it possible for them to do so. For those who lost significant others during early adult years, it was often the loss that led to increased use. And as indicated previously, studies have shown that those who lose parents in adult years may experience an increase in consumption of substances.

An important factor for adults to note is that if using substances was a mechanism to cope with painful states in early years, this behavior may be carried over into adulthood when another death occurs or other types of losses are encountered, e.g., a relationship, marriage, and/or children. Substances may also be used to cope with various other stressors. This may be especially problematic for African Americans considering the "ubiquitous, constant and continuing" stress, referred to by Peters and Massey (1983) as "mundane extreme environmental stress" (MEES) that many undergo in a racially oppressive environment. MEES, along with socio-historical factors which have shaped African American family life, such as enslavement, reconstruction, and urbanization, contributes largely to problems in current African American family life (Frazier, 1948; Staples, 1987). In this study, many of the participants appeared to be members of families that were already problem ridden. Thus, when a death occurred, the loss had an unusually profound impact upon them.

Another factor to note is that one-third of the African American population lives below the poverty level (this does not include the number that live at or just above the poverty line). This may account to some degree for why African American males and females die disproportionately more from eight of the nation's top ten killers and why the life span of African American males and females is lower than that of their white counterparts (Anderson et al., 1997). Also, poverty and stress-

related factors may account for why alcoholism is so prevalent in this population. Alcoholism has been found to contribute to why African Americans die disproportionately more from alcohol-related diseases and why they die earlier. Approximately 41.5 percent of African American children live below poverty level and 76.5 percent of female householders and 58.6 percent of male householders have related children (U.S. Census Bureau 1996). This may have implication for surviving family members to adequately provide assistance with working through grief when a parent or other family member dies. Saler & Skolnick (1992) point out that psychological problems "following a death is not so much a consequence of bereavement as of how the bereavement is handled and what happens in the family afterwards" (p. 505). Many African American families are already fragile; thus when a family member dies, it may not only put additional stress on the family system but in some instances causes it to fall apart, as was the case in a few instances in this study. Overall, whether the death occurs in early years or adult life, losing a family member may only compound the problems many African Americans already experience. When the circumstances are as tragic as some in this study were, substances may become not only a means to cope but a way to medicate against the pain.

It is important to note that the limitation of this study is one of sample size. Considering how small it is, it is difficult to generalize the high level of deaths and the tragic circumstances surrounding them to the general African American population or to that segment which experiences problems with drug dependency. As indicated previously, this study did not seek to explore death in this population. The participants usually discussed the death of significant others when asked the question, "Can you think of significant events that stand out in your life?" In instances in which their response was the loss of a family member, the question was usually followed by, "Would you describe what happened?" There may also be some limitations in that the interviews were retrospective, which may present problems with regard to the reliability of the events surrounding the deaths, although there would be no questions as to whether the deaths actually occurred. And though there may be some problems in this respect, what should be taken into consideration is that the events as they are described are real to the participants, and it is these events as they are remembered that lead them to suffer. Another factor to note is that crack cocaine is a highly addictive drug. One-time use of it may be enough for an individual to become addicted. Thus there may not be a causal

relationship between addiction to crack cocaine and unresolved grief. However, what is important to consider is that many were already using drugs and alcohol and may have been doing so to medicate themselves. They encountered crack cocaine as their stage of use progressed from alcohol to more illicit drugs.

Finally, the findings in this study have implications for treatment providers to incorporate mechanisms to explore whether adults are suffering from problems stemming from loss through death and ways to address them. In this population the untimely death of parents left some without anyone to depend on very early in their lives to shape their psycho-social development. This means that some had very few or no life survival skills outside of those learned from the streets. The findings point to the need for service providers, especially those who service inner-city African Americans, to design programs that address these specific needs. This will require that they develop links with agencies that provide life survival skills. They also will need to incorporate Afri-centered psychotherapy to address the emotional and psychological problems specific to the socio-historical circumstances of African Americans, particularly those who live in poverty in inner cities. In addition, it is important that service providers incorporate strategies to help African Americans deal more effectively with stressors arising from these kinds of experiences.