Examining the Psychosocial Impacts of Transgenerational Trauma: A Phenomenological Study

of Parenting Styles Among African American Women

Sandra Maria Anderson

Department of Community Care and Counseling, Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

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Approved by:

Mitchell A. Morrison, Ph.D., Committee Chair

Fred Milacci, Ed.D., Committee Member

Abstract

This qualitative phenomenological study aimed to examine the psychosocial impacts of unresolved grief and trauma within the dynamics of parenting styles of African American women. The theories used to guide this study include family systems theory, first introduced by Murray Bowen in the 1950s, and attachment theory, developed by John Bowlby in 1969, as they intersect and provide a foundation for understanding emotional bonds, social relationships, and parent-child attachment wounds at the core. This phenomenological qualitative study answered the following central research question: "How has trauma exposure affected African American women's awareness of their traumas within their lived experience and parenting practices?" Data were collected from 15 African American women. Criteria for this study were participants who were born in the United States, at least 25 years of age, a parent, stepparent, or adoptive parent to one or more children, and have adverse childhood experiences. Audio recordings, participant observations, and a reflective journal were used to collect, organize, and analyze the data. The research findings identified eight themes and 12 subthemes to address awareness of trauma and barriers to counseling. Each theme answered the research questions of this phenomenological study. Results from the study suggested that African American women experience contextually multiple psychosocial and intergenerational factors that influence self-perception, interpersonal relationships, help-seeking attitudes, and parenting practices. The research from this study contributed to the gap in the literature on parenting styles, parent-child attachment across generations, and stress-related disorders in the family dynamics of African American mothers. This study provided recommendations for future research on transgenerational trauma and the psychosocial factors related to the lived experiences of African American women in the parenting role. This study could benefit the field of family counseling to

help expand access to culturally appropriate counseling interventions for African American

women, their families, the church, and governmental agencies to create culturally responsive

mentorship programs. Also, this study could prove particularly beneficial for trauma-informed

mental health therapists who work with individuals in this population to improve help-seeking

behaviors. Overall, the research findings lead to a more insightful understanding of the impact of

unresolved trauma in the family systems of African American women to halt transgenerational

trauma.

Keywords: African American women, complex stress, parenting, attachment and

differentiation, Bowen theory, transgenerational trauma, meaning-making, cultural competence,

Dedication

"Being confident of this very thing, that He who has begun a good work in you will complete it

until the day of Jesus Christ" –Philippians 1:6, NKJV

Upon completing this dissertation, I owe many people a great deal of gratitude. My first

and most significant thank you is to Jehovah, my God. Great is His faithfulness, and without the

love, grace, and guidance of the Holy Spirit, this achievement would not be possible. I dedicate

this dissertation to the loving memory of my sister, Joyce Ann Anderson. Her steadfast care,

devotion, and love produced the fruits of resilience, faith in Christ, and unfettered fortitude.

Thank you for teaching me the faithful love of Christ, loving me, fighting the monsters, and

singing the sweetest lullabies. I am forever grateful for God blessing us with an earth angel.

I offer gratitude, respect, honor, and appreciation to the love of my life and the most

extraordinary man I know, Casburn Anthony Spencer, for your wise counsel and steadfast

commitment to my education and personal development over all these years. Your love in action

propelled me toward God's calling in Jeremiah 29:11 to fulfill my life's purpose in Christ. Thank

you for the extended study nights of research, statistics, and everything in between that raised me

up to more than I could imagine. I am everything I am because you love and believe in me: all

my love and gratitude, my love, my pastor, my best friend.

A special appreciation to my parents, Lillie and Bertram, who taught me that love must

be unconditional to be love at all. To my brother, Michael, and little sister, beautiful Linda, thank

you for your support and encouragement. To Leon, my eldest brother, thank you for sharing your

wisdom and knowledge. Thank you for all the late-night lessons and the keen insight you gave

me throughout my studies. We love you with all our hearts.

My tutor and advisor, Janel Ingraham: You are my answer to prayer, inspiration, guiding light, and leading supporter throughout my doctoral journey. Your patience, brilliance, and dedication throughout this process are evidence of God's faithfulness. The best is yet to come on our journey. Dr. Paul Hegstrom of Life Skills International, my therapist, and brother in Christ: Your ministry transformed my life! Thank you, sir. A heavenly kiss to you!

My beautiful children (born from both my womb and my heart), Caceta, Angela, Bobby Jr., Derick, LiSandra, Angela, Sharletta, Cory, Jasia, and all my wonderful grandchildren, mentees, and family in the body of Christ, it is with love and gratitude that I say thank you for being my most excellent teachers. God has promised us, in Deuteronomy 7:9, "that He, the LORD my God is God, and He is the faithful God, keeping his covenant of love to a thousand generations of those who love him and keep his commandments" (NKJV). His promises are true: Great is His faithfulness!

My heartfelt appreciation to my pastor Elder Larry E. Bellamy for giving me the love of a father when my father could not be there. My entire church family, Refreshing Springs, became the intensive care unit I needed most. Thus, the healing process began in my life. Thank you for giving me unconditional love and compassion that showed me my value through your actions of respect and compassion. Wienna Jane Hamilton (Lady Love), your mentorship is a gift from God, and I thank you for your caring and loving ways to everyone you know.

Acknowledgments

It is challenging to adequately acknowledge all who have contributed to this achievement. I want to acknowledge my committee members: my chair, Dr. Mitchell Morrison, whose prayers, patience, and gentle guidance deeply touched my life and encouraged me throughout this process, and Dr. Fred Milacci, whose vision for community care and counseling called to the Spirit of God within me to arise. I am grateful to my Liberty University professors for helping me reach this life-changing achievement.

Dr. Rose Etienne-Gibson, you have been my inspiration, faithful friend, and sister in Christ for many years. Thank you for leading me with your robust and committed example of excellence and service to the community and the world. Blessings in abundance to you and the children of Haiti as A Bag of Smiles, Inc., continues to be the hands and feet of our Savior, Jesus Christ. Angela Thayer, I am grateful for your love and support of my doctoral studies. You are always there for me, baby, and I thank you! Over 18 years ago, we embraced at the top of Pikes Peak, celebrating my journey toward wholeness. Today, your unwavering love and support welcome me at the top of my academic career, encouraging me onward in God's call on my life. I thank God for bringing you into my life. You have brought joy to my world with ribbons, curls, praises, dances, and twirls. I love you, my sweet Angie Girl, and all Nana's beauties!

Janel Ingraham and Destinee Knight, thank you for your kindness and support in providing technical assistance through my research study. Janel, you are a godsend in my life. I am grateful to you. To my family in Christ and friends abroad, those who respected my time and need to study without question, I thank you. Thank you for all your prayers, affirmations, and encouragement. I am forever grateful. You believed in me from the very beginning. More than

with words, with your actions, prayers, and support, you showed me that you were committed to

God's calling on my life to effect positive change. I am forever grateful to you.

Thank you for your support and encouragement to those at the Florida Department of

Health. To Robert Scott and all my colleagues, for making me feel loved and supported, giving

me room to study, and always offering a listening ear and open heart, I am grateful for you. I

must acknowledge my brothers and sisters at Palm Beach Wing Chun Kung Fu for their support,

encouragement, and kindness as I continue my healing journey. Thank you, Sandra Gipson and

the National Council of Negro Women, for your continual support and for giving me and many

others who have survived sex trafficking a voice to take back our liberty from the shame and

trauma. Thank you!

A special thanks to all who supported me throughout the dissertation completion process:

Casburn Spencer, Keith and Elizabeth Yu, Ingrid and Jerry Ellis, Tammy Drew Gordon, Patrick

Gordon, Pastor Patrick Livingston of Arms of Hope Outreach, Inc., Angela Thayer of Found

Strength, Angel Carter of Angel of Revelation Ministries, Neal Waugh, Linda Anderson Davis of

Love is a Verb, Inc., and the Taking Innocence Project Docuseries team (you gave this human

trafficking survivor a voice; I am grateful): Antonece Neicey Johnson, Tanieka Clarke, Arturo

Lorde, Roger DeHart, and Angel Carter. To my friends, colleagues, and community partners who

supported this endeavor: Pastor J. R. Thicklin, Doc Caroline Granison, Melissa Shannon, Dr.

Antoine Thurston, Robert Scott, Mr. Toney A. Colbert, Facebook family, and all those who have

helped me cross the finish line of the dissertation process. Your kindness, financial support, and

friendship are faithful reminders of Matthew 5:16: "Let your light so shine before men, that they

may see your good works, and glorify your Father which is in heaven" (KJV).

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List of Abbreviations

Adverse childhood experiences (ACEs)

American Psychological Association (APA)

Institutional Review Board (IRB)

Posttraumatic growth (PTG)

Posttraumatic stress disorder (PTSD)

Racial socialization (RS)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Strong Black Woman (SBW)

Transgenerational trauma (TGT)

Trauma-focused Cognitive Behavioral Therapy

Chapter One: Introduction

Overview

"I thought I was a strong Black woman, but I was wrong" –S. M. Anderson

Transgenerational trauma (TGT) impacts how African American women make meaning of their world and their role as a parent (Alexander, 2018; Brown et al., 2020; Settles & Buchanan, 2014;). Research suggests that this demographic experiences a unique history of living in "a perpetual state of healing from the specific experiences of trauma such as abuse and degradation as well as from the global experiences of racism, sexism, and economic disenfranchisement" (Evans et al., 2017, p. 6). Parenthood often complicates these social factors (Alexander, 2018; Christie et al., 2017; Fitzgerald, 2020; Levy, 2018; Romano et al., 2015), considering the challenges of nurturing children that are unique to the lived experience of African American women (Bocknek et al., 2020).

Parenting is one of the essential functions of the family system, yet, in mothers with unresolved trauma, it is often where complex stress begins to manifest (Fitzgerald et al., 2020; Nader, 2019; Sheffield, 2019). Erving et al. (2021) described complex stress as the result of multiple exposures that affect mental and physical health, including financial strain, psychosocial adversity, discrimination, and family conflict. Psychosocial adversity, according to Jacob (2013), refers to the concept of 'social determinants and their impact on physical health; inequitable distribution of resources, power, and money perpetuate a vicious cycle of poverty and ill-health, often spanning generations" (p. 3). These stressors contribute to the national public health burden (Magruder et al., 2017), creating mental and physical health symptoms that negatively impact African American women's mental and social well-being (Erving et al., 2021; Mekawi et al., 2020).

Unresolved grief and trauma can exacerbate the stress response and alter gene expression, causing harmful effects on emotional and physical health and leading to psychiatric problems (Brendtro & Mitchell, 2013; Nader, 2019; Sapolsky, 2004; Uhernik, 2017). African American women experience various psychological stressors, leading to increases in maternal stress and adverse birth outcomes (Alexander, 2018; Brownlow et al., 2019; Sheffield, 2019) and contributing to poor mental and physical health throughout the life cycle (Briere & Scott, 2015; McGoldrick et al., 2016; Rees et al., 2011). The role of the mother is critical to the health and wellness of children, as she is often their primary supporter (Christie et al., 2019; Coulter & Mooney, 2018). However, African American women with a trauma history experience difficulty bonding, nurturing, and responding to emotional cues from their children (Alexander, 2018; Christie et al., 2019; Levers, 2012; Uhernik, 2017). This chapter provides the background of the study, situation to self, purpose statement, significance of the study, research questions, and definitions of key terms.

Background

In this review of the parenting styles of African American women, Bowlby's attachment theory provides a practical framework for exploring the role and function of the parent-child attachment bond (DeMaria et al., 2020; Iyengar et al., 2019; S. M. Johnson, 2019). Bowen's family systems theory describes relationship dynamics within families (Cepukiene, 2021; Efran & Lappin, 2020) that "govern symptom development and health" in oppressed cultures (Keller & Noone, 2020, p. 117). Bowlby (1969b) noted that humans are born with an innate drive to survive and maintain self-preservation throughout the life cycle. The human need for safety and protection creates core beliefs, which frame patterns of attachment behaviors within the developing personality of the child (Briere & Scott, 2015; Fitzgerald, 2020; Levers, 2012;

McGoldrick et al., 2016; Music, 2019). Thus, attachment is connected with survival and remains essential for understanding TGT from a historical perspective (Baker et al., 2019; DeMaria et al., 2020; Maisel, 2020; Uhernik, 2017; van der Horst, 2011).

Tor (2021) noted that the intersections of TGT and attachment theory are essential to consider as "components of race, ethnicity, and culture work together to inform lived experiences and how those experiences affect the parent-child relationships" (p. 68). Attachment theory is a crucial concept of this work, as it sets the foundation for compassion, sensitivity, (Berlin et al., 2018; De Haene et al., 2010), stability, and organization (Zvara et al., 2020) and is the fundamental mechanism behind an infant's instinct to survival (Bowlby, 1969). This study is intended to deepen the connection in research between TGT and attachment of how TGT is transmitted instinctively through what John Bowlby and Mary Ainsworth recognized as childhood attachment patterns resulting from the persistent psychological connection between caregiver and child (Bowlby, 1969; Homme & Shults, 2020; van der Horst, 2011). This study explores the detrimental impact of TGT and how psychosocial factors impact the attachment relationship and contribute to the transmission of trauma (Berlin et al., 2018; De Haene et al., 2010).

The Legacy of Trauma: Historical Overview

The legacy of oppressed groups significantly impacts the family system for countless generations (Levers, 2012). As Russell (2020) noted, systemic racism is the root cause of health disparities, medical mistrust, and the long-term effect of cynicism related to help-seeking among African American women. The public health crisis persists in the African American community and continues to have a psychosocial impact on parenting. "Parent mental health can have long-term effect on their children, even into adulthood" (Tor, 2021, p. 11).

Phipps and Thorne (2019) reported that TGT was first documented among Holocaust survivors, when it was noted that the offspring of those who escaped the horrors of Nazi death camps exhibited severe symptoms of "grief, loss, and depression" (p. 35). Growing interest in better understanding the collective impact of TGT in people groups and their future generations continues to focus on underserved populations (Phipps & Thorne, 2019). Intergenerational trauma related to African American history creates profound adverse effects (Alexander, 2018; Lange et al., 2019; A. Lewis, 2020; A. Powers et al., 2020; Sharpe, 2018; Welford, 2019). For example, during America's system of chattel slavery, which was a cultural norm (DeGruy, 2005; "Mental Health" Oppression and Liberation, 2018), enslaved people could own nothing, including their dignity and their children (Alexander, 2018; B. Campbell, 2019; DeGruy, 2017; Hicks, 2015; Presumey-Leblanc, 2020). Moreover, their identity, freedom, and dreams were prohibited for hundreds of years through the justifications of law.

According to Levers (2012), African Americans' trauma was cemented by Jim Crow Laws, societal discrimination, Black Codes, redlining, and other legislation, both spoken and unspoken. According to the Russell (2020), racial discrimination, including redlining, segregates the African American community into densely populated areas. These historical practices significantly impacted African Americans' access to preventative care programs, health care, and wholesome foods, creating a far-reaching negative impact on generations yet unborn (Cook et al., 2017; Ledesma, 2020; Russell, 2020). Alexander (2018) pointed out how the insidious nature of historical trauma allows it to go unrecognized. The author noted how this leads to traumatic dissociative states, including "depression, self-destructive behavior, suicidal thoughts and gestures, anxiety, low self-esteem, anger, and difficulty recognizing and expressing emotions" (p. 24). Therefore, the conceptualization of the relationship between TGT and attachment theory

to expound on the complexities of the lived experiences within this demographic is vital to

effectively and sustainably halt TGT transmission.

Attachment Theory: The Secret Survival Bond

Bowlby's (1969) research on the emotional connection between the child and the primary

caregiver offers significant implications for the child's psychological development, personality,

and specific coping mechanisms. Bretherton (1992) noted that attachment theory emerged from

the joint contributions of John Bowlby and Mary Ainsworth. Multiple studies on attachment

theory highlight the far-reaching effect of intergenerational trauma on oppressed communities.

As Alexander (2018) noted, to survive the psychological consequences of trauma, many have

had to garner "their own social and emotional coping mechanisms" (p. 10). Therefore, this

research examined common appearances of unresolved grief and trauma in the African American

community, specifically in women. The attachment bond in human development is central to

TGT (DeMaria et al., 2020; Levers, 2012; Uhernik, 2017; van der Horst, 2011). Therefore,

mothers with a history of unresolved trauma need education and prevention efforts to recognize

and resolve attachment wounds (Iyengar et al., 2014; Kliewer et al., 2016; Lange et al., 2019;

Uhernik, 2017).

In addition, the long-term impact of unresolved trauma leaves an "echo of vulnerability"

on the nervous system (Sapolsky, 2004, p. 83) of both the parent and the child through the

parent-child attachment (Maisel, 2020; Uhernik, 2017; van der Horst, 2011). The nervous system

embeds attachment behavior deep in the brain, influencing thoughts, emotions, and behaviors

(Maddix & Andrews, 2018; Pretorius, 2020; Schlussel, 2021; Uhernik, 2017). Ross et al.'s

(2016) study noted the importance of attachment theory in understanding the complexities of

how the trauma bond intertwines within the functions of the caregiver and influences future

generations in ways that reinforce maladaptive coping styles. Thus, the dysfunction becomes

normalized, even celebrated, in traumatized family systems. The author's perspective supports

attachment theory due to its robust empirical support that provides a foundation for an integrative

viewpoint. The complex cultural and social factors in the African American experience warrant

careful consideration.

Meaning-Making and Traumatic Experiences

Hoffman et al. (2016) underscored that meaning is a critical cultural element that

researchers must consider when working with diverse populations. "Human beings are meaning-

making creatures" (van der Kolk, 2015, p. 16). Trauma researchers must understand how

individuals make meaning of their traumatic experiences, which is one of their biggest

challenges (Hoffman et al., 2016; MacKenzie & Baumeister, 2014; Maisel, 2020; Sales et al.,

2013). Bademosi (2020) emphasized how cultural dynamics influence meaning-making and pass

from one generation to another, resulting in broad societal, historical, and political impacts.

According to Martela and Steger (2016), meaning-making in life has three dimensions:

1. The world is coherent and predictable.

2. Life has a purpose (purpose is the motivational dimension that guides individual goals
   and objectives).

3. Life is worth living. The dimension of significance relates to having intrinsic value and
   worthwhile life. (p. 532)

These three dimensions shape how individuals view themselves and carry out their role as a

parent (Martela & Steger, 2016). Marco et al. (2021) suggested that meaning is the driving force

of how individuals think, act, and function. According to Woods-Jaeger et al. (2021), meaning-

making is a core component of resilience through adversity. The authors theorized that after

trauma, how individuals make meaning depends on cultural factors of faith and systems of belief. When individuals are exposed to adverse childhood experiences (ACEs), meaning-making through believing in a higher power is associated with positive mental health outcomes (Dill, 2017). Further, the presence of a faith-based social support system helps mitigate mental health stigma's negative psychological and physiological impact on African American communities (Hope et al., 2017). This research on meaning-making is relevant to the study as it examines the effect of the African American church in influencing trust, increasing help-seeking behaviors, and promoting mental health initiatives.

Parenting Within a Wounded Culture: The Silent Tears of the Strong Black Woman

Alexander (2018) noted that "the process of individual growth intertwines with culture and history" (p. 120). African American women have a history of resilience and fortitude. However, they are facing growing concerns related to how they psychologically process discrimination, depression, posttraumatic stress disorder (PTSD), anxiety, and other psychological and physiological health problems (Alexander, 2018; Martin, 2020; Myers et al., 2015; Ojikutu et al., 2020; Palmer et al., 2020; Richard, 2021; Thornicroft et al., 2016). The archetype of the strong Black woman (SBW) presents a harmful veneer that reinforces stigma and anti-help-seeking attitudes toward mental health counseling (Bademosi, 2020; Gómez, 2019b; Krow, 2020; A. Lewis, 2020; Moffett, 2019; Taylor & Kuo, 2018).

Romero (2000) expressed the assets and liabilities of the SBW schema. For example, Romero's findings pointed to the unique way African American women experience and internalize the SBW schema. Despite the perceived benefits of the SBW schema, such as a positive self-image, commitment to families, and a sense of self-efficacy, mental health drawbacks include depression and helplessness (Liao et al., 2020; Woods-Giscombé, 2018).

Struggles such as strained interpersonal relationships and stress-related health disorders are also

associated with the SBW schema (Woods-Giscombé, 2018). African American women are less

likely to engage in preventative health and wellness checks, and as portrayed in literature, they

feel unworthy of help, so they do not ask (Romero, 2000). In addition, subsequent studies

conducted by Watson et al. (2016) suggested that individuals who internalize the SBW schema

repress their emotions, so expressing emotion or asking for help presents significant challenges.

These feelings emerge in early childhood (Romero, 2000); therefore, the SBW schema shapes

cognitive functions throughout the life cycle (Liao et al., 2020; Romero, 2000; Sveslosky, 2020).

Due to these factors, African American women underutilize mental health counseling

services (Brody et al., 2018), which Delker et al. (2020) and Gómez (2019b) associate with a

cultural obligation to self-silence. Jack and Ali (2010), (as cited in Abrams et al., 2019), noted

that

> Self-silencing manifests in four distinct behaviors: (a) silencing the self (i.e., women not
>
> directly asking for what they want or telling others how they feel), (b) divided self (i.e.,
>
> women presenting a submissive exterior to the public despite feeling hostility and anger),
>
> (c) care as self-sacrifice (i.e., women putting needs and emotions of others ahead of their
>
> own), and (d) externalized self-perceptions (i.e., women evaluating themselves based on
>
> external [cultural] standards). (p. 518)

Sveslosky's (2020) research also supports previous findings on SBW schema, underscoring

posttraumatic group dynamics, stigma, dissociative factors, fear, silence, and the attachment

bond that creates an unconscious loyalty to dysfunctional patterns in families.

Counselors working with the SBW schema must consider that participants often

underreport their symptoms or downplay stress levels (Liao et al., 2020; Watson & Hunter,

2015). Liao et al. (2020) expressed the importance of counselors exploring how participants

make meaning and understanding the impact of the SBW image on their self-perception in order

to design more culturally competent assessments. Finally, these researchers looked for gaps in

the literature by examining links between the SBW schema and mental health issues such as

depression and loneliness (Watson-Singleton, 2016). Romero (2000) noted that nonjudgmental

approaches are critical to enhancing the therapeutic alliance and that factors such as maladaptive

perfectionism and spiritual coping must be examined due to their influence on the mental health

of African American women (Abrams et al., 2019).

  According to Liao et al. (2020), teaching self-compassion helps to dismantle the SBW

schema while freeing clients to address fears or misconceptions. Neff (2003) explained that

"self-compassion also involves offering nonjudgmental understanding to one's pain,

inadequacies, and failures so that one's experience is seen as part of the larger human

experience" (p. 87). Self-compassion has three components:

  1. self-kindness, or being comforting to oneself in times of pain;

  2. common humanity, recognizing that one's suffering is part of the more significant

human experience; and

  3. mindfulness, holding one's painful feelings and thoughts in mindful awareness (Neff,

2003, p. 89).

Counselors can employ specific techniques to promote self-compassion. For example, in therapy,

participants can attune to their inner resources by regulating their emotional energy, asking for

help to cope with life stressors, writing compassion letters to themselves, and cultivating mental

and physical wellness as a part of a healthy lifestyle (Neff, 2003).

The Divine Intervention of a Spiritual Model

Kam (2018) noted the importance of implementing a holistic approach to heal trauma using the divine attachment model, which integrates science and spirituality in the process of meaning-making and posttraumatic growth (PTG). Traumatology researchers have the opportunity to shift the current paradigm of approaches toward treating the triune components of the human mind (psychological), body (physiological), and spirit (spiritual; Brendtro, 2019; Levers, 2012; C. L. Park et al., 2017; Pretorius, 2020). Green et al. (2021) noted the high efficacy of mindfulness-based interventions for meaning-making and integrating the body, mind, and spirit in therapy to better understand the multidimensional facets of historical trauma in the Black community's wide-ranging physical and mental health issues.

De Luna and Wang, (2021) in their study on childhood traumatic stress and meaning-making, noted that "child traumatic stress occurs when children and adolescents are exposed to traumatic events or traumatic situations that overwhelm their ability to cope" (p. 1). According to the authors, spiritual-based models in psychotherapy, when integrated within the course of treatment, may influence acceptance, understanding, and ability to address the history of trauma rather than avoidance of the thoughts and feelings often associated with trauma. Harris et al. (2016) postulated that families often seek help from a counselor who shares their same belief system. Furthermore, those with a firmly held belief system place tremendous importance on cultivating a relationship with a divine figure whom they believe cares, protects, and provide a sense of meaning, purpose, hope, and courage in the face of suffering (Bowlby, 1969; Currier et al., 2021).

Chronic Stress and Attachment Loyalty

Unresolved trauma creates chronic stress that disrupts not only the parent-child attachment bond but also higher-order thinking, impeding personal growth, career stability, stress management, emotional regulation, and the ability to set healthy boundaries (Bademosi, 2020; Bhambhani & Gallo, 2021; P. R. Johnson & Indvik, 1994; Schroeder et al., 2021; Taylor & Kuo, 2018). In addition, emotional processes are passed down through the bloodline, causing differences in how each family member views their place in the family (Head, 2019; Sapolsky, 2004; Uhernik, 2017; Yehuda & Bierer, 2009). Although each individual's perception differs, Sullivan et al. (2020) suggested that unresolved trauma affects the entire family, causing systemic dysfunction, which can override reality because of the strong influence of the attachment bond. Murray Bowen (1978) also pioneered the concept of the family as a distinct unit; no two are the same.

PTG and Resilience: Renewing the Mind

Andrades et al. (2021) noted that PTG strategies offer a compassionate view of how individuals make meaning of their trauma with positive outcomes, highlighting PTG as an essential concept for understanding how individuals can achieve resilience, empathy, and confidence from life crises and trauma. Likewise, for survivors of trauma, compassion and connectivity play a vital role in their recovery (Bistricky et al., 2017; Uhernik, 2017). The concepts of meaning-making, trauma, and PTG intertwine, as noted by Tedeschi et al. (2018), drew from the works of pioneers of existential and humanistic psychology, such as Viktor Frankl, Friedrich Nietzsche, and Carl Rogers.

In addition, Tedeschi et al.'s (2018) systematic investigation of PTG implements cultural perspectives of social support. Tedeschi predicts positive change despite the far-reaching

aftermath of traumatic events. Moreover, the authors noted that qualitative studies are essential when examining PTG in children and adolescents (Tedeschi et al., 2018). Neuroplasticity, which is the brain's ability to rewire and reorganize, provides an evidence-based foundation for counseling those who suffer from TGT (Head, 2019; Krippner & Barrett, 2019; Lehrner & Yehuda, 2018; A. Lewis, 2020; Luffman, 2019; Tuscher & Day, 2019; Uhernik, 2017). Walsh (2015) described how expanding research in family therapy underscores the importance of understanding neuroplasticity's role in resilience and the brain's ability to change and reorganize post trauma. These neurological processes continue throughout the life cycle (Walsh, 2015). The PTG model influences "personal growth by influencing coping behavior and fostering successful adaptation to life crises" (Prati & Pietrantoni, 2009, p. 365).

Culturally Responsive Initiatives

Practitioners must implement culturally sensitive and responsive mental health services to address complex issues among African American women, including maladaptive interpersonal schemas (S. H. Goodman et al., 2013; Lara-Cinisomo et al., 2018; A. Lewis, 2020; Onyeali, 2020). Lange et al. (2019) indicated a connection between the impact of trauma, ACEs, and parenting styles and noted a critical gap in the literature in these area. The stress response is an essential component of trauma transmission in parenting styles (Lange et al., 2019). Therefore, prevention strategies in counseling are critical in increasing awareness, reducing ACEs, and healing trauma in family systems (Oliver & Duncan, 2019).

<p align="center">**Situation to Self**</p>

My motivation for conducting this study in TGT stems from my own experience. My trauma exposure began in the early 1970s when my parents divorced. Unresolved trauma, addiction, and domestic violence led to my family's breakdown and eventual breakup. During that time, studies on family systems did not often include African Americans or culturally

competent measures of procuring information. I could not imagine the trauma that awaited me during these years. When one's perception changes, one's loyalty shifts from the attachments of family with its dysfunction and trauma wounds to the One in whom we live, move, and have our being (Acts 17:28). Now, like the psalmist, I can declare that it was good for me that I was afflicted, that I may learn God's statutes and see the truth (reality) of His great love for humanity (NKJ, 1982/2004, Psalm 119:71). My transformation was a spiritual and neurobiological change in which the brain followed the conversion of the spirit (Birbaumer, 2017; Keller & Noone, 2020; Leaf, 2017; Pretorius, 2020). Living through my own traumatic experience and having overcome addiction, suicidal ideation, and health challenges allowed me to live beyond the trenches of trauma and recognize the call of God on my life.

Isaiah 61:1 declares:

The Spirit of the Lord God is upon me because the Lord has anointed me to preach good tidings to the poor; He has sent me to heal the brokenhearted, to proclaim liberty to the captives, And the opening of the prison to those who are bound. (NKJ, 1982/2004).

I have a profound sense of social responsibility. God preserved my life when I thought my life was over and all was lost. He saved me to proclaim His goodness and loving-kindness to a hurting world. My work as a mentor, counselor, and health advocate connects me back to the trenches of trauma, where I have the privilege to be the hands, feet, and mouthpiece of Yeshua our Christ. According to God's word, we are reconciled to Christ, bought with a high price. My life is "not my own" (NKJ, 1982/2004, 1 Corinthians 6:20). "I have been crucified with Christ; it is no longer I who live, but Christ lives in me; and the life which I now live in the flesh I live by faith in the Son of God, who loved me and gave Himself for me" (Galatians 2:20, NKJV).

No longer a victim, I stand against the monstrous trade of sex trafficking, speaking as a survivor and an advocate to bring awareness of and dismantle the nefarious system of human

trafficking. The deep need for healing in our world calls for a deep remedy that only the Holy Spirit of God can provide through those who would surrender their life to His calling. The breakdown of families causes corrosion within communities around the nation, opening the door for the sex trade and other egregious, inhumane crimes. To get to the root of the problem, we must begin with the family. I hear His calling on my life, and I stand confident in this: "that He who began a good work in me will carry it on to completion until the day of Christ Jesus" (Philippians 1:6, NKJV).

Purpose Statement

This qualitative phenomenological study aimed to examine the psychosocial impacts of unresolved grief and trauma within the dynamics of parenting among African American women in Florida. Trauma has far-reaching consequences that influence how individuals engage in relationships, society, and meaning-making (Alexander, 2018). Humans are meaning-making beings, and when trauma remains unresolved, individuals tend to "superimpose their trauma on everything around them and have trouble deciphering whatever is going on around them" (van der Kolk, 2015, p. 17). Social determinants of health, such as poverty, affordable housing, and race, are historically associated with this demographic and lead individuals and families to adapt to their sense of safety (Hall et al., 2019; McGoldrick et al., 2016) and develop maladaptive social and emotional coping mechanisms (Alexander, 2018). The present research examines factors connecting the psychosocial impacts of TGT, parenting styles, and early childhood trauma or ACEs (Bowen, 1978; Cassell, 2013; Maree, 2021). TGT compounds social determinants of health, leading to increased occurrences of comorbidities such as high blood pressure, diabetes, heart disease, depression, anxiety, and chronic stress (Alegría et al., 2018; Alexander, 2018; Gómez, 2019a; R. D. Goodman, 2013; Ortega-Williams et al., 2021).

The topic of this phenomenological dissertation originated in part in the exploration of human atrocities and the impact on survivors and their offspring related to the Holocaust, indigenous populations, the transatlantic slave trade, and other historical injustices through the work of respective researchers such as Moffett and Schwarz (2018) in historical redress and transitional justice. However, practitioners and clients lack a comprehensive understanding of how complex trauma impacts African American women's perspectives and parenting (Baker et al., 2019; Gump, 2010; Levers, 2012). Bademosi (2020) indicated the need for future research to examine the influence of culture, religious conviction, and spirituality in how this demographic makes meaning of signs of mental illness and engages with mental health professionals. Research in the areas of trauma experiences, mental health concerns, and parenting practices among African American women is lacking, with ever-increasing challenges in the African American community (Lange et al., 2019; Oliver & Duncan, 2019; Sharpe, 2018; Wang et al., 2020; Welford, 2019).

Significance of the Study

This qualitative study is significant for community leaders, pastors, activists, mental health professionals, and social workers in the African American community, as it informs the development of family systems counseling initiatives, such as community mentorship programs and support groups. The study offers valuable insight for increasing help-seeking behaviors and providing therapy through grants and as an incentive toward redress nationwide. The current research revealed undeniable gaps in the literature. The literature supports the assertion that African American women historically experience disproportionate rates of domestic violence, HIV/AIDS, poverty, low literacy, and mental health problems (Gómez, 2019a; Izadi et al., 2020; Ojikutu et al., 2020; Thornicroft et al., 2016). The study focused on increasing understanding of

the complexities of the impact of TGT on African American women and their parenting

practices. Lange et al. (2019) noted the importance of research on ACEs in families and the

links between parenting stress, parenting practices, and the transmission of trauma within family

systems. The researcher broadened the scope of this research through the theoretical framework

of Bowen (1978) family systems theory and Bowlby's (1982) attachment theory to develop a

comprehensive picture of psychosocial adversities and their detrimental impact on early

childhood development.

       Vital to this study was the examination of African American women's perceptions of the

degree to which they perceive TGT symptoms influence everyday daily frustrations and stress

since, according to Barnett and Howe (2021), stress is cumulative. Stress adversely affects

parent-child attachment; therefore, with the knowledge that African American women have

higher rates of avoidant attachment, practitioners can establish programs that aim to develop

healthy attachments in early childhood to influence stability and psychological development

(Kornegay, 2021). This study's findings are significant in informing community centers,

families, and educational and faith-based organizations with culturally responsive strategies for

creating psychosocial mentoring support groups that encourage better help-seeking behaviors

and improve communication, conflict resolution, and family cohesion.

       Restoration can begin when individuals have a safe place to be heard, seen, and treated

with unconditional positive regard. Bademosi (2020) emphasized the need for future research to

examine the psychosocial adversities that affect how African American women engage with

mental health services. Wang et al. (2020) confirmed that the mental health concerns in this

demographic have primarily gone unresolved. Therefore, this qualitative inquiry has theoretical,

empirical, and practical significance in social science relating to African American women's

perceptions of TGT and their parenting practices. This study also offers valuable accounts of the lived experience of African American women and the challenges of TGT, fatherlessness, poverty, and other psychosocial adversities. Lastly, this study can help law enforcement and first responders understand how trauma manifests in irrational ways. Frontline workers can acquire the knowledge and skills to effectively administer psychological first aid in times of mental health crisis to effectively interact with, serve, and protect the community and improve health outcomes.

Research Questions

This phenomenological study of the psychosocial impacts of TGT on parenting styles among African American women was guided by one central research question and three subquestions (Creswell & Poth, 2018). Creswell (2014) found that research questions and data collection closely integrate to help researchers look deeper at understanding the research problem. The purpose of this section is to list the research questions that guided the phenomenological research study. The study findings provided viable answers to these questions. This section also provides literature supportive of the rationale behind the research questions.

Central Question

How has trauma exposure affected African American women's awareness of their traumas within their lived experience and parenting practices?

The central research question focuses on mothers' awareness of how their lived experience relates to ACEs and other traumatic experiences. Unless there is a clearer understanding of how symptoms arise from trauma and increase the likelihood of transmission, the impact of TGT on future generations may lead to less than favorable outcomes (Bademosi, 2020; Lehrner & Yehuda, 2018). Exploring the underlying perceptions of African American

women was essential to this inquiry. When understanding and awareness of how TGT, internalized trauma, and help-seeking attitudes impact trauma perceptions increase, mothers can begin the journey toward healing themselves and halting dysfunctional parenting practices (Bezo & Maggi, 2018). Creighton (2021) posited that understanding the complexity of trauma within the parenting role is essential to help the parent and the child increase awareness of the trauma inheritance and the importance of taking steps toward repairing the family system.

Subquestion 1

How has TGT impacted African American women's perception of survival mode stress reactions and the reality of trauma within parenting styles?

As revealed in the literature, for mothers living with unresolved grief and trauma, emotional fusion and chronic stress set the stage for trauma transmission in the mother-child dyad (Alexander, 2018). It is critical for African American women to be aware of their trauma and acquire the skills to manage life stressors, as stress is the primary path through which TGT is transmitted. Psychosocial adversities, particularly low literacy (Sosulski & Woodward, 2013), racism (Alexander, 2018), single-parent homes (Richard, 2021), discrimination (Hartman, 2015), and poverty (Crouch et al., 2019) present challenges to managing the symptoms of PTSD and other stress-related disorders (Alexander, 2018; Lange et al., 2019; A. Lewis, 2020).

Subquestion 2

How do African American women describe trauma exposure from their childhood, and how has it impacted their lives?

Current research emphasizes the lack of self-esteem and the promulgation of self-stigma and internalized racism in the African American community (Kranke et al., 2012). It has become more apparent that the implications of historical mental distress and negative socioeconomic

factors of health are far-reaching and impede social and emotional coping toward adopting a sense of autonomy and safety (Alexander, 2018; Hall et al., 2019; McGoldrick et al., 2016). According to Bezo and Maggi (2018), this population remains marginalized and underrepresented, perpetuating systemic barriers to assessing mental health services.

Subquestion 3

How has African American women's exposure to maladaptive parenting styles affected their awareness of TGT and their response to the needs of their offspring?

Awareness of appropriate versus inappropriate parenting practices is foundational to understanding how TGT transfers through family systems. Carlson and Dermer (2017) noted the critical aim of the Bowen family systems theory is to better understand and intervene in the underlying dynamics of psychosocial adversity in dysfunctional family systems. Current literature reveals significant gaps between the need for culturally competent interventions and the ability of African American women to access them. African American women's history affects their parenting and self-perceptions; therefore, this question is purposeful and relevant to addressing health disparities in the African American community (Bocknek et al., 2020; Brendtro & Mitchell, 2013; Erving et al., 2021). Crouch et al. (2019) reported that the highest prevalence of ACEs among youth in the United States is among African American youth.

<div align="center">**Definitions**</div>

Attachment styles: John Bowlby and Mary Ainsworth recognized common childhood attachment patterns and described attachment as a persistent psychological connection between human beings (Dent, 2018; S. M. Johnson, 2019; Music, 2019; Naveed et al., 2020; van der Horst, 2011). The four attachment patterns are noted as:

- Secure attachment: Children can consistently rely on their caregivers and show grief when separated and delight when reunified and will readily seek comfort and love. The individual with a secure attachment pattern will self-soothe and is easy to get along with (Iyengar et al., 2019).

- Ambivalent/anxious attachment: Early bonds are not dependable to meet the child's needs, creating a cautious connection where the child will become hesitant to trust and attach later in adult relationships (Grady et al., 2021).

- Avoidant/anxious attachment: Children will tend to steer clear of the caregiver, often as a result of being abused or neglected. Individuals with this pattern show no preference for parents over strangers, making the child highly vulnerable (Sher-Censor et al., 2020).

- Disorganized attachment: Children present with bizarre or disorganized behavior (i.e., disoriented, preoccupied, confused). Often, they are physically, verbally, or sexually abused (Paetzold & Rholes, 2020).

Bowen family systems theory eight concepts: According to Sheffield (2019), six of the eight concepts of Bowen family systems theory help to identify emotional processes within the family of origin. The two remaining concepts, which are emotional cutoff and societal regression, help to explain the emotional process happening through generations of the family. Bowen's eight concepts are as follows:

- Differentiation of self

- Triangles

- Nuclear family emotional system

- Family projection process

- Emotional cutoff

- Multigenerational transmission process

- Sibling position

- Societal regression

Differentiation of self: Bowen's (1978) cornerstone concept of differentiation of self represents the capacity of an individual to stay emotionally connected with family members while also defining a self (Keller & Noone, 2020).

Dissociation: In situations of trauma and abuse, dissociation acts as a coping mechanism and implies a personality fragmentation that allows an individual to escape psychologically painful circumstances (American Psychiatric Association, 2013; Nijenhuis & van der Hart, 2011; Webermann & Murphy, 2019).

Earned secure attachment: Roisman et al. (2002) and later Stone (2021) explored the fifth attachment style, coined *earned secure adult attachment* by Mary Main. The existence of earned secure adult attachment demonstrates the human capacity to rewire the brain (neuroplasticity) and heal from early attachment injuries (Dent, 2018; Stone, 2021).

Epigenetics: In biology, epigenetics explores how individual inherited behaviors and certain circumstances may cause changes that alter the way genes work. These reversible changes do not alter the DNA sequence; however, they influence how the body reads the DNA sequence and impact development (Krippner & Barrett, 2019, p. 53).

Epigenetic (trauma) inheritance: Lehrner and Yehuda (2018) described epigenetic inheritance as a form of memory transmission in which the social context, rather than parental biology, transfers information that is biologically encoded in offspring.

Neuroplasticity: Neuroplasticity is "the capacity of the nervous system to develop new neuronal connections" (Uhernik, 2017, p. 7). Neuroplasticity, the "capacity of the brain to heal

and grow, is guiding clinicians in new treatment directions and providing a support for the efficacy of therapy" (Uhernik, 2017, p. 8).

Psychosocial adversity: According to K. S. Jacob (2013), psychosocial adversity causes mental anguish and psychiatric disease, including acute trauma from bereavement, intimate partner violence, and poverty. The author noted the complexities of psychosocial adversity and the difficulty of fully understanding its significant impact on the individual:

> The complex relationship between the psychosocial adversity, individual vulnerability, and the resultant coping/de-compensation mandates clinical assessment. It also requires a degree of interpretation, given the fact that our understanding of stress and vulnerability is conceptual and abstract rather than concrete and specific. (K. S. Jacob, 2013, p. 106)

Spiritual bypass: Spiritual bypass is defined as a phenomenon where an individual uses spirituality, religious beliefs, or mystical practices as a means to anesthetize or avoid dealing with emotional pain associated with unresolved grief and trauma (Opoku Boateng, 2019; Welwood, 1984, 2000).

Transgenerational trauma (TGT): Intergenerational trauma is trauma transferred from one generation of survivors to the second and further generations of children of the survivors through unconscious, complex PTSD systems (Bezo & Maggi, 2018).

Summary

Lewis (2020) noted the importance and timeliness of trauma studies in the context of the African American experience in the United States. Historical and novel challenges continue to present critical concerns with trauma among this population (Gómez, 2019a). The perceptions of trauma symptoms of African American women impact the entire family system because these women are often the head of single-parent households (Alexander, 2018; Richard, 2021;

Thornicroft et al., 2016). Target studies to address how African American women understand

their trauma symptoms are understudied (Brody et al., 2018; Lange et al., 2019; Welford, 2019).

A Christ-centered counseling program seeks to achieve a spiritual transformation and a

neurobiological change, ultimately fostering self-differentiation in participants (Birbaumer,

2017; Doherty, 2016; Keller & Noone, 2020; Leaf, 2017; Pretorius, 2020).

The theory at the center of this study is Bowen family systems theory. The structured

Bowen family theory method offers tremendous therapeutic benefits to address the entrenched

trauma of the African American community. Eight Bowen family theory concepts interlock and

reveal emergent patterns from the unconscious effects of trauma exposure (Bowen, 1978;

Cepukiene, 2021; Efran & Lappin, 2020; Haefner, 2014; Keller & Noone, 2020; Thompson et

al., 2019). With increased awareness, family members begin to make sense of skewed

personality and behavioral traits developed from entrenched survival mode emotional responses

(Baker et al., 2019; Gump, 2010; Levers, 2012). Subsequently, in therapy, each family member

begins to understand how trauma impacts their perceptions and how the family connections

transmit maladaptive schemas across generations (Briere & Scott, 2015; Efran & Lappin, 2020;

Levers, 2012; Sheffield, 2019; Uhernik, 2017).

How can African American women living with a history of TGT understand what they have not

mentally processed (A. Lewis, 2020)? This question aligns with a Christ-centered perspective:

Christ, being crucified on Calvary's cross, asked the Father to "forgive them, for they do not

know what they do" (NKJ, 1982/2004, Luke 23:34). Parents cannot give their children the

mental and emotional wellness they do not possess themselves; therefore, increasing awareness

of traumatic experiences provides a pathway from reactive survival mode responses to proactive

intentional parenting practices. Regeneration in action involves the renewing the mind (Romans

12:2). Having provided an introduction to this research, the study will now move to the literature

review in Chapter Two.

Chapter Two: Literature Review

Overview

"The overall goal [of counseling] is to help family members become 'systems experts' who could know [their] family system so well that the family could readjust itself without the help of an expert." ~Dr. Murray Bowen

This chapter contains a review of literature relevant to the connection between TGT and attachment styles within African American women. Previously, researchers have addressed similar topics related to family and community historical trauma, but research on African American women in general is lacking. This chapter presents an overview of the theoretical framework, related literature, and a summary. This review discusses critical intersections of TGT symptoms, including attachment wounds and traumatic stress, as well as the impact of the public health crisis on African American families and generations yet unborn. The gap in the literature underscores the urgent need for further interventions and support for this demographic, highlighting a practical need for this research study.

Scott et al. (2021) noted a high prevalence of physiological health problems connected to ACEs in African American women in the United States that impact parenting styles. M. K. Jones et al.'s (2021) research indicated connections between TGT, chronic stress, and the stereotype of the strong Black female. Bezo and Maggi (2018) explained the lasting impact of TGT, noting the subtleties in transmission during stages of early development. Levers (2012) posited that parents cannot manage their own trauma experiences, and so as a result, frustrations and a lack of self-regulation and coping skills are passed down, transmitting psychological and physiological trauma onto the children.

This researcher examined the lived experiences of African American women in the United States related to historical trauma exposure within the family of origin. The researcher explored how unresolved grief and trauma impact parenting styles due to stress reactions, attachment bonds, and meaning-making dynamics. In understanding intergenerational trauma, it is essential to consider the multiple systems at work throughout human development and the life cycle (Briere & Scott, 2015; Fitzgerald, 2020; Levers, 2012; McGoldrick et al., 2016; Music, 2019; A. Solomon, 2013). Keller and Noone (2020) noted the parent-child relationship has a direct association between "the quality of a person's family relationship and how that person functions" (p. 236). Unresolved trauma influences the parenting styles of this demographic, resulting in significant deficits, particularly in access to health care, mental health services, and understanding the impact of psychosocial disparities (Bademosi, 2020; Bocknek et al., 2020; Erving et al., 2021; A. Lewis, 2020; Sharpe, 2018; Woods-Giscombé et al., 2015). Therefore, for African American women, healing from the emotional complexities of racism, sexism, economic subjugation, and other social factors requires interventions to address mental health literacy, mental health stigma, and distorted help-seeking beliefs (Evans et al., 2017; Ledesma, 2020; Lehrner & Yehuda, 2018; Sharpe, 2018).

African American women have disproportionate rates of ACEs and misperceptions of mental health conditions that result from chronic stress (Blakey & Grocher, 2020; Gómez, 2019a; Izadi et al., 2020; Ojikutu et al., 2020; Thornicroft et al., 2016). Religious individuals may perceive emotional dysregulation as the result of demonic possession or other supernatural forces, reinforcing negative help-seeking behaviors due to misconceptions surrounding mental illness and the lack of mental health literacy (Bademosi, 2020). Parks (2020) noted that the Bible shows that both mental illness and demonic possession are real in verses such as 2 Corinthians 4:4 and

James 2:9. For that reason, Paul instructs believers to cope with both psychological and spiritual strongholds to put on the whole armor of God to withstand the onslaught of demonic activity (NKJ, 1982/2004, Ephesians 6:11–18).

Trauma distorts the perception of reality (Gump, 2010; Hall et al., 2019; Leaf, 2017; Levers, 2012; Lucero, 2018; Park et al., 2017; Sheffield, 2019; Uhernik, 2017). Individuals with unresolved grief and trauma are vulnerable to a host of social determinants and may seek relief from spiritualists, astrologists, and soothsayers rather than professional therapists (Bademosi, 2020; Hall et al., 2019; Leaf, 2017; Levers, 2012; Lucero, 2018; C. L. Park et al., 2017; Taylor & Kuo, 2018). Six-Hohenbalken (2018) posited that one of the main barriers to mental health literacy is erroneous attitudes toward mental health counseling. Liao et al. (2020) noted pathological traits associated with the myth of the SBW, also known as the Superwoman schema, can be attributed to cumulative stress (Abrams et al., 2019; M. K. Jones et al., 2021). The subconscious pseudo personality of the Superwoman schema negatively impacts African American women, affecting their mental health as this image shatters against the harsh realities of their lived experiences (Bademosi, 2020; Gómez, 2019a; Krow, 2020; A. Lewis, 2020; Moffett, 2019; Taylor & Kuo, 2018).

Bocknek et al. (2020) found that dissociative behavior among African American women indicates the duty to demonstrate strength while suppressing emotions, which further exacerbates emotional functioning. Furthermore, researchers have noted that African American parents are reluctant to ask for help, particularly in areas related to parenting under unique race-related conditions (Driscoll et al., 2015; Erving et al., 2021; Gaston & Doherty, 2018; Latinsky, 2019; Richard, 2021; Simons et al., 2021; Stoute, 2021). For example, Ledesma (2020) researched help-seeking behaviors among this demographic and noted that only 7.5% of African American

women sought mental health services for depression compared to 13.6% of the general population. Earlier, Primm et al. (2010) published a study noting that African American women are at a higher risk of chronic disease and disability from mental health conditions than their white counterparts.

Additionally, Ledesma's (2020) research found about 61% of African Americans versus 50% of white Americans suffer from major depressive disorder. African Americans also experience more severe forms of mental health disorders, and have higher levels of comorbidity (Borba et al., 2012; Brandt et al., 2019). Ledesma (2020) further noted that African Americans make up 13% of the population in America (United States Census Bureau, n.d.). In addition, Brandt et al.'s (2019) research revealed that African American groups reported significantly more mental health stigma than whites. The World Health Organization (2019) estimated mental and behavioral disorders account for 12% of the global burden of disease. These sociocultural factors are highly visible in African American culture across the country (Martin, 2020).

Individuals often mistake symptoms of historical trauma for other disorders (Cook et al., 2017; Gara et al., 2019; Levers, 2012; Onyeali, 2020; A. L. Roberts et al., 2011). Cook et al. (2017) noted that despite the efforts of mental health services, disparities in mental health care are more expansive than in other areas of health care services, and mental illnesses are the largest health burdens for African Americans with a lack of access to mental health interventions. The present barriers for African American women are lack of access to care (Ngo et al., 2008), lack of culturally competent mental and behavioral health services (A. Lewis, 2020), lack of health literacy (Bademosi, 2020; Brownlow et al., 2019), and a lack of culturally humble mental health services (Holden et al., 2017; Gómez, 2019b; C. L. Park et al., 2017; Six-Hohenbalken, 2018).

Arguably, cultural humility is applicable when the client and the counselor share the same ethnic background (Bademosi, 2020; Briere & Scott, 2015; Majors et al., 2020; Nioplias et al., 2018).

The African American family's traumatic history has had an impact that is seen and felt worldwide; to this day, there is "no genealogical trace beyond 1865" (Levers, 2012, p. 286). Still today, gaps exist in various areas, including access to quality education and achievement (Delale-O'Connor et al., 2020; Musu-Gillette et al., 2016; Reardon & Portilla, 2016), access and delivery of psychoeducational programs (Holmes, 2020), and adequate mental health services (Bademosi, 2020; Levers, 2012; Majors et al., 2020; D. Solomon et al., 2018). Therefore, in this study, participants' lineage and traumatic history within that lineage were considered, as the researcher acknowledged the available genealogical history and supplied resources when appropriate to fill in gaps from previous studies.

Theoretical Framework

Trauma-Informed Approach

Trauma studies, according to SAMHSA (2014b), adhere to principles based on six specific trauma-informed approaches, which are trauma-specific interventions of

1. safety

2. trustworthiness and transparency

3. peer support

4. collaboration and mutuality

5. empowerment

6. cultural, historical, and gender issues. (p. 11)

Researchers attribute skewed perception of trauma symptoms to unresolved TGT (Briere & Scott, 2015; D. L. Brown et al., 2020; Levers, 2012; Settles & Buchanan, 2014). The utilization

of a trauma-focused framework as an intervention to "address cultural trauma in African

American youth requires a large amount of creativity and adaptation to the needs and resources

of each participant group" (Phipps & Thorne, 2019, p. 45). Survivor misconceptions of trauma

symptoms are often based on historical, social, and lived experiences, thus having a profound

pathological influence on the perceptions of the lived experience (D. L. Brown et al., 2020;

Settles & Buchanan, 2014). Phipps and Thorne (2019) furthered the research on TGT in family

systems by focusing on "families affected by a variety of traumatic contexts, including child

sexual abuse" (p. 35).

   Dailey et al. (2011) explored how trauma disrupts African American women's mental

and physical health over the life cycle. They reported that 87% of African American women in

urban communities described experiencing at least one traumatic event. Additionally, the authors

hypothesized that greater stress exposure contributes to lower infant birth weight, infant

mortality, and other prenatal health problems because of increased risks of social stress.

Interestingly, Kilpatrick et al. (2013) revealed a higher prevalence of PTSD in women (58.6%)

than in men (47.1%), noting that the more exposure to traumatic events, the more likely a person

is to develop PTSD. According to Dailey et al. (2011), these gender-specific findings were

related to crime, cultural, and race-related disparities but not to gender disparities.

   M. K. Jones et al.'s (2021) research on ACEs found that African American women were

less likely to report ACEs and experiences of victimization than white women and Native

American women in the study. The authors noted that the study results reflect the trauma of

ACEs and intimate partner violence (M. K. Jones et al., 2021). Schlussel's (2021) research found

significantly higher reports of PTSD in women and men over the past 12 months than in previous

findings. The author further noted that because of the frequency of trauma exposure, both direct

and vicarious, it is essential to examine the underlying processes by which trauma manifests. Kilpatrick et al. (2013) observed ancestral distress experienced by African Americans, which manifests as PTSD symptoms and daily impairments, yet are often embraced as a normal part of life. The central idea of these findings is that when trauma is normalized, the ensuing dysfunction also becomes normalized to the detriment of children.

Gershoff and Grogan-Kaylor (2016) found that assaultive and aggressive parenting practices result in adverse outcomes. Additionally, the authors posited that adult antisocial disposition, mental health problems, and use of and support of physical punishment were significantly associated with the parent's unaddressed history of ACEs. These researchers' results suggested long-term consequences were associated with the use of specific conflict tactics. However, there remains a lack of culturally competent approaches to repair the disproportionately high rate of externalizing behavior within African American communities across the nation (Alexander, 2018). Moreover, Sharpe (2018) noted a gap in the literature in culturally competent information for counselor educators and administrators, which is essential to address the challenges within this demographic.

Attachment Theory Framework

Onyeali (2020) posited the complexities of African American culture present challenges requiring innovative efforts to implement culturally sensitive mental health services to address maladaptive interpersonal schemas, which are culturally normalized. Thus, this demographic faces cognitive dissonance, isolation, and moral injury, which may lead to incongruence in parenting styles and self-perception (Gump, 2010; Hartman, 2015; Morvan & O'Connor, 2017; Sheffield, 2019; Uhernik, 2017).

Festinger's (1957) theory on cognitive dissonance proposed that unpleasant emotional stress arises when beliefs and behaviors do not align (e.g., smoking cigarettes while knowing that they cause emphysema, cancer, and other health problems. Although the authors noted that most people experience some level of cognitive dissonance, unresolved trauma increases the difficulty of making meaning of regret, shame, sadness, and other negative emotions that arise from traumatic experiences (Hartman, 2015; Morvan & O'Connor, 2017). Hartman (2015) further noted that when the individual endures a history of discrimination and cruelty, it can result in low stress tolerance and a cycle of emotional dysregulation. Therefore, a holistic framework that integrates body, mind, and soul healing is required to treat posttraumatic stress. Iyengar et al.'s (2019) research on attachment and neuroscience perspectives offers a potential protective factor against disorganized and insecure attachment transmission. Therefore, brain development plays a crucial role in how attachment theory links to TGT.

J. D. Jones et al. (2015) reported growing evidence that shows a link between adult attachment styles and the mother's ability to understand her child's needs. Handelzalts et al. (2021) suggested that the association between insecure adult attachment styles and parenting styles emphasize how maternal self-competence and efficacy are essential factors in parenting. Maternal sense of competence influences the quality of the parent-child relationship (Efrati & Gola, 2019; Handelzalts et al., 2021; J. D. Jones et al., 2015; Ngai & Chan, 2011; Teti & Gelfand, 1991). Efrati and Gola (2019) noted a strong predictor of parental competence is high parenting self-efficacy.

Related Literature

Research focused on professional mental health support and culturally competent psychosocial training programs to address the current gaps could improve health outcomes for

African American women and their offspring (Bocknek et al., 2020; Copeland & Butler, 2007; Lange et al., 2019; Levers, 2012; Ngo et al., 2008; Oliver & Duncan, 2019; C. L. Park et al., 2017; Payne, 2017; Sharpe, 2018; Thornicroft et al. , 2016). Researchers have collected empirical data that provided evidence of what Six-Hohenbalken (2018) called "The Empire of Trauma" (p. 166). Six-Hohenbalken (2018) discussed the concept of cultural trauma and the historical implications for cultures that have undergone historical injustice, including slavery, the Holocaust, and genocides (Rinker & Lawler, 2018; Six-Hohenbalken, 2018). Keller and Noone (2020) noted that genetic imprints are subconscious drivers of how children see themselves, interact with the world, choose a partner, and parent their own children.

The impact of historical trauma does not end with the passing of new laws or of time; thus, TGT still impacts families and generations yet unborn (Lanius et al., 2011). Brave Heart et al. (2011) stated that the "United States was the last member of the United Nations to acknowledge human rights violations through the signing of the UN Declaration on the Rights of Indigenous Peoples" (p. 287). Alexander (2018) noted that the entrenchment of institutional racism and the legacy of enslavement directly impact mental health outcomes, including depression, anxiety, violence, internalized racism, and other health issues (DeGruy, 2005; Gómez, 2019a).

The history of brutality in the African American community began in 1619, when an estimated over 12 million human lives began to be forcibly removed from several regions of the African continent (K. Park, 2022). While the Union victory in the American Civil War freed nearly four million African Americans, the legacy of slavery continued to influence American history from the Reconstruction period to the Civil Rights Movement and beyond (K. Park, 2022). Survivors with misconceptions of traumatic experiences face an extreme barrier to

accessing mental health services, further perpetuating skewed perceptions and impacting interpersonal relationships, self-identity, child-rearing behaviors, stress regulation, and trauma transmission to the next generation (Six-Hohenbalken, 2018). Further research is needed to determine how counselors can integrate more culturally competent and culturally responsive approaches in behavior change interventions.

Misconceptions of Traumatic Events: Meaning-Making

Harricharan et al. (2021) theorized that trauma alters the way individuals understand, interpret, and navigate (make meaning of) their internal and external world. Further, unresolved trauma disrupts coherent perception, which may "compromise an individual's engagement with his/her external surroundings and can also shape social interactions with others" (Harricharan et al., p. 2). The researchers explored the detrimental implications of erroneous perceptions, which often create the circumstances through which revictimization and trauma transmission occur (Gómez, 2019). A later study on trauma and its social determinants yielded similar results related to perceptions among African American women (A. Lewis, 2020).

A. Lewis's (2020) research revealed barriers to prevention of and intervention for trauma and the need for behavioral health engagement and culturally responsive therapy for individuals with trauma exposure and coexisting disorders such as, including PTSD, depression, anxiety, and dissociative conditions. Misconceptions of traumatic events among African American women leave them in a perpetual state of revictimization (Ojikutu et al., 2020; Palmer et al., 2020; Thornicroft et al., 2016). Blakey and Grocher (2017) and Gómez (2019a) purported the current challenges with these flawed beliefs about interpersonal trauma is that they lead to the formation of layers of self-protection and various interpersonal forms of trauma expressions transferred through the parent-child relationship.

Additionally, DeAngelis (2019) noted that it is challenging to address trauma within African American culture because of dissociative factors of perception; therefore, the lack of knowledge becomes the mechanism of trauma transmission. Lange et al. (2019) noted a critical gap in the literature on the effect of ACEs on parenting. The authors pointed out the effect of stress on parenting styles in a study using the Parenting Stress Index-Short Form, a validated measure used in several studies with parents. Researchers provided additional evidence from the current literature that supports the existing gaps in the literature. For instance, Welford (2019) provided support for the use of interventions for trauma transference within parenting to address misconceptions of trauma and break ancestral cycles.

Brody et al. (2018) achieved similar findings that support the use of parenting enhancement programs to narrow health disparities. Welford (2019) posited that those with unresolved family trauma tend to be driven by a subconscious obligation to perpetuate maladaptive behavior patterns of meaning-making. Brody et al. (2018) revealed a trend of supportive parenting and decreased adverse effects. The author's research suggested that a subset of youths who receive supportive parenting develop resistance to the consequences of poverty and environments associated with low socioeconomic" (p. 1041). These results further indicate that parents who are sensitive to their child's emotional needs and exhibit healthy conflict resolution skills can often offset many of the psychosocial disadvantages despite economic disadvantages. Here, parenting interventions seem to mitigate the effects of mental and physical trauma on Black youths.

Wang et al. (2020) recognized that unaddressed trauma impacts parenting styles, and although significant progress has occurred in the African American community, TGT continues to perpetuate health disparities (Welford, 2019). Individuals repeatedly exposed to dysfunctional

behaviors tend to see these behaviors as normal. Thus, there is no impetus to change the behavior. The Apostle Paul offers an inspiring reflection in 2 Corinthians 10:3-5, where the words *strongholds* and *thoughts* are used congruently in the text (NKJ, 1982/2004).

. Individuals make meaning through their thoughts; therefore, gaining awareness and taking control of distorted perceptions is essential to achieving equilibrium of mind, body, and soul. Effective intervention programs must implement strategies to focus on behavioral modifications and neurobiological transformation to help clients self-differentiate and thrive beyond the impact of TGT (Leaf, 2017; Keller & Noone, 2020).

Research focused on stress perspectives of African American women has emphasized the need to explore the underlying perceptions of self, family, and mental health interventions to increase awareness of how trauma inheritance impacts future generations (Bademosi, 2020; Krippner & Barrett, 2019; Lehrner & Yehuda, 2018; Richard, 2021). Simons et al. (2021) developed the concept of the weathering effect in the lives of African American women. The weathering effect is the accumulation of socioeconomic hardship, political sidelining, discrimination, race-related stress, and unresolved trauma that contributes to illness and early death in this demographic (Levy, 2018; Malcome et al., 2019; Wakeel & Njoku, 2021; Zeitlin, 2019)

African American women face multiple psychosocial adversities, including physiological wearing, poor maternal health and birth outcomes, and increased disease propensity. As practitioners continue to study these areas, a better understanding of barriers to prevention and intervention of behavioral health engagement can emerge. They will be able to provide culturally responsive therapy for trauma exposure and its effects, including PTSD, depression, anxiety, and

dissociative conditions (Bademosi, 2020; Coulter & Mooney, 2018; Gómez, 2019a; R. D. Goodman, 2013; Ortega-Williams et al., 2021).

Bademosi (2020) stressed the need for future research to clarify the specific roles that culture, religion, and spirituality play in the development of mental illness in African Americans. More research is needed to empirically investigate how cultural beliefs and religious/spiritual beliefs about mental illness thwart help-seeking attitudes among African American women. Colbert (2020) observed that "beliefs and values act as the foundation to discover an understanding of ourselves, and aid in interpreting one's place in the world" (p. 13). Counselors who utilize culturally responsive initiatives will rectify inaccurate perceptions to foster healing and wholeness and improve attitudes toward help-seeking behaviors (Bademosi, 2020; Birbaumer, 2017; Doherty, 2016; Evans et al., 2017; Leaf, 2017; Lehrner & Yehuda, 2018; Sharpe, 2018).

Self-Differentiation Essential to Meaning-Making

Cepukiene (2021) supported Bowen family systems theory concepts of how various interactional processes travel across generations, limiting individual autonomy within the family system. According to Keller and Noone (2020), Bowen's theory encompasses eight interlocking concepts that address family pathologies, with differentiation of self as most essential. The fundamental tenets of psychosocial functioning are the ability to think freely and process those thoughts autonomously by separating one's feelings from those of others, the ability to handle stress well, making rational, proactive decisions, even while under stress (Cepukiene, 2021; Skowron et al., 2009). Many individuals do not understand the cumulative factors surrounding the stress response; the ability to understand and regulate one's emotions and think clearly under stress is imperative to life satisfaction (Cepukiene, 2021; Skowron et al., 2009). In familial

relationships, self-differentiation develops in the formative years (Cepukiene, 2021) within the

context of attachments (Eppler et al., 2020; Music, 2019) to help counterbalance "the life forces

of 'individuality' and "togetherness," (Homme & Shults, 2020, pp. 369–370) and thus allow the

individual to maintain control of emotional and intellectual functions under stress.

Spiritual Bypass and Avoidant Attachment

Faith and spirituality are divine gifts and effective tools to counter the negative impacts

of TGT, particularly the complex effects of stress, poverty, oppression, and inequality

experienced by African American women (Blakey, 2016; Brewer-Smyth & Koenig, 2014).

Although religious conviction is one of the most influential societal forces, spiritual coping can

become adaptive or maladaptive (Avent, 2016). Religiosity can have adverse effects on mental

health, including feelings of abandonment, betrayal, being unloved by God, and blaming

demonic activity for disease (Pargament & Lomax, 2013). Herbin (2019) noted the adverse

outcomes related to the use of spirituality as avoidance by African American women who lack

the coping strategies and resources to address unresolved trauma. Psychotherapist John Welwood

(1984) introduced the term spiritual bypass in the mid-1980s to refer to how individuals may use

spirituality and religious practices to avoid dealing with unresolved grief and trauma. Traumatic

experiences, according to Courtois and Ford (2013), negatively impact hope and weaken the

belief system of trauma survivors. Hoffman's (2012) research on the harmful phenomenon of

spiritual bypass noted that personality and attachment styles might help researchers understand

how personality traits and life experiences create vulnerability to forms of spiritual bypass.

In African American culture, pastors and clergy often attempt to counsel on emotional

and psychological problems without understanding the complexities of TGT (Bademosi, 2020; J.

A. Brown, 2004; Neely-Fairbanks et al., 2018). Nevertheless, African American families find

solace and family support in church involvement to mitigate the despair of poverty,

discrimination, and other social ills (Colbert, 2020). Consequently, African Americans identify

as more religious and are more likely to participate in church life than non-Hispanic Whites (J.

A. Brown, 2004; Chatters et al., 2009). Neely-Fairbanks et al. (2018) conducted a study on help-

seeking behaviors in African Americans.

The author's findings agreed with earlier research from J. A. Brown (2004) and Hays and

Aranda (2016) that the African American culture uses spirituality to mitigate symptoms of

mental health trauma. Additionally, faith-based mental health interventions and stigma among

this demographic rely heavily on the church rather than mental health therapists to manage

mental health issues. Eppler et al. (2020) underscored the importance of culturally responsive

therapists who keenly understand their client's belief systems. Arguably, a person's faith is more

potent to individual perception and more difficult for therapists to navigate than anything else

(Helmeke & Bischof, 2007; Williams-Reade et al., 2018).

Mental Health Stigma: A Formidable Barrier to Wholeness

For practitioners, navigating a client's spirituality while implementing evidence-based

counseling approaches can be challenging (Eppler et al., 2020; Errington, 2017). Hays and

Aranda (2016) encouraged active collaboration between counselors and clergy to make treatment

more accessible and to better implement faith-based mental health counseling interventions to

bridge the gap between "formal and informal support for mental health problems" (p. 786)

within this demographic. Avent Harris et al. (2021) hypothesized that mental health stigma is a

formidable barrier to help-seeking behaviors and creates a subconscious reliance on negative

religious coping, which leads to spiritual bypass.

Bowen's multigenerational family theory suggests a family is a dynamic unit in which these mental health stigmas move across generations (Bowen, 1978; J. A. Brown, 2004; Cruwys & Gunaseelan, 2016; Keller & Noone, 2020; Ramisch & Nelson, 2015; Schlussel, 2021). Bademosi (2020) noted a common spiritual misconception is that mental health problems are a punishment or curse. However, Scripture asserts:

> God did not give us a spirit of timidity or cowardice or fear, but [He has given us a spirit] of power and love and of sound judgment and personal discipline [abilities that result in a calm, well-balanced mind, and self-control]. (Amplified Bible, 1965/2015, 2 Timothy 1:7, AMP)

Still, individuals often seek spiritualists, astrologists, and soothsayers as opposed to sound therapeutic intervention (Bademosi, 2020). In Genesis 1:27, Moses made a declaration left out of most scholarly research: God created every individual in His image. Therefore, a client can make meaning of trauma experiences using divine attachment theory, which integrates science and spirituality to offer holistic healing (Frechette, 2017; Levers, 2012; Maddix & Andrews, 2018; C. L. Park et al., 2017; Pretorius, 2020; Siegel, 2010).

Maisel (2020) posited that helping trauma survivors reconnect the fragmented aspects of their personality, emotions, and psyche must begin with reconstruction of how they make meaning. Alexander (2018) viewed the challenges through a sharper cultural and historical lens, stating that culturally competent interventions are necessary due to the way the unique history of African American women affects their parenting and self-perceptions. In addition, the state of social determinants and health disparities for African American women requires a broader focus on the gaps that still exist in areas of cultural competency and how individuals make meaning of traumatic experiences to promote healing and wellness for the entire family unit (Alexander,

2018; Bademosi, 2020; Bocknek et al., 2020; Brendtro & Mitchell, 2013; Erving et al., 2021;

Gump, 2010; Sales et al., 2013; Sharpe, 2018; Sheffield, 2019; Stevens-Watkins et al., 2014).

Although Taylor and Kuo (2018) reported inconsistencies between the normative cultural

spiritual faith and professional mental health services, Christians, when responding to potential

demonic activity, should focus on the Word of God to appropriately discern whether the

manifestation is mental illness or demonic. For this reason, the Apostle Paul instructed believers

to "put on the full armor of God" (NKJ, 1982/2004, Ephesians 6:11-18) to stand against

psychological trauma and demonic intrusion. Despite the amount of research describing mental

illness as a result of stress responses and poor coping skills, African American women's

perceptions of mental health counselors tend to be less than favorable. The results indicated a

low appreciation for the counselor involved in mental health services and that participants

perceived that healing from mental illness was not the result of science but a divine intervention

(Bademosi, 2020).

Neely-Fairbanks et al. (2018) observed the need to increase mental health knowledge and

understanding to dismantle stigma and support help-seeking behaviors. The prophet Hosea

declared, "My people are destroyed from lack of knowledge. Because you have rejected

knowledge, I also reject you as my priests. Since you have ignored your God's law, I will also

ignore your children" (NIV, 1973/2011, Hosea 4:6, NIV). The Word of God is clear and

irrefutable in Hosea's assertion. God's will is for all of humankind to prosper. 2 Peter 3:9

explains, "The Lord is not slow in keeping his promise, as some understand slowness. Instead,

He is patient with you, not wanting anyone to perish but everyone to come to repentance" (NIV,

1973/2011, 2 Peter 3:9).

Improving Help-Seeking Attitudes: Meaning-Making and Health Literacy

Researchers have made great strides in recognizing links between spirituality and attachment styles (Avent Harris et al., 2021; Bowlby, 1982; Boyd-Franklin, 2010). However, understanding and making sense of one's lived experiences begins with improving health literacy, which allows people to take ownership of their personal health decisions (Alper & Wojtowicz, 2019). Alper and Wojtowicz (2019) noted that low health literacy has the "worst outcomes" (p. 34). For example, Giordano et al.'s (2017) research on religious coping and attachment noted parallels between individuals' attachment within personal relationships and attachment to a divine God and how they understand these factors. The study examined positive and negative religious coping in individuals with avoidant and anxious attachment styles related to maladaptive sexual coping behavior (Giordano et al., 2017).

The findings indicated that anxiety and avoidant behavior contributed to maladaptive coping, noting the importance of counselors understanding attachment theory and religious coping to understand this bypass better. Giordano et al. (2017) noted that the internal working models of attachment could help inform researchers of religious coping methods and strategies for effectively connecting with others to create healthy relationships. These studies can help researchers address the unique lived experiences of African American women and underline the importance of spirituality and mental health therapy to provide meaning, support, and healing (Avent Harris et al., 2021; Neely-Fairbanks et al., 2018; Taylor & Kuo, 2018). Sosulski and Woodward (2013) noted a direct link between literacy and help-seeking attitudes of African American women. The authors' findings suggested that individuals with lower literacy levels are less likely to seek mental health services over their lifetime. Earlier research from Bryant et al.

(2008) found that harsh societal circumstances contributed to lower health literacy and negative parenting styles in the African American community.

In African American women, TGT creates avoidant attachment styles, maladaptive coping mechanisms, and complex stress (Bocknek et al., 2020). Pargament and Abu-Raiya (2007) postulated that those with a history of insecure attachment style were more likely to involve spiritualism, including spiritual bypass, in their coping strategies. Avent Harris et al. (2021) noted that "although a person may hold negative views toward counseling, the recognition that counseling is necessary could be the impetus to seek help in spite of unfavorable perceptions about mental health" (p. 84). Educating and engaging clients to partner in their care is key to empowerment and change.

The Physiological Implications of Stress: A National Crisis

Ferguson (2021) explained that although multiple studies contain the lived experiences and perceptions of parents, research gaps exist in exploring the experiences and perception of the trauma of their adult children in terms of PTSD. J. Jacob et al. (2018) explored various studies related to parental trauma and noted that the studies do not fully capsulize the lived experiences. TGT has a debilitating impact on future generations and society (Bademosi, 2020). Ferguson's (2021) study confirmed the existence of gaps identified in J. Jacob et al.'s (2018) earlier research. Parnes et al. (2020) noted that the trauma wound extends beyond the African American community, leading to more significant public health issues that potentially burden families, communities, and society.

Knowledge of perceived quality of life among this demographic is significant to more accurately address trauma's psychological, social, and behavioral effects and how perception drives help-seeking behaviors (Felsen, 2018; Ferguson, 2021; Ojeda & Bergstresser, 2008).

Understanding how TGT presents itself in African American women is significant to address the

psychosocial implications in the United States, including health care, obesity, substance use

disorders, and environmental factors contextually (Monaco, 2021). As a result, researchers have

begun to shift toward a broader context to understand the collective experience of trauma and its

impact. Mental health outcomes of trauma create connection and motivate individuals to focus

more purposefully on shared suffering and social consciousness, to fulfill the moral

responsibility to address human suffering with compassion and understanding (Parnes et al.,

2020).

  The words of the prophet Micah echo across time, sending out a clarion call to those with

an ear to hear what the Spirit of God is saying in this day and time: "He has shown you, O

mortal, what is good. And what does the Lord require of you? To act justly and to love mercy

and to walk humbly with your God" (The Holy Bible, New International Version [NIV],

1973/2011, Micah 6:8). While researchers who have focused on psychosocial adversity and

health problems have made tremendous strides in the area of TGT, there remains a gap in

literature within the counseling profession regarding the wide-ranging and multifaceted lived

experiences of African American women concerning trauma exposure in family systems

(Alexander, 2018; Bademosi, 2020; Bocknek et al., 2020; Brendtro & Mitchell, 2013; Erving et

al., 2021; Gump, 2010; K. S. Jacob, 2013; Murry, 2010; Sales et al., 2013; Sharpe, 2018;

Sheffield, 2019; Stevens-Watkins et al., 2014).

  There is much work to be done in this demographic, and the calling resounds from the

Word of God: 'Truly I tell you, whatever you did for one of the least of these brothers and sisters

of mine, you did for Me" (NIV, 1973/2011, Matthew 25:40). Racial inequalities and untreated

trauma are prevalent in African American women, presenting higher mortality rates, risks of

intimate partner violence, and more lifetime physical and cumulative stress than white, Hispanic, or Asian/Pacific Islander women (Izadi et al., 2020). Nolan's (2018) research on grief recovery illustrates how prolonged exposure to unresolved grief and trauma impacts individuals spiritually, psychologically, and physiologically, thus hindering daily functioning and increasing the likelihood of trauma transmission to offspring.

The Psychological Implications of TGT

Pickover et al. (2021) described the significant public mental health issues in the African American community that impact parenting, such as depression, poverty, domestic violence, anxiety, hopelessness, and suicide ideation. African American women are reported to experience disproportionate rates of interpersonal violence, HIV/AIDS, substance misuse disorder, poverty, lack of access to health care, low literacy, borderline personality disorder, and other mental health conditions (Blakey & Grocher, 2017; Gómez, 2019a; Izadi et al., 2020; Ojikutu et al., 2020; Thornicroft et al., 2016). These intersecting conditions are detrimental to mental health and wellness (Patterson et al., 2021). Moreover, African American women disproportionately experience the additional stress of the imprisonment of family members (Patterson et al., 2021). Lee et al. (2015) reported that approximately 50% of African American women have at least one family member in jail. The author's findings further demonstrate the complex stress of these multiple family dynamics and the psychological and economic strain that transfers within the parent-child dyad.

Angela and Morocho (2021) explored the social and structural factors that impact risk behaviors related to mental illness, disease, injustice, policies, education, health care, and economics, all of which influence parenting patterns, self-perceptions, and worldview. The authors recognized social factors and literacy as fundamental drivers of health for African

American women. Structural inequities such as low-paying jobs, the gender pay gap, single-parent homes, discrimination, and lack of health care continue to impede help-seeking attitudes and foster misconceptions around mental health counseling (Angela & Morocho, 2021). For survivors, misinterpretation of traumatic events can lead to negative emotional responses. According to Nolan (2018), traumatic events are often experienced during childhood and reinforced throughout the life cycle. Nolan purported that there are six primary examples of misinformation or grief myths:

1. Don't feel bad.

2. Replace the loss.

3. Grieve alone.

4. Just give it a time, or time heals all wounds.

5. You must be strong for others.

6. The best way to heal from grief and loss is to keep busy. (p. 54)

Additionally, research on unresolved grief and trauma conducted by M. Powers et al. (2010) revealed the importance of flexible theoretical orientations that provide services grounded in cognitive-behavioral approaches. Nolan's (2018) research on grief and trauma reported on James and Friedman's (2009) Grief Recovery Method framework. A faith-based approach to grief recovery is vital for this demographic, and the robust research on the Grief Recovery Method demonstrates it is an effective way to address unresolved grief, trauma, and posttraumatic stress. The Grief Recovery Method implements the evidence-based approach of cognitive behavioral therapy. There are three expectations of the Grief Recovery Method:

1. A griever could assess and control cognitive processes,

2. Modifications to thought processes could help resolve grief, and

3. Thought processes create an individual's perspective and reaction to reality. (Nolan,

2018, p. 33)

Stress is cumulative and builds over time, diminishing life's interest and creating

alienation, detachment, and an "inability to experience positive emotions"(Nolan, 2018, p. 22).

McCart et al. (2010) noted the link between TGT and identity crisis, revealing the societal

conditioning that leads to hopelessness, empathy, repressed emotions, and internalized

discrimination. In addition, African American women's negative self-perceptions,

misconceptions of self, and mental health problems can result in the rejection of positive beliefs

about their culture and its beauty (Bademosi, 2020; Bocknek et al., 2020; D. L. Brown et al.,

2020; Erving et al., 2021; Gómez, 2019; Hartman, 2015; Krow, 2020; A. Lewis, 2020; J. A.

Lewis et al., 2016; Mekawi et al., 2020; Moffett, 2019; Morvan & O'Connor, 2017; Taylor &

Kuo, 2018).

Wounded Attachment and Cultural Betrayal

Attachment injuries are subtle yet persistent throughout family systems (Xu & Groh,

2021), resulting in poor relationship quality throughout the life cycle (Cepukiene, 2021). It is

challenging to recognize and resolve attachment wounds without counseling intervention

(Iyengar et al., 2014; Kliewer et al., 2016; Lange et al., 2019; Uhernik, 2017). Gómez (2019a)

explained the detrimental impact of grief and trauma that results from attachment injuries and the

rejection associated with the context of attachment theory. The author's reflections on cultural

stigmatization and betrayal uncovered the depth and breadth of how misconceptions of

attachment trauma create a defensive posture by rejecting the label of "crazy." In addition,

Gómez (2019b) noted how the pressure of familial attachment bonds to protect the minority in-

group perpetuates poor mental health outcomes. These in-group dynamics studied in cultural

betrayal trauma theory, which examines intracultural tension and the unspoken obligation to protect the minority in-groups. Cultural betrayal trauma theory further considers the link between posttraumatic group dynamics, such as stigma, fear, and silence and conscious and subconscious wrongdoings within the culture (Delker et al., 2020; Gómez, 2019b).

Historically, African American women are at a higher risk for exposure to numerous traumatic events. Still, they are reluctant to seek mental health counseling for their symptoms of distress and affect dysregulation (Stevens-Watkins et al., 2014). Bistricky et al. (2017) noted that trauma exposure and posttraumatic stress symptoms are associated with despair, psychosocial adversity, suicidality, and an overwhelming cost to society. Additionally, their study revealed that survivors experiencing multiple forms of interpersonal trauma (e.g., domestic violence, childhood sexual abuse, and assault) are more likely to have an avoidant attachment style, decreased self-compassion, and a lack of developing interpersonal skills.

Counselors that engage with clients from a culturally competent and responsive perspective will benefit from inquiring about the impact of slavery, oppression, and dehumanization (Asnaani & Hofmann, 2012; Betancourt et al., 2016; SAMHSA, 2014a). Lange et al. (2019) noted that many women describe mental and emotional health challenges while parenting. Keller and Noone's (2020) research in Bowen family systems theory reveals the direct connection between family relationships and individual functioning.. Children with a history of trauma often experience higher degrees of behavioral, mental, and developmental problems than children who have not experienced trauma (Cassell, 2013; Fitzgerald, 2020; Hipwell, 2019; Holmes, 2020; Lange et al., 2019; Palmer et al., 2020; Romano et al., 2015; Sharpe, 2018; Sullivan et al., 2020; Wang et al., 2020).

According to Erikson's (1968) theory on psychosocial development and Bronfenbrenner's bioecological model of human development (1979), a view of human development as transactional and influenced by interactions within the environment offers a broader understanding of the complexities of intergenerational trauma and illuminates implications for direct mental health policy, practice, and interventions (Whiteford et al., 2013). Likewise, Gump (2010) underscored the potent influence of perception. For example, the attachment bond initiates an unconscious loyalty to maladaptive behavior patterns in families, creating a pseudo personality, or "a false self" (Sveslosky, 2020, p. 28). In this vein, Sveslosky (2020) referred to the psychoanalyst Donald Winnicott's (1965) work with children and families regarding the pseudo personality. Winnicott considered how the false self develops in childhood as a coping mechanism against traumatic experiences. Winnicott's theory noted that the trauma-created false self seeks to escape the unpredictable circumstances in which there are no points of reference for a "healthy attachment" (Sveslosky, 2020, p. 27). Sveslosky (2020) further noted how Bowens concepts of family enmeshment and triangulation perpetuate trauma through interpersonal relationships and meaning-making themes. Bowen's research provides a springboard for further inquiry to gain a new understanding of what Levers (2012) described as the "depth and power of human trauma in noting the effects that go beyond the physical and even psychological wounding to reach the very core of humanness as "spiritual or existential wounds" (p. 1).

Creighton's (2021) research reiterated the false self-concept, drawing from Sigmund Freud's psychoanalytic theory. The author described the complexity of trauma within the parenting relationship and how "correcting falsehood" (p. 191) is essential to help the child gain awareness, self-regulate, and move toward mental and emotional wellness. Additionally,

complex wounding over generations creates subconscious self-defense mechanisms (Baker et al., 2019; Gump, 2010; Hartman, 2015; Keller & Noone, 2020; Maisel, 2020; Morvan & O'Connor, 2017; Onyeali, 2020; Sheffield, 2019; Uhernik, 2017; van der Horst, 2011). Connolly (2011) noted the presence of complex wounding within three vital areas described by a client as deaths: "the death of time, death of language, and the death of narrative" (p. 611).

Differentiation of self, according to Bowen family systems theory, is the goal of therapy, and safety makes it possible (Cavalli, 2012). Cavalli noted that when clients learn to feel safe enough to explore and process the past, they can begin to make meaning and reconcile concepts of time and language and gain the ability to reframe the narrative of their life from the deep wounds of trauma. Cavalli further underscored the counselor's obligation to assist the client with finding the words for what is "irrepresentable" (p. 601) through reintegration, reflection, and meaning-making. The trauma inheritance of African American women continues today (Alexander, 2018; Bademosi, 2020; Krippner & Barrett, 2019; Lehrner & Yehuda, 2018; Richard, 2021).

Individuals need a deeper understanding of trauma inheritance to curtail misconceptions held deep within the psyche (Alexander, 2018; D. L. Brown et al., 2020; Cedeno & Ruglass, 2017; A. Lewis, 2020; Settles & Buchanan, 2014). Current literature lacks information regarding mothers in the African American community who have experienced a history of trauma, including childhood sexual abuse (Delker et al., 2020; Frazier et al., 2009; A. Lewis, 2020; Sharpe, 2018; Sullivan et al., 2020; Wang et al., 2020). Researchers have previously focused on the trauma experience of survivors without solely examining the impact of trauma on parenting styles. Survivors of traumatic experiences, namely African American women, encounter the most

significant gap in access to health care and other psychosocial disparities (Bademosi, 2020; A. Lewis, 2020; Sharpe, 2018).

Stevens-Watkins et al. (2014) noted that African American women are at a higher risk for trauma and revictimization. Settles and Buchanan (2014) explored similar themes that revealed findings distinct to African American women, noting multiple risks for the likelihood of negative experiences as a member of a marginalized group. Later findings by Brown et al. (2020) showed how misconceptions are often based on this group's historical and lived experiences, which have a profound pathological impact. Lucero's (2018) research in epigenetics noted that human beings are neurologically hardwired for survival through biosocial needs for attachment, accomplishment, and autonomy. Literature in epigenetics lists ways to prevent trauma transmission early through identification and intervention support systems. Therefore, attachment theory provides a salient framework for understanding TGT and its impact over the lifespan.

Attachment Injuries: The Invisible Wounds

African American women commonly have avoidant attachment styles and passive coping strategies, increasing their risk for poorer psychological adjustment, particularly in stressful situations (Bocknek et al., 2020). This demographic must contend with a myriad of psychological and physiological problems, leading to complex mental health and trauma-related disorders (Driscoll et al., 2015; Hipwell et al., 2019; Holden et al., 2017; Lange et al., 2019). Bowlby (1982) noted the far-reaching benefits of healthy attachment, particularly in parenting. In addition, healthy early attachment relationships influence healthy psychological development (Kornegay, 2021). Kornegay (2021) found that African American adults with an avoidant attachment style had more ACEs and increased maladjustment in later life. Kornegay noted

earlier research from Simons et al. (2014) that underscored that avoidant attachment leads to "emotional distress as adults resulting in excess smoking, food consumption, and alcohol use" (p. 32). In addition, Mark and Pike (2016) stated that conflict and divorce impact parenting practices. Individuals who grew up in families with unresolved relationship problems tend to use stricter discipline methods, leading to poor parent/child relationships.

Additionally, researchers noted that children with insecure attachment styles often use authoritarian and permissive parenting practices as adults (Kornegay, 2021). According to Nunes and Mota (2017), these two extremes in parenting lead to suicidal ideation in their offspring and further emotional distress. Moreover, adult conflicts result in parents who are not emotionally available, causing an avoidance of attachment and anxiety (Jacobs, 2020; Morey et al., 2013). Further, avoidant attachments in childhood can create hypervigilant, controlling, and intolerant adults with an inability to initiate conflict resolution skills. Kornegay (2021) emphasized that secure attachments in early childhood experiences promote warmth and closeness, less anxiety, and healthier parent/child relationships. Hence, a secure attachment bond in early childhood is imperative to well-balanced, confident individuals over the life cycle (Jacobs, 2020; Kornegay, 2021; Zvara et al., 2020).

Rajaratnam (2021) conducted extensive research using Bowen's family systems theory, which intersects with Bowlby's attachment model as broad means of addressing attachment wounds at the core. The author noted the benefit of using Bowen's eight interlocking concepts to provide a comprehensive framework for family counseling. These concepts are the nuclear family emotional system, differentiation of self, triangles, cutoff, family projection process, multigenerational transmission process, sibling position, and societal emotional process (Rajaratnam, 2021). Early attachment wounds impact an individual's ability to manage conflict

and self-regulate, which is detrimental to emotional and social development (Stutzman et al.,

2011). Thus, an understanding of Bowen's family systems theory, attachment theory, and

attachment security is critical in this research study. A. Powers et al. (2020) suggested the need

for prompt intervention and further study on attachment injuries in African American women.

TGT-informed community support initiatives could provide a haven where women could begin

to engage in family-based services to halt the transmission of trauma.

Familial Orders: Seen and Not Heard

Interpersonal trauma in the Black community silences individuals through spoken and

unspoken rules, as noted by Delker et al. (2020), based on their social position in society. Kranke

et al. (2012) noted how self-stigma plays a role in Black women's deep-rooted negative

perceptions of themselves, further emphasizing how this marginalized population

underrepresents their traumatic history, leaving many individuals feeling seen and not heard.

Bezo and Maggi (2018) noted findings that confirm past studies, observing differential ACE

exposure by race/ethnicity, suggesting a higher level of ACEs for African American adults. In

addition, the impact of unresolved trauma on parenting styles in this demographic perpetuates

traumatic experiences while widening the barrier to accessing mental health services because of

stigma and cultural norms that skew the reality of trauma (Six-Hohenbalken, 2018). Later

research conducted by Wang et al. (2020) reported that African American children are more

likely than white children to live in segregated communities with fewer resources, including

access to psychological and physical health interventions.

Bowenian theory describes healing of the family unit rather than just for the individual

presenting problems (Carlson & Dermer, 2017; Keller & Noone, 2020; Kiraly & Humphreys,

2016). Therefore, the therapist using this method looks deeper into interactions and functions

between family members to unearth emotional dysregulation at the root (Sheffield, 2019), promoting self-differentiation (Leaf, 2017; Keller & Noone, 2020). Additionally, Woods-Giscombé et al. (2015) underscored the numerous health disparities that are related to how African American women respond to life stressors. The attachment bond is the tie that binds family systems to healthy functioning or to the toxic perceptions that exist within dysfunctional family systems. Across multiple studies, attachment theory has been shown to play a significant role in the quality of interpersonal relationships (Birbaumer, 2017; Sullivan et al., 2020). Many African American families are unaware of these interpersonal dynamics. When families become aware and can make sense of these family subtleties, they can begin to build on their strengths while replacing and reframing unhelpful perceptions. Bowen's theory is vital to helping individuals self-actualize and achieve new levels of differentiation of self and untangle triangulation through learning and applying emotional regulation processes to restart and restore the maturing process.

Welford (2019) showed favorable outcomes with intervention initiatives with African American women designed to to break the cycle of maladaptive parenting through enhancement programs. Parenting enhancement programs in disadvantaged communities can potentially decrease health disparities (Brody et al., 2018). Levers (2012) noted that PTG offers new strength, healthy relationships, life appreciation, new possibilities, and greater spirituality. Culturally competent counselors working in the African American community can help promote innovative interventions that foster resilience and PTG (A. Lewis, 2020). Trauma is a heavy burden on individuals, families, and society, but the PTG model offers hope amid life's storms. The concept of PTG in this research study imbues hope and resiliency to break unhealthy patterns of poor parenting and inspire further examination of neuroplasticity to allow individuals

to rewire their brains and achieve new levels of healing from TGT (B. Campbell, 2019; Schubert et al., 2016).

B. Campbell (2019) described PTG as an opportunity for growth and improved functioning. The PTG framework focuses on psychological wellness resulting from adapting to stress and trauma, underscoring humans' ability to acquire more significant levels of resilience. In addition, a psychosocial community support group could offer culturally competent and culturally responsive initiatives that build on this demographic's strength and internal fortitude. Awareness is the beginning of the cure. Creech (2019) affirmed the value of implementing Bowen's family systems theory as a thoughtful theoretical framework that provides a robust view of interpersonal relationships, PTG, and the resilience of the human mind, body, and spirit, all created in the image and likeness of God (Genesis 1:26–27).

The Far-Reaching Public Health Crisis Within African American Families

In a systematic qualitative review, Leonard et al. (2018) focused on maternal mental illness and substance misuse as major public health crises. Poor mental health adversely affects the entire family. The review systematically analyzed the qualitative literature on a family-focused practice with mothers with mental illness and substance misuse. The study reveals three findings in this area:

1. parental needs for health visitors' family-focused practice,

2. an ambiguity of mental illness in health visiting, and

3. the challenges of family-focused practice in health visiting. (Leonard et al., 2018)

This study was critical as it pulls in components of TGT, unresolved grief, and how substance misuse further exacerbates mental health challenges. Leonard et al. (2018) proposed the need for

a deeper understanding of how implementing a family-focused practice may help develop more effective health visiting services to mitigate the burden that many families are facing today.

Additionally, Brody et al. (2018) noted that the public health crisis among African American women is concerning, as cardiovascular disease, blood disorders, COVID-19 infections (Cokley et al., 2021), and HIV/AIDS impact the Black community, specifically Black women, more than other groups (Brody et al., 2018; Ojikutu et al., 2020). Research from a systematic qualitative review suggests that evident disparities are caused by logistical reasons ranging from socioeconomic inequities to psychological, cultural, and systemic factors (Leonard et al., 2018). According to Alexander (2018), there is a growing need for culturally competent approaches that understand the cultural and ecological elements that inform health disparities among African American women and acknowledge "that culture, race, and ethnicity can lead to psychological, interpersonal, and intergenerational" problems (p. 142). With innovative, culturally responsive approaches to counseling, this demographic can begin to overcome these seemingly formidable obstacles.

Parenting Stress and Traumatic Memory

A sobering quote from Murray Bowen, the founder of Bowen family systems theory, reads, "I have never seen a family in which the 'emotional fusion' [between parent and offspring] phenomenon is not present" (as cited in Neophytou & Rodríguez-González, 2021, p. 83). Emotional fusion is universal and is one of the primary mechanisms through which trauma transmits (Baker et al., 2019; DeAngelis, 2019; Gump, 2010; Hartman, 2015; Keller & Noone, 2020; Maisel, 2020; Onyeali, 2020; Sheffield, 2019; Uhernik, 2017; van der Horst, 2011). Chronic stress is a critical issue in the African American community, especially stress related to racism, parenting, social issues, discrimination, poverty, and disease (Alexander, 2018; Colbert,

2020; Keller & Noone, 2020; Lange et al., 2019; A. Lewis, 2020; Richard, 2021; Sheffield,

2019). McGoldrick et al. (2016) noted how life stressors present challenges and dilemmas in

varying degrees during the life cycle.

Murray Bowen (1978) noted the long-range effect of multigenerational trauma

transmission on family systems. Bowen's theory suggested that to understand the complexities of

trauma in family systems, it is essential to consider first the historical and cultural dynamics

(Cepukiene, 2021; Keller & Noone, 2020; Skowron et al., 2009). Further, Bowen formally

proposed using a family genogram to analyze attachment relationships, generational patterns,

and psychological factors in the family of origin (Keller & Noone, 2020). Family diagrams

remain a core instrument of family therapy and are used to depict the position of each member

within the family unit (A. L. Campbell, 2019; R. D. Goodman, 2013; Lucero, 2018). As the

understanding of trauma has increased, so has the counselor's ability to conduct trauma

assessments with the use of the genogram tool.

Izadi et al. (2020) noted, with similar inferences as those from Leonard et al.'s (2018)

review of trauma-related disorders, that historically, women have been underrepresented across

the board in society and medical research. For many individuals seeking to relieve stress,

substance misuse offers a temporary escape when they lack the coping skills to manage life

stressors appropriately. Elliott (2022) examined literature that noted familial patterns related to

substance misuse, child maltreatment, parenting styles, and PTSD, which is linked to

psychosocial impacts of TGT. Through the lens of Bowen family systems theory, Scoma (2019)

reviewed the nature of stress and how it creates an innate need to relieve tension in two opposing

ways: toward connection (emotional fusion) and toward isolation (emotional distance and

cutoff). The loss of a sense of self occurs when stress thrusts individuals toward these two

dysfunctional ends, resulting in codependent behaviors or "in isolation and narcissistic myopia" (Scoma, 2019, p. 5). Sesar and Dodaj (2021) posited that the collective stress in the Black community, through which the pervasiveness of racism and systematic oppression compromises their human development and very identity, continues as the community continues to struggle to establish their place amidst a lost culture and traumatic historical events.

Briere and Scott (2015) observed that cognitive-behavioral therapy serves as an effective treatment to reduce chronic stress. Although stigma and mistrust remain prevalent in African American communities regarding counseling and psychotherapy, trauma therapy is becoming more accepted with the rise of cultural awareness and sensitivity initiatives (Metzger et al., 2021). Metzger et al. (2021) research noted that racial socialization (RS) offers a practical behavioral approach to help reduce stress. RS serves as a culturally relevant familial coping strategy and is founded on a trauma-focused cognitive behavioral therapy framework that seeks to improve trauma-related outcomes. Stewart et al.'s (2021) multiple-case study provided examples of RS constructs that present viable treatment options in the African American community. These options address the transmission of cultural behaviors, life stressors, and racial barriers to tailor treatment for African American communities to increase engagement and promote unity. According to the Metzger et al. (2021),

> given the congruence between CBT [cognitive behavioral therapy]-oriented strategies and RS practices, we posit that RS can be (1) integrated into trauma treatment to help youth process and cope with racially charged traumatic experiences, (2) utilized to manage additional race-related stress that may compound more general traumatic experiences, and (3)used to bolster treatment engagement to promote positive therapeutic outcomes for African American youth. (p. 4)

Approaches such as RS successfully integrate with other healing modalities to reduce maladaptive coping behaviors in the African American community. In addition, RS increases positive interactions between parents and their children while reducing abusive parenting practices (Metzger et al., 2021). Elliot's (2022) research on the impact of RS on women and girls found that "there is a positive impact of ethnic socialization and a curvilinear relationship related to racial socialization" (p. 17). Earlier research from Anderson et al. (2019) noted that RS in action enhances treatment engagement and significantly improves outcomes among families exposed to the psychological effects of racial stress and complex trauma.

Rosenblum et al. (2017) proposed expanding research on community psychology to address the chronic stress in marginalized communities using eye movement desensitization and reprocessing as a treatment modality to lessen the impact of trauma. Eye movement desensitization and reprocessing is a psychotherapy technique used to treat individuals suffering from many emotional problems, including anxiety, PTSD, eating disorders, depression, and other stress-related disorders (Carriere, 2014; Rosenblum et al., 2017). Matheson and Weightman (2021) noted the effectiveness of eye movement desensitization and reprocessing in treating complex PTSD while underscoring the importance of establishing trust in the therapeutic alliance.

According to Rosenblum et al. (2017), chronic stressors reduce vulnerable people's physical and psychosocial resilience. Moreover, the authors noted that "when an acute stressor, such as a disaster, arrives, it can deplete any physical and psychosocial resilience that remains" (p. 209). An added benefit to multiple therapeutic interventions is self-disclosure. Briere and Scott (2015) supported the idea of clinicians who openly and tactfully share the impacts of trauma exposure in their own lives. Self-disclosure, according to the text, is psychotherapy.

Alexander (2018) noted that the benefit of collective shared experiences could provide new understanding to increase help-seeking behaviors.

Summary

The crucial question is, "Will implementing a culturally competent, Christian psychosocial program decrease trauma transmission by increasing awareness of how historical trauma impacts parenting styles among African American women?" If so, what barriers exist related to the way African American women perceive their trauma history and how they parent their offspring, and how can implementing psychosocial counseling awareness initiatives help dismantle the SBW myth to increase help-seeking behaviors? Culturally humble services for African American women are imperative to halt trauma transfer to the next generation. However, knowledge is partial and ever-changing, with gaps and preferences changing as new experiences and wisdom reveal the unknown.

The researcher revealed research gaps in how African American women perceive and manage trauma experiences compared to other ethnic groups. In addition, APA noted the gaps in factors associated with treatment approaches due to the challenges of the unique lived experiences of African American women. In the United States, misconceptions of trauma among African American women continue to hold them as emotional and mental prisoners. Knowledge provides the freedom to live beyond one's trauma history. Oliver and Duncan (2019) suggest that knowledge can be cocreated and provide unique perspectives that can be translated, shared, and understood in broader, contextualized terms.

This review highlights how existing gaps in the literature can attract and guide more contributions to the current research. For clients, mental health and wellness can only be obtained intentionally and consciously, and counselors must sensitively meet clients where they

are and skillfully lift them to higher levels of learning about themselves and how their culture, environment, and experiences shaped not only their personality but also the way they process information, parent their children, and navigate their world. Proverbs 2:6 declares that "the LORD gives wisdom; from his mouth come knowledge and understanding" (NKJ, 1982/2004). Much like in the Johari window model, new approaches can help reveal the missing factors in the research, offering wisdom to change the current paradigm of this marginalized group. The unique mental health challenges among this population warrant the removal of blind spots and the pursuit of culturally competent psychoeducational strategies to build upon existing models to encourage spiritual, mental, and emotional equilibrium.

This qualitative study aimed to collect data from adult African American women related to their personal experience, family history, and parenting and caregiving practices. The researcher used a hermeneutic phenomenological approach to interpret, examine, categorize, and explore data. The researcher recruited participants via Facebook, word of mouth, and community announcement to ensure the opportunity to secure a sufficient number of participants for interviews and data collection. The researcher gained Institutional Review Board (IRB) approval to conduct the hermeneutic phenomenological research. The phenomenological research focused on lived experiences of 15 African American women.

The researcher's rationale for implementing hermeneutic phenomenological research was to yield the most reliable results. The review stressed the public health relevance of the topic of study. As discussed previously in this study, family dynamics, culture, and history contribute to TGT, internalized trauma, and help-seeking attitudes. The researcher explored how trauma perceptions impact the African American community through themes that emerged from responses to the interview questions. Considering the advancements in counseling psychology, a

critical need for more culturally responsive approaches to address the foundational gaps in the

African American community, especially Black women who are parenting the next generation, is

apparent. The study will now transition to a discussion of methods in Chapter Three.

Chapter Three: Methods

Overview

A qualitative method and phenomenological design were used for this study to understand the lived experiences of African American parenting practices in Florida. Williams (2021) observed that qualitative research provides high-level accounts of the participants' history. Indeed, qualitative approaches to phenomenology provide a more powerful and comprehensive awareness of lived experience. Additionally, the preliminary literature review noted significant gaps in the literature. Areas of researcher concern include dissociative factors, cultural loyalty, TGT, and parenting/caregiving responsibilities (Alexander, 2018; Bademosi, 2020; Gómez, 2019b; Sar et al., 2017; Sveslosky, 2020). The purpose of this chapter is to present the research design, research questions, research setting, participant information, procedures, role of the researcher, and data collection procedures. This chapter also provides the data analysis methods, trustworthiness, dependability, transferability, ethical considerations, and summary.

Design

Hesse-Biber (2016) explained that qualitative research allows researchers to describe participants' lived experiences as they relate to human or social problems. Moreover, qualitative research focuses on shared experiences and descriptions of specific populations (Heppner et al., 2015, p. 388). The flexibility this research requires fits the qualitative research methodology because it accommodates the need to explore the participants' lived experiences with identified phenomena (Kahlke, 2014; Kruth, 2015; Vagle, 2018). My purpose for applying phenomenology within this study was to explore the phenomenon in its natural setting. Oerther (2021) noted the advantage of implementing a hermeneutic phenomenological approach. A hermeneutic approach

complements the psychosocial aspect of the research study "because 'stress' and 'coping' refer to the dynamic relationship between the person and the world" (Oerther, 2021, p. 21).

Williams (2021) also noted the advantage of recognizing the influence of the participant's history, culture, and level of understanding in a sociocultural context. Ferguson's (2021) qualitative phenomenological research study showed the usefulness of implementing a phenomenological approach to investigate the lived experiences of adult children experiencing TGT transmission through the chronic pain of their parents. Meaning-making is an essential part of this study; Newman and Clare (2016) explained that phenomenology further explores how meaning is made in different perspectives and is a significant basis for future quantitative exploration. Additionally, Williams (2021) posited that bracketing mitigates the effects of preconceptions by helping the researcher to suspend judgment to focus on the data analysis of participants' lived experiences. Creswell and Poth (2018) noted that in this demographic, exploration is most beneficial from a qualitative phenomenological perspective because of the perspective's ability to provide complex, detailed understanding of the phenomenon. Furthermore, qualitative phenomenology analysis answers the research question and portrays inner perceptions organically distinguished from interpretation, explanation, and cause (Langdridge, 2008).

The purpose of this study was to examine the psychosocial impacts of unresolved grief and trauma within the dynamics of parenting among African American women in Florida. For survivors, trauma skews perception, impeding one's ability to recognize maladaptive behaviors and prevent transmission to children. A phenomenological approach helps in understanding the lived experience within the relationship between traumatic life events, meaning-making processes, and decision-making. The researcher identified a gap in the literature related to factors

associated with help-seeking behaviors, misconceptions of the trauma experience, and emotional dysregulation across generations (Briere & Scott, 2015; Heppner et al., 2015; Stevens-Watkins et al., 2014). In this section, I explain the procedures for participant recruitment, site selection, and the researcher's role. In addition, I provide a detailed description of the design, research questions, procedures, data collection, and data analysis. Lastly, I identify and address validity and ethical considerations.

Research Questions

The following questions guided this research qualitative study.

Central Question

How has trauma exposure affected African American women's awareness of their traumas within their lived experience and parenting practices?

Subquestion 1

How has TGT impacted African American women's perception of survival mode stress reactions and the reality of trauma within parenting styles?

Subquestion 2

How do African American women describe trauma exposure from their childhood, and how has it impacted their lives?

Subquestion 3

How has African American women's exposure to maladaptive parenting styles affected their awareness of TGT and their response to the needs of their offspring?

Setting

Heppner et al. (2015) noted the importance of building relationships with members of the community that makes up the study's target population (p. 211). The study took place in the

state of Florida. The researcher conducted the study in a community faith-based organization serving a predominantly African American population with available space for confidential interviews. In addition, guidance and support were provided by the organization's chief executive officer, a community leader for many years. Hays and Aranda (2016) noted that community and faith-based settings, such as the one Dr. J. R. provided, are ideal for offering information while informing potential participants of the availability of "mental health interventions" and resources (p. 784).

Due to the ongoing global pandemic of COVID-19 and the protocol of social distancing, the researcher disseminated the recruitment information regarding the research via Facebook and at the community center in Florida in small social groups. Additionally, the community center was selected as the site because of the convenience of location for participants and the support services offered. The researcher explained the interview process during the recruitment stage so participants knew what to expect. The researcher used the Zoom platform for online meetings. Furthermore, the researcher assisted participants who were uncomfortable using computers and enacted social distancing procedures throughout the session.

Creswell and Poth (2018) underscored the reliability of software and internet-based options for recording interviews. The researcher carefully considered opportunities to meet participants face to face in a safe, comfortable, and private environment, especially for those who do not have internet access or are not knowledgeable about computers. Heppner et al. (2015) noted the importance of maintaining confidentiality and autonomy in counseling research (p. 73). Therefore, the researcher took careful precautions to minimize the invasiveness of data collection, including how interviews were structured and conducted and how documents were collected, to ensure confidentiality.

Participants

The researcher recruited participants via Facebook advertisement and through the message board at a community faith center in Florida. Convenience sampling was appropriate for this study, as Heppner et al. (2015) highlighted the importance of obtaining representative samples from ethnic populations (p. 222). The researcher conducted in-depth interviews with 15 African American women, ages 25 and up, for this qualitative study. Before conducting interviews, the researcher screened each participant to assess critical demographic variables to ensure the potential participants fit the criteria. Inclusion criteria included the following: (a) African American, (b) female, (c) born in the United States, (d) 25 years of age or older, (e) mothers (this includes step parenting and adoption), (f) have experienced trauma or ACEs (this includes but is not limited to poverty, emotional abuse, physical abuse, sexual abuse, domestic violence). Participants did not need to either have been or currently be in a specific family dynamic, as this information was collected only for demographic purposes.

The researcher placed no limitations on socioeconomic status. Participants received compensation in the form of a $25.00 Visa gift card for their time after successfully completing the scheduled interview. Participants interviewed face to face were handed a physical gift card, while participants being interviewed via Zoom had their gift card mailed via U.S. Postal Service. Additionally, the research gave each participant a thank you card to show appreciation for their completion of the interviews and surveys.

Procedures

The researcher obtained IRB approval to conduct this qualitative study and a stamped consent form signed by each participant. The researcher established rapport to build trust and help the participants feel safe and comfortable providing honest and detailed information

(Heppner et al., 2015, p. 372). The researcher confirmed that participants met inclusion criteria using a 10-minute screening tool preapproved by the IRB. The researcher gathered data from the screening process for demographic analysis. The length of the audio-recorded interviews varied between 45 minutes and 1 hour and 20 minutes. The researcher had each participant read and sign the stamped, IRB-approved consent form. The open-ended semistructured interviews were conducted via Zoom or in-person. The researcher took every precaution during the session to protect participants' privacy. The researcher took a nondirective approach throughout the process, focusing on each participant's lived experience.

The researcher held all expectations, feelings, and predispositions in strict abeyance. During this interviews, the researcher asked follow-up questions at her discretion to examine underlying factors that explain specific cultural differences (Heppner et al., 2015, p. 183). The researcher developed themes from the in-person and Zoom interviews. Neale (2016) noted that iterative categorization involves "reviewing all data line-by-line, identifying key issues or themes (codes) and then attaching segments of text (either original text or summarized notes) to those codes" (p. 1097). van Manen (2016) noted phenomenology helps recover meaning-giving pieces as they arise from the work process. The author further emphasized the importance of connecting lived experiences to the phenomenological interpretation of what something is honestly like for the participant. Davidsen (2013) noted that phenomenological approaches have always been focused on narratives to understand the richness of experiences in a way could not be accomplished without elements of context and interpretation to grasp the interacting developments of each story.

In phenomenology, questions concerning sensations within the context of experiences are essential to gaining a deeper understanding. Williams (2021) explained that "when we verbalize

what an experience is like, we get a simple and singular first-person description, paradigmatically (but not necessarily) of a qualitative state of sensation" (p. 369). Vagle (2018) emphasized that the qualitative research method is interpretive and requires researchers to ultimately see from the participant's perspective to understand the experience of life through their lens. The importance of allowing the participant to express what it is like to live in their world is imperative to developing links between the data generation, the original research question, and the write-up (Neale, 2016). Therefore, the semistructured interview tools must draw directly from the insight from the participant's present level of self-awareness (Zahavi & Martiny, 2019). Williams (2021) explained that researchers must be aware of presuppositions, "open-minded questioning, and non-structured interviewing methods" during the process (p. 378). Churchill and Wertz (2015) admonished researchers to refrain from carrying past knowledge into the interviewing procedure.

The researcher conducted interviews and encouraged participants to ask questions throughout the process. The researcher audio-recorded and notated the discussions and spontaneously noted themes, exemplars, and interconnecting issues. All but one research study participant met with the researcher via Zoom, a web-based platform. One interview was conducted at the urban community center. The researcher selected the center because it was convenient for the participants. The semistructured, open-ended questions fostered open and honest sharing of lived experiences in childhood, adolescence, and adulthood. The participants explained where they grew up and offered the details of their family dynamics, including parents who displayed maladaptive parenting behaviors and their personal parenting practices. Participants' interviews lasted between 45 and 145 minutes. After the researcher transcribed the

interviews, the researcher provided each participant the opportunity to review and verify their interview for accuracy.

Below is an examples of probes used during the interview sessions. Probes were use to allow participants to elaborate on particular interview questions (the interview questions are listed in the interview section):

1. Describe in as much detail as you feel comfortable about your childhood experiences.

   Probes:

   a. Describe in as much detail as you feel comfortable about how you felt growing up in your family, including divorce, sickness in family, death of loved one, moving, neighborhood, loss of employment, moving unexpectedly to a new place, personal or sexual assault or attack, etc.

   b. Describe in as much detail as you feel comfortable about your family history.

   c. Describe in as much detail as you feel comfortable about your ability to recognize or become aware of how an unsettling experience has impacted your life.

2. Describe in as much detail as you feel comfortable managing your feelings from these experiences.

   Probes:

   a. Describe in as much detail as you feel comfortable managing conflict with parenting, family members, romantic partners, social settings, etc.

   b. Describe in as much detail as you feel comfortable what it is like to go through those experiences.

   c. What is your experience with counseling programs, if any? How do they help to care for mental health needs?

d.   Describe in as much detail as you feel comfortable your ability to recognize how an

upsetting experience has impacted your life.

Smith et al. (2009) noted that the qualitative phenomenological process looks for

emergent patterns and seeks to understand the nuances of a phenomenon. The researcher made

field notes regarding the setting and surroundings as suggested by Heppner et al. (2015).

Additionally, Heppner et al. (2015) noted the importance of conducting survey research for

qualitative studies, selecting survey inventories relevant to the defined research population,

choosing an appropriate data collection method, and analyzing the data (p. 290). The interviews

consisted of questionnaires with a mixture of open-ended and closed-ended questions.

Participants described their childhood and relationships with their parents/caretakers/community

members. The word *trauma* was not used in the questionnaire to gather information about the

incident from the participant's lived experience described according to their language, literacy

level, and cognitive ability. The researcher's rationale behind this decision is to avoid bias and

enable each participant to have the autonomy of thought, free from presumptions, comparisons,

and elucidations that could occur if they felt answers were expected to be one way or the other.

Further, this procedure allowed the researcher to examine the target population's different

perspectives and lived experiences. After the interviews, the researcher assessed participants for

psychological and emotional distress and, if requested, provided contact information for local

licensed mental health counselors who would be willing to meet with them to provide therapeutic

support, either face to face or via internet-based platforms.

The Researcher's Role

According to Heppner et al. (2015), self-reflexivity and subjectivity are core practices

that help the researcher explore and address their own bias and provide a process by which to

resolve these biases ethically (p. 379). The researcher must engage in reflexivity throughout the decision-making process of the research to avoid presumptions at the early stages of the study and during each procedure to further protect the study's validity (J. L. Johnson et al., 2020). This process includes the recommendation of qualitative researchers to use a journal to take field notes and separate emotional responses from the research results throughout the research.

As the researcher in this study, the ethical obligations weigh heavily, as the I understand the sacredness of all life and that to conduct ethical research underscores the need for sober-mindedness. Ethics deems a higher order of thinking and reasoning. As a follower of Christ, I am committed to living a life pleasing in the sight of God as found in Scripture. Romans 12:2 declares, "Be not conformed to this world: but be ye transformed by the renewing of your mind, that ye may prove what [is] that good, and acceptable, and perfect, will of God" (NKJ, 1982/2004). Advocacy is second nature to me because of my own lived experience. As an African American woman who was trafficked at the age of 11, I have survived, by the grace of God, much tribulation, and though there may be scars, gratitude is the salve that has made all things new in my life. In the 2 Corinthians 12:9, the Apostle Paul wrote: "But he said to me, "My grace is sufficient for you, for my power is made perfect in weakness." Therefore, I will boast all the more gladly about my weaknesses, so that Christ's power may rest on me" (NKJ, 1982/2004).

Like many survivors of trauma and violence, my experiences connect to the reality of Adam's original sin. Much like the "thorn" in Paul's flesh (2 Corinthians 12:7-9), life has presented me with my share of sharp thorns, and yet, God's grace is proven sufficient for all those who trust in Him. Therefore, my vigorous advocacy for women and children is the culmination of passion, persistence, and inner peace that surpasses all understanding. This study

aimed to develop community care and counseling initiatives by creating community mentoring programs and therapy parks that are culturally sensitive and take a unique approach to counseling. These programs will help address the barriers of medical mistrust, access to care, mental health stigma, and dissociative factors perpetuating trauma, grief, and violence within this population.

Per the ethical requirements, I recruited participants and informed them of their right to withdraw from the study, monitored their well-being for adverse reactions, and respected their privacy rights. This approach is essential to reduce researcher bias and maintain integrity in the research study. As the setting for this research was the Zoom platform, I communicated with participants online, and I did not have any personal relationship with any participants prior to their acceptance into the study. Additionally, at no point before, during, or after the research did I have any authority over the participants.

Data Collection

Collecting and analyzing qualitative data requires several approaches, including active reflection, several iterations of data collection, reflexive memoing, and multiple revisions of earlier themes (Morgan & Nica, 2020). For this study, the data collection methods were semistructured interviews, participant observation, and researcher field notes. Data collection through qualitative interviews can "generate new information and confirm or deny known information" (Brod et al., 2009, p. 1265). In addition, the researcher established rapport with each participant and provided information, including documents of adherence from the IRB, informed consent procedures, and incentives ($25.00 gift card) for participant involvement (Heppner et al., 2015). The researcher used an iterative process whereby each participant interviewed explored phenomena presented in previous interviews.

According to Brod et al. (2009), the goal of an iterative approach is not to reach a fixed point but rather, like a navigational system in a car, to employ flexibility not only to plot the direction but also to modify and adjust the course until the final destination is clear. The researcher's prior experience and preconceptions are vital issues in data collection and analysis; consequently, Morgan and Nica (2020) noted that the researcher's objective during this process is to be aware of and address these notions through an active reflection. Therefore, the researcher began an iterative thematic inquiry by clearly focusing on potential threats to the research validity by repeating and reexamining the data collection and analysis process to avoid idealism and bias. An iterative thematic inquiry in data collection requires that the researcher reexamine preconceived beliefs.

According to Morgan and Nica (2020), pragmatism determines how new data unfold and interpreted new information as potential themes emerge during data collection and analysis. Therefore, pragmatic insistence is used during the data collection process. The researcher, as an African American woman, mitigated bias through reflexivity (Braun & Clarke, 2013), bracketing (Williams, 2021), and conscious awareness of areas of potential bias to avoid (Collins, 2021). Brinkmann and Kvale (2015) noted that when qualitative interviews flow freely and offer participants autonomy to express themselves and describe experiences from their perspective, there is less personal subjectivity and persuasion from the researcher. Therefore, a certain amount of flexibility is essential in qualitative research to allow the researcher to probe and ask follow-up questions based on participant responses (Brinkmann, 2016; Rubin & Rubin, 2012). R. Roberts (2020) noted that qualitative research is a flexible research design that allows the researcher to explore phenomena using semistructured interviews and emergent probing. These approaches guide interviewers as new themes develop.

The researcher remained open and flexible throughout the data collection process and used follow-up probes to encourage detailed responses, which produced extensive data for analysis. According to Turner (2014), obtaining a vast amount of data is favorable as it reduces researcher bias, while Rubin and Rubin (2012) explained the importance of gathering as much data as possible to increase the phenomenon's scope. Researcher probes, according to R. Roberts (2020), include:

- Tell me more about…,

- Could we go back to…,

- Can you repeat that?

- And then what happened?

- How did that make you feel?

- What does _____ mean to you?

- Could you tell me more about…,

- What were your thoughts about…,

- Is there anything else that I did not ask you that you wish I did? (p. 3196).

Furthermore, R. Roberts (2020) explained the criticality of probing for details during qualitative interviews, noting that "researchers may need to use follow-up questions or probes to explore further the behavioral, cognitive, and emotional aspects of the experience. Answers to these questions provide the researcher with a more holistic view of the event, experience, or phenomenon" (p. 3194).

Interviews

After obtaining informed consent, the researcher interviewed 15 African American women who met the inclusion criteria. The study took place in Florida. The researcher conducted

the interviews via the Zoom platform, except for one participant who had difficulty navigating

the Zoom platform. The participant and researcher rescheduled at an agreed-upon day and time.

The participant met the researcher at the community center for a confidential interview. Each

participant selected the date and time for the interview according to their convenience. The

researcher sent private Zoom links to participants. After the initial introduction, the researcher

explained in plain language the reason for the study, how the research process would commence,

details of confidentiality, length, and expectations of the interview, risks and benefits, and how

the researcher would be sure to "do no harm" as the interviews and research begin (APA, 2017,

p. 57).

The length of the interviews varied from 45 minutes to 1 hour and 45 minutes. The

researcher protected confidentiality and privacy according to IRB procedures. The Zoom

platform created a convenient and comfortable setting for the researcher and participant to build

rapport, communicate, and record, review, and share information.

The researcher began each interview by informing the participants that their responses

would be recorded. The researcher refrained from recording any personal identifying information

and informed the participants that they were free to leave at any time. The participants' data

remain confidential through the use of pseudonyms. All interviews were audio recorded for later

transcription using the Zoom audio recording setting. The researcher took reflective notes as a

practical and analytical strategy, as noted by Birks et al. (2008), that enhances understanding,

observations, and communication. Morgan and Nica (2020) stressed that reflective notes from

memoing help to capture changes in the data collection stage as a way to "accomplish

progressive changes in beliefs" through the iterative thematic inquiry (p. 5). The researcher

concluded each participant's interview by asking if there were any further questions or concerns

or if they wished to add any additional information to the interview. Finally, the researcher confirmed that each participant had a copy of the signed informed consent document. This step was essential to ensure each participant could contact the researcher with any questions or concerns after the interview's conclusion. Below is a list of the questions the researcher asked during the interview sessions:

1. What is your experience with counseling programs, if any?

2. How do they help to care for mental health needs?

3. How comfortable do you feel asking for what you need?

4. Describe, in as much detail as you feel comfortable with, what your childhood experiences were like. (e.g., With whom did you feel the most safe? With whom did you feel the least safe? Why? Happiest moments? Most hurtful memories?)

5. Describe, in as much detail as you feel comfortable with, how you felt or how you think about significant events in your life, including the death of a loved one, personal assault or attack, loss of employment, divorce, loss of health, moving unexpectedly to a new place, etc.

6. Describe, in as much detail as you feel comfortable with, your family history.

7. Describe, in as much detail as you feel comfortable with, your ability to recognize how an upsetting experience has impacted your life.

8. Describe, in as much detail as you feel comfortable with, managing your feelings from these experiences. What is/was it like to experience that?

9. Describe, in as much detail as you feel comfortable with, managing conflict in your relationships with the following: familial, romantic, social, etc.

10. Describe, in as much detail as you feel comfortable with, one thing you would change from your childhood if you could.

11. Please describe, in as much detail as you feel comfortable with, how you felt or how you think the way you were parented impacts your parenting style.

12. Would you engage in mental health counseling if you believed it would benefit you and your family? Why or why not?

Participant Observation

The observation conducted during the participant interviews captured various nuances of how each participant answered the interview questions. For many participants, answering the interview questions felt like opening a wound that had never healed. However, when probed, they asked to continue the interview. Each participant engaged with passion and a deep sense of purpose as they recounted their lived experiences. I noted participants' mental health literacy and depth of understanding as I gathered information on their family history. Many acknowledged pride and anticipation around contributing to the study. I observed sighs and deep exhalations throughout my interactions with participants. I continued to assess each participant's comfort level as they expressed feelings of disgust and regret but also resilience and gratitude, which usually occurred as the participants' comfort level increased and trust developed. Audio recordings and field notes enhanced and supported the data. An audio recording captured meaningful moments during interviews.

Data Analysis

Qualitative research provides insight by emphasizing the personal inner world from the participant's perspective of what is said and written, as this is critical in data analysis (Williams, 2021). The central objective of qualitative analysis is to establish patterns, associations, assumptions, and themes (Braun & Clark, 2012). The researcher transcribed each participant interview. The interview transcription process required the researcher to open the password-

protected Zoom platform, open the audio-recorded interview, and play the recording. While the recording played, Microsoft Word transcribed the interview. After the recording concluded, the researcher replayed the audio recording and read the transcription to ensure accuracy. After the researcher confirmed the transcriptions were accurate for color-coding, the researcher completed the data analysis process and wrote up the findings and the conclusion. The researcher stored all electronic data on a password-protected computer located in the researcher's home, to which only the researcher has access. The researcher will retain all digital research documentation for three years. After three years, the researcher will destroy all materials.

Yeh and Inman (2007) emphasized the value of self-reflective and multicultural facets of counseling psychology within a phenomenological context. Alexander (2018) noted that qualitative researchers also "think about and reflect on the collected data with intentionality" (pp. 81–82). The researcher took field notes and audio recorded the interviews to enhance rigor and quality in this research. J. L. Johnson et al. (2020) explained the importance of refining research questions that are organized and broad, which allows participants to describe experiences openly and freely.

Williams (2021) argued that a dialectic component in phenomenology exists between individuals and their surroundings. The author further asserted the importance of looking at data from multiple views that consider participants' attempts to make meaning of experiences with limited understanding of their cognitive states, perceptional field, and experiences beyond conscious awareness. Additionally, Braun and Clarke (2012) stressed the significance of focusing on thematic meaning to allow researchers to make sense of collective experiences. These are essential concepts to consider in this study. As Major (2020) discussed, the experiences of African Americans are varied, with a collective history of persecution combined

with personal experiences. Alexander (2018) reported in a qualitative inquiry that the "lived experiences are culturally informed and created, all human beings' self-perceptions and understanding of social roles, social institutions, and social structures are affected by their culture" (p. 72).

Culture is also important for the researcher to consider. Therefore, cultural awareness is essential to accurately capture and interpret data. "Cultural perspectives are critical to include in our construction and deconstruction of data and theory" (Yeh & Inman, 2007, p. 379). An iterative approach to responding to research questions considers the group sample's culturally based perspectives to help describe what is not known, not well understood or contradictory as well as any misconceptions or unverified assumptions that exist (J. L. Johnson et al., 2020). J. L. Johnson et al. (2020) further noted that identifying the unknowns is essential in phenomenology.

In context, the research conducted by J. L. Johnson et al. (2020) connects with later research from Williams (2021) regarding the complexities of meaning-making throughout the research process. Furthermore, a qualitative design helps researchers establish conceptual support consistent with a detailed study design. Therefore, the researcher strategically structures the research questions around the topic. Heppner et al. (2015) noted the strategy of epoche or bracketing, defined as ways "to contextualize the data with openness, sincerity, and simplicity" (p. 389). This process is imperative to "guard against preconceived notions while allowing for the burgeoning of new, meaningful knowledge that transcends the phenomena under study" (Heppner et al., 2015, p. 32) while helping other researchers ask important questions for future research. Williams (2021) asserted that bracketing helps to demonstrate validity and clarify findings.

When the interviews were complete, the researcher read the transcripts to become familiar with the substance of the discussions and open-coded them in the same sequence. Then, the researcher noted keywords related to themes and color-coordinated those themes as they emerged. Next, the researcher used a different color hue to identify interrelated subthemes. Williams (2021) affirmed that themes develop from participant interviews when researchers employ a multilayered thematic analysis. Open coding aims to identify all critical aspects of the text to answer the research questions. Therefore, the labels of the open codes represent the text as closely as possible (Heppner et al., 2015). Finally, the researcher compared themes to provide overall results.

Trustworthiness

Korstjens and Moser (2018) noted that trustworthiness in research poses the question, "Can the findings be trusted"(p. 121)? According to Lincoln and Guba (1985), trustworthiness includes credibility, dependability, transferability, and confirmability. Stahl and King (2020) emphasized the significance of believability and truthfulness for research to have merit. Although quantitative research adheres to internal and external validity principles, expectations for trustworthiness guide the utilization of qualitative research approaches.. Additionally, the qualitative research study seeks to expand understanding by transferring results from one framework to another. Nowell et al. (2017) noted that to evaluate the trustworthiness of research, readers must be clear about how researchers conduct research and analyze data, as well as the assumptions that informed the process.

Thus, the pursuit of trustworthiness was ongoing and intentional in this study. Lincoln and Guba (1985) defined trustworthiness as the confidence of truth in research results, which establishes whether the information represents the original data and provides an accurate

interpretation of the participants' perception. Furthermore, qualitative researchers make every effort to obtain trustworthiness and promote confidence in research findings; nevertheless, even "with that confidence, readers would not expect to regenerate the same findings in their research applications. Qualitative research does not seek replicability" (Stahl & King, 2020, p. 26).

Stahl and King (2020) referred to researcher bias and assumptions as elements of the qualitative research process which are always present; therefore, the prudent researcher must "monitor the influence of their values and passions" (p. 27). In this instance, the researcher aimed to avoid bias and emotional reflections and create trustworthiness by producing work with thick descriptions while incorporating reflexive self-analysis, bracketing strategies, and research journaling. The researcher has adhered to ethical boundaries as established by the IRB. These boundaries are essential because the phenomenological inquiry requires sufficient time with each participant (Williams, 2021).

Additionally, validity relies on established results from trustworthy and impartial participant assessments (Collingridge & Gantt, 2019). Qualitative research helps to understand the phenomena of interest from the lived experience of the participants; therefore, the participants determine the credibility of the results. Therefore, for this research,, the participants could access interview transcripts during and after the interview.

J. L. Johnson et al. (2020) noted that member checking is a standard practice to increase credibility and confirmability of a qualitative study. Participants in this research study reviewed a copy of the transcribed interviews via Zoom to verify its accuracy. In qualitative research, this step adds validity and contributes to the trustworthiness of the data (American Counseling Association, 2014; Williams, 2021).

Credibility

In qualitative research, according to J. L. Johnson et al. (2020), the researcher is the instrument for data collection; therefore, applying standards of rigor and credibility is essential. Prolonged engagement, persistent observation, triangulation, and member checking are among the approaches to ensure credibility (Korstjens & Moser, 2018). Stahl and King (2020) noted that determining credibility is the responsibility of the research reporters and readers. Thus, the researcher applied the triangulation method to ensure credibility in this study. Korstjens and Moser (2018) noted that triangulation involves the use of various sources of information or techniques to establish specific patterns. In this research study, interview transcripts, field notes, member checking, and debriefing were used to triangulate the data. Carter et al. (2014) noted that data source triangulation is the collection of research data from various people (i.e., individuals, families, and communities) to obtain multiple perspectives and to safeguard data dependability and credibility. Additionally, Korstjens and Moser (2018) posited that "credibility is the equivalent of internal validity in quantitative research," underscoring aspects of truth-value (p. 121).

Dependability and Confirmability

Moon et al. (2016) noted that dependability in research is the stability of findings over time. The consistency of the research findings allows for the study's replication and confirmability. The extent of neutrality and objectivity used during the examination is what Lincoln and Guba (1985) noted as confirmability. Moon et al. (2016) explained that dependability increases confidence in research and is particularly relevant to natural and environmental sciences as a quality measure. According to Collingridge and Gantt (2019), research must be appropriately free of bias to consistently produce the same results as other

studies in similar contexts. The researcher implemented reflexivity in this study to reduce bias

and increase dependability. The idea of reflexivity is the awareness that, as the researcher, I have

some influence on the process. Using reflexivity throughout the research enabled me to be

mindful of how biases influence my interpretation of the research data (Moon et al., 2016).

Transferability

Stahl and King (2020) described transferability as adherence to the framework that

"patterns and descriptions from one context may apply to another," (p. 27) noting the importance

of learning from study extensions while not limiting the original research study. Thus, a central

part of qualitative studies is to search for understanding from earlier qualitative research

inquiries. In addition, inclusion criteria and sampling factors such as the location of the study,

number of participants, demographic elements, and data collection timeframe underscore

transferability and how it is communicated (J. L. Johnson et al., 2020). This study's detailed

results contribute to credibility and ensure dependability to help the reader determine appropriate

research practices and guide future researchers to repeat the study.

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Ethical Considerations

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This phenomenological research study involved human participants; therefore,

understanding the ethical considerations of informed consent, confidentiality, and IRB-approved

documents for the study was paramount. Monaro et al. (2022) noted that within qualitative

research, ethical issues emerge with every change to research-related decisions approved by IRB.

According to Heppner et al. (2015), ethical dilemmas are closely associated with research

designs. Therefore, ethical principles dictate the boundaries of the research, including approval

from the IRB before research is conducted, adherence to informed-consent regulations, citation

of sources and intellectual property, confidentiality, data security, and other research regulations. These regulations also include the process of data saturation.

This study was driven by these essential tenets, including terms for establishing rapport with participants, adhering to IRB standards of ethics, and completing data collection and analysis. The researcher carefully screened and selected participants for the interviews who met inclusion criteria. Participants were screened both verbally via phone conversations and through email. After confirming the participants met the inclusion criteria, I scheduled the interviews for the same week. Reid et al. (2018) noted that these well-established principles and guidelines for conducting research, from gaining initial consent to interacting with participants according to a step-by-step process, create ethical tensions and dilemmas that arise before, during, and after research. The researcher initiated the highest standard of performance to protect the integrity of the research study and adhered to the principles of beneficence, equity, and non-maleficence (do no harm). These ethical considerations guide the researcher to act with integrity and professionalism within the vocation of counseling (APA, 2017).

The researcher provided written consent to all participants after completing the screening process. I reiterated the interview structure from beginning to end before starting the process. I informed participants that their involvement in this study was voluntary, and they could withdraw at any time. I asked if there were any questions before and after the interview to ensure participants fully understood the process. I offered to answer questions at any time during the interview. Interviews were conducted privately to adhere to the ethical consideration of confidentiality in proximity. The data are stored securely on a password-locked computer. Pseudonyms to protect the identity of each participant and consent files, field notes, and audio recordings were stored and filed separately. Participant files cannot be linked to audio recording

or field note data to safeguard all personally identifying information. Only the researcher has access to participant data.

Ethical considerations involving risks are essential. The risks involved in this study were minimal, determined to be equal to the risks one would encounter in everyday life. However, I listened to each participant to assess for physical or psychological discomfort. From the beginning of each interview, I informed each participant of their right to end the session. Participants were also offered assistance through the SAMHSA National Helpline if needed. I reviewed the interview transcripts with each participant to allow them to make corrections or add further explanations regarding the interview questions and responses. I communicated my commitment to their safety, confidentiality, and comfort throughout the process.

Summary

In Chapter Three, I explained the research topic and design for a qualitative study to examine 15 African American women's awareness and understanding of trauma exposure from their childhood and how it has impacted their lives and that of their offspring. The study describes stress responses within the context of intergenerational trauma, TGT's impact on parenting styles, and how TGT can lead to complex PTSD schemas over the life cycle. This study reveals a critical gap in the literature relating to ACEs in parenting and TGT. In addition, socioeconomic factors and the harmful impact of living in a disadvantaged neighborhood are considered essential to research.

The researcher constructed the design and research questions around the topic. Then, the researcher selected the participant sample from a community center in Florida. The researcher gave each participant the opportunity to express concerns and ask questions before, during, and after the study. The population chosen for this research provided insight into how historical,

familial, and social constructs frame perceptions and trends with this demographic and how these delineations hinder counseling interventions. Finally, the phenomenological process allowed the researcher to peel back the complex layers of this phenomenon (Creswell & Poth, 2018; Ferguson, 2021; Kahlke, 2014; Kruth, 2015; A. Lewis, 2020; Newman & Clare, 2016; Richard, 2021; Vagle, 2018; van Manen, 2016). This research aims provide mental health practitioners with a clearer understanding of the present mental health issues that contribute to how African American women perceive their lived experience and meaning-making processes. Consequently, in many African American communities, trauma manifestations are perceived as demonic or supernatural occurrences (Bademosi, 2020; Parks, 2020) rather than the result of unresolved grief and trauma, leading to lack of ability to recognize affect dysregulation, self-regulate, and manage stressors decisively.

The researcher appropriately structured the study to enhance validity and dependability and minimize researcher bias through self-reflection and journaling to ensure ethical engagement with all participants and ethical practices in data collection and theme development. Following through with reflexivity, field notes, and journaling before, during, and after research helped the researcher comprehensively examine any underlying factors that could explain cultural differences in patterns of belief, behaviors, and interpersonal relationships and provide a transferable analysis of the topic under examination. Additionally, remarkable advancements in neuroscience research are making strides in counseling modalities such as CBT, epigenetics, and neuroplasticity. Study results revealed gaps in mental, emotional, and physical care, calling attention to complex trauma and the need to employ novel counseling methodologies to provide culturally competent answers to shift the paradigm.

Resiliency and effective coping in response to traumatic events widen the possibilities and opportunities in treatment related to brain development and neuroplasticity. Counselors working with African American female clients impacted by historical trauma must be culturally humble and responsive to their lived experiences. Research in traumatology has the tremendous opportunity to create a new paradigm of approaches that would care for the triune being of the human: mind (psychology), body (physiology), and soul (spiritual). This three-dimensional approach will help guide clients toward PTG, self-regulation, strength, and courage. James 1:4 states, "And let endurance have its perfect result, so that you may be perfect and complete, lacking in nothing" (NKJ, 1982/2004).

Chapter Four: Findings

Overview

This qualitative phenomenological study aimed to examine the psychosocial impacts of unresolved grief and trauma within parenting among African American women in Florida. The following research questions addressed psychosocial adversity, parenting practices, and barriers to counseling (help-seeking behaviors).

Central Question

How has trauma exposure affected African American women's awareness of their traumas within their lived experience and parenting practices?

Subquestion 1

How has TGT impacted African American women's perception of survival mode stress reactions and the reality of trauma within parenting styles?

Subquestion 2

How do African American women describe trauma exposure from their childhood, and how has it impacted their lives?

Subquestion 3

How has African American women's exposure to maladaptive parenting styles affected their awareness of TGT and their response to the needs of their offspring?

The goal of the research was to understand the psychosocial impact of intergenerational trauma in the lived experiences of African American women in the United States by examining parenting styles, family emotional systems of attachment, help-seeking attitudes, and meaning-making. Literature shows emergent patterns in this demographic related to chronic stress, substance misuse, child maltreatment, and intergenerational trauma (Elliott, 2022).

Semistructured interviews were conducted via Zoom, during which the participants described their lived experiences dealing with intergenerational trauma, ACEs, help-seeking attitudes, and parenting practices. Participants were privately interviewed, and the interviews were audio recorded. The data were then analyzed using iterative thematic analysis, which Braun and Clarke (2012) stressed allows researchers to make sense of collective experiences. Multiple codes and themes were created to describe the phenomenon from African American women's perspectives. This chapter presents demographics of participants, data collection procedures, and data analysis. A description of the codes and themes identified during the thematic analysis is also provided.

Recruitment of Participants

Research data were collected from 15 African American women ages 26 to 77 years old. Participants were recruited via Facebook advertisement and the community center message board. The researcher screened each participant using the following IRB-approved questions:

1. Age

2. Race

3. Where were you raised and currently live?

4. What is your family dynamic (i.e., where the parent is married, divorced, single parent, foster parent, adopted parent, or other)?

5. Are you a mother (this includes stepparenting and adoption)?

6. How many children do you have/parent?

7. Have you experienced trauma or adverse childhood experiences (including poverty, emotional abuse, physical abuse, sexual abuse, domestic violence, and other adverse childhood experiences [ACEs])?

The researcher reviewed the screening questions with each participant and chose only those who met the inclusion criteria. Facebook recruitment yielded 12 participants, and the community center yielded three.

The researcher selected a total of 15 women for the study. Pseudonyms were assigned to protect the identity of each participant. The researcher reminded each participant that participating in this research project is voluntary and confidential. Each participant acknowledged that they understood what the study was about and signed the IRB-approved consent form prior to taking part in the study. The researcher selected 15 African American women for this qualitative research study. Participant demographics are presented in Table 1. Inclusion criteria for this study included: being a Black/African American or Afro-Caribbean female, born in the United States, 25 years of age or older, a mother (this includes stepparenting and adoption), and having experienced trauma or ACEs (this included but was not limited to poverty, emotional abuse, physical abuse, sexual abuse, domestic violence).

Table 1

Participant Demographics

Participant #	Pseudonym	Age	# of children	Family dynamic
001	Liz	25	1	Adopted
002	Gracey	53	3	Parents divorced
003	Mimi Ann	53	3	Parents divorced
004	Brooke	48	2	Single mother
005	Melody	42	2	Parents married
006	Nelly	59	4	Single mother
007	Mona	77	4	Parents married
008	Miracle	46	1	Parents divorced
009	Nadine	37	2	Single mother
010	Eva	44	2	Parents divorced
011	Sonya	35	1	Parents divorced
012	Arteria	42	4	Grandparents
013	Bella	45	4	Single mother
014	Tera	51	3	Adopted
015	Wilma	42	4	Single mother

Participants

Liz

Liz is a 27-year-old African American woman and single mother of one child. She and

her three siblings were adopted by a single mother when she was 6 years old. Liz explained that

her family includes a biological mother, whom she stated struggled with substance misuse, and

her biological father, whom she has only met since becoming an adult. Liz stated that she and her

siblings grew up with their adoptive mother. She noted that her absentee father created a sense of

rejection in her childhood. She was a teen mother, and after graduating from high school, she left

her adoptive mother's home and experienced chronic homelessness for most of her young

adulthood. Liz stated,

> My mother was hinting at me that she felt that it would be the best decision if I would
>
> leave, and she kept constantly talking about it, so I did what she wanted, and I packed my

stuff, and I left, and for almost two years I was homeless, and I was couch hopping and

with other people for short periods of time.

She explained how she suffered from feelings of rejection and parentification, as her foster

mother relied on her to take care of the house and cater to the needs of others. She lived in

shelter homes throughout the county and felt depressed because she felt there was no one to talk

to about everything she was going through. She said,

And as a result of me trying to ask for help and not receiving that help, I felt like I was

alone, and as a result, I face thoughts of suicide and trying to end my life. I really didn't

have anyone to talk to every time, which made it worse, and as a result of me trying to

ask for help and not receiving that help, I felt more alone.

Liz expressed feelings of rejection from her biological parents and is no longer on speaking

terms with her adoptive mother. Liz stated she experienced suicidal ideation because of her

mental health challenges.

Gracey

Gracey is a 53-year-old African American woman and a mother of three. She was not

married during the time of this study. Her family dynamic includes parents who are divorced.

Her ACEs include trauma, sexual abuse, domestic violence, poverty, and mental and physical

health challenges. Gracey shared her experiences with a mother who loved her and her siblings

but suffered years of domestic violence. Gracey said, "She took a beating for us and, you know,

never allowed us to go hungry no matter what she had to do, or how hard she had to work."

Gracey mentioned that her father would beat her and her siblings with "whatever he

can get his hands on." She found herself in abusive relationships, stating, "I would never allow that to happen to me, and it did." Gracey repeated the pattern of abuse, marrying men who battered her.

Gracey stated that the trauma she experienced in her childhood and adulthood made her prefer to be alone. She said she desired "to stay safe in your own shell; I don't allow a lot of people to attach themselves to me anymore because all they leave is a residue of pain." Gracey stated she had to decide to get out of abusive relationships because she put herself and her children in danger. She stated, "Life or death; it had to stop." She continued,

> I literally almost lost my mind. Couldn't sleep and didn't eat. I lost my hair. It was serious. It's kind of crazy because, I lived with friends. I lived with my niece, and I snuck back to live in my own home. I knew then it really would have turned ugly. So, I hid it from all of them, and I was alone, and you know, I prayed. I said look you gotta help me 'cause I don't know what else to do, and I'm trying to do it the right way. And I just prayed.

Mercer (2019) reported that cases of "domestic violence, poor parenting skills, or mental health problems on the part of the non-preferred parent have caused a child to avoid that parent" (p. 357). The author further noted that the failure to acknowledge and resolve these family conflicts appropriately leads to increased family dysfunction and intergenerational trauma resulting from parental alienation, a common strategy used by one parent to turn the child's emotions against the other parent.

Gracey noted that her parenting style is "overprotective." She stated that her children were not allowed to leave her side. Gracey believes that she never knew what love was because

she felt she had been "looking for daddy's love and finding abuse." She said her dad neglected

their emotional, physical, mental, and spiritual well-being. Gracey explained,

> You look for your daddy; well, you never had it at home, and you ask, is this how
>
> someone supposed to love me? You look for someone and find someone just like your
>
> father because you felt like he didn't say he loved me, but he's a good provider. But
>
> knowing that even though he's a good provider, he haven't met all those other needs that
>
> a daughter needs from her father—that protection, that understanding, that open
>
> communication, that neediness to be there.

Gracey stated she is more aware of her trauma in caring for her grandchildren than she was with

her children.

Mimi Ann

Mimi Ann is a 53-year-old African American mother of three. She lives in a halfway

house, and she and her husband are separated. Her parents are divorced. Mimi Ann has been "in

the system" since childhood, including in foster care, and the prison system. Her father was in

the military and had a volatile temper, and her mother was diagnosed with paranoid

schizophrenia when Mimi Ann and her siblings were children. She and her siblings were placed

into state custody after her mother tried to kill them. Mimi Ann stated that domestic violence and

substance use was part of her upbringing. She stated she moved from one foster family to

another, never feeling loved or accepted.

Mimi Ann stated that she suffered abuse, sexual assault, and violence in the second

foster home. She lowered her head and sighed deeply when speaking about her family history.

She stated, "We have all been a part of the system at some point. Even my children, they have

been part of the system, whether it be first care group homes or the penal system." Mimi Ann's

experience with ACEs led her to look for "other methods of comfort." She stated that drugs became a part of her life, and she tried to commit suicide by cutting her wrist, taking pills, and drinking over half a gallon of liquor. She also recalled when she held a pistol and imagined shooting herself because she felt alone and cheated her whole life.

Mimi Ann reported never hearing the words "I love you" and "not getting a hug or getting a kiss goodnight or being read a book." Mimi Ann repeated the cycle of substance misuse and stated she was arrested multiple times. She expressed deep regret and guilt regarding her children, all of whom have repeated the same cycle of sexual abuse, domestic violence, and incarceration. Her mental and physical health has suffered through the years. She found out she was HIV positive several years ago and is adherent to her antiretroviral medication.

She is determined to find what she calls the "invisible thread" to get the help she needs. Mimi Ann said, "I have to connect with somebody to be able to get help, like how we kind of connected. You know what I'm saying? It's gotta be some kind of, like, an invisible thread that mends us together." Mimi Ann explained her idea of connecting to a suitable mental health therapist as a "kinship." She said,

> I had the opportunity to have some mental health counseling, and I don't think my counselor and I, we were okay, but there was still some untraveled territory because I, for some reason, I couldn't bring myself to get close enough to her to share things with her. Like it was no, I guess the word would be kinship to her. I just didn't feel comfortable sharing certain things with her.

Brooke

Brooke is a 48-year-old single mother of two. Her single mother raised her, and her father was absent during the formative years of her life. She explained that her mother was a teen

mother, having had her at 15 years old. Brooke's maternal grandmother helped her mother as a young teen parent but also had to work hard to manage economic struggles. Brooke went through ACEs, including sexual abuse, domestic violence, and depression.

Brooke stated that she developed anxiety from a young age because of sexual abuse and the fear of losing her family (her mother and her sister) if she told her mother what was happening while she was at work. She repressed her emotions out of fear. Brooke stated she kept the secret from her mother until she was 16. After telling her mother what happened, she stated that her mother became overprotective. Brooke said, "My mom cried a lot, and she became very overprotective." Brooke described experiencing regret and grief since childhood because of her absentee father. He passed away unaware of her isolation, pain, and lack of trust. Brooke said,

> Whether it's family or friends or getting to know someone, um, that affected my trust a
> lot, and still, to this day, I don't like to be in unfamiliar places with too many unfamiliar
> people because I never know. I always feel like, what if? What if something happens?

Brooke stated that her children had also been impacted by her history of trauma, and that her son is in therapy now as well.

Melody

Melody is a 42-year-old mother of two. She is divorced and comes from a family where she experienced early childhood neglect, sexual abuse at 13 years old, kidnapping, and grief from her father's death. Her mother was responsible for the family because of her father's lifestyle and substance misuse. Her father was a drug dealer and went to prison when she was 9. Melody said, "He was in jail for three years. That was a rough three years."

Melody explained that her experience with sexual assault as a child gave her a negative view of men and made her less trusting of them. She further stated that she grew up in a culture where many girls became teen mothers. Melody stated,

> I think that it [going through sexual assault] gives me a very negative view on men, not all men, but men that you know that prey on young girls. And I think that it's far more prevalent than we let on. A lot of my friends in school when I was growing up, you know, they are mothers at young ages, and you know, it wasn't with boys their age, you know, it was with grown men.

Melody noted that talking to those with a similar lived experience helped her know she was not alone. She has learned to look at the root cause of problems. Melody expressed sorrow, wishing her parents had been more present in her childhood. She stated that she had to figure things out on her own at a very young age because her parents were not there to help her navigate puberty and support and guide her. She felt alone. Melody said, "If I could change something from my childhood, I would have liked for my parents to be more present during my adolescence when I needed them the most."

Melody explained that she did not want to raise her children the way her parents raised her; however, she mentioned that her daughter stated that she noticed the same behavior traits in her grandmother manifesting in her mother. Melody said,

> It's funny that sometimes they say, you know, the more you try not to be like your parents, the more you end up being like them. And I always tell myself I don't want to do the things that my mom did. And my daughter always points out to me like, you're just like grandma. So, I try not to do some of the things, and I think I'm a little better at some

things, but at the root, we kind of have the same kind of personality, really like kind of bossy and like try to micromanage everything.

Nelly

Nelly is an African American 59-year-old mother of four. A single mother raised her; Nelly never knew her father. She endured verbal and physical abuse at the hands of her maternal grandmother. When probed, she noted she felt unsafe and "got used to feeling unsafe." Nelly's mother never married and suffered several health conditions over the years. Unfortunately, Nelly's mother died when Nelly was only 13 years old. When asked how she dealt with her mother's death at such a young age, Nelly stated that "it was all life." She explained that losing her mother was the worst day of her life; however, she said, "You just get over it." Nelly expressed deep grief about losing her mother, stating that she thought her "mom was superwoman." When asked about her father, Nelly stated that the conversation about her father never came up.

Nelly explained that she feels disconnected from trauma and cannot ask for help even if she knows she needs it. Nelly said,

> I don't ask anybody for anything. If I want something, I have to go out and get it myself. I leave, and I tell people if you tell me no, it's gonna upset me, so I try not to ever be in a situation where I would have to ask you even for a glass of water. I'd rather go without than to ask anybody for anything. I'd rather go without.

Nelly further noted that she grew up in a family dynamic where no one asked for anything; therefore, she learned not to ask for help. She stated that when she became an adult, she continued to adhere to that belief system. Nelly said, "I raised my kids how I was raised."

Mona

Mona is a 74-year-old African American single mother of four. Mona stated that she has never engaged in counseling, although she feels it is needed, particularly in the African American community. Mona experienced her father's death at the age of 3 and ongoing bullying throughout her childhood. Mona explained that her mother had to work outside the home after her father died, noting that "she had to make sure everything was taken care of" for the family. She admired many of her mother's qualities, and one of those qualities was being a strong woman able to take care of everything.

When asked about growing up without a father, Mona responded, "I believe that everybody's daughter needs her dad. And I believe that if I had my father speaking to me, it would have given me self-confidence." She stated that she always felt insecure and "not enough." Mona noted that she is not comfortable asking for what she needs. She stated that she is unsure why but believes it is because she felt low self-esteem and unworthiness throughout her life. When asked about conflicts in her life, Mona stated, "The way I deal with them is all the same; I abort and deny. You know. I'm very nonconfrontational."

Mona expressed never feeling valued and never fully trusting men because of domestic violence. As a young adult, she experienced several abusive relationships. Speaking of one such relationship, Mona said,

> We had children together, but there was always verbal abuse and then physical abuse. Physical abuse involved where he choked me and pulled guns on me. I felt worried about that because by this time, I had my children, and I always try to take care of my kids, you know?

Mona dealt with divorce and depression; however, she noted that getting a divorce was a relief for her as it enabled her to get out of the abusive relationship. Mona stated that she held on to her faith in God through all her trials and adversity. Mona said, "Through the entire thing, I was just thanking God that it was no worse than what it was." Mona has suffered from various physical health issues, including having a heart attack. She stated there were countless times that she had to "jump up and run, take my kids and run because of abuse." Suspicion and distrust have affected her life to the degree of avoidance, making it "difficult to be her authentic self at all times."

Mona expressed the need for more programs in African American communities when asked about mental health counseling. Mona said, "[I] think that is very important. . . . I believe that it's something that's quite neglected, especially in our group of people, that we tend to keep things in and not express ourselves.

Miracle

Miracle is a 46-year-old African American married mother of one child. Her parents were divorced, and she grew up without her father. Miracle has experienced domestic violence, rape, divorce, and mental health challenges. Miracle stated that counseling helped get her through challenging times. She feels mental health therapy is essential to help communities of color manage significant life difficulties. Miracle said, "It was a good experience. Those sessions helped me get through difficult times after my marriage ended in divorce. Counseling helped me arrive at the difficult decision."

Miracle described feeling like a burden and not wanting to be in the position of needing help from anyone. Miracle said her father was physically and verbally abusive to her mother, which caused her fear and anxiety. Miracle said,

How he would beat her would be more traumatic. He pulled out a hammer and said he

was going to beat her with a hammer. He beat her with a frying pan. Police said if she

went back, he would kill her. She would always go back. We got older and more vocal.

We said, "If our mom goes back, we will not." My mom's excuse was always wanting

both parents in the home.

Miracle spoke of a family history saturated with early mortality, infidelity, bitterness, and

brokenness. She explained,

My father grew up very abusive. He was rebellious and left home early, very bright but

broken. I don't know why but that brokenness caused him to turn to drugs. When we

were with him, he was on drugs and homeless. I found out he passed away four years

ago.

When asked about her feelings about her father's passing, Miracle expressed a piercing

sentiment of regret and abandonment. Miracle said, "There was no relationship at all. I didn't

cry. The second day it hit me. I was mourning the relationship we didn't have. He passed away

alone." Miracle also noted that violence and alcohol addiction run in the mother's family. Her

mother's dad abused her mother and grandmother. He later "killed himself."

Emotional cutoff in family systems is prevalent and manifests in isolation, withdrawal,

and rejection (Rajaratnam, 2021; Sheffield, 2019). Miracle spoke about the "strange and

damaging behaviors" she witnessed in her siblings and other family members. Miracle also

stated that she "has a tendency to have uncontrollable crying and bouts of depression." She said,

It's gotten better over the years. There was a lot of resentment. She would say, "I want a

better life for you." She was harder on me than the rest of my siblings. I was left to fend

for myself, and now that we are older, I give her a lot more grace. She was a young

parent; she did the best she could with the knowledge she had.

When asked if she could change one thing from her childhood, Miracle's answer was short but

soberingly common to the lived experience of others. Miracle said, "I would change domestic

violence from my family in general." She went on,

> I learned a lot of what not to do. I learned a lot about what to do. I applaud my mom for
>
> making sure we grew up in church and had that foundation. I give my son grace, and I try
>
> to make sure I listen to him and allow him to express his feelings even if I don't like how
>
> he is expressing them as long as he is not being disrespectful. It's about communication. I
>
> think that's where we go wrong in our culture as Black people, is we think what happens
>
> in this house stays in this house, and that's part of the reason why domestic violence
>
> thrives, and molestation and incest thrive.

Nadine

Nadine is a 37-year-old African American woman. She is a divorced mother of two

children. During her childhood, Nadine's family consisted of parents who divorced because of

domestic violence when she was a small child. Her father did not come around anymore after the

divorce, and her mother's personality changed after remarrying a man who would later sexually

assault Nadine until she was 12 years old. Nadine expressed grief and regret at losing her

childhood to sexual abuse and a family history she described as "chaos." Nadine said,

> It felt like pure chaos. Having to be a child to break up a fight between adults that are
>
> way bigger than you. It was stressful. I used to have constant headaches and migraines to
>
> the point that sometimes, I would black out, crying a lot, and being scared of something;
>
> you know, was happening—all the time.

Nadine expressed closeness with her maternal grandparents, although there was domestic violence in her grandparents' relations as well. She stated she did not feel loved or safe with her mother because of her cruel treatment and profanity used toward her. She was confused as a child and stated it was chaos in her home that caused her to repress her emotions and never speak about the incidents of abuse, violence, and sexual assaults.

Eva

Eva is a 44-year-old African American single mother of two. Her parents are divorced, and according to Eva, domestic violence and infidelity were ongoing issues in the family. Eva endured poverty, childhood sexual abuse, domestic violence, and mistrust of government and social systems as a child. Eva explained that she has difficulty asking for help, and when probed, she answered that she doubted that she would receive help if she asked for it. She noted that she feels "looked down upon or judged" if she asks for help.

Eva witnessed domestic violence from an early age in her home. She stated that her father was a violent man who served in the military. Eva explained that in her adulthood, she had to learn to forgive her father for beating her mother. She stated that her family is not close knit. She noted that her mother isolates herself from everyone now, preferring to be alone. Eva's mother was a young mother and wife who stayed in domestic violence for the children's sake. Eva said, "When it comes to marriage, I have not yet in my family seen stability." She stated that divorce runs in her family.

As a single mother, Eva explained the difficulty of managing work, parenting, and finding a suitable person to watch her children while working. Eva expressed regret about not "having the privilege to be married." She is concerned about families today, stating that many

issues arise when children are raised without a father. She strongly believes in listening to children, respecting them, and responding to their needs appropriately. Eva said,

> But the kids watched our thing the whole time because adults today feel like children have no say. Yeah, they may not have any say, but it doesn't mean that they don't watch what you do and listen to what you do, and you don't know what they've heard and because you lack the communication skills with that child or ban them for speaking on such things that doesn't mean they don't have feelings.

Eva is aware of and very concerned about stopping the generational history of abuse and mistrust in her children. She stated that she does the opposite of what her parents did in her childhood. Awareness brings change, and today, Eva expressed that she took responsibility for her children, educated herself, worked full-time, and wanted a better life for her children. She said,

> I love all my kids. I try to embrace them. Listen to them. Communicate with them to the point that my mom gets aggravated about it. Like she says, "You should not allow them to talk to you that way; you shouldn't allow them to say that." Well, they're not disrespectful at all. It's just that they're human beings, and I just feel like because of my family, my mom, especially because she wasn't so nurturing and loving to them like her love is like yelling or talking at them. My love is like, hey, you know, I love you, give you hugs.

> Eva explained that stress impacts her parenting. Additionally, she described not being able to have a consistent romantic relationship. The inability to engage and develop healthy, intimate relationships may result from an insecure attachment developed in early childhood

(Bocknek et al., 2020; Jacobs, 2020). When asked about one thing she would change about her childhood Eva's response was heartfelt. She said,

> Love, respect, and value each other. Well, we all are a product of our environment, whether we wanna say we are or not, whether you live in the hood or live in the best neighborhood or you live in the richest neighborhood. We are all the products of our environments, but when it comes to, like, your inner household, you know it's always different.

Sonya

Sonya is an African American single mother of one young son. She was adopted at 6 months old and has suffered from feelings of abandonment for as long as she can remember. Her biological mother had her at 16. Her adoptive parents are divorced, and she described growing up in a strict church. Sonya has experienced childhood abuse, rape, domestic violence, and mental health crisis. She acknowledged that she needed counseling, but it was frowned upon in his family and community. She had to hide her emotions, so she did not know how to ask for what she needed. Sonya said,

> I am learning or trying to learn to ask for what I need and not hide behind the persona of "everything is okay." I am learning to say "no." I am learning to advocate for myself. I was so used to giving and people taking. I am not used to understanding my needs or even how to vocalize that.

Sonya feels that in her culture, self-expression was not accepted. She explained being sexually assaulted when she was younger:

> I felt I didn't have power. I didn't have any power sexually. I didn't know how to say no or that I was uncomfortable. So, because of all that I have had, like diminished feelings of

my sense of self, sense of body, sense of worth, stuff like that, um, you know, I've been

suicidal. I've got into really bad relationships and still went along with things just

because it goes back to that.

Sonya stated that if she could change one thing from her childhood, she would want to

feel loved. When questioned further, she responded in a way that provides valuable insight on

how to halt to transfer of TGT. Sonya said,

I wish I felt more loved. I used to eat to comfort myself and gained a lot of weight. If my

parents showed me how important I was to them and taken the time to drill home that you

are everything, that would have made a big difference. I feel like there would be less

damage. I feel like I am a lot of broken pieces that are trying to come together. My

parents didn't talk to me. I was not made to feel like a full being or a full person with

thoughts and emotions. I'm not perfect, but for my child, I don't want that for my son.

Arteria

Arteria is an African American single mother of four. She stated that her grandparents

raised her. She experienced childhood abuse, fatherlessness, violence, domestic violence, and

homelessness throughout her childhood. Arteria stated that she was dealing with trauma she did

not understand. She explained that she lost her mother at a young age. She stated that "knowing

where the trauma was coming from helped me to understand where it was affecting me in my

adult life." She has difficulty asking for help and noted that it is not one of her strongest points.

Arteria stated that she suffered in her childhood because of domestic violence and harsh abuse

from her grandfather. Her father and mother were not in her life; therefore, her paternal

grandparents raised her.

Arteria shared accounts of abuse at the tender age of 5 at the hands of her grandfather. Trauma from the abuse made her numb, and like so many children who live with unimaginable violence, she ran away. Arteria said, "I became numb to the beatings, and I guess he'd seen that. I didn't cry anymore. When he would beat me, and then shortly after that, I ended up running away." Arteria stated that her mother's mother died at a young age, and so did her mother. She believes that she must do life independently, including parenting and managing her home.

The SBW persona she portrays is common when many women feel they have no choice except to manage life alone. She said,

> I'm really good at painting that picture. I mean, even the strongest people still need people to lean on and know when to ask for help. So many people still don't know my story and my Family. It is a hard one to explain. They will come and ask for advice and stuff from me because they think my life is all together.

Arteria has developed a tremendous amount of grit and resilience despite her circumstances. When asked if she could change anything from her childhood, she said,

> I don't think I would change anything. I say that because every situation I've been through has taught me things that I would not do with my children, especially when it comes to physical abuse. I'm able to discipline them without having to use physical abuse, and not being raised with both parents or having the first child either taken or given to another family member.

Arteria stated that she can move past those painful experiences by seeing them as "lessons." She noted that it took years before she finally came to terms with how her grandfather treated her in her childhood. Arteria expressed positive views on mental health counseling, stating that it is a point of healing. She noted that counseling in the African American

community is stigmatized because many lack the knowledge and understanding of the benefits of mental health counseling. She said, "It really is a healing point that you didn't know would change your everyday life because you're getting those traumas to come to the surface."

Bella

Bella is a 45-year-old African American mother of four. She comes from a single-parent home; her father was absent. Bella experienced sexual abuse, teen pregnancy, neglect, domestic violence, and addiction. Her mother was a hoarder, and her father was not in her life.

Bella has sought therapy in the past, noting it was difficult to ask for help, but she has become more comfortable asking for what she needs as her self-esteem and confidence have improved. Bella said,

> I'm more comfortable today than I was previously. I didn't even consider really my needs. They were just reactions and impulses. Well, wondering why I was doing things without consideration of outcomes or consequences. It had to stem from somewhere. And I didn't take the time to ask what I needed. . . . I wasn't very self-aware.

When asked where these behaviors came from, Bella pointed to growing up in a home where she did not feel loved, yet religion was practiced ritualistically. She explained that her stepfather sexually abused her, but her mother's loyalty was to her husband (the stepfather) and not her children. Bella stated she would repeat her mother's behavior by putting a man before her children, even though the experience was painful in her childhood. Bella said,

> Well, once it was found out that he [her stepfather] was talking dirty to me, wanting to have sex with me. Showing his private parts and I had it taped. DCF [Department of Children and Families] got involved, and they removed him from the house for a year. But she took him back.

Bella noted that the abuse in her family was overshadowed by betrayal and chronic stress. Bella said, "There was a period of time where I got so exhausted and overwhelmed. I didn't want my own kids. I think I was about 14 or 15." Bella married at 14 years old, stating her parents not only consented but forced her into the marriage because she already had a child and was pregnant with her second child. Bella said,

> I didn't have any value or worth. I wasn't important to her. And there's something that stuck with me. And I just remember it. I felt like a victim. And I don't think I got past it because I think sometimes I'm standoffish with my own children, especially like with thinking about the little ones, and I am somewhat distant from them.

Bella stated she is doing everything she can to change the model of what she experienced in her childhood and adolescence. She mentioned feeling numb because of the murder of her sister and the family dynamics surrounding it. She also expressed numbness regarding the death of her father. Bella said,

> My dad died last year. I acknowledged him, but I felt nothing 'cause I didn't know him, and I didn't have a relationship with him. And not because I didn't try, 'cause I did whatever I could to have a relationship with them.

Bella experienced domestic violence in her marriage. She stated that there was so much she did not understand as a young mother, including the impact domestic violence and addiction would have on her children. She has dealt with addiction for many years and mental health challenges while raising her children. Many of her relationship problems were lived out in her parenting style, as she experienced in her mother's parenting practices. She decided to go into treatment for her addiction. Bella said, "I was dealing with learning what loneliness being alone was, and I was scared. And didn't know where else to go." Bella also acknowledged that over the

years, she has learned to give herself more grace by understanding that she did not have "healthy

role models," which impacted her decision-making and behavioral patterns. Bella said,

>   I was trying to save people because I wanted to be saved and wanted to be seen. I'm
>
>   thankful when I have a high moment where I can pick out my patterns, and my behaviors
>
>   so that I can do something about them.

Tera

Tera is a 51-year-old African American woman with three adult children. She was

adopted as a child and has experienced abandonment at birth, sexual abuse, verbal abuse from

her adoptive mother, and domestic violence in her marriage. She expressed deep concern for her

children after an incident in the church that involved her adoptive mother. The incident created

mistrust and disillusionment in Tera's life. She also expressed her deep love and devotion for her

adoptive father and stated that after he passed away, she continued to search for her adoption

paperwork without the support of her adoptive mother. When referring to her mother's church,

Tera mentioned how "They," being the church, protected her mother's secret, which had a

negative impact on her life. Tera said,

>   So, my mother passed away without me getting any of the answers, never got my
>
>   paperwork, and they chose to protect her. Her whole funeral was them trying to paint a
>
>   different picture of her in a lot of the stuff of what went on. But the greatest sense of it
>
>   lies inside the question about the church.

Tera understands the challenges she has had to overcome due to her own life experience

with childhood trauma. Her faith in God has been the anchor that steadied her through the highs

and lows of what she described as "a huge learning curve" in her life. Tera expressed the

importance of taking a stand for one's own mental health and wellness despite the difficulties of family loyalty. She said,

> Even what we know is not right, and it makes it even more difficult to then take the stand against it because a lot of times you're under attack in families when you begin to question the norm or your sharing family secrets. I'm gonna stand with my hand in the air and say I'm going to become a cycle breaker.

Tera spoke of how the hurt in family dynamics "echoes." She explains that the Black community and the church must get really honest if true healing is to take place. Tera recalled that she grew up sheltered, not allowed to stay at anyone else's home. Though her parents were strict, about her adoptive mother, Tera said, "It was the way that I felt she tried to kill my spirit. I mean, I was just there, and she's always overly critical with makeup, the this the that." Tera believes that the most damaging and hurtful experiences she experienced were emotional and physical abuse. She stated that she once allowed abuse in her life because of the understanding that "many times verbal abuse, emotional abuse is far more damaging than a physical touch." Tera explained the damaging effects of her mother's abuse:

> I mean, some of the things that she said and did was completely inappropriate and unacceptable. It echoes through my family. My children are affected by it. My mom had them where they didn't even wanna know the truth and hear the truth. And the truth was centered around them. They have been victimized in ways that, until I chose to stand up, they didn't even know because it was covered up.

Today, she is driven by the call of God on her life, turning her pain into purpose by renewing her mind. Her solution-focused mindset has allowed her to help countless others. Tera said,

I've learned to retrain my brain. And be very intentional regarding what I allow myself to think, especially if I know it's not true. I will challenge myself. So, I've taken lessons from it, and I've allowed it to be something that makes me a better person instead of bitter. . . . I believe that my children have suffered in some ways. . . . What do we choose to learn? How do we choose to invest in ourselves and all of that? That's a huge indicator of where we will land.

Wilma

Wilma is a 42-year-old mother of four. She was raised by a single mother and has experienced childhood sexual abuse, depression, domestic violence, suicide attempts, and other mental health challenges. She grew up without knowing her father and noted that she suffered to the degree of needing medication because of suicidal ideation. Like so many others who grew up without a father, Wilma lacked a sense of self-worth and belonging. When referring to her mother, Wilma said, "She just didn't protect me. She didn't show [deep sigh]. She wasn't strong in a lot of areas."

Wilma stated that she was in the fourth grade she began being sexually abused. Wilma acknowledged that her childhood experiences impacted her ability to recognize upsetting situations and feel close to and comfortable around others. Wilma said,

A lot of things that I've been through impact my life with choosing relationships that I get in, my style of parenting, and just my comfort around other people. I guess childhood has a lot to do with that stuff.

Wilma shared that the happy memories of her childhood were overshadowed by childhood sexual abuse and feeling of betrayal when her mother did not believe her but took the word of her abuser. Wilma said, "Talking to my mother and telling her about some things that I

dealt with, and she didn't believe me; that hurt." Wilma's experience with domestic violence

paralyzed her emotionally until she did not know how to walk away. She stated,

> I thought I really loved the person. I figured out years later it wasn't the love I thought.
>
> He was abusive. I mean, just, oh my God, it was crazy. And I didn't know how to walk
>
> away from the abuse. I tried to find ways to help the person, but it was no help in that
>
> situation. But I suffered a lot of abuse.

Wilma explained that her faith in God has helped change her life and carried her through

much adversity. When asked about parenting her children and one thing she would change from

her childhood, Wilma expressed regret and disillusionment as she spoke about not having

support and guidance throughout her youth. Wilma echoed Bella's feelings of betrayal because

their mothers chose men over their children and neglected to give them the support,

encouragement, and guidance needed for healthy childhood development. Wilma said,

> One thing I would change is the way my mother parented my siblings and me. I would
>
> want a more supportive mother. If, for example, I came home from school and didn't
>
> make the cheerleading team, I would want a more supportive mother that would, you
>
> know, give me the encouraging words to try again.

Wilma emphasized that the way her mother parented her made her more conscious of what not to

do with her children. When asked about the impact her childhood has on her parenting practices

now, Wilma mentioned three significant factors: support, communication, and protection. Wilma

said,

> It impacts the way I parent a whole lot. I try to be more supportive with my kids because
>
> I didn't get the support growing up. I'm very supportive of my kids, very supportive
>
> when it comes to education with them. I'm open so that they can come and talk to me

whenever about things, express their feelings, whether it's something good or bad, or if they feel some kind of way about me.

Wilma stated that she grew up experiencing bouts of depression and suicidal ideations and understood her life's debilitating conditions. She explained that she believes in the importance of counseling for the family because she and her children have experienced positive outcomes from counseling. She said,

I do want to say I do know the impact of my childhood. The trauma and abuse and all that I went through impacted my parenting because, as a young parent and having kids back-to-back, I didn't know a whole lot, and I didn't have anyone to teach me that.

Wilma perceives counseling as divine intervention from God to change the course of her life and her children's lives. She said,

So, I reached out. I got the resources I needed to get the help, but I always fell back to the norm because that's what I was used to because I was abused; I was neglected. . . . I dealt with that, drug abuse, and suicide. I was holding so much hurt and trauma from my childhood that I hadn't dealt with it.

Theme Development

The following section presents the themes that emerged from the responses to the questions posed to the research study participants and developed according to the tenets of Braun and Clarke's (2006) thematic analysis framework. Kiger and Varpio (2020) discussed the practice points of theme development, analysis, and structure as an effective approach for qualitative data within various epistemological orientations. The researcher focused on developing themes and subthemes from the research data and finding connections between the themes to explain the phenomena by examining all possible nuances to gain a comprehensive

understanding. The major themes and subthemes of the research study are identified in the following sections. An emerging aspect of the participants' lived experiences was the resilience of African American women, and each theme and subtheme describes their perceptions of their parenting and reactions to psychosocial adversity, which provides a more thorough understanding of the factors associated with TGT.

Participant interviews were digitally recorded to enhance the accuracy and validity of the research. The researcher also took reflective notes during the interview sessions. The researcher transcribed the data verbatim. The researcher used a hand-coding system to analyze participants' interview transcripts. The researcher reviewed the data line by line to identify emerging codes, themes, and subthemes. Although time-consuming, hand-coding helped to capture nuanced and complex concepts to allow the researcher to better understand and interpret the data.

Data derived from semistructured interviews provided profound awareness and understanding of the phenomenon. The method of hand-coding presented the challenge of sorting through multiple codes, which required the researcher to interact with vast amounts of data to condense and conceptualize emerging themes. The researcher followed Braun and Clarke's (2006) thematic analysis framework, which consists of the following six steps:

1. Familiarize oneself with the data. The method of hand-coding helped the researcher become more familiar with the data, which required reading and rereading the text several times.

2. Generate initial codes. The researcher highlighted salient features of the data across the complete data set to collate and create new codes as they emerged. The process of assigning brief, descriptive codes yielded a significant list of codes that the researcher

used to develop themes and subthemes for the analysis. Table 2 presents an example of coded data passages.

3. Search for themes. The researcher combined codes into potential themes and gathered relevant data to explore these themes.

4. Review themes. The researcher returned to the research questions to ensure the themes worked with the coded extracts, were linked to the aim of the study, and generated a thematic map of the data.

5. Define and name themes. The researcher continued refining codes and themes throughout the analysis and generated clear definitions and names for each theme. The 12 themes that emerged across the research data are listed in Table 3.

6. Produce the report. The researcher selected quotes that succinctly answered the research questions.

Table 2

Coding of Raw Data Example

Code	Raw Data
Impact of fatherlessness/ absentee father on family systems	"I didn't know my father." (Nelly) "We don't talk. I see him at his job, 'cause he's a butcher. I see him every now and then. It's like he's a stranger." (Nadine) "Not really knowing what love really was. You know, um, looking for daddy's love and finding abuse. (Gracey) "He would blow in and out of town. Made a lot of empty promises." (Brooke)
Domestic violence's multigenerational impact	"So, it became confusing what a relationship is supposed to be, and I believe that kinda came out during my marriage because I ended up picking someone that was similar to my grandfather." (Nadine) "I was too embarrassed to say that my husband would beat me. But I have black eyes, so I couldn't go. I felt kind of worried about that because by this time, I had my children, and I always try to take care of my kids." (Mona)
Poverty/economic impact on the family system	"For almost two years, I was homeless, and I was couch hopping and with other people for short periods of time. I learned quite a lot from my experiences with being homeless as a result of what happened." (Liz) "I just knew what I had to do, you know, and my kids with a couple of days we slept in my car, but my kids motivated me to do what I needed to do, and you know, I got back on my feet." (Wilma)
Impact of parentification of children in single-parent households	"I didn't know why it was happening. But I knew when it was about to happen. I got to the point where I would put myself in the line of fire to avoid my sister being in the line of fire. As long as she wasn't being hurt, I was okay." (Brooke) "It felt like pure chaos. Having to be a child to break up a fight between adults that are way bigger than you. It was stressful. I used to have constant headaches and migraines. To the point, sometimes I would black out." (Nadine)
Impacts of addiction on the family system	"We both were in a bad place of using drugs and um, Yeah, there was so much I didn't understand. I would have dealt with it differently." (Bella) "My biological mother, I haven't ever met her, and the reason as to why that is because she struggled most of her life with drug addiction. In as far as I've been told, she's still currently struggling with that." (Liz)

Table 3

Themes Derived from Research

Number	Theme
1	Impact of fatherlessness/absentee father on family systems
2	Domestic violence's multigenerational impact
3	Poverty/economic impact on the family system
4	Parentification of children in single-parent households
5	African American women experience barriers mental health literacy
6	Impact of childhood sexual abuse throughout the life cycle
7	Social systems of foster care, adoption, and incarceration
8	Spiritual belief, meaning-making, and coping with traumatic stress.
9	Asking for help and kinship in the therapeutic alliance
10	Physical health problems associated with family violence and chronic stress
11	Parenting styles and attachment injuries in early childhood
12	Resilience and post-traumatic growth

In this research study, data analysis consisted of reading, rereading, organizing, and preparing the data for analysis. That data analysis process was both arduous and rewarding as it captivated the research objective, revealing raw, earnest, and in-depth data. During the data analysis process, the researcher acknowledged any preconceptions and remained impartial to the outcome.

Collins (2021) emphasized the importance of awareness of researcher bias in research studies. The researcher used self-reflexivity and subjectivity to avoid bias and enhance trustworthiness. The researcher avoided biases so as not to influence or sway the interpretation of the research data. The researcher provided thick descriptions of the data and implemented reflexivity to increase dependability.

Braun and Clarke (2013) noted that reflectivity mitigates the potential of researcher bias. Therefore, the researcher conducted the data analysis with no preconceived analytical bias in the organization and development of codes, themes, and subthemes. Additionally, the researcher approached each step without predetermined notions of what the study participants understood

about trauma or TGT. This phenomenological study of the psychosocial impacts of TGT on

parenting styles among African American women was guided by one central research question

and three subquestions.

Central Question

How has trauma exposure affected African American women's awareness of their

traumas within their lived experience and parenting practices?

Subquestion 1

How has TGT impacted African American women's perception of survival mode stress

reactions and the reality of trauma within parenting styles?

Subquestion 2

How do African American women describe trauma exposure from their childhood, and

how has it impacted their lives?

Subquestion 3

How has African American women's exposure to maladaptive parenting styles affected

their awareness of TGT and their response to the needs of their offspring?

Results

This section presents the results of the analysis of data collected through semistructured

interviews. The results of the data analysis are organized by research question and presented

through the themes and subthemes derived from the data. The purpose of this qualitative

phenomenological study was to examine the psychosocial impacts of unresolved grief and

trauma within the dynamics of parenting among African American women. The interviews were

coded and analyzed to answer the research questions. The researcher continued with the process

of data analysis until a point was reached where no new codes emerged.

Eight major themes and 12 subthemes emerged from the data, and the findings from these were applied to the research questions. Themes and subthemes embedded in the study data answered the research questions in this study, as highlighted in Table 4. The researcher supported each theme and subtheme using appropriate quotations from participants.

Table 4

Thematic Structure Results Aligned to Research Questions

RQ	Theme	Subtheme/Category
CRQ.	Theme 1: African American women experience mental health literacy barriers	1a. Lack of self-esteem 1b. Economic disadvantages 1c. Adolescent parenthood
	Theme 2: African American women experience poor help-seeking attitudes	2a. Mistrust of government and social systems 2b. Spirituality and meaning-making in adversity
	Theme 3: Indications of self-reflection in parenting practices	3a. Self-awareness in parenting practices 3b. Self-regulation strategies
SQ1.	Theme 4: Symptoms of stress-related disorders	4a. Symptoms of PTSD 4b. Indications of health-related problems
	Theme 5: The impact of childhood sexual abuse	5a. Markers of adverse childhood experiences 5b. Signs of emotional cutoff
SQ2.	Theme 6: The effects of broken family structure	6a. High incidence of domestic violence 6b. Absentee father/fatherlessness
	Theme 7: Indicators of repressed emotions and self-expression	7a. Symptoms of maladaptive coping 7b. Inability to form healthy relationships
SQ3.	Theme 8: African American women's lived experiences impact the parent-child attachment	8a. Symptoms of poor parent-child attachment 8b. Indicators of long-term effects of insecure attachment

Central Research Question

The study's first research question was: How has trauma exposure affected African American women's awareness of their traumas within their lived experience and parenting practices? The central themes that answered RQ1 are Theme 1: African Americans experience mental health literacy barriers; Theme 2: African American women experience poor help-

seeking attitude, and Theme 3: Indications of self-reflection in parenting practices. Theme 1 comprised three subthemes: the lack of self-esteem, economic disadvantages, and adolescent parenthood. Theme 2 comprised two subthemes: mistrust of government and social systems and spirituality/meaning-making in adversity. Theme 3 comprised two subthemes: self-awareness in parenting practices and self-regulation strategies.

Theme 1: African American Experience Barriers to Mental Health Literacy

The first theme focused on the array of literacy disadvantages participants spoke about during individual interviews. Participants described interruptions in education in adolescence, impeding learning and development. To some extent, all participants experienced barriers to literacy, particularly mental health literacy, as characterized by three indicators, the subthemes that make up this central theme. The subthemes are the lack of self-esteem, economic disadvantages, and adolescent parenthood.

Subtheme 1a: Lack of Self-Esteem. The participants explained a profound sense of worthlessness and lack of self-esteem during childhood. Their descriptions aligned with the literature about self-efficacy and the lack of self-worth. Participants experienced a range of emotions, including anger, numbness, and lack of self-value. Liz described having a broken spirit and feeling used. In the passage below, she described a lack of self-value and trauma symptoms. She said,

> It affected my self-esteem and how I viewed myself, being that I started to feel like I was only as useful as what I could do for someone. My upbringing, which was to be seen and not heard, was hard for me.

Low self-esteem, at times, made it difficult for participants to recognize and care for their

offspring. Bella described becoming a version of her emotionally unavailable mother to her own

children.

> ACEs of domestic violence, sexual abuse, and other challenges and stressors sometimes

worsened these indicators. Gracey described experiences in her childhood and adulthood that left

her feeling worthless. She stated that abuse would "make your esteem get past lower than under

your feet. Make you feel like you're not even worthy to hold your head up." Mimi Ann echoed

the sense of low self-esteem since childhood, noting that she did not feel good enough. She said,

> The sexual molestation caused me to have low self-esteem and left me confused with
>
> who I was and what I was supposed to be. So definitely, sexual molestation left me
>
> always looking for love, looking for somebody who's going to love me like that fairy
>
> tale. Somebody that was going to protect me and be there for me. I think that set me up to
>
> fail, yet in some ways, it always caused me to second guess who I was. . . . I do
>
> remember being isolated and abandoned and feeling lonely even in a room full of other
>
> people.

> Most participants were able to reflect on childhood experiences openly and honestly.

Childhood is the birthplace of healthy self-esteem; however, shame and mortification of a child's

self-esteem can occur through unconscious parenting practices (Bezo & Maggi, 2018). Sonya

expressed feelings of low self-esteem and the experience of having suicidal ideations. She never

felt valued as a child and explained how mistreatment manifested throughout her life. Sonya

said,

> So, I, because of all that, I have had like very diminished feelings of my sense of self,
>
> sense of body, sense of worth, stuff like that, um, you know, I've been suicidal, you

know, I've got into really bad relationships, you know, dealing with people and put up with stuff that, you know I shouldn't have.

Although the interview centered on the lived experiences of African American women, each participant described the responsibility they felt not to repeat the parenting practices they grew up under as they spoke of the impact their upbringing had on their self-perception and parenting style. The intersection of social factors and literacy is the fundamental driver of health for African American women (Alper & Wojtowicz; Bryant et al., 2008).

Subtheme 1b: Economic Disadvantages. Participants described extreme poverty, socioeconomic hardship, and the stress of parenting as a single mother when the father is absent. Moreover, the need to work multiple jobs in addition to being a single parent added stressors to their lives that possibly impaired their ability to parent effectively. These stressors are related mainly to financial hardship, multiple jobs, and the lack of stable housing. Brooke spoke of growing up with a mother who had to work multiple jobs to survive. She repeated that pattern as she became a single mother herself.

Eva spoke of the historical challenges spanning three generations within her family. She echoed the sentiment Brooke expressed about being vulnerable and left to the care of strangers because of financial hardship. Eva shared,

Getting paid every two weeks, sometimes once, twice a month, like they're working. They just don't make enough, and then there you have children. You're missing out on so many, let's say, staple moments in this child's life because you have to work. My mom was always working.

Nadine described profound suffering from homelessness with her children and the lack of support from her family. She spoke of being estranged from her mother during her displacement.

Nadine said, "For a couple of weeks, I was in and out of my car. She would allow the kids to use the bathroom and stuff, but not me [deep sigh]." Arteria spoke of economic hardship that left her stuck in a pattern of experiencing abuse, living in shelters, and trying to get on her feet with little to no support from her family. She said,

> I have to prove that I can handle myself and my kids without my husband. When I went through the shelter, they helped me with a place to stay. It was a fact that I was at the shelter. They did have counseling once a week, which I forgot about that. So yes, that will actually be my third time. So that helped.

Participants noted ongoing stress from challenges associated with economic hardship from early childhood experiences that continued through adulthood. The balance of parenting and managing work demands presents challenges that, for Mona, were overcome with faith in God. In some cases, women who experienced economic disadvantages were running from abusive partners. For many of these women, the added weight of financial stress was particularly disruptive. Wilma stated, "I was in a relationship that was not healthy. I packed up and moved. I just left the house and everything running from a situation. I didn't know where I was going. I just left."

Gracey's lived experience was similar to that of other women, in that running from abusive relationships exacerbated economic hardship and the related mental anguish. Gracey said,

> It took me 2 and a half years from running from him. I'm hiding, leaving my own house. It took me a while. I literally almost lost my mind. I couldn't sleep and didn't eat. I lost my hair. It was some serious, but yeah, 2 and a half years, I would say.

Subtheme 1c: Adolescent Parenthood. Several participants described being in the parent role when they were children. Health literacy is an essential determinant of health among this demographic. Participants of teenage pregnancy have been shown to be at a higher risk for delays in education and social development, contributing to stress and increasing the risk of maladaptive coping, health behaviors, and adverse mental health outcomes (Lange et al., 2019; Sharpe, 2018; Wang et al., 2020). Liz recounted her experience as a teen mother, stating,

> When I was between the ages of 12 and 15 years of age, I got pregnant, and that really impacted my emotional health for a while because I didn't exactly know what was going on. I was young, and it wasn't talked about much. I ended up having a miscarriage, and I went through very severe depression, and I really didn't have anyone to talk to, which made it worse.

In addition to the delay in education experienced by teen mothers, African American women face challenges in breaking historical patterns in which teen pregnancy becomes normalized. Nadine shared that adolescent pregnancy runs in her family. She said, "I know my grandmother was a teen mom when she had her and my uncle." Mimi Ann echoed the adverse impact of teen pregnancy and the need for the counseling that she received while in foster care. Mimi Ann said, "It definitely impacted my parenting skills because I didn't have any, and I don't even know if there's a right or wrong way. I just know that because I didn't have my parents, my kids didn't have theirs." Additionally, Mimi Ann stated that she abandoned her children and eventually lost them to the foster care system because she was young.

Tera a mother of three, emphasized the importance of education. She explained that she was a young parent but wanted to raise her children differently than she was raised. The lack of

mental health literacy can be exacerbated by social and structural factors related to health care, education, self-perception, and life stressors (Angela & Morocho, 2021).

Theme 2: Poor Help-Seeking Attitudes

In addition to the self-esteem-related barriers, participants experienced feelings of stigma and shame associated with asking for help and seeking resources. Many participants seemed ambivalent about why they felt so uncomfortable asking for what they needed. This theme is supported by two subthemes: mistrust of government and spirituality and meaning-making in adversity.

Subtheme 2a: Mistrust of Government and Social Systems. African American women's experiences impact their perception of government and social services. Participants described their lived experiences and areas of distrust. Several participants exhibited a defensive attitude regarding their ability to "do it myself," as Nelly responded when asked about her comfort level with asking for help. Brooke noted that asking for help causes her discomfort and extreme anxiety. She explained, "It makes me anxious having to ask people for things. It does. It makes me nervous. I guess being afraid of, uh, maybe the feeling of disappointment." When probed about her comfort level with asking for help, Nelly reiterated the difficulty of asking for help, noting that it is nearly intolerable. Nelly said, "Not comfortable at all. Because they're gonna say no. I just don't like asking. I just don't like the feeling that I have to ask."

The pattern of not feeling comfortable asking for help appeared more prevalent in older participants. Mona, who is 74 years old, said,

> I'm quite uncomfortable asking for what I need. I'm not quite sure. It's always been a
> thing with me, like, maybe because I don't feel like I'm going to get what I'm asking for,

and I'm really not sure. I think it goes to self-esteem issues. You know, the unworthiness that some of us tend to feel."

When probed about her ability to ask for help, Arteria responded similarly, stating,

I am still working on that. In this time period and at this stage of my life now, that would not be one of my strongest points. And I think that's what hindered me now as an adult because there's a lot of things that are resources that can help with things that I need help with now, but instead of me being stubborn, I'll try to figure things out and when I could've asked.

Mimi Ann spoke of her foster care experience after being taken from her mother and the abuse she has seen all her life. She said,

Even in that second foster home, we suffered physical abuse, violence, and sexual assault. Now, all of my children have been in foster care, and all of my children have also been adopted at one point or another in their lives. I was very disappointed and very sad.

Eva described her experience with law enforcement and the distrust she has had since the surge in police brutality by saying, "All this police brutality. It has me puzzled, afraid to even let my kids go out." Melody highlighted an experience with the penal system:

You throw somebody in jail, you don't give them any rehabilitation, and it doesn't fix the problem. I try to have more open communication with my kids, and I, you know, try to make them understand what the expectations are.

Subtheme 2b: Spirituality and Meaning-Making in Adversity. Participants consistently acknowledged their faith and belief in God bringing them strength in times of adversity. Meaning-making was a constant theme as participants discussed making sense of overwhelming emotions in the context of effective coping and self-regulation. Participants spoke

about how their faith informed their insight into their circumstances and offered a purpose, which helped to mitigate stress and despair. Mona acknowledged that her faith helped her overcome adversity. She said, "I had a heart attack one time. It didn't grieve me to the point that I felt helpless or hopeless. Throughout the entire thing, I was just thanking God that it was no worse than what it was." Tera shared a painful experience with sexual assault and recognized God for helping her, saying,

> When I awakened the next day. I could only filter through segments of what happened, but I can remember praying to God not to let me die because he was so heavy on top of me, and with the combination of alcohol and drug, there was a period of time . . . I passed out several times, and I think that was just because God allowed me to escape it and just survive it.

In addition to discussing their faith during adversity, participants described meaning-making themes surrounding acceptance. Wilma, spoke on how acceptance of the will of God helped her overcome grief, saying, "I look at it because I have developed a relationship with God. That's how you know it is how it's supposed to be. That's the design." Nadine expressed gratitude for her faith in God, noting how it has carried her through feelings of grief and abandonment:

> It's a bit jolting. Divorce. I was in a state of depression for a little moment. Through the grace of God, I found the strength to pivot forward. It's still something I'm trying to heal from as far as before, and It's heartbreaking. You know, God has something better for me.

Theme 3: Indications of Self-Reflection Parenting Practices

This theme describes the awareness of alternative parenting strategies that African American women found valuable to mitigate their ACEs and redirect their responses to cope with stress related to the parenting role. Two categories supported this theme: self-awareness in parenting practices and redirection strategies.

Subtheme 3a. Self-Awareness in Parenting Practices. When asked if they felt that the they were parented impacted their parenting style, many participants responded that they felt vigilant or regretful as they navigated coping with their ACEs. Several participants described parenting differently than the way they were parented, citing disapproval of their caregiver's parenting. Wilma said,

> It impacts the way I parent a whole lot. I try to be more supportive of my kids because I didn't get the support growing up. I'm open, you know, so they can talk to me whenever, about things, you know, express their feelings, whether good or bad. I'm more protective of my kids because of what I dealt with as a child.

Participants also reflected that they did not want their children to experience their grief and trauma. Sonya said,

> My parents didn't talk to me. They did not explain things. It was kind of their word is what goes, I said what I said, and you're gonna follow it, . . . and so for me as a child, I remember saying I don't want this from my child.

Contrarily, Bella described parenting her children the way her mother parented her and later accepted responsibility. Bella said,

> The lack of parenting made me not as engaged. My mom wasn't engaged in what I was doing when I was a kid. And sometimes, I realize I'm not as interested in them as I

should be. And being honest with myself, once I'm honest with myself and I recognize

something, then I can change it.

Subtheme 3b. Self-Regulation Strategies. Participants expressed a conscious awareness

of their childhood adversities in their parenting. Several African American women viewed their

experiences as lessons and relied on self-regulation strategies as sources of redirection that

helped them avoid repeating their caregivers' harsh parenting practices. Arteria expressed the

importance of being the one to break the "curse" in her family.

Subquestion 1

The study's first subquestion was: How has TGT impacted African American women's

perception of survival mode stress reactions and the reality of trauma within parenting styles?

The central themes that answered SQ1 are Theme 4: African American women experience

symptoms of stress-related disorders and Theme 5: Impact of childhood sexual abuse. Theme 4

comprised two subthemes: symptoms of PTSD and indications of health-related problems.

Theme 5 also comprised two subthemes: markers of ACEs and signs of emotional cutoff.

Theme 4: Symptoms of Stress-Related Conditions

Theme 4 describes the symptoms of stress-related conditions that African American

women experience. This demographic is susceptible to stress as women and racial minorities.

Stressors are compounded by health conditions associated with maternal health, PTSD, heart

disease, and addiction. This theme was supported by two subthemes: symptoms of PTSD and

indications of health-related problems.

Subtheme 4a: Symptoms of PTSD. Participants expressed difficulty managing the

stress of mental and emotional pain, isolation, depression, anxiety, addiction, and flashbacks. Liz

stated she lived in chaos with her adoptive mother:

I started basically having anxiety about confrontations with my mom. . . . She would

attack my mental and emotional health. I didn't like people to like to wanna argue with

me. It was very triggering for me and still is to this day. I try to be the type of person who

can de-escalate a situation quite quickly because people yelling and raising their voices is

very, like triggering to the point where it makes me physically uncomfortable and almost

sick to my stomach.

For many participants who experienced violence, the anticipation of conflict led to

attempts to understand and make sense of their perplexing symptoms to determine how they

should make meaning and cope. Gracey said,

A man could not touch me; I would clam up and just freeze. And it made me bitter and

angry. . . . Just any male figure could not even shake my hand. And it took God to get to a

place where I would not feel that way.

Gracey further explained the origin of her trauma, her father's abuse, stating that no matter the

time that has passed, "it leaves a residue of pain." Gracey said,

At one time, he was abusing my mother, and I lashed out and saying, "Stop beating her."

And when he got finished, he came and put his gun to my head and said, "If you say

anything else I kill you." . . . No matter how much I try to get away from all the craziness

that I experienced, it tags along sometimes.

Nadine described similar occurrences, stating, "It felt like chaos." Nadine spoke candidly

about being a young child, witnessing verbal and physical fights to the point that she got in the

middle of it all. She said,

It felt like pure chaos. To be a child to break up a fight between adults that are way bigger

than you. It was stressful. I used to have constant headaches and migraines to the point

that sometimes I would black out. Oh, crying a lot and being scared of something worse

happening all the time.

Sonya, described her perception of having PTSD since childhood, stating,

I remember I had kind of PTSD after that, like, I would see anybody, a bike or whatever,

and that kind of thing with him kinda get me really panicky. I can't be touched a

particular way at a particular time, or I have flooding memories of certain things.

In addition to disclosing her experience with PTSD, Tera described what she noted as post-

abortion stress syndrome after a violent sexual assault. She said, "I remember being awake

during the procedure. And I could feel the pushing, the pulling, the tugging. . . . It was so very

traumatic, and I talk about post-abortions stress syndrome."

Subtheme 4b: Indications of Health-Related Problems. Several participants reported

health-related symptoms that have persisted throughout their life cycle. African American

women experience significant lack of access to adequate health care services after exposure to

trauma (A. Lewis, 2020; Sharpe, 2018). Tera described her experience with heart failure and the

inadequate care that almost cost her everything:

When I went to the doctor and told them what was going on, they didn't recommend that

I should go see a counselor or see somebody. They gave me something, it was some pain

medication, and that was pretty much it. I coded on the hospital table last year. What was

supposed to be a minimum of an hour and a half or 2-hours procedure turned out to be 6

hours, and God just was not ready for me.

Mona, described the physical effects of her experiences with stress and violence, stating,

"I had a heart attack. I ended up with no injury. . . . I don't count the times when I had to jump

up and run, take my kids and run because of abuse. That was scary." Bella attributed the loss of her health to her ACEs and battle with addiction. She said,

> Early on, I had some heart murmurs going on. When I got pregnant with my last son, I've developed cardiomyopathy. I lost my health with my heart and my back. A lot of it was just stress and food that you eat.

> Gracey indicated that she did not get the help she needed because she was trying to survive, stating, "Sometimes, a lot of times, it saddens me because, why did I allow myself to stay in it so long?" Many mothers prioritize their children while neglecting their own health and wellness. Gracey's health suffered from enduring years of abuse from childhood to domestic violence in her adulthood. She said,

> What was it about me that I could not fight? Sometimes I blame myself. I know within my heart I could have been much farther than I am, you know. Getting beat in the head sometimes 'cause your memory loss brings all other health conditions that the doctor cannot help you with and with things that I know that I could be doing but even can do. I get deeply saddened in my heart because sometimes my mind just doesn't work right, and I feel like I was in bondage, and sometimes still are cause I'm not where I should be.

Theme 5: Impact of Childhood Sexual Abuse

This theme focused on the impact of molestation and sexual abuse that participants reflected on during one-on-one interviews. African American mothers who have experienced a history of trauma, including childhood sexual abuse, displayed symptoms of emotional disturbance in two main areas, which are reported as subthemes/categories: markers of ACEs and signs of emotional cutoff.

Subtheme 5a: Markers of ACEs. Participants described mental, emotional, and physical symptoms resulting from ACEs, violence, and physiological changes related to chronic stress. African American women have disproportionate rates of ACEs and mental health conditions that result from chronic stress (Izadi et al., 2020; Thornicroft et al., 2016). Their accounts of sexual abuse in the family are supported by evidence-based descriptions of childhood sexual abuse. Participants expressed a myriad of emotions and behaviors arising from their ACEs, including fear, hate, depression, substance abuse, isolation, shame, and anger. Gracey described being afraid and in pain after her uncle sexually assaulted her:

> So, I had to go through that pain, go through that heartache. You know, being personally assaulted, you know, my uncle, my father, my brother sexually assaulted me, and my dad knew, but he never said anything. At one point, I hated men for many years.

Mimi Ann described how social services failed to keep her and her sister safe after they were taken from their mother and placed in foster care:

> I don't remember the love in the foster home. I don't remember my foster father taking time to show me or teach me anything. He was never there, and even in that second foster home, we suffered physical abuse and violence, and sexual assault.

Eva described being unable to trust men after sexual assault. She said,

> I was raped when I was 16 years old over at a best friend's house. It made me look at men totally different. It let me know that men communicate with other men, and when you're in your innocence, they sometimes are predatorial. They are watching you. Even in your silence.

Wilma explained dissociating from the trauma of sexual abuse as a child and the need to protect her younger siblings from her mother's boyfriend after her mother did not believe her when she

told her of her abuse. Bella expressed feelings of betrayal because her mother chose "men over her children." She said,

> Well, once it was found out that he was talking dirty to me, wanting to have sex with me. Showing his private parts and I had it taped. . . . They removed him from the house for a year. But she took him back. And I remember her saying. That one day I'm gonna grow up and have my own family, and who will she have? So now I get it. I get where she's coming from. I didn't have any value or worth. I wasn't important to her. And that's something that stuck with me.

Subtheme 5b: Signs of Emotional Cutoff. Sensitive family issues can be painful to address. The concept of emotional cutoff explains how people manage unresolved emotional issues in the family dynamic. Participants shed light on the effect of cumulative stressors on their ability to manage their emotions, indicating that additional stressors contributed to what Bowen's family systems theory described as emotional cutoff. Unresolved emotional issues are related to maladaptive coping skills and the unwillingness to connect with family members. The need for self-protection from anxiety, stress, and established boundaries was present in the participants' lived experience. Participants expressed wanting a relationship with family members, but because of tensions and unresolved toxic matters, they resorted to erecting an emotional wall. Liz, referring to her childhood with her mother, stated,

> Both of us had a strained relationship with one another, so I felt like she would use the fact that I was sensitive against me. . . She would result to saying things that she knew was triggering to me and hurtful to me in like basically to tear me down. And as a result, it created a mental and emotional wall that I tried to do my best to put up where she was concerned.

Wilma explained that she grew up suppressing her emotions, which carried over into her young adulthood, impacting her ability to engage in conflict without cutting off the relationship. Wilma said,

> I don't mind expressing how I feel. If I don't like something, if something is hurting me or feeling some way, I'm very vocal with it, but growing up, I wasn't. To be honest, I was the one to tell you how it was and just cut you off and be done . . . and if we don't talk ever again, that's totally fine.

The women exhibited a short fuse in managing conflict in the family, increasing their need to move away from family and rarely visit to avoid sensitive topics and unresolved problems. Eva described cutoff with her mother, citing "generational issues." Brooke said, "If there is no resolve, I just agree to disagree and try to move on. And if the other person can't let go, then I just remove myself from this situation." Nadine echoed Brooke, stating,

> I stay away. I tend to distance myself or my family. Like I disappear. I just don't wanna be around it. That's my way of protecting my peace. I would like to go into a hole. So, it's like everyone always wants to argue and fight and stuff, and I'm tired of it 'cause I've been around it all my life.

Subquestion 2

The study's second subquestion was: How do African American women describe trauma exposure from their childhood, and how has it impacted their lives? The central themes that answered SQ2 are Theme 6: African American women have distinct experiences with broken family structure and Theme 7: indicators of repressed emotions and self-expression. Theme 6 comprised two subthemes: high incidence of domestic violence and absentee

father/fatherlessness. Theme 7 also comprised two subthemes: symptoms of maladaptive coping

and inability to form healthy relationships.

Theme 6: The Effects of Broken Family Structure

This theme addressed experiences in the lives of African American women who reported

growing up in a broken family, as indicated by absentee or abusive fathers, inattentive mothers

or caregivers, criminality, or experiences in the foster care system. Their lived experiences

impacted their lives and the lives of their offspring in profound ways as reported in one-on-one

interviews. African American families experience disproportionate rates of broken family

structures, leading to psychological and economic strain that transfers within the parent-child

dyad. The interviewer characterized exposure into two main areas, reported as subthemes that

made up this central theme. The subthemes are high incidence of domestic violence and absentee

father/fatherlessness.

Subtheme 6a: High Incidence of Domestic Violence. This subtheme focused on

symptoms of witnessing and surviving intimate partner violence, including isolation, depression,

PTSD, cardiac problems, substance abuse, suicidal ideation, self-blaming, and low self-esteem.

All 15 participants interviewed for this study reported experiences with domestic violence. The

symptoms resulting from exposure to domestic violence were sometimes exacerbated by the

stress of developing an exit plan, fleeing from the abuser, protecting young children, coparenting

with the abuser, and procuring safe shelter. The participants shared multiple accounts of growing

up in families where intimate partner violence was prevalent and the symptoms of trauma they

experienced from that time to the present.

Their descriptions were raw and often prompted the interviewer to ask the participant if

they needed a break during the one-on-one interview. The participants' experiences extended

beyond childhood, as many relived the experience in their own intimate relationships in adulthood. Gracey spoke of her father in the stated below. She said,

> I was in elementary [school] . . . between 4th and 6th grade then. From the time I could understand things until I was 16, he abused my mom physically, all the time, as well as us. We got spankings, beatings with two-by-fours, broomsticks, and whatever they could get his hands on. Fan belts of a car engine, whatever he thought he could get in his hand. So, it was hard. . . . But by even having children on my own, I ended up in abusive relationships 'cause I always told myself I would never allow that to happen to me, and it did.

Mimi Ann described having difficulty controlling her own anger, stating, "Domestic violence and sexual abuse caused me to be violent and display violence whether used to protect myself or to defend myself, and I learned that both are different."

African American women described witnessing intimate partner violence in childhood and surviving it in adulthood and discussed its impact on their lives and their children. Intimate partner violence is a significant public mental health issue impacting parenting and the health and wellness of the family unit. Nadine spoke of her father's addiction and her mother's scar resulting from domestic violence. Nadine said, "I've heard stories of how he used to be a gambler and drinker. He used to hit her. . . . My mom doesn't talk about it. I just know that she has a scar on her left eye." Furthermore, Nadine spoke of how domestic violence plagued three generations of her family: her grandparents, her parents, and her intimate relationships in adulthood. She noted the dual personality associated with intimate partner violence left her confused.

African American women have disproportionate rates of ACEs and mental health conditions that result from chronic stress (Izadi et al., 2020; Thornicroft et al., 2016). Mona explained the hardship of running from her abuser and trying to keep her children safe. Mona said, "As an adult, I was in several abusive relationships. My first adult relationship was at age 16. It was very psychologically abusive because my significant other just didn't value me." Sonya shared that at times, she had to try to get her baby out of harm's way when she was attacked by her intimate partner. Sonya said, "I remember he charged me, and he like bashed my head against the tile. . . . Like, there's so many moving parts, and I'm just trying to keep everybody else safe."

African American women report experiencing interpersonal violence, poverty (Crouch et al., 2019), and mental health problems at disproportionate rates. Additionally, social and structural factors impact risk behaviors related to broken family structures in the African American community (Angela & Morocho, 2021), perpetuating increased rates of mental illness, disease and poverty, as well as poor parenting patterns. The intersection of social factors and literacy is a driver of poverty and affects the overall health and wellness of African American women.

Subtheme 6b: Absentee Father/Fatherlessness. African American women generally reported growing up without their biological father, not knowing their father, or having an unstable relationship with their father. When asked if she has a relationship with her father, Liz said, "I grew up in a single household single parent. My mom raised five kids." Gracey stated that her self-esteem suffered because she longed for a father she never had. She described looking for the love of her father:

> Looking for daddy's love and finding abuse. You look for your daddy. Well, you never had it at home, and is this how someone supposed to love me? You know you look for someone, you try to seek out and find someone just like your father because you felt he didn't say he loved me.

Mimi Ann described her father as "not in the picture" in her life. She said, "My father was a merchant marine, so he was not in the picture. He actually left because of my mom's mental illness. He didn't wanna really want to deal with it. I think it was an embarrassment for him." Miracle expressed empathy and understanding toward her father when recalling the traumatic memories of her abusive father, whom she stated she felt unsafe around. Miracle said, "My father was abusive mainly to my mother, and this caused trauma. How he would beat her would be more traumatic."

Wilma shared that she grew up never knowing her father. She stated, "I don't know my dad. No, I never asked." Bella highlighted interactions with her father that she noted as "unacceptable." Bella said, "On my father's side, his lack of parenting or what I saw was, you know, alcohol abuse, drug abuse, the street life. Daddy was a rolling stone in real life. And I engaged in that too." Nadine seemed to emphasize her need for her father, who was never in her life. When asked about her relationship with her father, she said,

> We don't talk. I see him at his job, 'cause he's a butcher. I see him every now and then. I try, you know, to form something, but it's kind of like hard for me, but I don't know why.

Theme 7: Indicators of Repressed Emotions and Self-Expression

The lived experiences of African American women impact their emotions and cause them to struggle with self-expression. This theme addressed SQ2: "How do African American women describe trauma exposure from their childhood, and how has it impacted their lives?" African

American women who have experienced ACEs and childhood trauma seem to have difficulty employing emotional regulation and awareness. Emotional repression and denial of self-expression were also prominent in the symptoms reported. The interviewer characterized these indications into two main areas, reported as subthemes that made up this central theme. The subthemes are symptoms of maladaptive coping and the inability to form healthy relationships.

Subtheme 7a: Symptoms of Maladaptive Coping. African American women reported growing up in a family dynamic where self-expression was prohibited. Maladaptive coping, for many women, derives as a result of emotionally unavailable and unsupportive parenting. Participants described symptoms of emotional dysregulation and numbness, self-harm and suicidal ideation, substance abuse, and low tolerance of conflict. Wilma explained,

> Growing up, even into my early adulthood, I like, hold things in here. I didn't express my feelings a lot. So, I always found myself in those relationships that caused me hurt, that caused my kids hurt, that caused me to be away from my kids. . . . Children Services, I dealt with that, you know. You know, drug abuse, you know. Suicide, I dealt with all that because I was holding so much hurt and trauma from my childhood.

> Nadine thought back to when she was 12 years old. She said,

> It would always be brushed off or made to seem like as if I was lying and stuff like that. So, I kind of kept it to myself. But it's like, my grandmother knew something was wrong, but not like my mom. She didn't believe me, and she chose him over me. . . . I believe I was 12 years old.

Participants often described their feelings around these circumstances as shame, loneliness, and not feeling good enough. Mimi Ann said,

> Oh, I felt distant from people. I knew I was different some kind of way, so it always caused me to look for things and look for other methods of comfort. So, drugs became a part of my life. I remember even attempting suicide, cutting my wrist, taking pills, drinking almost half a gallon to [a] gallon of liquor.

Liz, recalled memories from her youth that she calls "harmful during her childhood." Liz said, "And as a result, um, my upbringing, I felt like I became a people pleaser and therefore didn't like conflict." Bella shared the same sentiment. She said,

> Not having a healthy role model has impacted me by making not-so-great decisions in the moment with the people I've chosen to spend my time and trying to save people because I wanted to be saved and wanted to be seen.

Subtheme 7b: Inability to Form Healthy Relationships. African American women reported multiple relationships that were short-term, unhealthy, and abusive. Trauma exposure in childhood can create interpersonal challenges. Emotional disturbances can impede the ability to form and maintain healthy relationships. At times, participants felt they could not form a healthy and lasting relationship. In the absence of a loving and nurturing relationship, participants felt depressed, anxious, misunderstood, and lonely as they attempted to make meaning of and cope with their symptoms. Sonya described feeling like she "deserved" whatever happened. She said,

> I have had just a long kind of, um sexual history, where I have felt like I didn't have any power sexually, um, that whatever happened I deserved, um, that I didn't know how to say no or that I was uncomfortable, so you kind of get in a situation that you're kind of like, well, we're already here, so you know, I don't really wanna do this, but we're already here at this point, um, you know?

Liz described the isolation she felt growing up and the lingering symptoms she currently manages. She said, "I find myself when things get to be a little bit too draining on me that I tend to step away and isolate for long periods of time until I can come to terms with how I feel." Mimi Ann expounded on the inconsistent relationship history that has caused her "turmoil." She said,

> I'm just indecisive. There is a lot of turmoil because I don't wanna be married, then sometimes I wanna be married, and then there is that back-and-forth of things. So, the romantic aspect of my life is in chaos.

Nelly seemed to express a low tolerance for conflict, stating, "If they say something I don't like, I quit talking. . . . I just walk away, avoid the conflict." Melody stated she has become more mindful in selecting relationships. She said, "I haven't had the best of luck in the past with romantic relationships, and I think it took a lot of disappointment and a lot of hurt for me to be more mindful when picking relationships now." Sonya expressed feeling taken advantage of in her relationships. She said,

> I'm just used to, almost be like used and taken advantage of, so that's kind of what I'm used to, but I'm trying to break the norm and trying to get to a place where I can say what I need, I can express what I need.

Subquestion 3

The study's third Subquestion was: How has African American women's exposure to maladaptive parenting styles affected their awareness of TGT and their response to the needs of their offspring? The central theme that answered SQ3 was Theme 8: African American Women's lived experiences impact parent-child attachment. Theme 8 comprised two subthemes/categories: symptoms of poor parent-child attachment and long-term effects of insecure attachment.

Theme 8: African American Women's Lived Experiences Impact the Parent-Child Attachment

This theme focused on the parent-child relationship and was developed based on participants' accounts of anxiety and depression as well as the impact of symptoms of distress and inattentiveness in addition to mental, physical, and sexual attacks. All participants experienced rigid discipline, shaming, emotional neglect, parental underinvolvement, and withdrawal of affection to some extent. These experiences are categorized into two main areas which are reported as subthemes that made up this central theme: symptoms of poor parent-child attachment and long-term effects of insecure attachment.

Subtheme 8a: Symptoms of Poor Parent-Child Attachment. The participants described childhood experiences with their caregiver and the related emotional symptoms. Each description aligned with John Bowlby's and Mary Ainsworth's internal working attachment model. Participants experienced myriad symptoms, including anxiety, depression, worthlessness, sadness, anger, and isolation during childhood, early adolescence, and adulthood. Mimi Ann reflected on her multiple relationships yet seemed to focus on the one relationship she had longed for since early childhood. Mimi Ann said,

> You know what I learned . . . is that no matter whether your mom is perfect or whether she's imperfect, whether she's abusive or whether she's not, we all still want our mother. I always want our mommy, always. There's times that I feel really bad, and I'm thinking, golly, I sure wish my mom, even though she was never there, I still always have this kind of fantasy of her being there, you know. Always, like in some kind of little compartment of me, is a longing for my mom.

Participants described situations in which their symptoms made it difficult for them to take care of their children. Bella shared what she described as her most "hurtful memory," saying

of an experience with her mother's neglect and rejection, "she did not believing me. She

betrayed me. Kicked me out. Didn't want me. Uh. There was a period of time where I got so

exhausted and overwhelmed; I didn't want my own kids."

The interviewer asked each participants to identify the most hurtful moments from their

childhoods. Several participants expressed symptoms of shame, isolation, abandonment, being

unheard, and being unloved, not only because of what was said but because of what was not said.

Nadine stated, referring to her mother, "I noticed a little change, but sometimes it's still difficult

to be around her. And she refuses to tell me she loves me." Gracey stated,

> I said it wasn't nothing said like, "I love you; I appreciate you," but you know they taught
>
> us the Word. We went to church every Sunday, but it was so much more we needed to
>
> learn and know about that no one taught us.

Mimi Ann reported similar experiences. She stated,

> I don't remember in my family history of being told that I was loved. Well, what I needed
>
> was getting a hug or getting a kiss goodnight or being read a book. I don't remember any
>
> of that in my childhood. I do remember being isolated and abandoned and feeling lonely
>
> even in a room full of other people. I've always felt ashamed and ugly.

Liz also stated that she built up "emotional walls" to protect herself from the symptoms of

trauma she experienced which she refers to in the statement below as "it." Liz said,

> It created like a mental and emotional wall that I tried to do my best to put up where she
>
> was concerned because I felt like also my mom knew that I was the type of person who,
>
> as quickly as I was hurt when I was younger I was always quick to forgive because it's
>
> like I don't know how to explain that, but it's like I loved her past the negative things

about her. I loved her past her faults in her bad habits, and I didn't wanna be upset with

her about those things.

Sonya described her interactions and feelings with her mother and her belief that she needed to "suppress" her emotions. She said,

But of course, you know, I did share that part with my mom, um was really just anxious

and just going through a lot of different emotions. . . . But going to counseling and stuff

like that um, definitely um helped me to validate my own feelings and to be able to tackle

said feelings head on and, you know, try to make headway with them, versus like hiding

from them or pretending that they don't exist.

Mimi Ann thought back to her mother's diagnosis schizophrenia and shared her

experience of being placed in foster care. Mimi Ann said,

Sometimes I even wonder, I asked myself what would life be like if she was never sick, if

she didn't care enough to give me a hug and tell me that she loved me. Would my life

have been any different? Would I be different, you know? I have so many questions. . . . I

think I'm a lot of those upset experiences. I can see how they have impacted a lot of my

life decisions in my choices.

Subtheme 8b. Long-Term Effects of Insecure Attachment. Several participants felt

that their relationship with their caregivers in early childhood impacted their lives adversely. In

the absence of having felt loved, nurtured, and supported, participants felt unseen, isolated,

anxious, depressed and devalued and were unable to cope with their symptoms as they navigated

through adulthood. For many participants, these symptoms led them to seek support. Mimi Ann

described going through every social system, including foster care, prison, and drug rehab:

I had had my own baby girl, and so I went in, and I spent 10 years, and then I went again

for another 3 years, and then I just finished, um, incarceration in which I spent 4 and a

half years. So pretty much most of my life, at least almost 20-something years of my life,

I've been incarcerated within the prison system. . . . I felt so alone because I did not get a

chance to ask a lot of the questions that I wanted to ask, so I felt like I had been cheated.

Participants also reported the impact of their caregivers' parenting practices on their lives

over time. Gracey explained that she had become "overprotective" of her children due because

she did not feel protected when she was a child. When referring to her upbringing and childhood,

another participant said, "It definitely impacted my parenting skills because I didn't have any. . .

. I don't even know if there's a right or wrong way. I just know that because I didn't have my

parents my kids didn't have theirs." Nelly seemed to avoid the question of "whom did you feel

the least safe around," reporting that she felt "unsafe" with her caregiver. When asked how she

parented her children, she said, "I guess I raised my kids like I was raised." Several participants

seemed passionate about change. Melody said,

It's funny that sometimes they say, you know, the more you try not to be like your

parents, the more you end up being like them. And I always, like myself, I don't wanna

do the things that my mom did. . . . My daughter always points out to me like, "You're

just like grandma."

Notably, some participants were adamant about confronting the past and becoming aware

of their parenting practices and family history, which some referred to as "a generational curse."

Bella said, "So it's interesting to me where you're like, break up, you know, break up means

break up these generational curses too." Eva stated, "I'm trying to break the generational curse."

Arteria said,

> The way I was parented is definitely the way I would not want to raise my kids. So, I think all of those things were just lessons to be able to be the mom that I am to my kids now. I just knew for me that it had to be broken, that generational curse.

Mimi Ann said,

> I feel the need to stop the cycle. I also need to understand why it continues to happen on the spiritual and on the natural level. I do know that there are such things called territorial spirits and so what generational curses, so I would like to know why and what the root of it is, you know. When did it begin? . . . I know that it has to go further back from that. You know it, I believe that it had to be somewhere else in our family line, that abuse, and that abandonment and that neglect. I know it's there somewhere. I just don't know where to actually look to understand why it's there.

Tera explained her work with children and families who were unaware of the impact of trauma. Tera said, "Typically, they've never noticed that it's like several generations that have been impacted, and a lot of things happen in utero. . . . It really hinges upon that is to see how the family dynamics are impacted over time."

Summary

In this chapter, the researcher presented the significant findings the data analysis for this qualitative phenomenological study. Data were gathered through semistructured participant interviews that addressed a central research question and three subquestions associated with African American women's lived experiences. The central research question was, "How has trauma exposure affected African American women's awareness of their traumas within their lived experience and parenting practices?" The results of this qualitative study demonstrated that

African American women experience a range of social, familial, and relational stress-related symptoms that impact parenting practices.

Across participants, common symptoms were depression, anxiety, domestic violence, absentee father/fatherlessness, suicidal ideation, substance misuse, low health literacy, poverty, shame, isolation, abandonment, being unheard, feeling unloved, worthlessness, sadness, anger, and isolation. Repression of mental health symptoms and lack of self-expression impacted the African American women's awareness of their own maladaptive coping, which impedes parent-child attachment. Additionally, the compounding stressors of poverty, intimate partner violence, and low mental health literacy impacted the extent to which African American women believed in their ability to overcome their circumstances. At times, cultural mores of spirituality and meaning-making concepts of faith in God moderated African American women's stress-related symptoms. Systems of belief appeared to mitigate stressors for African American women while bolstering their resilience.

Several participants believed the symptoms they experienced were a part of a generational curse, while others sought to understand the implications of mental health symptoms. Moreover, participants expressed a desire for closeness in relationships; however, the lack of awareness of TGT symptoms presented barriers to forming healthy, long-term relationships. An overarching theme in African American women's experiences was broken family structures. Broken homes created the most significant injury, to the degree that there was little to no expectation of having a father figure in the home to provide and protect the family, resulting in single-family homes where the mother assumes the SBW role.

The women's reluctance to ask for help presents a barrier to seeking mental health interventions and treatment. All participants reported domestic violence in the family unit,

leading to various problems, including health issues, anxiety, depression, PTSD, and additional stressors of poverty, displacement, and homelessness. In several cases, participants reported childhood sexual abuse by a stepfather or their mother's boyfriend. Several African American women had difficulty asking for help; they felt uncomfortable asking for anything from anyone and preferred to do it all themselves. Other participants noted that they learned to ask for what they needed over time. Participants experienced mixed emotions about seeking a mental health professional; however, all participants answered that they would obtain counseling for their family if they believed it would be beneficial.

The findings related to help-seeking attitudes have several implications. Kinship and race were noted as necessary qualities for mental health counselors for African American women, further highlighting the importance of cultural competence, empathy, and affiliation in the African American community. Undoubtedly, the African American community continues to suffer from cultural and historical traumas, devalued and impacted by myriad psychosocial and interpersonal disparities. Results from this qualitative study show a gap in mental health literacy, a lack of awareness of TGT, and related factors of poverty and underutilization of mental health interventions that prevent African American women from recognizing their adverse symptoms as elements of TGT. These findings pave the way for the development of advanced and culturally relevant methods and the implementation of holistic programs to ensure that African American women experiencing symptoms of TGT receive access to individual and family services to address the impact of trauma and halt its transmission. In the next chapter, the researcher discusses and presents the summary of findings, implications, delimitations, and limitations, recommendations for future research, and the conclusions of the study.

Chapter Five: Conclusion

Overview

The purpose of this qualitative phenomenological study was to examine the psychosocial impacts of unresolved grief and trauma within the dynamics of parenting among African American women. The researcher found that the phenomenological approach allowed for a deeper understanding of the concerns and symptoms experienced by participants. Chapter Five presents an interpretation of the findings, implications of relevant literature and theory, delimitations and limitations, and recommendations for future research.

Summary of Findings

This section provides a summary of the findings discussed in Chapter Four. The central research question was, "How has trauma exposure affected African American women's awareness of their traumas within their lived experience and parenting practices?" The psychosocial impact of historical trauma among African American women has significant implications for their families' social and psychological well-being. This study was designed to answer the following research questions:

CRQ: How has trauma exposure affected African American women's awareness of their traumas within their lived experience and parenting practices?

SQ1: How has TGT impacted African American women's perception of survival mode stress reactions and the reality of trauma within parenting styles?

SQ2: How do African American women describe trauma exposure from their childhood, and how has it impacted their lives?

SQ3: How has African American women's exposure to maladaptive parenting styles affected their awareness of TGT and their response to the needs of their offspring?

Eight major themes and 12 subthemes emerged from the data, and these findings were applied to the research questions. The first theme was that African American women experience mental health literacy barriers. Three subthemes emerged from Theme 1: lack of self-esteem, economic disadvantages, and adolescent parenthood. The second theme was that African American women experience poor help-seeking attitudes. Two subthemes emerged from Theme 2: mistrust of government and social systems, and spirituality and meaning-making in adversity. The third theme was indications of self-reflection in parenting practices. Two subthemes emerged from Theme 3: self-awareness in parenting practices and self-regulation strategies. The fourth theme was symptoms of stress-related disorders. Two subthemes emerged from Theme 4: symptoms of PTSD and indications of health-related problems. The fifth theme was the impact of childhood sexual abuse. Two subthemes emerged from Theme 5: markers of ACEs and signs of emotional cutoff. The sixth theme was the effects of broken family structure. Two subthemes emerged from Theme 6: high incidence of domestic violence and absentee father/fatherlessness. The seventh theme was indicators of repressed emotions and self-expression. Two subthemes emerged from Theme 7: symptoms of maladaptive coping and inability to form healthy relationships. The eighth theme was that African American women's lived experiences impact the parent-child attachment. Two subthemes emerged from Theme 8: symptoms of poor parent-child attachment and indicators of long-term effects of insecure attachment.

The findings answered the central research question: "How has trauma exposure affected African American women's awareness of their traumas within their lived experience and parenting practices?" The tenets of Bowen's family systems theory and attachment theory connect with the findings to provide to provide an explanation of how early attachment wounds impact emotional bonds, social relationships, and parent-child attachment, which is essential to

emotional and social development (Berlin et al., 2018; DeMaria et al., 2020; Jacobs, 2020; Lange et al., 2019; Rajaratnam, 2021).

Theme 1: African American Women Experience Mental Health Literacy Barriers

Three subthemes emerged from Theme 1: lack of self-esteem, economic disadvantages, and adolescent parenthood. This theme focused on the array of literacy disadvantages participants spoke about during individual interviews. Participants described interruptions in education in adolescence, impeding learning and development. To some extent, all participants experienced barriers to literacy, particularly mental health literacy, as characterized by three indicators, the subthemes that make up this central theme. Jorm (2000) defined mental health literacy as "knowledge and beliefs about mental disorders which aid their recognition, management or prevention" (p. 396).

Theme 2: African American Women Experience Poor Help-Seeking Attitudes

Despite areas of mistrust, several participants reported a willingness to seek mental health interventions when kinship is present and counselors' experiences were relevant to their own. Notably, many of the participants' caregivers made light of their symptoms in childhood and did not believe in mental health counseling nor validate their symptoms. Some participants emphasized that self-validation is critical to achieving the confidence to step outside of cultural mores such as the SBW schema, which perpetuates poor help-seeking attitudes. Wilma said,

> The last time I tried to commit suicide, I got the counseling and the help that I needed. I reached out and took different ones and then started praying and going to church and developing a relationship with God. Then I got to a better place and became a better parent.

The study revealed the importance of faith for African American women. All participants shared the commonality of faith and spirituality. "Human beings are meaning-making creatures" (van der Kolk, 2015, p. 16). Faith and making-meaning in adversity help individuals manage symptoms and promote PTG. As participants shared their experiences in the context of faith and purpose, the researcher felt an incredible sense of gratitude and honor. There was a shared sense of understanding, a divine connection of spirit and sisterhood.

Theme 3: Indications of Self-Reflection in Parenting Practices

The participants either repressed their emotions, avoided them, or internally decided their symptoms were not "real." Emotionally repression and avoidance created inner turmoil for several participants. Their caregivers' conflicts often resulted in them being emotionally unavailable, creating waves of anxiety in the participants. The participants' level of self-awareness seems to connect to their feelings of being out of touch with their emotions and, ultimately, themselves. This theme and related subthemes highlight the participants' assertions of avoidance, suppression, and dissociation from the harsh reality of maltreatment, sexual abuse, domestic violence, and poverty in childhood and how these symptoms manifest in the parenting role. African American women need to be "seen" and "heard" after feeling devalued and unloved throughout their formative years.

This theme offers insight into why the SBW schema provides an escape from the invisibility they experienced. Faith in God, for most of the participants, mitigated stress symptoms and motivated them to parent with more conscious awareness of their relationship with their children. Parenting gave them a sense of purpose and spurred them toward healing from their unspoken trauma symptoms. In the parenting role, participants can revisit their attachment wounds (Rajaratnam, 2021), resolve ambivalence, and halt trauma transmission to

offspring. It was rewarding to hear the participants self-reflect, even during the interview process, as they gained a newfound sense of strength and self-development. Most of the participants were authentic about their struggles with self-identity and self-regulation. They noted that as they became more self-aware, they also became more self-regulating.

Theme 4: Stress-Related Disorders

Participants faced barriers to health care engagement, as also seen in the theme of mental health literacy. The participants' descriptions of stress-related disorders revealed the need to understand and treat the symptoms and alleviate the mistrust of the health care system to provide adequate care. Often, African American women relied on faith-based interventions over medical visits. Several participants expressed mental and physical health challenges, reporting symptoms of long-term stress, isolation, depression, substance misuse, anxiety, and flashbacks. Symptoms reported aligned with PTSD indicators. One participant acknowledged being triggered "to the point where it makes me physically uncomfortable and almost sick to my stomach." Long-term or chronic stress exacerbated symptoms in the parenting role. Health-related problems were reported by all participants, with varying degrees of suffering from many emotional problems, including anxiety and depression. Social and health care services available to African Americans women and their families can increase cultural responsiveness to help to these women move from mistrust to engagement and hope.

Theme 5: The Impact of Childhood Sexual Abuse

When listening to the audio recordings and reading through the interview transcripts, it was interesting to discern the participants' level of comfort with sharing sensitive information, particularly of a sexual nature. Many participants reported the damaging impact of childhood sexual abuse, describing actions that were criminal but were met with no recompense. Several

participants vacillated from anger to apathy, depression, and suicidal ideation, stating feelings of

"fear," "freezing," and "self-blame," Mimi Ann described having difficulty controlling her

anger, stating, "Domestic violence and sexual abuse caused me to be violent and display violence

whether used to protect myself or to defend myself." Overall, African American mothers who

have experienced sexual assault and abuse face barriers to seeking medical assistance. Wilma

expressed regret for disclosing the abuse at the hand of her mother's boyfriend. Wilma stated, "It

blew up the whole family. . . . I block it." Sexually assaulted by her mother's boyfriend

beginning when she was in the fourth grade, Wilma, like other participants, went silent,

suppressing symptoms and shutting down emotionally.

Theme 6: The Effects of Broken Family Structure

Participants reported coming from broken families where their father was absent,

abusive, or unknown. Several participants lived with grandparents or in foster care because of

domestic violence, neglect, abuse, or abandonment. Many participants were motivated to halt the

course of what they referred to as a "generational curse." Their love for their children and faith in

God inspired them to confront the years of silence and shame resulting from growing up in a

broken family unit. African American women also reported experiencing interpersonal violence.

Social and structural factors affect help-seeking behaviors related to broken family units

in the African American community (Angela & Morocho, 2021). Familial loyalty in African

American culture carries an overarching mandate of "what goes on in this house, stays in this

house." Some participants felt indifferent to their fatherless home. As Mimi Ann stated, "My

father was a merchant marine, so he was not in the picture. He actually left because of my mom's

mental illness." Others expressed a longing for a father whom they witnessed abuse their mother

and repeated the same cycle of choices. Gracey said, "Looking for daddy's love and finding

abuse. You look for your daddy. Well, you never had it at home, and is this how someone supposed to love me?"

Still others, like Miracle, shared sentiments of empathy and understanding about her absentee and abusive father when recalling the memories of him, whom she felt "the least safe around." As participants shared stories of abuse and survival, they felt relief to share them in a safe, confidential space. Some participants mentioned the fulfillment they experienced by sharing their experiences in hopes of helping future generations.

Theme 7: Indicators of Repressed Emotions and Self-Expression

African American women struggle with self-expression, self-regulation, and a sense of agency. The participants longed for healthy, lasting relationships and often appeared unsure why there were patterns of abuse and mistreatment in their adult relationships. The desire to form and maintain healthy, loving relationships compelled participants to become more introspective of their perceptions and trauma symptoms. Liz sought counseling, stating,

> I feel that they have allowed me to be able to self-reflect and to ask myself the important
>
> questions needed to resolve any conflicts or personal issues within my life so that I could
>
> be the best person that I could.

Several participants were motivated by their own inner pain and their love for their children. Wilma stated that she repressed her emotions until she was suicidal, and the state removed her children. The trauma symptoms were overwhelming for Wilma until she could finally fight for her voice and her right to express all she had suppressed through the years. Wilma said, "I dealt with all that because I was holding so much hurt and trauma from my childhood that I hadn't dealt with. Only then I got counseling." For many participants, adversity

was the impetus not only to become better parents but also to reparent the repressed child states within themselves through seeking therapy.

Theme 8: African American Women's Lived Experiences Impact the Parent-Child Attachment

Many participants were attached to their maternal figure, irrespective of her parenting style. Mimi Ann explained that "in some kind of little compartment of me is a longing for my mom." Another participant reported, "Nobody hugged me as a child and said I love you or anything." Conversely, several participants were willing to cut off the relationship with their mother altogether because of the emotional strain; as expressed by Tera: "I mean, some of the things that she said and did was completely inappropriate and unacceptable." For these and other reasons, participants prefer to distance themselves to salvage their remaining peace. Wilma asserted, "I'm saying my piece and be done with it. And if we don't talk ever again, that's totally fine."

The participants' attachment to their caregiver significantly depended on safety, trust, responsiveness, emotional availability, and feelings of warmth and closeness. A secure attachment bond in the formative years of human development is a protective factor against TGT (DeMaria et al., 2020). African American women in this study experienced nearly every risk factor for impaired health, starting with the notable breakdown of the family and the absence fathers. Attachment and family structure influenced choices for participants, who experienced psychosocial adversities such as poverty, dissociative factors, intimate partner violence, criminality, sexual activity, and substance misuse disorders (Sar et al., 2017). Most participants were responsive to the idea of family counseling if they believed it would benefit the family.

Self-discovery and family recovery are possible in the African American community to help heal attachment wounds and create healthy attachments (Sveslosky, 2020).

Discussion

The findings of this study revealed how African American women experienced TGT and its impact on parenting practices. The researcher's findings demonstrate that several psychosocial factors impact African American women's self-perception and parenting practices. Bezo and Maggi (2018) postulated that TGT describes trauma transferred from one generation to another via automatic PTSD systems. This study is critical to understanding how trauma transmits unconsciously through what Bowlby (1969b) documented as childhood attachment patterns. These patterns result from the ongoing psychological connection between the caregiver and child (Homme & Shults, 2020; van der Horst, 2011). Infants and children have an instinctive need to survive (Uhernik, 2017). Exploring these formative stages of development through the lens of family systems and attachment theory is vital to expanding the understand of the harmful impact of TGT further. Healing attachment wounds can contribute to halting the transmission of trauma (Berlin et al., 2018; De Haene et al., 2010).

The study supports and validates existing literature on TGT and parenting practices and provides lived experiences of some of the challenges related to the psychosocial impact of TGT on this population. Significant to the mental health community is a broader understanding of early childhood development and the lasting impact of historical trauma, racial disparities, and medical mistrust embedded in the psyche of the African American community.

Theme 1: African American Women Experience Mental Health Literacy Barriers

Existing literature revealed the importance of mental health literacy, underscoring that low health literacy presents the "worst outcomes" (Alper & Wojtowicz, 2019, p. 34). The way

individuals make meaning of and understand their lived experiences intersects with health literacy. Improving health outcomes among African American mothers begins with improving mental health literacy and empowering them to take ownership of their mental health and wellness. The participants answered that they would seek services if they felt it would benefit their families. Culturally relevant approaches were most important to participants. Existing literature also revealed that unresolved trauma impeded effective parenting, causing significant gaps in access to health care and mental health services (Bocknek et al., 2020; Erving et al., 2021; A. Lewis, 2020; Sharpe, 2018).

Cultural and social factors affect African American women's help-seeking attitudes and engagement in acquiring resources. Consequently, mental health stigma, racism, sexism, economic subjugation, and other social factors require interventions to address mental health literacy, mental health stigma, and distorted help-seeking beliefs (Evans et al., 2017; Ledesma, 2020; Lehrner & Yehuda, 2018; Sharpe, 2018).

Theme 2: African American Women Experience Poor Help-Seeking Attitudes

The legacy of oppressed groups in the United States offers a pertinent understanding of the lack of help-seeking behaviors among African American women. Existing literature supports findings in this research study that participants were reluctant to seek services for their symptoms despite the debilitating effect on their health and wellness and that of their children (Levers, 2012). Additionally, Russell (2020) noted that racism is the underlying cause of medical mistrust and health disparities in African American communities. Participants noted police brutality, cultural mores of mistrust, and the lack of culturally competent care contribute to the cynicism in help-seeking attitudes. In this study, the lived experiences of African American women highlight the public health crisis that has persisted in the African American community. Additionally, the

literature also supports the psychosocial impact of chronic stress on the role of parenting in this population, noting the damaging effect over the life span (Tor, 2021).

Theme 3: Indications of Self-Reflection in Parenting Practices

Connolly (2011) underscored the instinctive reaction to repressed emotions. The author noted the complex wounding within three domains: "the death of time, death of language, and the death of narrative" (p. 611). Existing literature reveals the importance of self-reflection to gain a heightened of awareness and sense of autonomy. Several participants describe their parenting practices as similar to their parents and repeating the same cycle unknowingly, expressing confusion and regret while navigating the parenting landscape. The lack of self-expression in childhood created a lack of self-awareness and regulation, impacting their parenting practices. Creighton's (2021) research reiterated the false self-concept. Emotional repression as a result of ACEs essentially results in the development of a pseudo self as a coping mechanism (Uhernik, 2017; van der Horst, 2011). The attempt to understand the complexity of trauma within the parenting relationship is essential to gain awareness and self-regulation skills. Additionally, the complex wounding of TGT triggers self-defense mechanisms (Baker et al., 2019; Gump, 2010; Hartman, 2015; Keller & Noone, 2020; Onyeali, 2020; Sheffield, 2019). Past research supports the participants' accounts of being "seen and not heard," which creates a gap between the true self and the repressed state resulting from the traumatic experience.

Theme 4: Stress-Related Disorders

Existing literature reveals emotional fusion and chronic stress underlying trauma transmission in the mother-child dyad (Alexander, 2018; Colbert, 2020). These are critical issues for African American women because the mother-child dyad is the primary route of the transmission of TGT. Psychosocial factors, particularly racism, social stress, discrimination, and

poverty, present challenges in this demographic over the life cycle (Alexander, 2018; Colbert, 2020; Lange et al., 2019; A. Lewis, 2020; Richard, 2021; Sheffield, 2019). Participants in this study were perplexed at how they repeated a cycle that presented them with such despair, anxiety, and stress, yet Bowen's concept of emotional fusion is the primary mechanism through which trauma transmits from parent to offspring (Baker et al., 2019; DeAngelis, 2019; Gump, 2010). Halting this invisible thread of trauma creates a new generation of autonomous, separate, and self-differentiated individuals.

Theme 5: The Impact of Childhood Sexual Abuse

Most participants were willing to share their childhood's most intimate and devastating events. One of the most adverse experiences was childhood sexual abuse. African American women displayed remarkable resilience. Perhaps because of their belief system, they overcame the anxiety, depression, and suicidal ideation, which have been noted as symptoms of childhood sexual abuse. Existing literature reveals a gap concerning African American mothers who have experienced childhood sexual abuse (Delker et al., 2020; Frazier et al., 2009; A. Lewis, 2020; Sharpe, 2018; Sullivan et al., 2020; Wang et al., 2020). Many participants in this study expounded on the experience, highlighting a significant point: they did not report their abuse. The silence of affliction in this demographic requires further examination to explore dissociative factors related to familial loyalty and self-value. Existing literature from Settles and Buchanan (2014) explored related themes that showed findings that are unique and distinct to African American women.

Previous studies have focused on the trauma experience of African American women without examining the impact of this trauma on the role of parenting. A. Lewis (2020) noted that survivors of sexual trauma encounter a significant gap in access to health care. Parenting can

often compound the stress of sexual trauma, where mothers must somehow manage the symptoms of the trauma while caring for their children. Stevens-Watkins et al. (2014) noted that African American women are at a higher risk for trauma and revictimization because of the lack of health care interventions. Participants in this study shed light on this issue regarding psychological trauma and cultural loyalty, noting the invisibility of being "seen and not heard." These psychosocial adversities are disproportionately experienced by those in the African American community (Adams, 2022; Bademosi, 2020; K. S. Jacob, 2013; Sharpe, 2018; Tobin et al., 2022; Woerner et al., 2020).

Theme 6: The Effects of Broken Family Structure

Participants in this study reported growing up in a broken family. Domestic violence and poverty were the primary contributors to broken family units. African American families experience disproportionate rates of broken family structures, leading to psychological and economic strain that transfers within the parent-child dyad (Alexander, 2018). Existing literature reveals the perception of African American women impacts the entire family because women are often the head of households (Richard, 2021).

Subthemes underscore the prevalence of intimate partner violence and the resulting downward spiral impacting every area, as participants described symptoms of isolation, depression, PTSD, cardiac problems, substance abuse, suicidal ideation, and criminality. All 15 participants reported symptoms of witnessing intimate partner violence as a child to surviving it in their own adult relationship, as they repeated the pattern instinctively. African American women's symptoms were sometimes worsened by various other stressors. Additionally, literature revealed single-parent homes often experience poverty, discrimination, and negative emotional

responses to stress (Angela & Morocho, 2021; A. Lewis, 2020). Historical challenges persist in

this demographic in terms of barriers to family cohesion and unresolved trauma (Gómez, 2019a).

Theme 7: Indicators of Repressed Emotions and Self-Expression

Existing literature from Romero (2000) explored the SBW schema among African

American women, and the findings pointed to unique, automatic coping mechanisms African

American women use to internalize trauma. Participants reported experiencing symptoms of

PTSD and ACEs but did not receive mental health intervention. African American women who

have experienced ACEs and childhood trauma have difficulty employing emotional regulation

and awareness because no relationship was established in their formative years with their

emotions. Emotional repression creates internal conflict that impacts interpersonal relationships

and the parent-child attachment (Woods-Giscombé, 2018). Additionally, the literature affirmed

that African American women are less likely to engage in mental health intervention (Romero,

2000).

Participants noted that they were "seen and not heard" and learned to deny themselves the

fundamental dignity of self-expression. This theme encompassed important subthemes, as the

symptoms of maladaptive coping and the inability to form healthy relationships overlap with the

inability to understand and express emotions. Additional literature by Watson et al. (2016)

suggested that African American women internalize the SBW persona to control and repress

emotions. These tendencies emerge in early childhood development and, without awareness and

intervention, will negatively impact their lives over the long term (Liao et al., 2020; Sveslosky,

2020).

Participants in this study responded favorably when asked if they would access mental

health counseling if they felt it would benefit their families. Nevertheless, previous research

studies revealed that African American women have poor help-seeking attitudes (D. J. Brody et al., 2018). Existing literature conducted by Delker et al. (2020) and Gómez (2019b) postulated that cultural obligations to self-silence perpetuates TGT through African American women. Abrams et al. (2019) asserted that "self-silencing manifests in four distinct behaviors" (p. 518): silencing the self, divided-self, care as self-sacrifice, and externalized self-perceptions.

Theme 8: African American Women's Lived Experiences Impact the Parent-Child Attachment

Existing literature reveals that the parent-child attachment bond "governs symptom development and health" (Keller & Noone, 2020, p. 117). In this review, Bowlby's attachment theory provides an essential framework for exploring the parent-child attachment bond (DeMaria et al., 2020; Iyengar et al., 2019). Bowlby (1969b) noted that children have an innate drive to survive. The need for safety and protection creates attachment behavior patterns within the child's developing core (Briere & Scott, 2015; Fitzgerald, 2020; Levers, 2012; McGoldrick et al., 2016; Music, 2019). As the researcher read through the transcripts and journal notes, the significance of attachment theory reverberated through the participants' lived experiences. The findings show that African American women instinctively walk in the shadow of their caregiver's footsteps, repeating the cycles of abuse and traumatic stress, furthering impact of symptoms to subsequent generations. Many participants remain perplexed at how they could repeat an experience they "hated." However, for many, the reality of the subconscious attachment drives remains throughout the life cycle. Therefore, it is essential for practitioners to broaden their understanding of TGT from a historical framework and recognize how it intersects with attachment theory, according to Tor (2021).

Implications

This study examined how African American women experienced TGT and its impact on parenting practices. The researcher's findings revealed that psychosocial adversities such as domestic violence, broken families, poverty, ongoing stress, and substance misuse impact African American women and their parenting styles. The results confirmed that studying TGT was meaningful to the existing body of research. This study broadens awareness of the pervasive crisis within this population of traumatized women. It expands the field of psychology and underscores the need for culturally competent, culturally responsive, and culturally humble services to restore favorable outcomes to African American women and their families. The findings have significant theoretical, empirical, and practical implications for community care and counseling practice. The researcher's study addressed the need for recognizing TGT symptoms that significantly impact African American communities to foster effective interventions. This population continues to be left behind, marginalized, and underserved by the mental health profession.

Understanding components of TGT and how it influences generations over time will inform individuals who are in counseling to question diagnoses and respond appropriately to misdiagnoses, which research shows happens exponentially in African American communities. In addition, trauma and symptoms of PTSD, according to research from Kilpatrick et al. (2013), are culturally observed and embraced as a normal part of life. Therefore, TGT intervention and treatment approaches must be sensitive and responsive to the cultural mores embedded within the African American community to present a welcoming narrative to shift perceptions of trauma and how they were pathologized historically and at present. The recognition of and

responsiveness to this phenomenon require more than a theoretical worldview but a Christian

theological worldview that understands the brokenness of society as a whole.

Implications for a Christian Worldview

The Christian worldview emphasizes purpose and meaning, particularly in moments of

fear and adversity. We are in good company if we consider the prophets of old, the men and

women of faith who have gone before us, and those who serve among us today. There is no

shortage of adversity and suffering in the world. However, one overarching element draws us

nearer to the blessed side of our Savior Christ, and that is hope. A Christian approach in

community and counseling offers hope and understanding that God is a part of the plan, be it

suffering or celebration; He is ever present. Therefore, in the profession of counseling, according

to Isaiah 9:6, Christ is the Wonderful Counselor; thus, with humility and trembling, we strive to

understand the divine calling of God to serve in this profession.

According to God's Word, we are reconciled to Christ, bought with a high price.

However, many live beneath the calling, not understanding that this life is not ours (1

Corinthians 6:20). The African American experience, although there are critical concerns at

present, is not unique to the human experience. Solomon himself proclaimed: "That which has

been is what will be, that which *is* done is what will be done, And there is nothing new under the

sun" (NKJ, 1982/2004, Ecclesiastes 1:9). In Viktor Frankl's (1946/1992) book *Man's Search for

Meaning*, the author looks beyond the despair and inhumane confines of Nazi concentration

camps. Formidable enclosures fixed with impenetrable wire could not keep out the presence of

hope and the essence of freedom that is found in knowing Christ as Lord and Savior. The

Apostle Paul wrote, "I have been crucified with Christ; it is no longer I who live, but Christ lives

in me; and the life which I now live in the flesh I live by faith in the Son of God, who loved me and gave Himself for me" (Galatians 2:20, NKJV).

A spiritual transformation is all-encompassing, involving body, mind, and soul. Regeneration is needed to transform survivors of TGT through a Christ-centered approach, whose central focus is renewing the mind (Romans 12:2). The prophet Hosea 4:6 declared: "My people are destroyed from lack of knowledge. Because you have rejected knowledge, I also reject you as my priests. Since you have ignored your God's law, I will also ignore your children" (NIV, 1973/2011). A Christian worldview sees the truth of our human condition and man's search for meaning. The foundation of faith in Christ anchors our lives, thoughts, and behaviors in the authority of His precepts. He is the cornerstone of our existence, and when we build our lives on Christ alone, we find meaning in both the joys and the storms of life. Hope is a powerful component of recovery. A Christian worldview offers hope beyond the temporal trappings of earth. Christian faith offers the eternal hope of heaven and joy everlasting.

Faith was one of the most effective protective factors against stress for the participants. Hope in adversity was a hallmark of faith for God in African American mothers who have endured various challenges from ACEs, sexual abuse, domestic violence, and rejection. Faith and spirituality provided an anchor of comfort during life's fiercest storms, offering hope, resilience, and courage. In addressing TGT symptoms of traumatic experiences such as childhood sexual abuse, domestic violence, and substance misuse, a faith-based approach offers more than recovery from traumatic experiences; faith in Christ offers to make us whole (1 Thessalonians 5:23). Suffering is a part of the human condition as the universal consequence of original sin (Romans 5:12; 1 Corinthians 15:21). Coping with the symptoms of PTSD and dissociation, as seen in the lived experience of many of the participants in this study, can be debilitating and

overwhelming. Christ-centered counseling integrates methodologies and theories such as trauma-focused cognitive behavioral therapy, Bowen's family systems theory, and Bowlby's attachment theory. As the literature in this study highlighted, a strong belief system helps individuals navigate psychosocial adversity more effectively. According to Kam (2018), PTG is attainable through a divine attachment model, which combines science and faith in meaning-making and counseling therapy.

The unique approach of a Christ-centered worldview expands individuals' view of suffering by providing a deeper understanding of the power of choice. Individuals can choose how they respond to affliction and adversity. Faith in Christ teaches that when we begin to turn our eyes upon the cross of Calvary, the trials and tribulations on earth take on a new meaning, a purpose through which we begin to grasp the profundity of Jeremiah 1:5: "Before I formed you in the womb I knew you; Before you were born I sanctified you; I ordained you a prophet to the nations" (*NKJ, 1982/2004*). Through this understanding, the therapeutic alliance becomes a collaborative effort between more than the counselor and the client: the Holy Spirit guides the process by helping us identify our blind spots, equipping us for our calling, providing practical solutions to mitigate symptoms, teaching coping skills, and promoting behavior change. A Christian worldview also connects us to the transformative nature of God, as He promises to restore the wasted years (Joel 2:25-32).

Additionally, the Christian worldview offers the wisdom of the five-fold ministry, where the gifts of the apostles, prophets, evangelists, shepherds, and teachers come together to equip the saints for every good work, according to Ephesians 4:7–13, to build up the body of Christ to mental, emotional, and spiritual maturity. His grace becomes sufficient in the light afflictions of our human experiences because of the redemptive work of Christ at Calvary. Ultimately, a

Christian worldview in counseling helps us make meaning of the piercing thorns of grief and trauma so that we are better able to "count it all joy" (NKJ, 1982/2004, James 1:2–3). Trauma may seem circumstantial; however, Jehovah knows His plans for those who trust Him. Therefore, even in the face of grief and adversity, a Christian worldview empowers us supernaturally to look with eyes of faith at our circumstances and trust the Lord with all our hearts.

The words of the prophet Isaiah echo across time, sending a clarion call to those with an ear to hear what the Spirit of God is saying in this epoch. Isaiah 9:6–7 announces:

> His name shall be called Wonderful, Counsellor, The mighty God, The everlasting Father, The Prince of Peace. Of the increase of His government and peace, there shall be no end, upon the throne of David, and upon his kingdom, to order it, and to establish it with judgment and with justice from henceforth even forever. (NKJ, 1982/2004)

The effects of living in a sin-sick world are disease, adversity, and mental anguish. God's Word assures us that even when we do not understand, we can rest in His promise to "make all things new" (Revelation 21:5). In my professional experience, a Christ-centered worldview helps individuals make sense of what it truly means to be transformed by renewing the mind (Romans 12:2). Christ asks us today, "Will thou be made whole" (NKJ, 1982/2004, John 5:6) A Christian worldview inspires us to:

> glory in our sufferings because we know that suffering produces perseverance; perseverance, character; and character, hope. And hope does not put us to shame because God's love has been poured out into our hearts through the Holy Spirit, who has been given to us. (Romans 5:3–5 NIV)

Delimitations and Limitations

The limitations and delimitations of this qualitative research study are discussed next and include constraints under which the study operated.

Limitations

Every research project has limitations, and as noted by Collins (2021), it is critical to have a conscious awareness of areas of potential bias. Phenomenological research has boundless elements that cause pause and control as much as possible. The researcher acknowledged and identified the limitations of this qualitative research study. A limitation of this study was the need for a more direct set of questions delineating the participants' socioeconomic status and literacy level, as trauma may impact cognitive functioning (Bademosi, 2020; Martela & Steger, 2016; Simons et al., 2021). While the researcher used prompts to gain more insight into each participant's lived experience, a more focused approach to establishing literacy could have demonstrated connections between ACEs, teen pregnancy, partner selection, chronic poverty, and homelessness. Basic literacy is vital to how individuals make meaning and influences economic and social skills, personal development, and educational pursuits, all of which exacerbate or mitigate the effect of TGT on African American women, as noted by Simons et al. (2021). This study examined the psychosocial impacts of unresolved grief and trauma within the dynamics of parenting among African American women. The complexity of such a mission necessitated substantial time, attention, and reflection on how representative of the general population the results were in this research study.

Delimitations

Delimitations of this study include a purposive sample size. The study focused on African American mothers, including adoptive and stepmothers, who are or were significant caretakers of

child(ren). From the study's inception, the researcher took precautions to demonstrate the study's

trustworthiness. Therefore, in the data collection, participant recruitment, and data analysis

processes, the researcher took copious notes and made strides to maintain a careful account of

such a massive undertaking. Additionally, due to time restraints and social distancing under

COVID-19 health protocols, face-to-face interviews were limited. Fourteen participant

interviews were conducted online, and one was conducted face-to-face at the community center.

All interviews were held with the strictest confidentiality and the utmost respect for the safety

and well-being of each participant. The perspective for this study was limited as only mothers in

Florida participated. On several occasions, as an African American woman who has lived and

experienced similar circumstances, the researcher had to distance herself from the visceral

effects of solidarity with the participants.

The study's delimitations also included the location of respondents. I would have liked to

interview participants located throughout the United States. All research participants were

located in Florida. Also, research was conducted during the COVID-19 pandemic, which could

have hindered responses due to limited social interactions. Other potential limitations of this

research include the lack of closeness in foster and stepfamily dynamics. The African Americans

culture can be closed and cryptic. Nuances in parenting roles and TGT symptoms can be

interpreted differently, yet symptoms manifest similarly.

Participant selection represented another delimitation. For this study, the researcher

selected 15 participants, all African American women who are mothers. Heppner et al. (2015)

emphasized the importance of obtaining representative samples. The researcher interviewed

African American women ages 25 to 77. Before performing the analysis, the researcher screened

each participant to assess the participants' distinctiveness, which narrowed the study's focus to meet and fulfill the inclusion criteria.

As the researcher, I chose a hermeneutic phenomenological approach to interpreting, examining, categorizing, and exploring themes. Oerther (2021) noted that a hermeneutic approach complements the psychosocial aspects of the study because of the nuances of stress and meaning-making perceptions and their relationship within the individual. The researcher intended to explore and interpret the meaning of the participants' perceptions of their experiences and parenting The design allowed participants to freely share their perceptions and provide thick descriptions of childhood, adolescence, and adult seasons of life alongside with their parental experiences.

Recommendations for Future Research

Future research is recommended based on the study's findings, limitations, and delimitations. This study offers more profound insight into the lived experiences of African American women. The valuable insight they provided gives a voice to those suffering from symptoms of TGT. The persistence, growth, and resilience in the African American community compel researchers to continue exploring and examining this demographic's unique experiences.

Recommendations for Churches and Faith-Based Organizations

The recommendation for faith-based organizations is to implement psychoeducational counseling programs. This study revealed the positive aspects of belief and faith in adversity, with the majority of participants professing belief in God, which helps to mitigate symptoms of TGT while promoting PTG. Faith leaders are influential in promoting mental health and wellness and could offer psychosocial workgroups to help heal the negative impact of TGT symptoms in the family system. Future research could further examine absentee fathers, their lived

experiences, the reason for their absenteeism, and the effects of absentee fathers in communities and provide faith-based family initiatives to educate African American families on the reality of TGT across multiple generations. Faith and spirituality are potent gifts that counter the negative impacts of TGT. Although religious conviction is one of the most influential societal forces, spiritual coping can become adaptive or maladaptive (Avent, 2016).

This recommendation presents a tremendous opportunity for churches to become the catalyst for reducing barriers to mental health interventions as African American communities grapple with medical mistrust, spiritual coping, and low help-seeking behaviors (Metzger et al., 2021). Future researchers can address the harmful phenomenon of spiritual bypass and religious coping. At the same time, studies should examine current disparities in access to culturally competent mental health services and consider the positive impact of psychoeducation training programs where attendees can become certified in facilitating emotional intelligence support groups and grief counseling.

Recommendations for Counselors and Therapists

A suggestion for counselors and therapists is to explore the culturally responsive aspects of psychosocial adversity and use cognitive behavior therapy to address symptoms of PTSD, improve coping skills, and expand social support. Adams (2022) noted that given historical discrimination, there are insufficient data available on mental health programs for this demographic, noting a "bias toward pathology and hyper-individualism can result in the therapeutic encounter exacerbating rather ameliorating the isolation, futility, and despair clients may be masking through their enactments" (p. 117). Cognitive behavior therapy techniques from a culturally responsive perspective are imperative to counseling effectiveness. Consequently, the impact of psychosocial adversity on mental health and behavioral health requires approaches that

consider these concepts mutually as they often overlap (Adams, 2022; Tobin et al., 2022; Woerner et al., 2020).

Additionally, future researchers can widen the scope of counseling psychology to explore the implications of epigenetic research in biology to further the understanding of how individual inherited behaviors and the circumstances through which trauma is transmitted alter gene expression. Additionally, PTG and neuroplasticity offer hope of transforming the nervous system and renewing neuronal pathways, granting infinite potential and possibilities. Research in these areas has demonstrated a miraculous capacity for healing. Another recommendation is to investigate the long-term effects of TGT to determine timelines for seeking therapy. For example, researchers know that if someone has cancer, it can metastasize if it goes untreated. What about mental health? What is the implication of waiting to receive therapy and mental health care interventions in this population? This recommendation is based on the urgent need to initiate intervention and repair.

Recommendations for Social and Government Agencies

A recommendation for state and governmental agencies, including the Department of Children and Families, foster care, and shelter homes in Florida and throughout the nation, is to improve outcomes for this demographic through increasing awareness of TGT by providing funding to initiate family systems counseling training relative to building healthy family systems, maternal engagement, and parent-child relationships (including mother and father). Crouch et al. (2019) reported that ACEs are related to poverty, and African American youth were most likely to be exposed to ACEs. Predictive factors noted from the literature can educate and inform policymakers, counselors, and school districts on interventions at the state and federal levels. State and federal agencies have played significant roles in funding mental health services. In

addition, implementing a culturally responsive family systems training protocol to curtail the public health crisis within African American community would be expedient. Future researchers should analyze the effectiveness of such programs implemented in underserved and marginalized communities across the United States.

Prevention is critical to address the long-term effects of TGT. Therefore, an additional recommendation is to implement school-based mental health services interwoven into an ongoing curriculum in middle and high school. A psychoeducational framework can be used to help engage families in preventative therapy to reduce symptoms of TGT. One such program is ROAR: Raising Ongoing Adherence and Resilience at the Department of Health in Florida. The researcher created ROAR in response to the county's growing need for a psychoeducational program. ROAR is an 8-week psychoeducational program with the vision of breaking the cycle of unhelpful behaviors through teaching self-empowerment life skills. These skills empower individuals to make proactive decisions. Participants also learn techniques to improve adherence to health and mental wellness goals and increase self-awareness, self-regulation, empathy, and social skills. These are the evidence-based tenets of emotional intelligence. Over the past 3 years, this program has achieved tremendous success, connecting participants to a greater sense of purpose, identity, and self-value.

Such initiatives create positive health outcomes in mental, emotional, and physical health and well-being, thereby improving communities. The results help reduce reactive behaviors while fostering proactive and productive decision-making. Providers, including social workers, counselors, and psychologists, can help address mental health challenges by implementing programs like ROAR.

Recommendations for National Redress Community Care and Counseling Program Grants

A final recommendation that arises from the study is the creation of a community care and counseling initiative grant for mental health programs in the African American community. As reparations initiatives are a burgeoning topic of political significance in various jurisdictions across the United States, such a program could be the catalyst to shift hurting communities toward addressing the far-reaching implications of TGT. This recommendation emerged from the previous literature examining the systemic effects of slavery, discrimination, and economic inequities. Could national redress be beneficial to turn the tide of the current mental health crisis in underserved and marginalized communities? Could it restore and repair the historical mistrust that impedes progress?

According to the literature, concepts of internalized racism, self-stigma, and medical mistrust are subconscious vestiges of institutional racism and the legacy of enslavement and contribute to numerous health issues (Alexander, 2018; DeGruy, 2005; Gómez, 2019a; Kranke et al., 2012). The research noted that cultural trauma from human atrocities such as slavery, the Holocaust, genocides, and September 11th has historical implications, leaving genetic imprints on the offspring of survivors, impacting generations yet unborn (Baker et al., 2019; Jacobs, 2020; Keller & Noone, 2020; Rinker & Lawler, 2018; Six-Hohenbalken, 2018). Reparation grants could fund extended studies to address the impact of trauma on broken homes in which divorce and domestic violence have ravished the family system. The federal government could offer reparations proposal grants to outline eligibility requirements and provide guidance for state and local institutions to participate in these restorative efforts.

Current literature examines the serious mental health concerns associated with TGT among African American women and their offspring, noting the research gaps that must be filled

to adequately address challenges experienced disproportionately by African Americans throughout the country as a result of systemic marginalization and racism (Bademosi, 2020; Lange et al., 2019; Wang et al., 2020). Moreover, reparations in the African American community should seek to address the underlying factors of historical inequities, chronic poverty, and the wealth gap within the community, and family organizations should incentivize counseling approaches to enhance family cohesion, value, and respect. The negative psychological and physiological impacts of TGT on African American women continue to present critical public health concerns (A. Lewis, 2020; Gómez, 2019a). Redress by the federal government is imperative to help address the effect of TGT on help-seeking behaviors and mental health by reducing the income gap, increasing social connectedness, reducing stress, and promoting positive health outcomes.

A community care and counseling mentoring program along with therapy (walk-through) parks with incentives would work in conjunction with a comprehensive family systems therapy approach that could include an ongoing commitment from families to attend and engage in culturally competent counseling. These reparations programs can be a powerful source of healing, as they acknowledge the harms caused by historical trauma, including segregation, human rights violations, and inequity of housing, employment, and educational opportunities. These programs can prioritize those with low socioeconomic status who would otherwise be unable to afford a quality, culturally responsive mental health program. The seismic impact of these grant programs can offer hope and begin the healing process to improve help-seeking attitudes, reduce mental health stigma, and halt the transmission of TGT in African American families.

Summary

This qualitative phenomenological study examined the psychosocial impacts of unresolved grief and trauma within the dynamics of parenting among African American women. The theories used to guide this study were Bowen's family systems theory and Bowlby's attachment theory. A key objectives of this study was to provide a foundation for understanding emotional bonds, social relationships, and parent-child attachment wounds. This phenomenological qualitative study included 15 African American women. The age range of the participants was 25 to 77. All participants selected met the inclusion criteria. Inclusion criteria for this study included being a Black/African American or Afro-Caribbean female, having been born in the United States, and being a mother (this includes stepparenting and adoption). Additional criteria were having experienced trauma or ACEs (including but not limited to poverty, emotional abuse, physical abuse, sexual abuse, and domestic violence).

Eight major themes and 12 subthemes emerged from the data, and these findings were applied to the research questions. Themes and subthemes embedded in the research data answered the research questions in this study. TGT is incredibly complex, as evidenced by the immense literature and body of work conducted on the topic. Events in my life called me to the profession of counseling and this field of study. The long-term impact of trauma is a thief to the concept of life, liberty, and the pursuit of happiness for African American families in the United States. Historical trauma remains a topic crucial to the understanding and development of effective diagnostic tools and counseling approaches.

Existing health disparities in the African American community call us to acknowledge the significant psychosocial impact racism and oppression have had family system for countless generations (Levers, 2012). The psychosocial impact of TGT noted by Russell (2020) is the

result of systemic racism, leading to health disparities and medical mistrust with far-reaching

consequences. Results from this qualitative study show a gap in mental health literacy, a lack of

awareness of TGT, and related factors of poverty and underutilization of mental health

interventions that prevent African American women from recognizing their adverse symptoms as

elements of TGT.

These findings pave the way for the development of advanced, culturally relevant,

holistic programs to ensure that African American women experiencing symptoms of TGT

receive access to individual and family services to address the impact of trauma to halt

transmission to future generations. The research could benefit African American women, their

families, the community, and the church. Overall, the research findings lead to a more insightful

understanding of the impact of unresolved grief and trauma in the family systems of African

American women. Implications for a Christian worldview and faith-based interventions complete

the study. Ultimately, community care and counseling initiatives must offer culturally competent

and responsive approaches for African American women and their children that acknowledge the

complexity of TGT and genuinely focus on restoring mental and emotional equilibrium to foster

positive outcomes for African American families. The researcher concludes this study with an

enduring postulation from the prophet Micah, whose divine decrees reflect a powerful spiritual

and political appeal that transcends race, time, and culture: "He has shown you, O man, what is

good; and what does the Lord require of you but to do justly, to love mercy, and to walk humbly

with your God" (*NKJ, 1982/2004,*Micah 6:8).

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Appendix A: IRB Approval Letter

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

April 27, 2022

Sandra Anderson
Mitchell Morrison

Re: IRB Approval - IRB-FY21-22-738 Examining the Psychosocial Impacts of Transgenerational Trauma: A Phenomenological Study of Parenting Styles Among African American Women

Dear Sandra Anderson, Mitchell Morrison,

We are pleased to inform you that your study has been approved by the Liberty University Institutional Review Board (IRB). This approval is extended to you for one year from the following date: April 27, 2022. If you need to make changes to the methodology as it pertains to human subjects, you must submit a modification to the IRB. Modifications can be completed through your Cayuse IRB account.

Your study falls under the expedited review category (45 CFR 46.110), which is applicable to specific, minimal risk studies and minor changes to approved studies for the following reason(s):

7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,

G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office

Appendix B: Informed Consent Form

Consent

Title of the Project: Examining the Psychosocial Impacts of Transgenerational Trauma: A Phenomenological Study of Parenting Styles among African American Women
Principal Investigator: Sandra Maria Anderson, Doctoral Candidate, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be 25 years old or older, be a Black female of African or Caribbean descent, have been raised and currently live in the United States, be a mother (this includes being a step- or adoptive mother), and have experienced trauma or adverse childhood experiences that include, but are not limited to, poverty, emotional abuse, physical abuse, sexual abuse, domestic violence, and other adverse childhood experiences (ACEs). Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to examine how stigma and cultural beliefs about mental health hinder help-seeking attitudes among African American women and how these attitudes, beliefs, and stigma impact parenting practices. Studies show that African American women are less likely to seek mental health counseling when experiencing personal, mental, and emotional distress. The lived experiences of African American women who have experienced various forms of trauma from their own childhood, family of origin, and society impact how they parent their own children.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:
1. Participate in a 45–60-minute, audio-recorded interview. The interview will be conducted either on Zoom or face-to-face.
2. Review the transcript of your interview.
3. Potentially participate in a follow-up interview to address any concerns, questions, and additional information. The follow-up interview will also be audio-recorded and conducted either in-person or through Zoom.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study; however, the societal benefits of this research may bring greater awareness to the lived experiences of African American women who have experienced trauma, increase help-seeking attitudes, and improve parenting practices.

Liberty University
IRB-FY21-22-738
Approved on 4-27-2022

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Sandra Maria Anderson. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact Sandra at 561-584-2051 or ███████████████████ You may also contact the researcher's faculty sponsor, Dr. Mitch Morrison, at ███████████████████

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researchers, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researchers will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record me as part of my participation in this study.

_____

Printed Subject Name

_____

Signature & Date

Liberty University
IRB-FY21-22-738
Approved on 4-27-2022

Appendix C: Recruitment Flyer

Research Participants Needed

Examining the Psychosocial Impacts of Transgenerational Trauma: A Phenomenological Study of Parenting Styles among African American Women

- Are you 25 years of age or older?
- Are you a Black female of African or Caribbean descent?
- Were you raised and do you currently live in the United States?
- Have you experienced trauma or adverse childhood experiences that include, but are not limited to, poverty, emotional abuse, physical abuse, sexual abuse, domestic violence, and other adverse childhood experiences (ACEs)?
- Are you a mother? This includes being a stepparent or adoptive parent.

If you answered **yes** to all of these questions, you may be eligible to participate in a research study.

The purpose of my study is to examine how stigma and cultural beliefs affect the mental health, hinder help-seeking attitudes, and influence the parenting styles of African American women. The benefits of this research may bring greater awareness to the lived experiences of African American women who have experienced trauma, may increase help-seeking attitudes, and may improve parenting practices. Participants will be asked to participate in an interview, review their interview transcript, and potentially participate in a follow-up interview. The interviews can be conducted via Zoom or face-to-face at the participant's convenience. Participants will receive a $25.00 VISA gift card for completing all of the procedures.

If you would like to participate, please contact the researcher by either email: ▮▮▮▮▮▮▮▮▮▮▮ or phone ▮▮▮▮▮▮▮▮

A consent document will be emailed to you.

Sandra Maria Anderson, a doctoral student in the School of Behavioral Sciences at Liberty University, is conducting this study. Please contact Sandra Maria Anderson at ▮▮▮▮▮▮ or ▮▮▮▮▮▮▮▮▮▮ for more information.

Liberty University IRB – 1971 University Blvd., Green Hall 2845, Lynchburg, VA 24515