

Does Intergenerational Trauma Influence Growth or Fixed Mindset Among Ethnic Minorities?

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Department of Community Care and Counseling, Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

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**Abstract**

Intergenerational trauma is a phenomenon commonly experienced by ethnic minorities in the United States. This type of trauma can profoundly affect individuals, families, and communities. Despite the prevalence and importance of intergenerational trauma, little research has investigated the link between intergenerational trauma and individuals' mindsets. Therefore, the purpose of this qualitative descriptive study was to understand the perceptions, experiences, and beliefs of ethnic minorities with intergenerational trauma regarding fixed and growth mindsets. The theory guiding this study was Carol Dweck's mindset theory. To assess the influence of intergenerational trauma on ethnic minorities' mindsets, 12 individuals from ethnic minority backgrounds were purposefully recruited through social media. Participants were asked to participate in semi-structured interviews with open-ended questions surrounding their perceptions of intergenerational trauma and fixed and growth mindsets. Specifically, participants' perceptions regarding their fixed and growth mindsets were explored. Data was analyzed using thematic analysis. The findings of the study have important implications for informing mental health professionals regarding the experiences of ethnic minorities regarding intergenerational trauma and fixed and growth mindsets. Such information may be useful in designing appropriate interventions for different minority populations.

*Keywords:* intergenerational trauma, ethnic minorities, fixed and growth mindsets

### **Dedication**

I want to dedicate this dissertation to my family, who's always given me a reason to stretch myself and provide inspiration to carry a legacy of perseverance and hope. To my mother, Merllean Thompson, who has shown unwavering support, love, and encouragement throughout my life. To my father, who is deceased but NEVER forgotten (Sharion Thompson), for always believing in me, pushing me, and stepping in to be the best father I could have ever had. To the matriarch and patriarch (Otis & Roberta Day) of the Day clan, who were the pillars of strength and perseverance. They made me better simply by their example, which I did not realize until I became an adult. Lastly, to my wife (Tina Thomas), children (Deassnja, Keveja, Dallas, Shanice, Raven), and grandchildren (Kameel, Elijah, and Ashton Jr)! You all are who I am, why I am who I am, and what I have become. You all are the reason I strive so hard to leave a legacy! Your love and belief in me have fueled my perseverance, and this achievement is as much yours as it is mine, especially my wife, who always says, "This is both of our degrees because I feel like I did the work, too!"

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## **Chapter One: Introduction**

### **Overview**

The phenomenon known as intergenerational trauma, the transmission of the effects of a historical traumatic event through generations, impacts ethnic minorities worldwide. Although a fixed and growth mindset is well-known in psychology, little is known about how ethnic minorities who have experienced intergenerational trauma perceive, experience, and believe these mindsets (Bernecker & Job, 2019; Moody & Lewis, 2019). Mindset theory comprises two subcategories of mindset, namely growth and fixed mindset. An individual with a growth mindset applied to intelligence believe their intelligence can grow with sustained effort (Brunzell et al., 2019). A growth mindset refers to an individual's belief that hard work and dedication toward a pursuit can positively influence a person's outcomes. In contrast, a fixed mindset is the belief that skills and abilities are fixed and cannot be influenced by effort (Brunzell et al., 2019). To better understand growth and fixed mindsets, this qualitative descriptive study investigated the viewpoints of ethnic minorities who have experienced intergenerational trauma. Understanding these people's perspectives on their mindset will help us better support and empower them personally and professionally.

Researchers have theorized that the expanding racial and ethnic disparity in higher education academic achievement may be due to the traumatizing effects of prejudice and social marginalization on minority students. For example, Saleem et al. (2022) and Wong et al. (2021) noted that students' perceptions of discrimination in higher education institutions could manifest as chronic, traumatic, and interpersonal stressors, particularly for minority students in early adulthood. Similarly, discrimination is commonly experienced by minority students who pursue higher education. Discrimination can lead to depleted social and personal resources, negatively

impacting students' mental and physical health. Slobodin et al. (2021) ascertained that ethnic minority groups are not the only group that faces multiple obstacles in pursuing their academic objectives. Gender-based discrimination is an additional barrier that has hindered equal opportunity, affecting students' academic performance (Rudhumbu, 2022). Thus, racial-based trauma is multifaceted and perpetuated by systemic racism at many levels of society.

Chapter 1 reviews the background information relevant to the topic of study. The background section includes historical, social, and theoretical background information on intergenerational trauma and the implications of the potential outcomes of this study on individuals with intergenerational trauma. Then, the chapter explains the situation to self, the researcher, as well as the problem and purpose of the study. Next, the significance of this study is described in detail. Finally, the research questions for this study and definitions guiding this study are overviewed.

### **Background**

Intergenerational trauma is a complicated and multifaceted issue that affects numerous ethnic minority groups throughout the globe. Brothers (2014) posited that there is little consensus on how trauma is transmitted from generation to generation, even though a large body of research identifies and describes this phenomenon. Interestingly, Kleber (2019) explained that current research posits that trauma is frequently passed from generation to generation, resulting in long-term psychological and emotional effects. Growth and fixed perspectives are two frameworks that influence how individuals can overcome trauma and perceive their abilities and growth potential (Dweck, 1999; Walsh, 2003). However, there is limited research on the relationship between these perspectives and intergenerational trauma in ethnic minority communities. It is necessary to investigate the perceptions, experiences, and beliefs of ethnic

minorities with intergenerational trauma regarding fixed and growth attitudes to shed light on this topic. Ultimately, this research could inform interventions and strategies to assist individuals with intergenerational trauma in developing a growth mindset and overcoming its adverse effects.

### **Historical Context**

Understanding intergenerational trauma and reviewing its historical implications is essential due to its profound effects on individuals, families, and communities. The concept of intergenerational trauma originates in Holocaust studies and the experiences of Holocaust survivors and their offspring (Sigal & Weinfeld, 1989). Additionally, Bombay et al. (2009) described that the shared collective experiences of trauma experienced by First Nations peoples in Canada, in conjunction with related collective memories and pervasive sociocultural disadvantages, have increased vulnerability to transmitting and expressing intergenerational trauma effects. Intergeneration trauma is the emotional, psychological, and physical effects of traumatic experiences transmitted from generation to generation (Isobel et al., 2021).

Researchers found that the trauma endured by survivors profoundly affected their children, who did not directly experience the trauma but displayed symptoms of post-traumatic stress disorder (PTSD), melancholy, and anxiety (Chou & Buchanan, 2021). Intergenerational trauma is significant because it can help explain why some individuals and communities may be more susceptible to mental health problems and other adverse outcomes (Isobel et al., 2021; O'Neill et al., 2018). Furthermore, Jones et al. (2018) contended that the actual clinical manifestations of trauma are the emotional and psychological aftereffects of a traumatic event, even though the definitions of trauma have changed over time. Based on the literature, understanding intergenerational trauma is essential for fostering healing and resiliency in

affected communities.

Intergenerational trauma has been observed as a phenomenon in specific subpopulations of individuals in the United States. For example, many indigenous communities have a lengthy history of trauma, including forced relocation, cultural genocide, and forced assimilation (Danieli, 1998). These events have had a significant impact on the health and well-being of Indigenous peoples and have been linked to high rates of suicide, substance abuse, and other mental health disparities (Brave Heart et al., 2011). Notably, trauma experienced by Indigenous individuals' parents or grandparents has profound physical and psychological effects on them (Abrams, 1999; O'Neill et al., 2018). Additionally, due to slavery, systematic prejudice, and discrimination, African Americans in the U.S. report experiences consistent with intergenerational trauma (Danieli, 1998). This phenomenon has been linked to various health issues, including higher rates of chronic disease, mental health issues, and mortality (Eyerman, 2001; Wilkins et al., 2013). Furthermore, similar to the lasting effects of Indigenous trauma, African Americans suffer psychological effects similar to those of their parents and grandparents (Wilkins et al., 2013). Recognizing the impact of intergenerational trauma on these subpopulations is essential for comprehending their modern-day effects and promoting healing and recovery within the affected communities.

Intergenerational trauma can be challenging to diagnose at a clinical level. Researchers and clinicians indicate that intergenerational trauma influences one's ability to feel connected to one's community or develop a deep sense of purpose in life (Menzies, 2019). Since intergenerational trauma is passed through generations, it is vital to understand the symptoms experienced by both parents and children. According to Payne and Berle (2021), parents may relive traumatic events and become emotionally detached from their children and may have



difficulty modeling healthy behaviors, including independence, coping skills, and emotional regulation. Such emotional and psychological issues influence their children. Children exposed to intergenerational trauma may exhibit an inability to trust others, an inability to connect to others, anger, fearfulness, anxiety, and nightmares (Fortuna et al., 2022). In this way, trauma is perpetuated through generations, being transmitted from parent to child.

### **Social Context**

Trauma has profound social implications. Trauma is frequently characterized by a lack of control over the situation, which the individual often interprets as helplessness (Trippany et al., 2004). According to Kleber (2019), individuals frequently attempt to comprehend stressful events to predict and manage them more effectively. Traumatic events frequently impair people's ability to attribute meaning to their experiences, weaken their associative abilities, and cause them to lose control of a situation.

Several factors, including natural disasters and recurring intergroup conflict, can result in community trauma (Kiluwa et al., 2022). In this case, intergenerational trauma can manifest in a community as a pattern in which trauma is frequently transmitted from one generation to the next (Isobel et al., 2019). A community's history is frequently shaped by the trauma it has endured. For example, some children of Holocaust survivors who recounted their fear of gas chambers reportedly avoid safe spaces involving aerosolized water, such as saunas (Matz et al., 2015). In another example, a mother who was sexually abused may find it difficult to connect and form relationships with men intimately. This behavior can be mimicked or observed by children. With the lack of a stable male role model, children, in turn, may not learn to form healthy attachments in their adulthood (Waldinger et al., 2006). In this way, children indirectly experience trauma based on their parents' or grandparents' experience of trauma.

One of the most effective methods to alleviate transgenerational trauma is to promote open and compassionate communication between generations. The healing process begins when family members speak out and endeavor to put past wounds, pains, and abuse behind them (Jacobs, 2016; Payne, 2022). Importantly, when it comes to rehabilitation, therapy has been recognized as one method for overcoming transgenerational trauma (Isobel et al., 2021).

Overcoming intergenerational trauma can be challenging due to the presence of this type of trauma in early childhood (Atkinson et al., 2010). However, some studies suggest that the cycle of intergenerational trauma can be broken. Isobel et al. (2021) found that individualized therapy can help people suffering from intergenerational trauma recognize unhealthy patterns of behavior stemming from indirect traumatic events. Socially, bringing light to injustices suffered by previous generations may influence individuals' perceptions of trauma suffered by their parents, grandparents, and ancestors (Evan-Campbell, 2008). While not a cure for intergenerational trauma, bringing light to injustices suffered can open dialogue that promotes healing.

In this study, mindset theory was used to explore the social effects and mindset of ethnic minorities with intergenerational trauma to understand the social implications of this phenomenon. Like intergenerational trauma, an individual's mindset can be shaped dramatically by familial and social interactions and dynamics (Haslam et al., 2019). However, little is known regarding how intergenerational trauma influences an individual's mindset.

### **Theoretical Context**

Significant theoretical implications exist for ethnic minorities with intergenerational trauma, as this population may encounter unique obstacles and experiences that affect their mindset and well-being (Danieli, 1998). It has been theorized that the effects of intergenerational trauma on ethnic minorities extend beyond the immediate trauma survivors and can have

enduring physical, psychological, and socioeconomic consequences (Danieli, 1998). In addition, ethnic minorities who have experienced intergenerational trauma may face marginalization and discrimination, which can affect their self-perception. The mindset theory guided the study and provided a framework for understanding the problem (see Dweck, 1999). The mindset theory posits that an individual's beliefs about his or her intellect and abilities can substantially affect his or her success and achievement (Dweck, 1999). According to Dweck (1999), there are two categories of mindsets: a fixed mindset and a growth mindset. Those with a fixed mindset believe that their intelligence and abilities are permanent and cannot be altered. Individuals with a growth mindset, on the other hand, believe they can progress and develop their skills through hard work, perseverance, and learning from mistakes (Dweck, 1999). Mindset can also be described in terms of one's belief regarding their ability to change their circumstances. For instance, some African American first-generation college students describe their motivation to pursue higher education in terms of wanting to provide a better life for future generations, effectively overcoming their family histories (Blackwell & Pinder, 2014).

Intergenerational trauma is the passing down of traumatic experiences through generations. Some individuals experiencing intergenerational trauma describe it as a "generational curse" (Hargrave et al., 2022, p. 6). Furthermore, some individuals with intergenerational trauma describe feeling "stuck" in their present situations, unable to break the cycle of trauma (Hargrave et al., 2022, p. 8). These descriptions may indicate the presence of a fixed mindset rather than a growth one. Therefore, intergenerational trauma can substantially affect an individual's beliefs regarding their abilities and potential (Danieli, 1998; Isobel et al., 2021). For example, Pumariega et al. (2022) explained that ethnic minorities with a history of intergenerational trauma might be more likely to have a fixed mindset because they may believe

that their traumatic experiences have limited their potential for growth and development. Similarly, developing a growth mindset may be the key to breaking the cycle of intergenerational trauma.

### **Situation to Self**

As a clinical director at a private therapy practice, I am passionate about comprehending the intricate interactions between people's ideas, experiences, and cultural situations as a clinician in psychology. In my practice, I continually observe individuals experiencing trauma and am acutely aware of the psychological, emotional, and physical adversities associated with trauma. Many individuals seeking help from my practice vocalize ideas consistent with intergenerational trauma, highlighting how the trauma their parents or grandparents experienced influences their daily lives and how they perceive themselves. Furthermore, many of these individuals are ethnic minorities. As such, I have developed a growing interest in researching how ethnic minorities who have experienced intergenerational trauma perceive, experience, and believe in fixed and development mindsets. I am aware that intergenerational trauma can significantly impact people's mindset views and that people from racial and ethnic minorities may have certain experiences and viewpoints that affect how they view their potential and skills. However, I desired a greater and more intricate understanding of how intergenerational trauma influences individuals' mindsets, prompting my interest in this study.

### **Problem Statement**

The problem investigated in this study was a lack of knowledge regarding how intergenerational trauma affects the development of a growth mindset among ethnic minorities. Despite extensive research into intergenerational trauma, there was still a need to understand what factors influence an individual's mindset after trauma exposure (see Primm, 2018).

Similarly, while there is a growing awareness of individual experiences of trauma, little was known about how individuals describe intergenerational trauma in terms of a fixed or growth mindset (Chou & Buchanan, 2021). This knowledge deficit hinders the development of interventions that effectively promote resilience and well-being in individuals with intergenerational trauma (Gailienè, 2019). Therefore, it was essential to conduct additional research on this topic to develop a deeper understanding of the connection between intergenerational trauma and mentality beliefs.

### **Purpose Statement**

The purpose of this qualitative descriptive study was to add to the body of knowledge concerning the perceptions, experiences, and beliefs of ethnic minorities with intergenerational trauma regarding fixed and growth mindsets. The theory guiding this study was Carol Dweck's mindset theory. Her theory offered insight into how individuals who view obstacles as opportunities to grow and learn are more motivated to achieve academic success (see Wolcott et al., 2020). These individuals typically believe intelligence is fluid and constantly seek to improve and acquire new skills. Consequently, individuals with a growth mindset demonstrate resilience in both academic and real-world settings (Dweck, 1999).

### **Significance of the Study**

This study, which examined the perceptions, experiences, and beliefs of ethnic minorities with intergenerational trauma regarding fixed and growth mindsets, was significant for several reasons. Ninety percent (90%) of American residents will experience a traumatic event at some point in their lifetimes, per Kilpatrick et al. (2013). Physical and sexual violence against women has increased in recent years, according to research (Bradley et al., 2021). This increase in physical and sexual violence against women places their psychological, physical, and social

health at risk. Although the prevalence of trauma and violence varies across studies, the alarming rise in rates in various communities (Glynn, 2013) is cause for concern. Often, traumatic events can elicit various responses, including psychological disarray or dysfunction (Liu et al., 2021). Several factors influence a person's response to trauma. These variables can include community and social support, positively or negatively influencing an individual's experience and suffering (Profitt, 2020). Some studies reveal that African Americans display fewer re-experiencing and avoidance symptoms than Whites experiencing similar types of traumas (Despeaux & Jahn, 2017; Williams & Zare, 2022). A functional support system was discovered to explain the disparity in the effects of race on avoidance symptoms, the severity of PTSD, and re-experiencing symptoms (Mekawi et al., 2021). The influence of intergenerational trauma on the mindsets and beliefs of individuals is a topic of significant interest in psychology.

Educators and mental health professionals can devise more culturally sensitive and effective interventions to support the learning and healing of ethnic minorities with intergenerational trauma by gaining a deeper understanding of their worldviews (Isobel et al., 2021; Miller-Karas, 2023). Third, this study can also cast light on the impact of historical trauma and systemic oppression on the mindset beliefs of individuals, which can inform more significant efforts to promote social equity and justice (Erikson, 1991; O'Neill et al., 2018). Additionally, understanding the perceptions, experiences, and beliefs of ethnic minorities with intergenerational trauma regarding fixed and growth mindsets can promote greater well-being and resilience in marginalized communities and contribute to a more nuanced and inclusive understanding of human psychology. By examining the mindset beliefs of individuals with intergenerational trauma, psychologists may better understand trauma's psychological and emotional impact and how it shapes individuals' beliefs regarding their growth and development

potential (Isobel et al., 2021). This information can inform the development of targeted interventions to assist individuals with intergenerational trauma in developing a growth mindset, fostering resilience, and enhancing overall well-being. This study provided new insights into the function of mindset in the lives of this population, which may inform interventions and support services for this group. In addition, the study's findings shed light on the unique challenges ethnic minorities with intergenerational trauma confront and how to address them.

### **Research Questions**

The research questions were developed to understand the research problem by exploring the connections between intergenerational trauma and an individual's mindset.

**RQ1:** How do ethnic minorities with intergenerational trauma describe their experiences with a growth mindset?

RQ1 was developed to answer questions about participants' experiences with their growth mindset. Additionally, ethnic minorities' experiences with intergenerational trauma can significantly impact how they view intellect (Vaughans, 2021). A lower level of academic accomplishment and feelings of disempowerment may result from some ethnic minority groups being marginalized and discriminated against in educational settings (Bunce et al., 2019). Because of this, some members of racial or ethnic minorities who have experienced intergenerational trauma may have a fixed perspective about intellect and think that their skills are fixed and unalterable (Dweck, 1999). A fixed mindset may result in a lack of interest in learning new things and a diminished capacity for undertaking difficulties (Dweck, 1999). RQ1 was developed to address this problem.

**RQ2:** How do ethnic minorities with intergenerational trauma describe their experiences with a fixed mindset?

RQ2 was developed to understand the question of ethnic minorities who have experienced intergenerational trauma and how they may have a fixed mindset. Individuals from marginalized communities, such as ethnic minorities with intergenerational trauma, may have a more complex comprehension of talent than those from more privileged backgrounds (Pumariega et al., 2022). Individuals from marginalized communities may perceive talent as a product of hard work and perseverance instead of something innate or predetermined. However, some ethnic minorities who have experienced intergenerational trauma may also encounter difficulties recognizing and developing their talents due to systemic discrimination and racism (Fortuna et al., 2022; Polanco-Roman et al., 2016). Intergenerational trauma may, therefore, contribute to a fixed mindset in which individuals believe their talents are predetermined and cannot be developed further.

### **Definitions**

*Collective trauma* describes the psychological and emotional effects that a shared catastrophic incident or a string of traumatic occurrences have on a group or community. It affects a broader group than just one person, such as a civilization, culture, or even the entire world community (Hirschberger, 2018). For interview purposes, this shall be defined as a shared occurrence or a string of distressing experiences that can cause a group of people to experience collective trauma, which can cause severe and long-lasting psychological discomfort. It is a shared experience that can have an impact on a whole neighborhood, society, or even larger groups (Hirschberger, 2018).

*Ethnic minorities* refer to individuals with different cultural or national traditions from the main population. In this study, an ethnic minority was an individual with a non-White



ethnicity (Bate et al., 2019). Two participants identified as Black, nine as African American, and one as American Indian.

*Gender-based discrimination* refers to the unjust treatment or prejudice directed at a person or group based on gender. It is a form of discrimination based on socially constructed gender roles and expectations as opposed to a person's actual abilities, qualities, or characteristics. Gender-based discrimination affects both men and women, although women are frequently disproportionately affected due to widespread gender inequality and patriarchal attitudes in many societies (Moody & Lewis, 2019).

*Intergenerational trauma* refers to the transmission of trauma from one generation to the next. It occurs when the psychological and emotional effects of trauma experienced by one generation are transmitted to subsequent generations, typically through family dynamics, cultural practices, and social norms. Multiple traumatic events, such as war, genocide, forced migration, colonization, enslavement, and institutionalized oppression, can result in intergenerational trauma. The trauma can manifest in various ways, including PTSD, depression, anxiety, substance misuse, and other mental health issues (Chou & Buchanan, 2021). For interview purposes, intergenerational trauma is defined as a painful incident or experience passed down from one generation to the next and can manifest in various ways, including emotional and behavioral patterns, interpersonal relationships, and even physical health problems. Both personal trauma and collective trauma are interconnected and can contribute to intergenerational trauma (Isobel et al., 2019).

*Personal trauma* refers to an individual's experience of a deeply distressing event or situation that has a lasting impact on their emotional well-being and functioning. As a result of personal trauma, the sense of security, trust, and general quality of life may manifest in a variety

of psychological and physical symptoms (Leung et al., 2022). For interview purposes, this shall be defined as describing when a person experiences a traumatic event or series of events that are so upsetting that they cannot cope and lose confidence in themselves and other people. It may have long-lasting psychological and emotional repercussions, including flashbacks, anxiety, despair, and issues with interpersonal relationships (Leung et al., 2022).

*Trauma* is the perception of a critical disparity between the dangerous elements of a situation and a person's ability to cope. It is emphasized that trauma is a sociopsychological process that develops over time and frequently follows a path instead of a transient occurrence (Demertzis, 2020; Fischer et al., 1999). For interview purposes, this shall be defined as a very upsetting or overpowering experience that has a long-lasting effect on a person's feelings, thoughts, and behavior. It frequently happens when someone experiences or witnesses a situation that puts their safety or well-being in danger and leaves them feeling stunned, terrified, or powerless.

### **Summary**

The problem this study aimed to address is that it is unknown whether individuals describe their experiences of intergenerational trauma through a fixed or growth mindset. Therefore, this qualitative descriptive study aimed to understand the perceptions, experiences, and beliefs of ethnic minorities with intergenerational trauma regarding fixed and growth mindsets. The theory guiding this study was Carol Dweck's mindset theory. Intergenerational trauma is a complex and multifaceted issue that affects numerous minority ethnic groups around the world. According to Kleber (2019), trauma is often transmitted from generation to generation, resulting in long-lasting psychological and emotional consequences. In addition, both growth and fixed perspectives influence how individuals perceive their abilities and growth

potential (Dweck, 1999). However, research on the connection between these perspectives and intergenerational trauma in minority ethnic communities is limited. Therefore, it was necessary to investigate the perceptions, experiences, and beliefs of ethnic minorities with intergenerational trauma regarding fixed and growth attitudes to cast light on this topic.

Chapter 1 reviewed the background information relevant to the topic of study. The background section included historical, social, and theoretical background and implications of the potential outcomes of this study on intergenerational trauma. Then, the chapter explained the situation to self, the researcher, as well as the problem and purpose of the study. Next, the significance of this study was described in detail. Finally, the research questions for this study and definitions guiding this study were overviewed. The remainder of the dissertation is organized into four additional chapters. The literature backing this study is reviewed in Chapter 2. Additionally, the methodology used in this study is detailed in Chapter 3. In Chapter 4, the findings from this qualitative descriptive study are presented. Finally, in Chapter 5, I discuss the study's findings in the context of the academic literature and the study's theoretical framework. I also discuss the study's implications, recommendations for practice and future research, and the study's conclusions.

## Chapter Two: Literature Review

### Overview

Intergenerational trauma is a complex and ubiquitous problem that has affected many ethnic minority groups across multiple generations (Barker et al., 2019). Individuals in these groups have often encountered traumatic events because of historical or systemic oppression, violence, and discrimination that continue to shape their experiences and psychological well-being today (Bernard et al., 2022). Understanding the mechanisms and effects of intergenerational trauma is essential for designing interventions and policies that promote healing, resilience, and well-being among affected individuals, families, and communities (Charak et al., 2021). Carol Dweck's (2008) theory of mindset is a promising theoretical framework that has the potential to inform our understanding of intergenerational trauma and inform interventions.

According to this theory, individuals have either a growth mindset, characterized by the belief that intellect and abilities are malleable, or a fixed mindset, characterized by the belief that intelligence and abilities are innate and unchangeable (Fortuna et al., 2022). According to research, a growth mindset is associated with enhanced academic and social achievement and better psychological outcomes, especially in adversity (Meulewaeter et al., 2019). The application of mindset theory to the context of intergenerational trauma among ethnic minority groups offers a promising approach to comprehending and addressing the psychological effects of this pervasive problem (Brunzell et al., 2019; Fortuna et al., 2022).

This literature review examines the phenomenon of intergenerational trauma among ethnic minority groups, focusing on the origins and significant components of mindset theory, the transmission of trauma across generations, psychological impacts, mental health outcomes,

the role of individual, family, and community factors in experiencing trauma, and the potential role of growth mindset in overcoming the effects of intergenerational trauma. In addition, this review aimed to identify gaps in the literature and suggest future research directions, emphasizing the need to apply mindset theory to comprehend intergenerational trauma.

The Education, Resources, and Information Center (ERIC), PsycINFO, and Google Scholar databases were searched to locate studies relevant to this review. These databases were selected for their comprehensiveness and relevance to cultural studies, sociology, and psychology. When searching these databases, the following keywords were entered: *mindset theory, growth, intergenerational trauma, transmission, ethnic minority, impacts, and experiences*. Boolean logic was used to link keywords and phrases to narrow the scope of the search. Studies were included in this review if they were published in a scholarly, peer-reviewed journal in the English language and if they were seminal.

The main objective of this review was to facilitate a comprehensive understanding of the experiences, needs, and resilience factors among diverse ethnic minority populations affected by intergenerational trauma by synthesizing existing research on intergenerational trauma and mindset theory. In addition, the investigator sought to inform the creation of effective interventions and policies that promote healing, resilience, and well-being among those affected by intergenerational trauma. The theoretical framework is presented in the following section, followed by the review of literature related to critical variables and constructs of interest.

### **Theoretical Framework**

This study was informed by Dweck's (2008) mindset theory. Prominent psychologist and researcher Carol Dweck devised mindset theory based on her research, which is predicated on the notion that people's beliefs about their abilities and intellect substantially impact their

motivation, behavior, and accomplishment. The two primary components of Dweck's mindset theory are the fixed and growth mindsets. Individuals with a fixed mindset believe that their intellect, talents, and abilities are unchangeable and immutable. They frequently avoid challenges, give up readily when confronted with obstacles, and consider effort futile (Marquez Aponte, 2020; Robbins et al., 2021). People with a fixed mindset are more likely to disregard constructive criticism and feel threatened by others' success. This perspective can hinder personal development and growth, as individuals may lack the motivation to better themselves.

People with a growth mindset work hard, persist, and learn from their experiences to develop their intellect, talents, and abilities (Dweck, 2008). They embrace obstacles, remain resolute in the face of setbacks, and recognize that effort is essential to growth. Individuals with a growth mindset are receptive to constructive criticism and motivated by the success of others (Jeyasundaram et al., 2020). This perspective fosters a passion for learning, resiliency, and an increased likelihood of attaining personal and professional objectives.

The origins of Dweck's (2008) theory of mindset lie in her early research on motivation and achievement. Children praised for their intellect developed a fixed mindset, whereas those praised for their effort developed a growth mindset (Grier-Reed et al., 2023; Heridian & Rahayu, 2022). This discovery prompted her to conduct additional research into the psychological factors that influence motivation and achievement, ultimately leading to the development of her mindset theory. People have accepted the theory widely and applied it to numerous fields, such as education, sports, and business. Utilizing Dweck's mindset theory, educators, coaches, and organizational leaders have fostered a growth and continuous improvement culture. Individuals can be encouraged to embrace challenges, learn from failures, and ultimately reach their maximum potential by fostering a growth mindset.

### **Mindset Theory and Intergenerational Trauma**

In various ways, the mindset theory has advanced and informed the literature concerning the perceptions and beliefs of ethnic minorities with intergenerational trauma (Brunzell et al., 2019; McCarty et al., 2021). Intergenerational trauma, or historical or transgenerational trauma, refers to the psychological and emotional repercussions of ancestors' traumatic experiences passed down through the generations (McKinsey et al., 2022). This phenomenon is especially prevalent among ethnic minority populations who have experienced systemic oppression, prejudice, and violence. Researchers and practitioners can create more effective interventions and policies to combat the psychological effects of intergenerational trauma if they comprehend the role of perspective in determining an individual's resilience (Kwok & Fang, 2022; Zhang & Zhu, 2022).

One of the most significant contributions of mindset theory to the literature on intergenerational trauma is the emphasis on the significance of resilience and adaptive coping strategies (Jeyasundaram et al., 2020). A growth mindset fosters resilience by encouraging individuals to view obstacles and setbacks as learning and development opportunities (Robbins et al., 2021). Fostering a growth mindset can promote healing and adaptive coping strategies for ethnic minorities dealing with the effects of intergenerational trauma, ultimately leading to improved mental health outcomes.

The theory of mindset can be utilized to assist individuals in breaking the cycle of intergenerational trauma by altering their beliefs regarding their abilities and potential (Marquez Aponte, 2020). Individuals can develop a stronger sense of self-efficacy and empowerment by adopting a growth mindset, which can aid in overcoming the adverse effects of trauma.

Developing resilience can prevent trauma from being passed on to future generations (Narayan et

al., 2021). Despite the difficulties associated with intergenerational trauma, research demonstrates that ethnic minorities with a growth mindset are more likely to achieve academic and social success (McCarty et al., 2021). Individuals from traumatized communities can overcome obstacles and flourish academically and socially by recognizing that intelligence and they can develop skills through effort and education.

The theory of mindset has informed the development of interventions and policies intended to mitigate the effects of intergenerational trauma among ethnic minorities (McKinsey et al., 2022). In schools and communities, for instance, interventions can be designed to cultivate a growth mindset, encourage resilience, and promote healthy coping strategies (Brunzell et al., 2019). In addition, knowledge of the significance of perspective can inform policies that promote equity and social justice in shaping the experiences and outcomes of individuals.

Mindset theory has advanced our understanding of the perceptions and beliefs of ethnic minorities with intergenerational trauma by highlighting the importance of resilience, adaptive coping strategies, and the potential for personal growth (Kwok & Fang, 2022). Researchers and practitioners can support the well-being and success of affected individuals and communities more effectively by incorporating these insights into interventions and policies (Zhang & Zhu, 2022). As applied to the current study, mindset theory offered an efficacious depiction of the perceptions and experiences of ethnic minorities with intergenerational trauma and their capability to adopt a growth mindset. The following section contains a review of the relevant literature.

### **Related Literature**

Intergenerational trauma, also known as historical trauma or transgenerational trauma, is the transmission of the psychological and emotional repercussions of traumatic events or



experiences from one generation to the next (Ingabire et al., 2022). An individual or group does not adequately process or resolve the initial trauma, resulting in various psychological, social, and emotional consequences that can be passed on to future generations (Paulus et al., 2019).

This section contains a review of the literature related to intergenerational trauma among ethnic minority populations. The historical context of this topic is presented first. The contemporary literature is then discussed, and applications to mindset theory are considered.

### **Historical Context and Examples of Intergenerational Trauma**

Intergenerational trauma can manifest in a variety of ways, including the perpetuation of maladaptive coping strategies, increased vulnerability to mental health issues, and the internalization of negative beliefs about oneself or one's group (Assini-Meytin et al., 2022; Isobel et al., 2021; Marquez Aponte, 2020). Multiple mechanisms, including parental practices, family dynamics, cultural narratives, and social and environmental factors, may contribute to the transmission of trauma (Johns et al., 2022). Intergenerational trauma is especially prevalent among ethnic minorities and Indigenous communities that have experienced systemic oppression, discrimination, or violence (Heathcote, 2022).

### ***Overview Of Traumatic Events Faced by Various Ethnic Minority Groups***

Various ethnic minority groups in the United States have experienced numerous traumatic events throughout history, often due to systemic oppression, discrimination, and violence. This section contains an overview of some major examples of events to various ethnic minority groups in the United States. Consideration is given to the intergenerational traumas encountered by Black Americans, Indigenous Americans, The Japanese American community, Mexicans, and other Hispanics, impacts of policies on intergenerational trauma, and additional ethnic minority groups (Cai & Lee, 2022; Escobar Olivo et al., 2023; Nagata & Patel, 2021).

**Black Americans.** The forced capture and enslavement of Africans carried to the United States has led to intergenerational trauma. Current ancestors still carry reminders of how their family members were subjected to inhumane living conditions, forced labor, and brutality (Lee et al., 2023). The implementation of racial segregation laws during the late 19th and early 20th centuries is another example, which resulted in pervasive discrimination, marginalization, and violence against African Americans (Hargons et al., 2022). African Americans' struggle for equal rights in the 1950s and 1960s also led to intergenerational trauma, characterized by violent confrontations and the assassination of key civil rights leaders (Leslie et al., 2022).

Intergenerational trauma among African Americans originates from a history of systemic racism, slavery, segregation, and ongoing racial discrimination (Hankerson et al., 2022). This historical trauma can have an effect on mental and physical health, social functioning, and quality of life as a whole (Fortuna et al., 2022). This trauma can increase the incidence of mental health problems such as depression, anxiety, and PTSD (Stenson et al., 2021). Chronic stress caused by racial discrimination can also result in race-based traumatic stress injury (Lee et al., 2023). Chronic stress can have negative effects on physical health, including hypertension, heart disease, diabetes, and other stress-related conditions (Lee et al., 2021). Intergenerational trauma can contribute to socioeconomic disparities caused by systemic and institutionalized prejudice, affecting education, employment, income, and quality of life as a whole.

The focus of research on intergenerational trauma in African Americans has been on elucidating the complex mechanisms by which this trauma is transmitted and how it can be mitigated (Stenson et al., 2021). A number of studies have investigated genetic or epigenetic mechanisms, suggesting that the effects of trauma may be transmitted through modifications in gene expression (Fortuna et al., 2022; Hankerson et al., 2022; Stenson et al., 2021). Other studies

have focused more on social and psychological mechanisms, such as the impact of parenting behaviors influenced by parents' traumatic experiences (Lee et al., 2023; Leslie et al., 2022). Understanding protective factors such as community support, strong cultural identity, positive family dynamics, and access to mental health services can assist in mitigating the effects of intergenerational trauma.

**Indigenous Americans.** The forced removal of Native Americans from their ancestral territories, which resulted in the Trail of Tears and other forced migrations that caused mass suffering and death, is an example of an event leading to intergenerational trauma (Roy, 2019). Implementing policies designed to eradicate Native American cultures and traditions, such as the forced enrollment of Native American children in boarding institutions, is another example (Weintrobe, 2020). Native American communities continue to confront economic, social, and health disparities and struggles for land rights and cultural preservation due to their historical marginalization (Escobar Olivo et al., 2023).

Researchers have found that intergenerational trauma has presented unique challenges and barriers to Indigenous groups in the United States (Reed, 2022). Addressing these challenges warrants trauma-informed care at the individual and community level, according to recent evidence (Hassing & Quayle, 2019). Trauma-informed practice is a systemic approach to service delivery based on a comprehension of the causes and effects of trauma. It emphasizes physical, psychological, and emotional safety for both service providers and survivors, and it provides opportunities for survivors to regain a sense of control and agency. In the context of communities impacted by intergenerational trauma, such as Native Americans, trauma-informed practices can have multiple implications (Cerdena et al., 2021). Trauma-informed care begins with recognizing the presence and effects of intergenerational and historical trauma. This requires knowledge of

the oppression, colonization, forced assimilation, and genocide that Indigenous people have endured throughout history.

Fostering cultural competence requires that trauma-informed care for these communities incorporate cultural traditions, practices, and knowledge (Hassing & Quayle, 2019). This includes comprehending the cultural context of the community and implementing interventions that are culturally appropriate (Reed, 2022). Trauma-informed care should prioritize empowering individuals and communities, helping them regain control and establish safety. This may include community-led initiatives and solutions, as well as giving community members' voices and preferences priority. Understanding and cultivating resilience are crucial, according to recent research related to the impacts of intergenerational trauma on the mental and physical health of children impacted by this construct (Fortuna et al., 2022). This may involve emphasizing the community's strengths and resources, promoting rehabilitation, and fostering a sense of connection and belonging. Those who work with communities affected by intergenerational trauma may experience vicarious trauma, the emotional residue of exposure that caregivers have from working with survivors of traumatic events (Cerdena et al., 2021). These individuals should be supported by means such as supervision, encouragement of self-care, and promotion of a supportive work environment.

For interventions to be effective, they must be culturally appropriate (Hassing & Quayle, 2022). Often, this requires adapting mainstream mental health treatments to integrate and respect Indigenous cultural practices and beliefs (Fortuna et al., 2022). According to some research, interventions that incorporate Indigenous healing practices, such as storytelling, percussion, sweat lodges, and other traditional practices, can be advantageous. The research emphasizes the significance of involving the community in the design and implementation of interventions

(Cerdena et al., 2021; Fortuna et al., 2022; Reed, 2022). This can help ensure that the interventions are culturally appropriate and address the identified requirements of the community. Community-empowerment programs, such as those that develop leadership skills or community capacity, can also be advantageous.

Intergenerational trauma impacts multiple aspects of health and well-being; therefore, interventions must be holistic. This may involve addressing not only mental health, but also physical health, social relationships, cultural identity, and economic well-being. Literature increasingly acknowledges the significance of such holistic approaches (Hassing & Quayle, 2019; Reed, 2022). The role of ongoing systemic racism and socioeconomic disadvantage in perpetuating intergenerational trauma has been highlighted by research (Fortuna et al., 2022). Therefore, trauma-informed practices must address these larger structural problems, for instance by advocating for policy changes. To address vicarious trauma among service providers, research suggests that regular supervision, opportunities for ongoing learning and training in trauma-informed care, and strategies to promote self-care and prevent exhaustion are essential.

**The Japanese American Community.** The forced relocation and incarceration of over 120,000 Japanese Americans in internment camps during World War II resulted in the loss of property, livelihoods, and social networks (Cai & Lee, 2022; Nagata & Patel, 2021). While the Japanese population has largely prospered in the United States, this prosperity has not come without significant challenges and barriers that have led to intergenerational traumas for many Japanese families (Chou et al., 2023). The impacts of these traumas continue to manifest (Cai & Lee; Chou et al., 2023). In a doctoral dissertation submitted to Pepperdine University, Michel (2019) specifically examined the issue of intergenerational trauma experienced by Japanese Americans. Drawing on Archival data from four Japanese American families and two new

families interviewed in 2018 and 2019, the author used hermeneutic phenomenology to determine that their experiences varied widely (Michel, 2019). However, shared narratives revealed the role that context played in the experience of these families, highlighting the need to consider these contextual factors when working with individuals who have experienced intergenerational trauma.

**Mexican Americans and Other Hispanics.** The forced repatriation of Mexican Americans during the Great Depression resulted in the separation of families and the loss of residences and property (Farina et al., 2020). The border issues affecting Mexican and United States relationships, beginning primarily with the drug trade that emerged in the 1970s and 1980s, have exacerbated this issue (Flanagan et al., 2020). Many Hispanic families are subjected to continued discrimination and racism throughout the United States. Cerdas et al. (2021) conducted a recent scoping review associated with intergenerational trauma among Latinx families. The authors synthesized 44 articles that were published between 1994 and 2020, consisting of 34 quantitative or mixed methods studies and 10 which were qualitative. Results offered insight into not only the experiences of Latinx families, but also the nature of the research associated with this topic. According to their analysis, Cerdas et al. (2021) found that qualitative studies were more inclined to place the experience of intergenerational trauma within the framework of structural vulnerability and encounters of political violence, while quantitative studies were more likely to place this construct within a lens of individual distress. The reason this difference exists is not clear, but it does illustrate how research paradigms can shift the manner in which phenomena are expressed and evaluated. Additionally, the finding reveals how important contextual factors are in understanding intergenerational trauma, as well as when

working with individuals who have been impacted by this form of trauma (Cerdenas et al., 2021; Michel, 2019).

**Immigration Procedures and Policies.** Regarding immigration policies, border enforcement, and the separation of families, Latinx populations continue to confront formidable obstacles (Abarca et al., 2023). These policies have also led to familial separations and both racism and discrimination for members of many other ethnic minority groups who seek to immigrate through non-land travel (Cerdeña et al., 2021). Some examples include children being sent back to Cuba who illegally migrated to the United States via boat, parents being deported, and their children being entered into foster care systems.

**Additional Immigrant and Refugee Groups.** War, persecution, and displacement: Various immigrant and refugee populations in the United States have experienced trauma in their home countries due to war, persecution, or exile, affecting their mental health and well-being (Cannada et al., Marquez Aponte, 2020). These are only a few examples of the traumatic event's ethnic minority groups in the United States have experienced. Researchers have highlighted the importance of recognizing that each group's experiences are distinct and multifaceted and that the effects of traumatic events can manifest differently across generations (Levey et al., 2023; Lor et al., 2022).

### ***The Transmission of Trauma Across Generations***

Multiple interconnected mechanisms, including biological, psychological, social, and cultural factors, can contribute to transmitting trauma across generations in ethnic minority groups (Lugo-Candelas et al., 2021). According to Oren (2023), trauma exposure can result in epigenetic changes that can modify gene expression without altering the DNA sequence. These alterations can be transmitted to future generations, potentially influencing their susceptibility to

mental health issues and stress response. Traumatized parents may inadvertently teach their children maladaptive coping mechanisms or behaviors (Ma, 2022). For instance, a parent with unresolved trauma may struggle with emotional regulation, attachment, or communication, which can affect the development and well-being of their children. Intergenerational trauma affects many ethnic minority groups, particularly those who have endured considerable prejudice, suffering, and systemic oppression. While trauma can spread among people of any race or ethnicity, it is crucial to concentrate on minorities in order to comprehend and solve the particular issues and struggles these communities face. It is feasible to create interventions, support networks, and policies that encourage recovery, resiliency, and wellbeing by acknowledging and addressing the intergenerational impact of trauma among ethnic minority populations (Fortuna et al., 2022).

Intergenerational trauma can manifest through family dynamics, such as communication patterns, conflict resolution, and emotional expression (Hargrave et al., 2022). Dysfunctional family dynamics may contribute to the perpetuation of trauma across generations. Ethnic minority groups with a history of collective trauma may develop cultural narratives that impart the memory of past traumatic events through cultural narratives (Patel & Nagata, 2021). However, they can also perpetuate negative beliefs about oneself or one's group. Ethnic minority groups are frequently subjected to systemic oppression, discrimination, and marginalization, which can exacerbate the effects of intergenerational trauma (Raccanello et al., 2022). Exposure to persistent stressors or adverse environments can perpetuate trauma across generations.

The collective identity of an ethnic minority group can be both a source of resilience and a potential transmission route for trauma (Fortuna et al., 2022). Collective identity can be shaped by shared experiences of discrimination, marginalization, and resilience, which can then



influence individual experiences and coping strategies (Pieterse et al., 2022). For ethnic minority groups, addressing the transmission of trauma across generations necessitates a comprehensive, multi-level approach that considers individual, family, community, and societal factors (Fedina et al., 2023). Interventions and policies that promote healing, resilience, and social justice have been shown to assist in breaking the cycle of intergenerational trauma and bolstering the well-being of affected communities (Burke et al., 2021; Kennedy et al., 2022).

### **The Psychological Impact of Intergenerational Trauma**

Intergenerational trauma can have diverse and pervasive psychological effects on the mental health, well-being, and social functioning of ethnic minority populations (Hankerson et al., 2022). Intergenerational trauma has been linked to an increased risk of mental health problems, including depression, anxiety, post-traumatic stress disorder (PTSD), and substance misuse, among ethnic minority populations (Charak et al., 2021; Cole et al., 2023; Johnson et al., 2023). Trauma, whether experienced directly or indirectly, can increase stress, emotional dysregulation, and susceptibility to mental health issues (Kim et al., 2021).

The transmission of trauma across generations can also affect an individual's sense of identity and self-worth (Chokshi et al., 2022). Negative cultural narratives or internalized oppression can result in inferiority, humiliation, or guilt, harming self-esteem, and well-being. The development of adaptive and maladaptive coping mechanisms can be influenced by intergenerational trauma (Chou & Buchanan, 2021). Others may struggle with self-destructive behaviors, substance misuse, or emotional avoidance, whereas some individuals may develop resilience and effective coping strategies.

The psychological effects of intergenerational trauma can manifest in interpersonal relationships, especially within families (Conroy, 2022). Difficulties with emotional regulation,

communication, and attachment can contribute to dysfunctional family dynamics, thereby perpetuating the cycle of trauma. Intergenerational trauma can also result in disconnection from one's cultural heritage, especially for those who have experienced forced assimilation or cultural eradication (Leslie et al., 2022). Individuals who struggle with identity formation and a sense of belonging may experience negative effects on their mental health and well-being.

Trauma survivors and their descendants may develop a heightened sensitivity to threats and a general mistrust, especially toward institutions or individuals associated with the original traumatic events (Murray et al., 2020). Evidence suggests this hypervigilance can contribute to ongoing tension, anxiety, and relationship difficulties (Brunzell et al., 2019; Kennedy et al., 2022). The psychological effects of intergenerational trauma can also contribute to socioeconomic disparities among minority populations (Malvaso et al., 2021). Mental health issues, low self-esteem, and maladaptive coping mechanisms can inhibit educational and occupational success, perpetuating poverty, and marginalization cycles (Fortuna et al., 2022; Kniffley et al., 2023; Pieterse et al., 2022).

Researchers have suggested that it is essential to recognize that the psychological effects of intergenerational trauma can vary significantly between individuals and communities, depending on variables such as personal resilience, social support, and access to resources (Pieterse et al., 2022; Pumariega et al., 2022). Interventions and policies that are culturally sensitive and promote healing, resiliency, and social justice can aid in mitigating the psychological effects of intergenerational trauma and promote the well-being of affected ethnic minority populations (King, 2022). The following section contains a discussion of the mental health outcomes of populations affected by intergenerational trauma.

*Mental Health Outcomes Among Affected Populations*

The mental health outcomes of ethnic minority individuals can be significantly affected by exposure to intergenerational trauma (Kniffley et al., 2023). Even though these outcomes can differ depending on variables such as personal resilience, social support, and access to resources, many common mental health outcomes are associated with intergenerational trauma (Powers et al., 2022). Individuals exposed to intergenerational trauma may have an increased risk of developing PTSD, which is characterized by symptoms such as intrusive memories, avoidance of trauma-related stimuli, negative mood and cognitional changes, and hyperarousal (Hartzell et al., 2022; Langevin et al., 2021).

Intergenerational trauma can also increase the likelihood of developing depressive and anxiety disorders (Pumariega et al., 2022). These mental health conditions may manifest as persistent sadness, loss of interest in activities, feelings of worthlessness, excessive anxiety, or intense fear. As a buffering mechanism, some individuals exposed to intergenerational trauma face an increased risk of substance abuse (Paulus et al., 2019). This maladaptive coping strategy can result in addiction, exacerbating mental health issues and perpetuating a cycle of trauma.

Researchers have found that intergenerational trauma can result in complex trauma caused by protracted exposure to multiple traumatic events (Petti et al., 2021). Symptoms of complex trauma include difficulties with emotional regulation, relationship difficulties, and identity disturbances. The psychological effects of intergenerational trauma can increase the likelihood of suicidal ideation and self-harming behaviors (Meulewaeter et al., 2019).

Hopelessness, despondency, or low self-esteem may influence these destructive actions.

Mental health issues resulting from intergenerational trauma may also manifest as somatic symptoms, such as unexplained discomfort, gastrointestinal issues, or other physical

complaints (Roberson & Carter, 2022). Unresolved psychological distress may manifest as these symptoms. The transmission of trauma across generations can contribute to patterns of mental health problems within families and communities (Pieterse et al., 2022). For instance, children of parents with unresolved trauma may be more likely to develop mental health issues.

Not all individuals exposed to intergenerational trauma experience negative mental health outcomes (Zhang et al., 2022). Personal resilience, social support, and access to culturally sensitive mental health services can play an important role in mitigating the negative effects of trauma (Pilay et al., 2022). Ethnic minority populations afflicted by intergenerational trauma can benefit from interventions and policies that promote healing, resilience, and social justice (Malvaso et al., 2021). The following section contains a discussion of the role of various factors in the manifestation and severity of intergenerational trauma.

### ***Individual, Family, and Community Factors in the Transmission and Experience of Trauma***

Individual, familial, and community factors can all play a major role in the transmission and experience of trauma among ethnic minority groups (Brunzell et al., 2019; Escobar Olivo et al., 2023; Fortuna et al., 2022). Depending on the circumstances, these factors can either exacerbate or mitigate the effects of intergenerational trauma (McCarty et al., 2021). Consideration is given to each of these factors in the following sub-sections.

**Individual Variables.** An individual's capacity to adapt to and bear with adversity can significantly impact their trauma experience (Raccanello et al., 2022). Those with greater resilience may be more capable of overcoming the negative effects of trauma and maintaining mental health. How an individual interprets, and processes traumatic events can influence their experience of trauma (Hoffman et al., 2023). Additionally, the persistence of trauma-related symptoms can be affected by maladaptive thought patterns and emotional avoidance (Lugo-

Candelas et al., 2021). Individuals with a history of mental health issues may be more susceptible to the effects of intergenerational trauma due to increased stress sensitivity or diminished coping resources.

**Family Elements.** How parents interact with their offspring can affect the transmission of trauma (Ingabire et al., 2022). Unresolved parental trauma may result in the transmission of maladaptive coping mechanisms or behaviors to their offspring. Dysfunctional family dynamics, such as inadequate communication, conflict resolution, and emotional expression, can contribute to the generational transmission of trauma (Malvaso et al., 2021). Family environments that are nurturing and supportive can help mitigate the effects of trauma. The nature of attachment relationships between parents and children can substantially affect the transmission and experience of trauma (Marquez Aponte, 2020). Insecure attachment can exacerbate the effects of trauma, whereas secure attachment can provide a protective buffer.

**Community Variables.** A robust social support network can help mitigate the effects of intergenerational trauma (Paulus et al., 2019). Friends, neighbors, and community members' emotional and practical support can promote resilience and well-being. Researchers have also found that a connection to one's cultural heritage and community can be a source of resilience and fortitude (Kwok & Fang, 2022). Cultural practices, rituals, and traditions can aid in the processing and recovery from traumatic events (Escobar Olivo et al., 2023). The socioeconomic environment in which ethnic minority groups reside can affect the transmission and experience of trauma (Fortuna et al., 2022). Poverty, lack of access to resources, and persistent discrimination (Lugo-Candelas et al., 2021) can exacerbate intergenerational trauma. Access to culturally sensitive mental health services, educational programs, and community-based initiatives can aid in mitigating the impacts of intergenerational trauma and fostering healing and

resilience (Hoffman et al., 2023). Marsh et al. (2023) emphasizes the importance of this research for the development of interventions and policies that promote healing, resilience, and social justice. 2020).

### **Mindset Theory and its Relevance to Intergenerational Trauma**

Dweck's (2008) mindset theory has many potential applications to understanding intergenerational trauma. While no studies have specifically been performed regarding the problem, purpose, and context of this dissertation, literature has been produced linking mindset theory with trauma and intergenerational trauma (Kniffley et al., 2023; Raccanello et al., 2022; Sevinc, 2022). This section contains a review of what is known about the associations between these constructs.

#### ***How Mindset Theory Informs Our Understanding of Resilience and Coping Strategies***

Dweck's (2008) theory of mindset posits that an individual's beliefs about his or her abilities and intelligence substantially influence motivation, learning, and achievement. As discussed previously, a fixed mindset and a growth mindset are distinguished by this theory. Understanding these perspectives can enhance our comprehension of resilience and coping strategies in the face of adversity, setbacks, or trauma (Gal et al., 2023; Herdian & Rahayu, 2022). Individuals with a fixed mindset believe that their intellect, abilities, and talents are innate and immutable (Dweck, 2008). People with a fixed mindset may view obstacles or setbacks as insurmountable, become disheartened, and avoid challenges out of fear of failing. Individuals may not consider they can overcome adversity or learn from their experiences if they hold this perspective.

Individuals with a growth mindset believe they can develop their intellect, abilities, and talents through hard work, persistence, and feedback (Dweck, 2008). When confronted with

adversity, they are more likely to employ adaptive coping strategies because they view obstacles as growth opportunities. Individuals with a growth mindset are more likely to persevere in adversity, learn from their mistakes, and adapt their strategies to surmount obstacles.

Encouraging individuals to adopt a growth mindset can improve their resiliency and coping abilities (Langevin et al., 2021). Individuals may be more likely to seek and appreciate challenges, persevere in adversity, and develop more effective coping mechanisms if they believe in their capacity to grow, learn, and adapt.

Problem-solving, pursuing social support, and engaging in self-reflection are examples of adaptive coping strategies that can be fostered by a growth mindset (Fortuna et al., 2022; Meulewaeter et al., 2019). Individuals who believe they can develop and learn from their experiences are more likely to adopt proactive coping strategies that aid them in navigating difficulties and setbacks. Accordingly, a development mindset can contribute to increased resilience by fostering a sense of self-efficacy, optimism, and perseverance (McCarty et al., 2021). Individuals who believe they can develop their skills and overcome obstacles are more likely to persevere in the face of adversity and pursue their objectives despite setbacks (Fortuna et al., 2022).

In the context of trauma and adversity, the theory of mindset can be particularly applicable (McCarty et al., 2021). By cultivating a growth mindset, trauma-affected individuals may be better able to process their experiences, learn from them, and develop coping mechanisms that promote healing and well-being. Mindset theory highlights the significance of an individual's beliefs regarding their abilities and intellect in determining their resilience and coping strategies (Pumariega et al., 2022). Encouraging individuals to have a growth mindset may equip them to confront challenges, adapt to adversity, and develop healthy coping strategies.

*The Role of Growth Mindset in Overcoming the Effects of Intergenerational Trauma*

A growth mindset plays an important role in overcoming the effects of intergenerational trauma, as it can foster resilience, adaptive coping strategies, and personal development in the face of adversity (Raccanello et al., 2022). A growth mindset fosters a belief in one's capacity to learn, develop, and adapt, fostering resilience in intergenerational trauma (Pieterse et al., 2022). Individuals with a growth mindset are more likely to believe they can overcome obstacles and develop their abilities, allowing them to contend with the effects of trauma more effectively and persevere despite setbacks (Escobar Olivo et al., 2023; Ingabire et al., 2022).

Problem-solving, pursuing social support, and engaging in self-reflection are examples of adaptive coping strategies that can be fostered by a growth mindset (Cannada et al., 2023; Langevin et al., 2021; Pieterse et al., 2022). Individuals with a growth mindset are more likely to view adversity as an opportunity to learn and develop, resulting in proactive coping strategies that assist them in navigating the effects of intergenerational trauma (Roberson & Carter, 2022). Individuals affected by intergenerational trauma may cultivate a growth mindset to better equip them to process their experiences, learn from them, and develop new coping strategies that promote healing and personal development (Hartzell et al., 2022). A growth mindset encourages individuals to view their experiences as opportunities to learn and develop, rather than as obstacles or conditions that cannot be altered.

A growth mindset can help break the cycle of intergenerational trauma by encouraging individuals to believe in their ability to change and develop (McCarty et al., 2021). This belief can result in more adaptive parenting practices, enhanced family dynamics, and stronger community ties, thereby preventing the transmission of trauma to future generations. Additionally, a growth mindset can enhance self-efficacy, which is the belief in one's ability to



accomplish objectives and overcome obstacles (Hoffman et al., 2023). This sense of agency can motivate individuals to actively participate in the healing process and strive to overcome the effects of intergenerational trauma.

Fostering a collective growth mindset at the community level increased cultural and community resilience in the face of intergenerational trauma (Howell et al., 2021). 2021). By embracing collective learning, growth, and adaptation, communities can develop healing and empowerment-promoting strategies and support systems for intergenerational trauma victims. A growth mindset can play a crucial role in mitigating the effects of intergenerational trauma by fostering resilience, adaptive coping strategies, personal development, and community resilience (Fortuna et al., 2022). Individuals and communities can break the cycle of intergenerational trauma and promote healing and well-being by nurturing a belief in one's capacity for change and growth.

### ***The Role of Fixed Mindset and the Effects of Intergenerational Trauma***

The role of a fixed mindset in the effects of intergenerational trauma is a significant factor that can indeed perpetuate the cycle of trauma across generations and hinder the healing process (Isobel et al., 2020). People who have a fixed mindset think that their capacity for growth and development is constrained because they believe that their abilities, IQ, and other traits are inherent and unchanging (Dweck, 2006). Individuals with a fixed mindset may have limiting ideas about their resilience, making it difficult for them to seek help and engage in self-care routines to treat intergenerational trauma (Dweck, 2006). For example, they may feel powerless and without agency, seeing themselves as victims of their circumstances and unable to break out from the trauma cycle (Isobel et al., 2020). Individuals with fixed mindsets may also oppose change and progress because they are afraid of failure and setbacks, which might limit

their willingness to explore new ideas or seek alternative treatment procedures. Furthermore, a fixed perspective can amplify self-blame and shame, impeding self-compassion and acceptance, all of which are essential components of the healing process (Hirschberger, 2018).

According to Dweck (2006) and Isobel et al. (2020), overcoming the effects of intergenerational trauma requires a shift towards a growth mindset. Individuals with a growth mindset are empowered because they believe in their own capacity for personal progress and resilience. A growth mindset can motivate them to seek help, take proactive efforts toward healing, and question their beliefs (Fortuna et al., 2022). Furthermore, individuals with a development mentality are more willing to embrace change and explore new views. They can help people develop self-compassion, self-forgiveness, and acceptance, all of which are essential for healing and overcoming the impacts of intergenerational trauma (Fortuna et al., 2022).

### **Empirical Studies on Intergenerational Trauma and Mindset**

In the previous section, consideration was given to applying mindset theory to the study of intergenerational trauma. In this section, a synthesis of seminal literature that examined the role mindset theory can play in understanding and addressing the effects of intergenerational trauma is provided (Lugo-Candelas et al., 2021; Murray et al., 2020; Roberson & Carter, 2022). Research examining the impact of a growth mindset on achievement among ethnic minorities is reviewed first, as this has been one theme emerging in the literature that has linked these topics (Blackwell et al., 2007; Miu & Yeager, 2015; Yeager et al., 2016). Studies examining the relationships between mindset outcomes and intergenerational trauma are then reviewed, followed by interventions that have been performed to address this issue (Romero et al., 2014; Schleider & Weisz, 2016; Zolkoski & Bullock, 2012)

*Research Examining the Impact of Mindset on Academic and Social Achievement among Ethnic Minorities*

Promoting a growth mindset has been shown to positively affect the academic and social achievement of ethnic minority students (Stewart & Gonzalez, 2023; Walden et al., 2022). On the other hand, fixed mindset has been shown to negatively affect the academic and social achievement of ethnic minority students (Schroder et al., 2019). Research has demonstrated that growth mindset interventions can enhance motivation, learning, achievement, and social and emotional health (Hoffman et al., 2023; Jeyasundaram et al., 2020; McKinsey et al., 2022). Several studies have found that growth mindset interventions can enhance academic performance among students from underrepresented groups (Cannada et al., 2023; Quinn, 2019; Tausen et al., 2023). For example, Blackwell et al. (2007) found, for instance, that a growth mindset intervention enhanced math grades among low-achieving ethnic minority students. The intervention taught students that intellect is malleable and that they can develop their abilities through hard work. Compared to a control group, these students significantly improved their arithmetic grades.

Research has also demonstrated that growth mindset interventions can boost motivation and engagement among students from underrepresented groups (Pumariega et al., 2022; Yeager et al., 2016). In a study conducted by Yeager et al. (2016), students who participated in a growth mindset intervention reported increased motivation, engagement, and persistence in school, resulting in better academic outcomes. Barker et al. (2020) defined the fear that one's performance will confirm negative stereotypes about one's social group, resulting in underperformance, as stereotype threat. 2019). Research indicates that growth mindset interventions can help ethnic minority students combat stereotype threats. According to a study

by Good et al. (2003), teaching African American and Latino students a growth mindset reduced stereotype threat and led to enhanced academic performance.

Ethnic minority students' social and emotional well-being can be positively affected by growth mindset interventions. Miu and Yeager (2015) found that a growth mindset intervention enhanced the social and emotional well-being of diverse students. The teachers showed students that their social intelligence could be improved, resulting in heightened empathy, perspective-taking, and prosocial behavior. Promoting a growth mindset can also assist educators in reducing achievement gaps between students from ethnic minorities and their classmates. Students who adopt a growth mindset are more likely to persist in the face of adversity and seek learning opportunities, according to research conducted by Dweck (2008; 2016). Research has demonstrated that promoting a growth mindset, rather than a fixed mindset, can have a substantial impact on the academic and social success of ethnic minority students (Hartzell et al., 2022; Langevin et al., 2021; Roberson & Carter, 2022). Growth mindset interventions can enhance these students' motivation, engagement, academic performance, and social and emotional well-being, contributing to the reduction of achievement gaps and the promotion of educational equity (McCarty et al., 2021). Thus, the findings from the research related to student achievement and mindset among ethnic minorities highlights a potential avenue for which to overcome the negative impacts of intergenerational trauma (Good et al., 2003; Miu & Yeager, 2015; Schleider & Weisz, 2016). This topic is reviewed further in the following sub-section.

### ***Studies Exploring the Relationship between Mindset and Psychological Outcomes in the Context of Intergenerational Trauma***

Although there is a growing body of literature on the connection between mindset and psychological outcomes, there is a paucity of research examining this connection in the context

of intergenerational trauma. Nonetheless, several studies have investigated the influence of perspective on psychological outcomes in the face of adversity or trauma in a broader sense, which can be instructive when examining the effects of intergenerational trauma (Laufer & Solomon, 2006; Schleider & Weisz, 2016; Zolkoski & Bullock, 2012). For example, Laufer and Solomon (2006) discovered that adolescents who encountered significant trauma, such as war-related experiences, exhibited post-traumatic growth (positive psychological changes because of experiencing adversity) when they had a growth mindset. These people were more likely to find meaning in their experiences, to learn from them, and to develop new coping mechanisms.

Individuals with a growth mindset are more resilient in the face of adversity, according to a study conducted by Zolkoski and Bullock (2012). They were more likely to use adaptive coping strategies, such as problem-solving and pursuing social support, which can be crucial for overcoming the effects of intergenerational trauma. According to Schleider and Weisz (2016), a brief, single-session growth mindset intervention can diminish depressive and anxious symptoms in adolescents. While the study did not specifically examine the context of intergenerational trauma, the findings suggest that fostering a growth mindset may have mental health benefits for individuals confronting adversity, including those who have experienced intergenerational trauma.

Romero et al., (2014) discovered that a growth mindset intervention increased psychological well-being, self-esteem, and academic achievement among low-income, minority high school students. Although this study did not specifically examine intergenerational trauma, it provides evidence that a growth mindset can enhance psychological outcomes among vulnerable populations. Although additional research is required to directly examine the relationship between mindset and psychological outcomes in the context of intergenerational

trauma, these studies suggest that fostering a growth mindset can have a positive effect on psychological well-being, resilience, and coping in the face of adversity (Laufer & Solomon, 2006; Schleider & Weisz, 2016; Zolkoski & Bullock, 2012). Individuals affected by intergenerational trauma may be better equipped to process their experiences, learn from them, and develop coping strategies that promote healing and well-being if a growth mindset is encouraged.

### ***Interventions Designed to Foster Growth Mindset and Promote Resilience among Affected Populations***

Different age groups, settings, and contexts can be targeted by interventions designed to encourage a growth mindset and promote resilience among affected populations (Grier-Reed et al., 2023). These interventions typically aim to help individuals understand that they can develop their intelligence and abilities through effort, learning, and perseverance (Fortuna et al., 2019). 2022; Pieterse et al., 2022; Su et al., 2022). A variety of growth mindset interventions have been implemented in educational contexts, with a focus on students of varying grade levels (Cannada et al., 2023; Fortuna et al., 2022; Singer et al., 2022). These interventions frequently involve teaching students about the malleability of intelligence and the growth potential of the brain (Ingabire et al., 2022; Jeyasundaram et al., 2020; Murray et al., 2020). Activities may consist of group discussions, interactive exercises, or reflective writing tasks that encourage students to consider how they can develop their skills through effort and study.

Researchers have also recently found that digital platforms can also deliver growth mindset interventions, making them accessible and cost-effective. Online interventions may include interactive modules, videos, exams, and other engaging activities that help participants learn about and apply the growth mindset in their lives. Some parenting programs target parents

with the objective of fostering a development mindset in their parenting practices (Wang & Quinn, 2022). These programs may instruct parents on the significance of instilling a development mindset in their children and how to encourage effort, persistence, and learning in their daily interactions (Grier-Reed et al., 2023). This can help infants develop resilience and adaptive coping strategies.

Educators, mental health professionals, and community leaders can benefit from professional development seminars that teach growth mindset principles and strategies for implementing them in their work (Malvaso et al., 2021). These workshops can assist professionals in fostering resilience and development in the populations they serve through the creation of supportive environments. Some interventions that promote resilience and well-being combine growth mindset principles with mindfulness and meditation practices (Langevin et al., 2021; McCarty et al., 2021). These approaches can support the development of a growth mindset by fostering increased self-awareness, self-compassion, and emotional regulation.

In the context of intergenerational trauma, interventions incorporating a growth mindset can be combined with trauma-informed practices to address the unique requirements of affected populations (Lugo-Candelas et al., 2021; Paulus et al., 2019). In addition to growth mindset principles, these interventions may include cultural sensitivity, psychoeducation on the effects of trauma, and techniques for processing traumatic experiences. Community-based programs that integrate principles of a growth mindset can help promote resilience and well-being among affected populations, according to the evidence (Meulewaeter et al., 2019; Shea et al., 2019). These programs may include peer support groups, mentoring programs, or cultural activities that encourage community members to learn from one another and develop their skills through shared experiences.

The success of growth mindset interventions is contingent upon their design, implementation, and cultural suitability (Singer et al., 2022). When designing and implementing these interventions, researchers have noted that it is essential to consider the unique requirements and context of the affected population to ensure that they are effective in fostering a growth mindset and promoting resilience (Hartzell et al., 2022; McCarty et al., 2021). The following section contains an overview of interventions and policies that have been employed to address intergenerational trauma.

### **Interventions and Policies to Address Intergenerational Trauma**

Interventions and policies designed to address intergenerational trauma should prioritize fostering healing, resiliency, and well-being among affected individuals, families, and communities (Fortuna et al., 2022; Jeyasundaram et al., 2020). Individual, family, community, and societal levels can all implement these interventions and policies (Berdes, 2019). According to Jeyasundaram et al. (2020), it is essential to implement trauma-informed care across mental health, education, and social service systems to address intergenerational trauma. This approach recognizes the prevalence and impact of trauma, incorporates trauma knowledge into practices and policies, and fosters healing and empowerment by creating safe environments.

By recognizing the unique experiences and requirements of affected populations, culturally sensitive mental health services can help address intergenerational trauma (Cannada et al., 2023). This may involve employing mental health professionals from diverse backgrounds, providing culturally appropriate therapy, and providing services in multiple languages. Community-based healing programs that target the requirements of affected populations can foster resilience and well-being, according to recent studies (Langevin et al., 2021; Pieterse et al.,



2022). These programs may include traditional healing techniques, peer support groups, mentoring initiatives, or cultural activities that facilitate connection and shared learning.

Implementing educational interventions that raise awareness of intergenerational trauma can assist in breaking the cycle of trauma transmission (Zhang, 2022). This may include implementing trauma-informed practices in schools, encouraging a growth mindset, and teaching coping strategies and resilience skills. Additionally, interventions centered on the family can aid in addressing intergenerational trauma by fostering communication, understanding, and healing within families (Malvaso et al., 2021; Singer et al., 2022). This may involve family therapy, parenting programs, or support groups that assist families in developing adaptive coping strategies and strengthening their relationships.

To break the cycle of intergenerational trauma, social and economic policies must address the social determinants of health, such as poverty, housing, and access to quality education (Powers et al., 2022). Reducing socioeconomic disparities and fostering social justice can create a more hospitable environment for affected populations (Langevin et al., 2021). In certain instances, reparations and reconciliation initiatives can be crucial to addressing intergenerational trauma (Kniffley et al., 2023). These initiatives may involve official apologies, monetary compensation, or the formation of truth and reconciliation commissions to acknowledge past injustices and promote rehabilitation. Raising public awareness of intergenerational trauma can aid in fostering understanding and support for affected populations (Leslie et al., 2022). Doing so may involve public education campaigns, media initiatives, or advocacy efforts to raise awareness of the effects of intergenerational trauma and the need for appropriate interventions and policies.

Fully understanding the most effective interventions and policies for addressing intergenerational trauma requires ongoing research and evaluation (Murray et al., 2020). By gathering data on the efficacy of various approaches, policymakers and practitioners can make informed decisions regarding the most effective means of assisting affected populations. Addressing intergenerational trauma necessitates a holistic strategy that takes into account the unique requirements and experiences of affected individuals, families, and communities (McCarty et al., 2021). Interventions and policies should be trauma-informed, sensitive to cultural differences, and centered on promoting healing, resilience, and well-being, based on the evidence presented in this section (Lugo-Candelas et al., 2021; Pumariega et al., 2022; Singer et al., 2022). The following section contains a discussion of gaps in the literature that still warrant further attention.

### **Gaps in the Literature and Future Research Directions**

Despite a growing awareness of intergenerational trauma among ethnic minority groups, there are still research gaps that merit further investigation (Brunzell et al., 2019; Hankerson et al., 2022; Jeyasundaram et al., 2020). Future research should focus on bridging these gaps and investigating the potential contributions of mindset theory to intergenerational trauma understanding and treatment. Much of the existing literature on intergenerational trauma concentrates on a handful of minority ethnic groups, such as African Americans, Native Americans, and Holocaust survivors (Fortuna et al., 2022; Kennedy et al., 2022; Woods-Jaeger et al., 2022). There is also a need for additional research into the experiences of other ethnic minority populations affected by intergenerational trauma, such as refugees, immigrants, and historically marginalized groups.

Researchers have applied mindset theory to various domains (Leslie et al., 2022). 2022). Future research should investigate the impact of a growth mindset on the transmission, experience, and psychological outcomes of intergenerational trauma in ethnic minority populations (Paulus et al., 2019). Additionally, to address intergenerational trauma among ethnic minority groups, it is necessary to devise and evaluate interventions that incorporate growth mindset principles. These interventions could target individuals, families, or communities and assess the efficacy of promoting a growth mindset in fostering resilience, adaptive coping strategies, and recovery in response to intergenerational trauma.

Further research is required to investigate the role of cultural factors in the transmission, experience, and resilience of intergenerational trauma among ethnic minority groups (Kniffley et al., 2023). This could involve investigating cultural beliefs regarding intelligence, ability, and coping in the context of intergenerational trauma, as well as the possibility of culturally specific growth mindset interventions. Longitudinal studies are required to comprehend the intergenerational transmission of trauma, the development of growth or fixed attitudes, and their impact on the experiences and outcomes of trauma among ethnic minority groups (Ingabire et al., 2022; Raccanello et al., 2022). These studies can provide valuable insights into the capacity of mindset interventions to break the cycle of intergenerational trauma.

Future research should investigate intersectionality or the ways in which various social identities (such as race, ethnicity, gender, and socioeconomic status) intersect to influence the experience of intergenerational trauma. This can contribute to a more nuanced understanding of the unique experiences and needs of distinct ethnic minority populations and inform the creation of more targeted interventions (Ezell et al., 2021). Increasing methodological diversity in research on intergenerational trauma and mindset theory can yield deeper insights into the

experiences of ethnic minority groups. This may entail utilizing qualitative, mixed-method, or participatory approaches to capture the lived experiences, coping strategies, and resilience factors associated with intergenerational trauma and growth mindset (Rana & Lara-Cooper, 2021).

By addressing these gaps in the literature and investigating the application of mindset theory to intergenerational trauma, researchers can improve our understanding of the experiences, needs, and resilience factors of diverse ethnic minority populations (Hankerson et al., 2022). This can inform the development of more effective interventions and policies to promote healing and well-being among intergenerational trauma victims (Escobar Olivo et al., 2023). The following section contains a summary and outline of key points presented in this chapter.

### **Summary**

In conclusion, this literature review aimed to investigate the complexity of intergenerational trauma among ethnic minority groups and the potential role of mindset theory in comprehending and addressing this phenomenon. Intergenerational trauma is the transmission of trauma from one generation to the next, typically as a consequence of historical or systemic oppression, violence, or discrimination (Antle et al., 2020). Diverse ethnic minority groups in the United States have endured traumatic events that have shaped their generational experiences (Murray et al., 2020). Various mechanisms, such as genetic, epigenetic, psychological, social, and cultural factors, can facilitate the transmission of trauma across generations (Isobel et al., 2019). Significant psychological effects result from intergenerational trauma, including increased rates of depression, anxiety, substance misuse, and post-traumatic stress disorder (Zapolski et al.,

2021). Individual, familial, and community factors significantly influence the transmission and experience of trauma among ethnic minority groups (Zhang et al., 2023).

Dweck's (2008) theory of mindset asserts that people either have a growth mindset (belief in the malleability of intellect and abilities) or a fixed mindset (belief that intelligence and abilities are innate and unchangeable). According to research, a growth mindset is associated with enhanced academic and social achievement and better psychological outcomes, especially in the face of adversity. Although few studies have directly examined the relationship between mindset and psychological outcomes in the context of intergenerational trauma, some studies suggest that fostering a growth mindset can have a positive effect on psychological well-being, resilience, and coping in the face of adversity (Reed, 2022; Sweeting et al., 2022; Zolkoski & Bullock, 2012). Interventions emphasizing a growth mindset have demonstrated optimistic outcomes in a variety of settings and populations, including ethnic minority groups affected by intergenerational trauma (Kniffley et al., 2023; Marquez Aponte, 2020).

Addressing intergenerational trauma requires interventions and policies that consider the specific needs and experiences of affected individuals, families, and communities (Robbins et al., 2021). These interventions and policies should be trauma-informed, sensitive to cultural differences, and centered on promoting healing, resilience, and well-being (Malvaso et al., 2021). In this context, the application of mindset theory provides a promising avenue for future research and intervention development.

In the literature on intergenerational trauma and mindset theory among ethnic minority groups, there are a number of gaps, including limited research on specific populations, the need for interventions that incorporate mindset theory, and the exploration of cultural factors (Escobar Olivo et al., 2023; Kennedy et al., 2022; McCarty et al., 2021). Future research should

concentrate on bridging these gaps and investigating the potential contributions of mindset theory to the understanding and treatment of intergenerational trauma among diverse ethnic minority populations.

Based on these gaps in the literature, the purpose of this qualitative descriptive study was to understand the perceptions, experiences, and beliefs of ethnic minorities with intergenerational trauma regarding fixed and growth mindsets. Results from this study should offer insight into the applications of mindset theory to the understanding of intergenerational trauma, as well as potentially intervening for those who have been affected by intergenerational trauma via the promotion of a growth mindset and its components.

## **Chapter Three: Methods**

### **Overview**

Traumatic experiences have long-lasting effects on individuals, causing conflict and stress. Trauma among college and university students, especially among ethnic minority students, has increased in recent years, with many failing to graduate (Adams-King, 2016; Miller, 2021). Despite extensive research into how trauma affects learning at the college and university levels (Thomas et al., 2020), there is still a need to understand what factors influence an individual's mindset after trauma exposure (Primm, 2018). This qualitative descriptive study aimed to understand the perceptions, experiences, and beliefs of ethnic minorities with intergenerational trauma regarding fixed and growth mindsets. The study examined how intergenerational trauma influences individuals' mindsets and motivations among ethnic minorities. This chapter examines the research methodology for the study, discusses the appropriateness of the chosen research design, and provides an overview of the data collection and analysis techniques that were used in the study. Trustworthiness and ethical assurances are also discussed.

### **Design**

This study aimed to understand the perceptions, experiences, and beliefs of ethnic minorities with intergenerational trauma regarding fixed and growth mindsets using a qualitative research methodology. The qualitative research tradition is used to inductively explore a phenomenon by understanding the phenomena's components from participants' perspectives (Halcomb, 2018). Pandey and Pandey (2021) noted that a qualitative methodology is ideal for examining the complex nature of human experiences. The qualitative methodology allows researchers to collect data on subjective phenomena (Bloomfield & Fisher, 2018). Since the

perceptions and experiences of individuals with intergenerational trauma from ethnic minority backgrounds are a subjective phenomenon, the current study was guided by interpretivism and used a qualitative methodology. Quantitative research methodology was considered for this research. However, the aims and scope of quantitative research did not align with the current research. Quantitative research methodology uses objective numerical data to understand a phenomenon through statistical analysis (Halcomb, 2018). The qualitative methodology allows participants to provide a thick description and a contextual understanding of the phenomena under study (Dragan & Isaic-Maniu, 2019). Therefore, the qualitative research methodology was the most appropriate method for collecting data specific to the target population for the current study.

In this study, I sought to understand human experiences through complex descriptions and perceptions of events related to intergenerational trauma and motivation. A qualitative descriptive design was used in this study to address the research problem, purpose, and research questions. According to Raskind et al. (2019), qualitative descriptive research describes a phenomenon by summarizing the participants' experiences and perspectives by analyzing data collected in interviews and other forms of qualitative data. The qualitative descriptive design is appropriate when a direct description of a phenomenon is required. Researchers use the qualitative descriptive design to generate a comprehensive summary of the participants' experiences in a language common to those experiences (Doyle et al., 2020). A descriptive approach to this study is appropriate for capturing the complexity of social reality and human experiences in this study. Therefore, I chose a qualitative descriptive research design to give a detailed account of the experiences of individuals from ethnic minority groups with intergenerational trauma and the adoption of a fixed or growth mindset.



To explore the mindsets of ethnic minorities experiencing intergenerational trauma, I did not choose other qualitative research designs. For instance, a single or multiple case study approach is typically used to examine individuals in a bounded system, such as a group or institution (Ledford et al., 2019). However, I aimed to examine the viewpoints of ethnic minorities as a whole and across environments in the U.S., not the experiences of individuals within a specific context or institution. On the other hand, phenomenology examines the core of a phenomenon's firsthand encounters based on individuals' in-depth lived experiences (Moustakas, 1994). This approach could be appropriate for the study's objective. However, the research questions did not specifically examine the lived experiences of the participants but rather the experiences and mindsets of individuals experiencing intergenerational trauma. Grounded theory aims to develop a theory grounded in a study's data (Chun Tie et al., 2019). Ground theory was not appropriate for this study since the research questions aim to explore the experiences of ethnic minorities rather than develop a theory. Thus, a descriptive qualitative research design was appropriate for this study.

### **Research Questions**

The research questions guiding this study were:

**RQ1:** How do ethnic minorities with intergenerational trauma describe their experiences regarding a growth mindset?

**RQ2:** How do ethnic minorities with intergenerational trauma describe their experiences regarding a fixed mindset?

### **Setting**

The study was conducted using Zoom, an internet-based audio-video platform. After participants indicated interest in the study and signed an informed consent form, I sent them each

a link to my Calendly, an online scheduling application. Participants could choose a convenient time and date to schedule a semi-structured interview. When a participant confirmed a meeting time, Calendly automatically sent an invitation containing a private Zoom link. The link provided a mechanism for the participants to download the platform and join the meeting. Participants were encouraged to join the meeting in a private space free from distraction. All participants were given the option to record their video in addition to their audio. Joining a Zoom meeting does not require the person to provide their name or contact information, ensuring the participant's privacy.

### **Participants**

This study's target population encompasses ethnic minorities in the United States. To select participants for the study, I primarily used a purposeful sampling approach (see Campbell et al., 2020). Researchers often use purposeful sampling to identify research participants with extensive knowledge of the research problem, making this sampling technique appropriate for this study. If purposeful sampling had yielded less than the necessary 12 participants, I would have employed snowball sampling as a secondary method. In snowball sampling, researchers ask current study participants to nominate others who may meet the study's inclusion criteria (Parker et al., 2019). A combination of purposeful and snowball sampling has been shown to reduce sampling bias in qualitative research investigations (Johnson et al., 2020). However, the purposeful sampling technique allowed me to recruit 12 participants for the study, and snowball sampling was unnecessary.

The sample comprised 12 individuals who met predefined inclusion criteria, which required that:

1. Participants were required to be at least 18 years old.

2. Participants self-identified as belonging to an ethnic minority group.
3. Participants resided in the United States
4. Participants experienced intergenerational trauma.

The inclusion criteria for participation in this study did not impose any limitations on the participants' age or gender. Any individual from an ethnic minority background residing in the United States who had experienced intergenerational trauma was eligible to participate in the study, regardless of sex, age, or gender identity. I verified that each participant met the inclusion criteria using a participant screening questionnaire that assessed each inclusion criterion (Appendix A).

According to Hennick and Kaiser (2020), data saturation is the stage in the data collection when no new themes or insights are revealed during interviews and when the collected data begins to repeat. This stage is critical for determining the sample size's suitability and ensuring the data's content validity (Hennick & Kaiser, 2020). Based on findings from Guest et al. (2020) and Vasileiou et al. (2018), 12 participants often result in data saturation in 98% of interview-based qualitative studies. I defined data saturation in this study as the point in data collection when no unique codes could be applied to a participant's interview (see Saldaña, 2021). That is, data saturation occurred when I could apply codes previously defined for other participants to a new interview transcript. After coding the interviews, I counted the number of unique codes that could be applied to each participant's interview, as shown in Table 1.

**Table 1***Number of Unique Codes Applied to Each Participant's Interview*

Participant	No. of unique codes	Total codes
P1	19	19
P2	5	24
P3	2	26
P4	3	29
P5	1	30
P6	1	31
P7	1	32
P8	1	33
P9	1	34
P10	0	34
P11	0	34
P12	0	34

As shown in Table 1, data saturation was reached after conducting nine interviews. An additional three interviews were conducted to ensure that saturation had been reached.

### **Procedures**

This section describes the procedures used in the study. Specifically, participant recruitment procedures, procedure for participation, data collection, and participant exit procedures are described.

#### **Participant Recruitment and Screening Procedures**

After receiving approval from the Liberty University Institutional Review Board (IRB), I recruited participants in several phases. In Phase A, I leveraged my professional network, which consists of professional connections with other counselors. I requested that my network disseminate the recruitment flier to individuals within their counseling centers who met the established inclusion criteria. To maintain a rigorous level of objectivity, I excluded individuals with whom I had direct prior professional interactions. In Phase B, I used social media sites servicing ethnic minorities to recruit potential participants. I obtained the permission of group

moderators, who were asked to post the recruitment flier (Appendix B) on the group's platform.

See Table 2 for a list of social media groups that were queried.

**Table 2**

*Facebook Groups for Ethnic Minorities*

Facebook Group Name	Number of Members
African American Knowledge Community	2,700
Native American Support Group	755
Subtle Asian Mental Health	61,000
Afro-Latinas for African Americans	2,500
Latinx in Student Affairs	4,300

In Phase C, I employed snowball sampling, asking current participants to nominate other participants who meet the study's inclusion criteria (see Parker et al., 2019). Finally, in Phase D, I sought the permission of local counseling center directors to post the recruitment flier in areas frequented by patients. This multi-pronged approach allowed for the recruitment of the 12 participants necessary to attain data saturation.

The recruitment strategy for this study involved the distribution of a recruitment flier (Appendix B), which offered an overview of the study and included a QR code for interested participants to access further information and complete a participant screening questionnaire (Appendix A) as a SurveyMonkey survey to assess eligibility for participation. Once a participant completed the screening questionnaire and was deemed eligible for the study, I emailed them a participant welcome letter (Appendix C) and an informed consent form (Appendix D). The informed consent form explained the study's voluntary nature and the participants' freedom to discontinue participation at any time.

### **Procedures For Participation**

Once a participant completed and submitted the informed consent form, I sent them a link to my Calendly, an online scheduling application, to choose a time and date to participate in the semi-structured interviews. At each participant's selected time and date, one-on-one interviews were conducted via Zoom telecommunications software, as this platform provided a safe research environment. The interview method was suitable for the study as it enabled direct engagement with ethnic minorities with intergenerational trauma. I was responsible for following the interview guide (Appendix E), posing open-ended questions, facilitating the sessions, and ensuring clarity in communication. Each participant completed one interview lasting between 35 and 75 minutes, giving each participant time to expand on their points of view about mindsets and intergenerational trauma.

### **Data Collection Procedures**

At the beginning of the interview, I asked each participant for permission to audio record the interview. The Zoom recording function was used to audio record the interviews. I used an iPhone audio recorder function as a secondary precaution. The audio recordings served as the source material for the transcription process. The audio recordings were safely saved after each interview on a password-protected encrypted thumb drive inside a locked cabinet in my home office. I saved the recordings using a pseudonym for each participant, such as P1, P2, ..., and P12, to ensure the confidentiality of the participants.

### **Participant Exit From The Study**

Participants were exited from the study by one of two methods. First, a participant could have asked to be removed from the study. If this had occurred, I would have destroyed all information gathered from the participant, including the participant screening questionnaire,

informed consent form, audio recording, and interview transcription. However, no participants asked to be removed from the study. Second, upon successfully completing the semi-structured interview, participants were exited from the study through a debriefing protocol incorporated into the interview protocol (see Appendix E). Specifically, I debriefed participants immediately after the semi-structured interview. During the debriefing period, I reminded the participants of the purpose of the study and the procedures I would follow to ensure their confidentiality. I also informed participants that I would contact them twice after the interviews. First, I would contact them for an interviewee transcript review. Interviewee transcript review enhances the credibility of a study's findings by allowing participants to reinforce that their views are expressed in the primary data (Rowlands, 2021). Second, upon completing the data analysis, I sent the participants a one-page summary of their data for member checking (see Candela, 2019). The member checking email also included a brief summary of the study's problem, purpose, and preliminary findings and thanked the participants for their interest and participation. This email will serve as each participant's exit from the study. See Appendix F.

### **The Researcher's Role**

The researcher is integral to the qualitative research process. As the sole researcher in this study, I served as a research instrument by collecting data and maintaining an objective perspective (see Alam, 2021). In this study, data was gathered through a semi-structured interview with open-ended questions with the participants. Given that this study involved human subjects, it was imperative to uphold moral principles by ensuring confidentiality, acquiring informed consent, and familiarizing the participants with the study protocols (see Pietilä et al., 2020). Established inclusion criteria will be used to select the participants I asked to participate in semi-structured interviews. I safeguarded the participants' data, prevented any influence on

data collection, minimized researcher bias, and ensured an impartial interpretation of the participants' remarks during data analysis. Interview data were evaluated with the aid of the computer-assisted qualitative data analysis program, NVivo version 12, and conclusions were drawn by finding emergent themes within the theoretical framework of the research.

I purposefully selected 12 individuals who identified as ethnic minorities and had experienced intergenerational trauma. I openly acknowledged my background and positionality as a researcher, specifically that I have experience working in counseling. I did not randomly select participants with whom I had worked directly to minimize selection bias. As a result, I was not in a situation where a participant was either my subordinate or superior.

I reduced potential researcher bias by incorporating reflexivity protocols throughout the research process. Reflexivity is the systematic examination of the researcher's values, beliefs, and worldviews and how they impact all aspects of the study, decision-making, gathering information, analysis, and interpretation (Olaghere, 2022). I used journaling and memoing to keep a mental note of my views, ideas, and thoughts (see McGrath et al., 2021). I used a reflexive journal before and after each research-related task, including participant selection, interview protocol development, data collection through semi-structured interviews, and data analysis. Additionally, I documented my thoughts, opinions, and beliefs regarding the participants' interviews by taking detailed memos during the interview process (see Deggs & Hernandez, 2018). Keeping reflexivity protocols will aid me in mitigating researcher bias and ensuring the credibility of the study's findings.

### **Data Collection**

Data collection began after I received approval from Liberty University's IRB. See Appendix G for the body of the researcher's IRB approval. Data was collected by audio



recording semi-structured interviews with each participant. Audio recordings were saved using a pseudonym to protect participant confidentiality. Audio recordings were transcribed using the Otter.ai application. Transcripts were reviewed, and any personally identifiable information mentioned by the participants was redacted. A summary of the data collected in this study is provided in Table 3.

**Table 3**

*Summary of Data Collected in This Study*

Participant	Interview	Duration	Transcript Pages
P1	October 25, 2023	35 minutes	12 pages
P2	October 29, 2023	47 minutes	14 pages
P3	October 29, 2023	58 minutes	17 pages
P4	October 29, 2023	59 minutes	17 pages
P5	October 30, 2023	72 minutes	20 pages
P6	October 31, 2023	55 minutes	16 pages
P7	October 31, 2023	51 minutes	15 pages
P8	October 31, 2023	48 minutes	14 pages
P9	November 2, 2023	49 minutes	14 pages
P10	November 4, 2023	54 minutes	16 pages
P11	November 4, 2023	45 minutes	13 pages
P12	November 4, 2023	44 minutes	13 pages
MEAN	N/A	51.4 minutes	15.1 pages
TOTAL	N/A	617 minutes	181 pages

Transcripts were sent to participants by email for their review. Corrections to transcripts were made based on participant request. Interviewee transcript review enhanced the credibility of the research findings by ensuring that the participants' views were accurately reflected in the primary data derived from the participants' interviews (Rowlands et al., 2021). A summary of the data pertaining to interviewee transcript review is provided in Table 4.

**Table 4***Summary of Data From Interviewee Transcript Review*

Participant	Confirmed Receipt	Requested Changes	Did Not Request Changes
P1	N/A	N/A	N/A
P2	November 6, 2023	No	Yes
P3	November 7, 2023	No	Yes
P4	November 6, 2023	No	Yes
P5	N/A	N/A	N/A
P6	November 3, 2023	No	Yes
P7	November 1, 2023	No	Yes
P8	November 4, 2023	No	Yes
P9	November 5, 2023	No	Yes
P10	November 8, 2023	No	Yes
P11	November 8, 2023	No	Yes
P12	November 9, 2023	No	Yes

Two participants (P1 and P5) did not respond to the transcript review email. The other participants confirmed receipt of the transcript and indicated that no changes were necessary.

### **Interviews**

The data collection method for this study was semi-structured interviews, which were conducted using the Zoom telecommunication software. The open-ended interview questions were designed based on the study's theoretical framework to elicit information about the relationship between intergenerational trauma and growth or fixed mindset. The following open-ended interview questions were asked of all participants. Prompting questions are indicated as sub-questions. Clarifying questions were asked during the interview if a participant incompletely answered a question. Clarifying questions could not have been predicted in advance and are not included in this list of questions.

1. Please introduce yourself to me, as if we just met one another. Omit your name, but please tell me where you're from and what you do in terms of employment.
  - a. What are some of your likes and dislikes?

- b. Can you describe some of your talents and hobbies?
2. Please describe some experiences you have had that you would consider traumatic. These can be any experiences from any time of your life. For interview purposes, traumatic or trauma shall be defined as a very upsetting or overpowering experience that has a long-lasting effect on a person's feelings, thoughts, and behavior. It frequently happens when someone experiences or witnesses a situation that puts their safety or well-being in danger and leaves them feeling stunned, terrified, or powerless. Trauma or traumatic events can contribute to experiences of intergenerational trauma.
3. Intergenerational trauma was mentioned on the recruitment flyer. What experience did you think that prompted you to inquire about the study?
4. How do you experience intergenerational trauma? Can you describe how your family members' trauma affects you? For interview purposes, intergenerational trauma shall be defined as a painful incident or experience passed down from one generation to the next and can manifest in various ways, including emotional and behavioral patterns, interpersonal relationships, and even physical health problems. Both personal trauma and collective trauma are interconnected and can contribute to intergenerational trauma.
5. Do you experience trauma based on the collective experiences of your race or community?
6. How does your experience of trauma differ from your parents' and grandparents' or other family members' experiences?
7. Have you ever discussed intergenerational trauma with a medical or mental health professional?

- a. If you have, what prompted the discussion? Was it initiated by your medical or mental health professional or by yourself?
  - b. If you haven't, in what ways would discussing it be helpful or unhelpful?
8. Do you believe that you can advance your position in life if you pursue more education?
  - a. If so, how?
  - b. If not, why don't you think education will be beneficial?
9. Can you describe an experience where hard work, dedication, and persistence lead to noticeable improvements in your skills or knowledge?
10. Do you believe that practicing your talents and skills can lead to further development of those talent and skills?
  - a. If so, how?
  - b. If not, why don't you think that practice will enhance your talent?
11. How do you feel when you're able to make progress after you've put in hard work toward an endeavor?
12. What steps do you have to take for personal growth?
13. Do you believe that you're in a fixed position in life and find it hard to break out of that position?
14. Can you describe a time or situation when you worked hard and put in much effort, but didn't get the outcome you were expecting?
  - a. If the participant describes a time, I will prompt them with this question: How did you feel when you were putting in the effort?
  - b. How did you feel when you didn't get the outcome you expected?
15. What was your response to not getting the outcome you expected?

- a. Did you put your efforts toward a different pursuit? Or did you reevaluate your plan and try again?

16. We've covered a lot of ground in our conversation, and I so appreciate the time you've given to this. One final question... What else do you think would be important for me to know about intergenerational trauma or your mindset that I haven't asked you about?

Question 1 was designed to be an introductory question used to build rapport with the participant. This question allowed the participant to discuss their current situation in life, as well as their likes, dislikes, talents, and hobbies. Questions 2-5 were designed to investigate intergenerational trauma. They asked the participants to describe their experiences of trauma. The participants were asked to compare their experiences with trauma to those of their parents, grandparents, and communities. Collectively, these questions were designed to elicit a holistic discussion regarding the participants' perceptions and experiences with intergenerational trauma.

Questions 7-11 were designed to investigate the participants' perspectives regarding a growth mindset. Questions 7 and 8 inquired about participants' growth mindset related to intelligence, which addressed RQ1. Questions 9 and 10 address participants' growth mindset related to talent, which also addressed RQ1. Question 11 was an open-ended question about participants' perceptions of ways to achieve personal growth; participants could interpret this question from either the intelligence or talent mindset perspective.

Questions 12, 13, and 14 were designed to investigate the participants' perceptions regarding a fixed mindset. The participants were prompted to describe fixed aspects of their mindset, a line of inquiry designed to address RQ2. Question 14 asked participants about their response to failure; this question was designed to assess whether they have a fixed (RQ2) or

growth (RQ1) mindset. Question 15 was designed to be a concluding question that invites the participant to share any additional thoughts that came to mind.

### **Interview Protocol Content Validation**

The interview protocol was validated in terms of content using three mechanisms. First, I used peer review by other Liberty University students with expertise in counseling. I considered and incorporated appropriate feedback from peer review into the interview protocol. Second, I submitted the interview protocol to my dissertation committee for expert panel review. I incorporated all changes and feedback into the interview protocol before submitting it to the Liberty University IRB for approval. Third, I conducted a field test with a colleague who meets the study's inclusion criteria. This step occurred after I received IRB approval for the study. I proceeded through the data collection and analysis process during the field test to ensure that the interview questions sufficiently answered the study's research questions. No changes to the interview protocol were required. These procedures ensured that the interview protocol addressed the research questions within the chosen conceptual framework for the study.

### **Data Analysis**

Audio recordings were transcribed using the Otter.ai application. Next, I performed a line-by-line comparison of each transcript with its corresponding audio recording to guarantee its authenticity and accuracy. I transcribed and edited all interviews within 72 hours, familiarizing myself with the replies. To safeguard participants' privacy, identifying information, such as names, localities, and places of employment, were redacted from the transcripts, in addition to using pseudonyms to preserve the participants' confidentiality (see Hamilton & Finley, 2019). Data was analyzed using the qualitative analysis software NVivo Version 12.

Thematic analysis was used to analyze the data collected during semi-structured interviews. Thematic analysis is a common approach to analyzing large amounts of verbal data (Lindgren et al., 2020). Raskind et al. (2019) described data analysis as organizing and dissecting the data to identify themes and patterns relevant to the research questions, allowing the researcher to make inferences and draw conclusions. Interview transcripts were analyzed using Braun and Clarke's (2019) method for thematic analysis, a six-phase guide. These steps include: (a) familiarization with the interview data, (b) developing codes, (c) categorizing data, (d) reviewing and extracting themes, (e) creating a thematic map, and (f) defining and refining themes in the final analysis. This methodical and systematic process allows researchers to extract meaningful themes from the collected data (Braun & Clarke, 2019). Each of the six phases are discussed in more detail below.

### **Phase One: Familiarization with the Data**

In this phase, I became familiar with the interview data by transcribing the audio files into transcripts. I read each interview from start to finish to get an overall understanding of the data collected. This phase involved repeatedly reading the interview transcripts (Braun & Clarke, 2019). I first read each interview transcript from start to finish. Then, I read each interview question across participants, reading all responses for interview question (IQ) 1, then IQ2, until all interview questions have been exhausted. During this phase, I redacted the participants' personally identifiable information in the interview transcripts if revealed by the participants.

### **Phase Two: Coding**

In Phase 2, I categorized the data into meaning units in a process called coding (see Saldaña, 2014). During this phase, I created a codebook that outlines the codes used to categorize

the data (see Chapter 4, Tables 7, 8, and 9). The codes were applied to the data to identify the participants' thoughts, perceptions, and beliefs.

### **Phase Three: Theme Development**

I reviewed codes and combined them during this phase to form axial categories. Categories will be reassessed, and codes will be refined so that the categorized data can be used to extract themes. The themes represent patterns and relationships from the data (Braun & Clarke, 2019). This analysis proceeded by grouping similar codes into themes.

### **Phase Four: Thematic Map**

In Phase 4, I created a thematic map that revealed the connections between all codes, categories, and themes. Thematic maps help researchers to organize the data analysis logically and coherently (Braun & Clarke, 2019). This approach will allow me to identify similar and different themes (see Chapter 4, Figures 1, 2, and 3).

### **Phase Five: Refining Themes**

In Phase 5, I examined the thematic map and evaluated whether any new themes had emerged from the data analysis. If necessary, I renamed and redefined the codes and themes to guarantee the veracity of the analysis. During this process, I redefined and reclassified similar themes into a new overarching theme to remove redundant themes. Discrepant cases were addressed in this phase; I identified and documented discrepant cases to discuss in the research findings (see Braun & Clarke, 2019).

### **Phase Six: Data Analysis and Interpretation**

In this final phase, I examined the data and data analysis holistically to ensure that each research question has been answered thoroughly and logically. During this phase, I assigned themes to each research question and ensured all research questions had been answered through



the data analysis. For example, a theme containing thoughts regarding an intelligence mindset, either fixed or growth, may be connected to RQ1, which aimed to understand how ethnic minorities with intergenerational trauma perceive their intelligence mindset. I also interpreted the data in the context of the study's theoretical framework, which is discussed in Chapter 5. Finally, after data analysis and interpretation were complete, I summarized each participant's data and perform member checking to ensure the credibility and validity of the study's findings (Candela, 2019).

### **Trustworthiness**

Qualitative researchers must consider the suitability of instruments, procedures, and data. Lemon and Hayes (2020) define the trustworthiness of a study as the level to which a researcher has confidence in the quality of the data, procedures, and data analysis. In evaluating trustworthiness, four components must be addressed: credibility, dependability, confirmability, and transferability. This subsection outlines these four components and describes the measures I will take to ensure my study's findings are trustworthy.

### **Credibility**

Credibility, also known as internal validity, refers to the ability of a study to capture the participants' perspectives accurately (Pessoa et al., 2019). Rose and Johnson (2020) describe credibility in qualitative research as ensuring the results are believable from the participants' perspectives. The participants' trust in the study's findings can be maintained by ensuring that the data collected accurately reflects their experiences and that the recordings and transcriptions are not altered (Johnson et al., 2020). Achieving data saturation promotes credibility in qualitative research (Rose & Johnson, 2020). The study's credibility can also be increased by proving themes and subthemes using actual participant quotations for support (Daniel, 2019).

Therefore, I enhanced the study's credibility by ensuring the data reached saturation and using verbatim participant quotations. I further addressed credibility using memos and journaling to ensure my reflectivity (see McGrath et al., 2021).

Interviewee transcript review and member checking are other mechanisms that researchers employ to promote credibility. After completing the semi-structured interviews, I emailed each participant a copy of their transcribed interview for interviewee transcript review (see Rowlands, 2021). Participants had the opportunity to clarify their assertions. The participants required no changes to the transcripts. After the data analysis was complete, I made a one-page summary of each participant's data for member checking. Candela (2019) describes member checking as a key technique used to enhance the credibility of qualitative studies, as the participants are considered the best judges of their own experiences and perceptions. During member checking, I asked the participants to review the findings, interpretations, and conclusions to ensure they were consistent with their experiences and perspectives. By involving the participants in the analysis and comprehension of the data, member checking improves the validity and reliability of the research results.

### **Dependability and Confirmability**

Dependability refers to the consistency of the research outcomes (Rose & Johnson, 2020). Researchers use dependability to assess the alignment of the data analysis with published standards for the chosen research design (Johnson et al., 2020). To promote dependability, I provide sufficient information so future researchers can repeat the study (see Stahl & King, 2020). Studies are dependable when they contain well-documented and reliable research methods. Therefore, I created and reported an audit trail throughout the research process in my

research journal to promote dependability. The audit trail helped ensure that the study details were recorded and others could replicate the study.

Confirmability is the ability of others to verify the findings obtained in a research process (Rose & Johnson, 2020). To promote confirmability in this study, I used reflexivity, which involves self-reflection on what I observed and learned during the research process (see Ravitch & Carl, 2021). To minimize bias and maintain trustworthiness while employing reflexivity, I acknowledged my prior experiences, allowing the reader to assess the validity of the presented findings. The following measures will strengthen the confirmability of my study:

1. I presented substantial evidence in the results to support my claims. Evidence will be in the form of verbatim quotations from the participants' interviews.
2. I reported a codebook derived from the study. See Tables 6, 7, and 8 in Chapter 4.
3. I maintained an exhaustive log of all actions associated with the study in my research journal. These details were reported in this chapter.
4. I acknowledged and declared my preconceptions.

I was cognizant of my preconceptions by implementing the reflexivity protocols previously discussed.

### **Transferability**

Transferability is the applicability of a study's findings to different populations and contexts (Lindgren et al., 2020). I establish transferability by ensuring that the selected participants have diverse ethnic backgrounds. The participant screening questionnaire contains questions that assess participants' ethnic backgrounds, gender, level of education, and geographic region (See Appendix A). The inclusion criteria do not include provisions for the gender or age of the participants, increasing the likelihood that a diverse participant pool would

be included in the study. Creswell and Poth (2018) assert that transferability in qualitative studies can be enhanced by meticulously describing the procedures and methods used to generate the research conclusions. To this end, I detailed the research methodology, including sampling sufficiency and thick description. I ensured sampling sufficiency by demonstrating that the data has reached saturation (see Guest et al., 2020).

### **Ethical Considerations**

I followed stringent ethical guidelines during this research study. The research does address a potentially sensitive and emotional topic for the participants, namely their experiences with trauma. I submitted the study for approval through the Liberty University IRB application process and only commenced once authorization and approval had been granted. The well-being of the participants was maintained throughout the study by adhering to established ethical norms, as stated in the Belmont report (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). To this end, I upheld the principles of justice, beneficence, and respect for people throughout the study.

I used an informed consent form to ensure that each participant willingly and voluntarily agreed to participate in the research. See Appendix D for a copy of the informed consent form used in this study. The informed consent form addressed important ethical issues, including the study's risks and advantages, the participant's right to withdraw from the study at any time, and the procedures I used to ensure their confidentiality. Specifically, to safeguard the participants' confidentiality and privacy, I communicated with the participants through secure methods and did not post any questions on public forums. I ensured the participants knew they could withdraw from the study without fear of repercussions. The informed consent form also contained an

acknowledgment of the sensitive nature of the research topic and gave participants a referral to local counselors should they want to speak with a mental health professional.

I coded all participant-derived data files, including informed consent forms, screening questionnaires, audio recording files, and interview transcripts with participant numbers (P1, P2, ..., and P12). In addition, I removed all personally identifiable information, including participants' names and places of employment, from the interview transcripts should they be mentioned. Personally identifiable information from the participants was not collected during participant interviews. As mandated by Liberty University, I safely archived the raw data, including recordings and transcripts, and analytical data for 5 years. I also safely stored the informed consent forms for 5 years, as the Liberty University IRB required. I stored all research-related materials and data in my home office on a password-protected laptop and thumb drive. After five years, I will destroy the data using data destruction software.

### **Summary**

The purpose of this qualitative descriptive study was to understand the perceptions, experiences, and beliefs of ethnic minorities with intergenerational trauma regarding fixed and growth mindsets. In Chapter 3, I provided a comprehensive account of the research design, methodology, and data analysis plan used in the study. First, I discussed the rationale for choosing a qualitative research tradition with a descriptive research design. Next, I discussed the participant selection logic, inclusion criteria, and the requirements for participation in the study. I also discussed the data collection procedures to be followed for the semi-structured interviews and data analysis procedures using thematic analysis. Next, I discussed issues of trustworthiness and the procedures I followed to ensure the study's credibility, transferability, confirmability, and dependability. Lastly, I discussed the strict ethical guidelines I followed throughout the

research study to safeguard the participants. In Chapter 4, I will next present the findings of the study.

## **Chapter Four: Findings**

### **Overview**

Intergenerational trauma is a complex and ubiquitous problem that has affected many ethnic minority groups across multiple generations (Barker et al., 2019). Individuals in these groups have often encountered traumatic events because of historical or systemic oppression, violence, and discrimination that continue to shape their experiences and psychological well-being today (Bernard et al., 2022). Intergenerational trauma affects numerous ethnic minority populations in the United States, including African Americans (Hankerson et al., 2022) and American Indians (Wiechelt et al., 2019). The purpose of this qualitative descriptive study is to understand the perceptions, experiences, and beliefs of ethnic minorities with intergenerational trauma regarding fixed and growth mindsets. Although a fixed and growth mindset is well-known in psychology, little is known about how ethnic minorities who have experienced intergenerational trauma perceive, experience, and believe these mindsets (Bernecker & Job, 2019; Moody & Lewis, 2019).

Chapter 4 is organized into two main sections. In the first section, the participants' demographic characteristics and personal characteristics are described. In the second section, the results of the study are presented. The results section is organized into three subsections. The theme development is described in the first subsection. The second subsection presents preliminary findings regarding the participants' personal trauma, intergenerational trauma, and collective trauma. Finally, in the third subsection, a thematic analysis of the participants' interviews is presented regarding their growth and fixed mindsets to address RQ1 and RQ2, respectively.

### Participants

The demographic characteristics of the participants are shown in Table 5.

**Table 5**

*Participants' Demographic Characteristics*

Participant	Race/Ethnicity	Education	Age	State
P1	African American	Some college	40	Illinois
P2	Multiple Ethnicities	Master's degree	28	Illinois
P3	African American	High school diploma	49	Illinois
P4	African American	High school diploma	48	Illinois
P5	Black	Associate's degree	49	Illinois
P6	African American	Master's degree	36	Illinois
P7	American Indian	Doctoral degree	40	Illinois
P8	African American	High school diploma	48	Illinois
P9	Black	Associate's degree	45	Illinois
P10	African American	Bachelor's degree	48	Illinois
P11	African American	High school diploma	29	Illinois
P12	African American	Bachelor's degree	68	Illinois

Most participants were Black or African American. One participant had multiple ethnicities; another participant was of Jamaican origin and identified as Black, in addition to one participant identifying as American Indian. The participants had varying levels of education. Four participants (30%) had a high school diploma as their highest level of education. One participant had some college, two had associate degrees, and two had bachelor's degrees. Three participants had post-baccalaureate degrees, with two participants having master's degrees and one participant having a doctoral degree. All participants were from Illinois, and their ages ranged from 28 to 68. Most participants were in the 40-49 age group.

Throughout the interviews, the participants spoke about trauma, intergenerational trauma, and collective trauma. It became clear that the participants had experienced varied and, in some



cases, extensive amounts of trauma. To gather a broader perspective of the participants’ experiences, during member checking, I asked the participants questions from the ACEs Questionnaire, which asks individuals whether they have experienced ten types of adverse childhood experiences: verbal, physical, or emotional abuse; emotional or physical neglect; loss of a parent; domestic violence; substance abuse in the household; mental illness in the household; or incarceration of a family member. The participants’ experiences with adverse childhood experiences (ACE) are shown in Table 6.

**Table 6**

*Participants’ Adverse Childhood Experiences*

Childhood ACE	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12
Verbal abuse		X	X				X		X	X	X	X
Physical abuse		X	X						X	X	X	X
Sexual abuse		X	X			X	X	X	X			
Emotional neglect			X				X	X	X	X	X	X
Physical neglect		X	X		X	X	X					
Loss of a parent	X	X		X		X	X		X	X	X	
Domestic violence	X	X			X				X		X	
Substance abuse	X	X			X	X				X	X	
Mental illness	X	X	X		X	X	X			X		
Family in prison	X	X			X					X		

The participants had varied patterns of ACEs. Some participants experienced one ACE, whereas others experienced nine. The most common ACEs experienced by the participants were the loss of a parent due to divorce or separation (8 participants), emotional neglect (7 participants), and verbal abuse (7 participants). The other ACEs had between four and six responses. These data allow for a broader understanding of the participants’ personal experiences with trauma during their childhood. Such context is helpful for understanding their experiences with intergenerational trauma (Narayan et al., 2021).

## **Results**

The results section is organized into three main sections. First, I described how I arrived at the study's themes. The codes, categories, and themes developed in this study are presented and discussed. In the second section, I present a thematic analysis of the participants' experiences with personal trauma, intergenerational trauma, and collective trauma. These findings are important for understanding the context of the participants' experiences related to the study's research questions. In the third section, I present the findings for the study's two research questions, analyzing the participants' growth (RQ1) and fixed (RQ2) mindsets.

### **Theme Development for the Preliminary Findings**

In this section, I show how the themes were developed for this study. NVivo version 12 was used to code the data. I added descriptive codes to the participants' significant thoughts and experiences during the coding phase. Codes were combined to form axial categories, and axial categories were combined to form themes, following the method of Braun and Clarke (2019). One theme was assigned to the preliminary findings. The codes, categories, and themes for the preliminary findings are shown in Table 7.

**Table 7***Codes and Categories Contributing to the Development of the Preliminary Findings*

Theme	Category	Code	Participants
The participants experienced general, intergenerational, and collective trauma	C1. The participants experienced trauma	Death or loss	P1, P5, P10
		Discrimination	P2, P7, P12
		Parental rejection	P2, P3, P9, P10
		Poverty	P5, P6
		Sexual trauma	P6, P8, P9
		Violence	P4, P11
	C2. The participants manifested their parents' trauma	Challenges with relationships	P3, P5, P6, P7, P9, P11, P12
		Poor psychological health	P2, P3, P7
		Self-abusive	P2, P5, P10
		Self-alienation	P1, P8
	C3. The participants experienced collective trauma	Discrimination, racism	P1, P2, P4, P5, P6, P11, P12
		Rejection	P3, P7
		No collective trauma	P8, P9, P10

Three categories were formed from the initial codes pertaining to the participants' personal (Category C1), intergenerational (Category C2), and collective (Category C3) trauma. When considering intergenerational trauma, consideration was given to the manifestation of the trauma, not necessarily the trauma itself. I was interested in the effect of intergenerational trauma on the participants. Categories C1, C2, and C3 were combined to form Theme 1: The participants experienced general, intergenerational, and collective trauma. The preliminary findings are now presented. The thematic analysis for RQ1 and RQ2 will be presented after the preliminary findings.

### **Preliminary Findings**

Prior to speaking about their experiences with growth or fixed mindsets, the participants spoke about their general trauma, intergenerational trauma, and collective trauma they experienced. These findings are foundational for understanding the participants' growth (RQ1)

and fixed (RQ2) mindsets. I present preliminary findings about the participants' trauma. One theme was extracted to address the preliminary findings. Theme 1 explores the participants' experiences with trauma, intergenerational trauma, and collective trauma.

All participants in this study experienced personal, intergenerational, or collective trauma. It was challenging to categorize the participants' trauma due to the overlap between the phenomena. Throughout the discussion of different types of traumas, personal trauma refers to an individual's experience of a deeply distressing event or situation that has a lasting impact on their emotional well-being and functioning. As a result of personal trauma, the sense of security, trust, and general quality of life may manifest in a variety of psychological and physical symptoms (Leung et al., 2022). Examples of personal trauma within this context include, but are not limited to, the loss of a loved one; abandonment or neglect by a parent with lasting impacts; emotional, sexual, or physical abuse; and severe accident or illness. Accordingly, 11 participants experienced personal trauma, as shown in Table 8.

**Table 8**

*The Participants' Experiences of Personal Trauma*

Participant	Type of personal trauma
P1	Loss of family members
P2	Raised in adverse childhood circumstances
P3	Experienced neglect from mother
P4	Witnessed consistent domestic violence
P5	Loss of friends and family to alcoholism
P6	Was raised in extreme poverty
P7	Experienced discrimination based on mental illness
P8	Experienced childhood sexual trauma
P9	Experienced childhood sexual trauma
P10	Loss of a family member; mistreatment by other family members
P11	Experienced personal domestic violence
P12	N/A

All participants experienced some form of intergenerational trauma. Intergenerational trauma refers to the transmission of trauma from one generation to the next. It occurs when the psychological and emotional effects of trauma experienced by one generation are transmitted to subsequent generations, typically through family dynamics, cultural practices, and social norms (Isobel et al., 2019). Within this context, examples of intergenerational trauma include the generational effects of war, genocide, forced migration, colonization, enslavement, and institutionalized oppression. The participants' experiences of intergenerational trauma largely stemmed from institutionalized oppression, as described in Table 9.

**Table 9**

*The Participants' Experiences of Intergenerational Trauma*

Participant	Type of intergenerational trauma
P1	Experienced insecurity about being a Black man
P2	Struggled to differentiate their own trauma from that of their mother
P3	Repeated her mother's cycle of abuse of trauma with men
P4	Experienced insecurity about being a Black man
P5	Experienced familial alcoholism and addiction
P6	Created similar behavior patterns to her mother
P7	Experienced low self-worth based on familial autism
P8	Exhibit similar behavior patterns of avoidance as other generations
P9	Experienced insecurity about race and gender
P10	Experienced trauma based on obesity, which was familial
P11	Experienced similar trauma to her mother regarding violent men
P12	Experienced similar patterns of trauma as his father

Some participants also experienced collective trauma. Collective trauma describes the psychological and emotional effects that a shared catastrophic incident or a string of traumatic occurrences have on a group or community. It affects a broader group than just one person, such as a civilization, culture, or even the entire world community (Hirschberger, 2018). For this study, collective trauma was defined as a shared occurrence or a string of distressing experiences

that can cause a group of people to experience collective trauma, which can cause severe and long-lasting psychological discomfort. It is a shared experience that can impact a whole neighborhood, society, or even larger groups (Hirschberger, 2018). Examples of collective trauma include community violence, police brutality, discrimination, natural disasters, and mass shootings. The participants' experiences of collective trauma are described in Table 10.

**Table 10**

*The Participants' Experiences with Collective Trauma*

Participant	Type of collective trauma
P1	Was taught to keep to himself and not speak out of turn
P2	Experienced racial-based discrimination in the southern United States
P3	Felt unwelcomed in her church
P4	Experienced racial discrimination
P5	Experienced discrimination from parents and students
P6	Experienced fear of violent predators based on the slave trade
P7	Experienced discrimination due to being adopted by a family of a different race
P8	N/A
P9	Was taught to keep to themselves and not speak out of turn
P10	N/A
P11	N/A
P12	N/A

The participants' experiences with personal, intergenerational, and collective trauma will be further discussed in Theme 1.

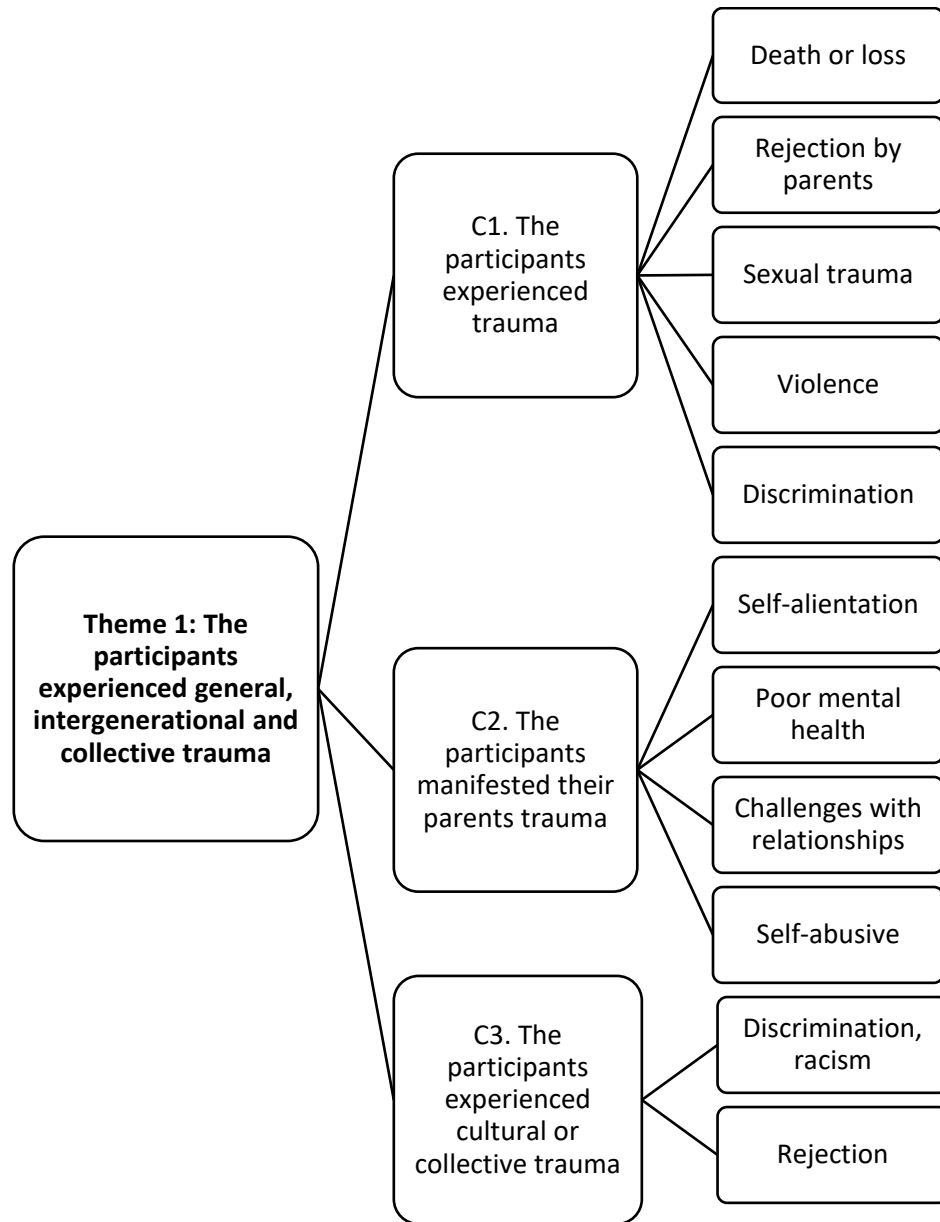
***Theme 1: The Participants Experienced General, Intergenerational and Collective Trauma***

The participants' potential growth mindsets are explored in RQ1, and their potential fixed mindsets are explored in RQ2. Theme 1 is considered preliminary findings because the study's research questions surround participants' mindsets. In Theme 1, I explore the participants' experiences with trauma, intergenerational trauma, and collective trauma. Three categories were

used to develop this theme. In Category C1, the participants described experiences they considered to be especially traumatic to them. In Category C2, I explored the concept of intergenerational trauma by asking participants how their parents' trauma manifested in their own experiences and potentially influenced their trauma. Finally, in Category C3, I asked the participants how they were influenced by collective trauma. Throughout this discussion, the definitions of personal, collective, and intergenerational trauma from Chapter 1 will be used and referenced. Briefly, intergenerational trauma refers to the transmission of trauma from one generation to the next (Chou & Buchanan, 2021). Personal trauma refers to an individual's experience of a deeply distressing event or situation that has a lasting impact on their emotional well-being and functioning (Hirschberger, 2018). Finally, collective trauma describes the psychological and emotional effects that a shared catastrophic incident or a string of traumatic occurrences have on a group or community (Leung et al., 2022). The codes and categories contributing to Theme 1 are shown in Figure 1.

**Figure 1**

*Codes and Categories Contributing to the Development of Theme 1*



**Category C1: The Participants Experienced Trauma.** To understand how trauma influenced the participants’ growth or fixed mindsets, I asked the participants to describe the trauma that they had experienced. In this question, I did not distinguish between trauma and intergenerational trauma. The participants were free to answer without regard to



intergenerational trauma. Five codes contributed to the development of Category C1: *death or loss, rejection by parents, sexual trauma, violence from family, and discrimination*. These descriptors represented the types of trauma experienced by the participants.

***Death or Loss.*** The trauma experienced by participants P1 and P5 were death and loss. For instance, P1 said:

I believe cancer is something that is caused by stress and untreated trauma. My father died of cancer. My aunt died of cancer. My grandmother died of some type of stress [that was] induced on her heart. I tend to be quiet and swallow myself and make myself small. I'm affected by it because he killed off the ones that are close to me.

P1 was traumatized by the loss of his father and aunt to cancer, and his grandmother to stress. He then learned to associate death and loss with cancer, believing that cancer is caused by unresolved stress and trauma. His trauma manifests as a mitigation strategy, as he tries to remain quiet and keep to himself to avoid stress and trauma. Participant P5 also reported experiencing death and loss, resulting in trauma. P5 said:

I'm already dealing with the death of my father. I believe my early experience with death, and what I mean by that is on my dad's side, starting with his brother, my uncle Ray, who died. Either he was 36 or 39. He drank himself to death - cirrhosis of the liver. He passed away, and that was the start of multiple funerals. So, as a child, that's what I mean by my experience with death, I believe that had a huge effect because it was my uncle, Ray. Then it was my grandfather. Then it was my great-grandmother. And then, after that, it was some of my dad's first cousins and other family members. And it was just back-to-back to back-to-back.

Participant P5 had early experience with death that they believe profoundly influenced them as an adolescent and as an adult. Both participants who experienced death and loss, they exhibited a detached response to trauma. When asked how this trauma influenced her, P1 elucidated, “Shutting down. Alienation, isolation.” In response to trauma, P1 isolated themselves and detached from others, fighting social opportunities they lost through the death of their loved ones. Similarly, P5 said, “I remember one time where I did break down and cry as a youngster because it was like, ‘I ain't got no friends’ and the number of funerals I went to.” Thus, for P1 and P5, their response to loss was to isolate themselves further.

***Rejection By Parents.*** Four participants (P2, P3, P9, and P10) reported their trauma stemming from rejection by their parents. For example, P3 spoke about their mother rejecting them and not prioritizing their needs. P3 said,

I never was considered a first priority in my mom's life. I wasn't a priority. I felt like my mom put everything [and] everybody before me. She gambled. Her boyfriends. I was even told at a point. It's going to be him over me. I always thought there was something wrong with me. My father didn't want to be a part of my life because of my mom. That also traumatized me.

P3 felt rejected by their mother, with their mother saying hurtful things about choosing a boyfriend over their child. P3 also felt rejected by their father, who didn't want to be part of the family, likely due to the disposition and actions of her mother. However, P3 projected those feelings onto herself.

The participants who felt rejected by their parents felt effects later in life regarding forming and maintaining relationships. For example, P2's parents were addicted to drugs, which caused them to essentially be an adult as a child. P2 said:

So, the role I played within my family dynamic, I almost became the second parent with my mother. So, whatever my mom faced, I faced. She did not have the emotional or intellectual stability to maintain all of her parental roles. Because of her alcoholism, being a result of her trauma and her lack of skill with trauma, and then playing that role.

Obviously, you would then play adult roles with a child mindset.

P2 was traumatized by their parents' addiction and having to constantly care for his mother. P2 further explained that they still suffer from the trauma. P2 said, "I was raised by my mother who was in active addiction the majority of my childhood. She still struggles with it. So there's a lot of re-traumatization that happens there." P2's trauma as a child still manifests as an adult. Even though P2's parents weren't absent physically, they were absent cognitively, and P2 felt rejection as a result of their addiction.

Participants P9 and P10 also experienced parental rejection. When asked about a traumatic event, P10 said, "Having a stepfather who did not value me and a dad who did not value me." P10 further explained that she felt rejected by the male role models in her family. She said, "Those were the two supposedly major men in my life that should have made a more positive impact in my life, in terms of grooming me, but I felt rejected by one and left by another." P10 felt rejection from her father, who left when she was a child, and her stepfather; she felt undervalued as a child, and it impacted her life as an adult. She said,

I see the impact that the men in my life had on me kind of stands out more because I can still see remnants of that in my adult life, how it affects some of the decisions that I make or don't make.

P2's trauma manifests in the decisions she makes about men and her relationships. Thus, parental rejection was one way that the participants were traumatized.

**Sexual Trauma.** Four participants reported that they had sexual trauma during their youth. Participant P6 explained, “I grew up with a stepfather who was a pedophile. He would prey on me. He would prey on my friends.” To cope with the stress of sexual violence, P6 dissociated, cognitively removing themselves from the situation. P6 said, “That part of my memory is like, really sketchy. I'm not going to lie. I'm really good at disassociating.” P6 experienced sexual trauma in the form of sexual harassment from their stepfather but could not note details due to having dissociated memories of the event. P8 also experienced sexual trauma from a family member. P8 said, “I was traumatized by a family member. And I was actually touched and talked to in a way that was not appropriate by a family member.” P8, like P6, was not explicit about their sexual trauma but did indicate that it happened. P6 expressed deep feelings over their trauma. P6 said, “I feel disappointed. Upset. I feel overlooked, rejected, and abandoned.” P6 expressed that she felt disappointed, rejected, and abandoned after their incident. P6's response to the trauma was to take on the role of a protector. They further explained, “I also felt like I still had to protect because I've always been the one to protect everybody.” P6's response to trauma was to take on the role of a protector so that no one would get hurt the way they did.

Participant P9 also experienced both sexual trauma and parental rejection. Participant P9 said, “I can recall being ages 9 through 11 when I was molested by my stepfather.” Participant P9 told her mother about the sexual trauma, but she didn't believe her. P9 felt rejected by her response. P9 described, “The traumatic piece of it, being in that situation, and then telling my mother that it happened, and nothing being done about it.” For P9,

**Violence.** Two participants (P4 and P11) spoke about violence perpetrated by a family member. P4 witnessed his mother being treated violently as a child. P4 said:

I've never shared this with anybody but you. When I was eight years old, my stepfather used to beat my mom on a regular basis. And never forget. I remember that apartment. We lived in a rural school street. I remember one night; he beat my mom. He was hitting my mom, and I wasn't in the room. But I was in my room when I could hear my mom. I remember when I was eight years old, I went into the kitchen. I got a knife. I went into the room that they were in. I remember him saying, 'Get out of here.' I remember my mom calling my name and saying, 'Just get out of here. It's okay. It's okay. I felt helpless.'

P4 witnessed his mom being beaten severely by his stepfather, which triggered feelings of helplessness that lasted into adulthood. P4 explained:

My family experienced someone shooting in our home, and my niece was there with us. Thank God, nobody was hurt. At that time, even as a man, I felt helpless. I felt powerless. I felt trauma from it because I didn't understand why.

The second time that P4 was exposed to violence, he had the same feelings of helplessness and trauma that he felt as a child. Participant P11 experienced intimate partner violence. This discussion will be included in category C2, which describes intergenerational trauma.

***Discrimination.*** Two participants (P7 and P12) talked about discrimination being their traumatic event. Participant P7 spoke about discrimination, being an individual diagnosed with autism. They explained:

Some of it had to do with due to the undiagnosed autism at the time. Right, is it because I did not fit a number of social constructs, let alone understand a number of what is considered general social, acceptable behaviors and or thought processes. It ended up causing a lot of isolation.

P7 experienced discrimination as a child from other children and adolescents in school. Their social view of the world was different than everyone's expectations, causing them to feel isolated and alone. This caused problems for P7 into adulthood. They said, "That caused a lot of significant trauma as it relates to self-esteem, self-worth, confidence, feeling like I didn't belong, feeling like I didn't matter." P12 also experienced discrimination that was traumatic. P12 said, "In a company of different people that really have a problem with my darker skin complexion. So, because of that, they would give me names as monkey or they would say to me, that you're very dark." Whereas P7 experienced discrimination due to having a disability, P12 experienced racial discrimination and racism.

**Poverty.** Some participants spoke about being traumatized by extreme poverty. P5 spoke about extreme poverty. They said:

My mom was basically a single mom. It was me and my sister underneath me for a while. We had no stability. Basically, we lived with my grandmother for a while, we would move out, we would rent a place a lot of times, and we didn't have furniture. We slept in sleeping bags on the floor a couple of times in the winter. We would boil pots of water on the stove. Cold showers, just a kerosene heater in the middle of the living room. Things of this nature. So, those were some of the things that affected me.

P5 noted that the lack of stability was a challenge for them as transitioned to adulthood. They explained:

I ended up going to 15 or 16 different schools from elementary up until I graduated. I ended up going to three high schools. Even once I got my job, a good job, I found myself moving every three to four years as an adult. Not because I had to. I didn't even realize that that's how deep it is.

P5's childhood impacted how she behaved in adulthood. She constantly moved during her childhood due to poverty, which caused her to move frequently as an adult, indicating that her trauma was deep.

**Category C2. The Participants Experienced Intergenerational Trauma.** In category C1, I asked the participants to describe how trauma influenced them. They spoke in varying degrees of depth about their traumatic experiences, which encompassed death or loss, rejection by parents, sexual trauma, violence, discrimination, and extreme poverty. The second category, Category C2, contributing to the development of Theme 1 is that the participants experienced intergenerational trauma. Four codes contributed to the development of Category C2: *self-alienation*, *poor psychological health*, *challenges with relationships*, and *self-abusive*. The participants' experiences are now discussed in turn.

***Self-Alienation.*** Some participants reported alienating themselves from others due to the influence of trauma from their parents. Participant P1 was raised by their grandparents in a household where children are taught to be quiet and unseen. P1 described themselves as having to "be quiet and to swallow yourself and make yourself small." This influenced their actions as an adult. They said, "The negative way. Sure, shutting down. Alienation, isolation. For a long time, no accountability, pointing the finger at other people besides myself." P1 isolated themselves from other people due to the cultural and generational trauma they experienced.

Participant P8 and their family deal with trauma by avoiding the topic. P8 describes her family's treatment of trauma, saying, "They deal with it by not dealing with it. No one says anything. I know it's there. So, it is like the dark cloud in the room when it comes to family functions." P8's family avoids trauma, which leads her to avoid talking about trauma as well. She describes why she stays silent, saying, "I feel like I can't talk about it because if I do, I feel

like it would destroy generations under me.” Thus, P8 avoids talking about her trauma due to intergenerational influences.

**Poor Psychological Health.** Some participants noted that poor psychological health was passed down generationally. P2 explained that their parents’ coping skills influenced their own.

P2 said:

My father comes from the Hispanic culture, and there are values and norms that don't always work in today's times try to teach him or implement different things has been very difficult. He's taught us this like toxic independence where we should not have to be dependent on anyone, even though the Hispanic cultures around family and this level of hospitality.

P2 experiences intergenerational trauma through the “toxic independence” he learned from his father, who also desires not to depend on anyone. This has been passed down generationally, even though it goes against Hispanic culture. P2 experiences poor mental health due to intergenerational trauma.

P3 feels intense fear due to intergenerational trauma. Their mother felt intense fear and passed it down to them. P3, who experienced parental rejection, said, “It’s a fear. Seeing family hurts, and it scares me. It makes me feel kind of fearful.” They explained that they shared this experience with their mother and siblings. P3 said, “My mom wasn’t loved, and our mom, the way she raised us, there was no love, and she didn’t make us a priority.” Due to this, P3 feels fear whenever she is around her parents.

P7 also indicated that their siblings experienced challenges with mental health following the trauma of their childhood and due to intergenerational trauma. P7 further explained:



My sister, Denise, who was among the oldest or right under me, developed a very avoidance kind of mentality, where she will just never really deal with things, just avoid them. My brother developed severe bipolar disorder; I think due to a lot of the trauma that occurred. Erika, the youngest, I think, has some developmental social difficulties, which she's very much gotten out of. Now, she's very much also developed even more of an avoidant, don't deal with the problem.

P7 spoke about low self-esteem and low self-worth for herself, but also spoke about how her siblings experienced poor mental health due to intergenerational trauma. She explained how intergenerational trauma affected her own mental health, saying, "I developed a very strong anger, resentment at myself, so I would find myself reacting very frequently to and being very sensitive to what I perceived as attacks." P7 experienced anger and perceived innocuous comments from others as personal attacks.

***Challenges with Relationships.*** Some participants reported having challenges with relationships due to intergenerational trauma. For example, P4 spoke about how they have trouble forming relationships with their children. They said, "My dad was never there for me. It has become a cycle. We make these children, but we don't take care of the children." P4 spoke about having trouble forming relationships with their children due to the influence of their father's absence. P3 also believes they chose to be a single parent due to the lack of a father figure or male influence in their life. P3 further explained:

I feel like that was some part of some trauma in my life because I really didn't have a role model or a man to even look to for help or for guidance. I think that for generational purposes on each side, I think I dealt with not having a male present by not having a male at home, but just in my life, period.

Participant P3 has trouble forming relationships with their children because of the lack of a strong male influence as a child; consequently, he had trouble being a strong male influence for his children. Participant P5 also spoke about challenges with relationships. Specifically, he spoke about how generations of trauma have influenced the men in his family not to marry. P5 said:

For men in us, especially my generation, it's only out of the 14 grandchildren, about half of them are males, and only three of us are married. My dad told me he never thought that I would get married because of what I've seen growing up.

P5 desires to marry but has not yet, which he attributed to challenges due to intergenerational trauma. In reality, this example may be a case of the consequence of trauma, not intergenerational trauma. P5 was unclear as to whether intergenerationally, the men tend not to marry.

Other participants spoke about their relationships being challenged due to intergenerational trauma. P6, who experienced sexual trauma from her stepfather, watched her mother and stepfather have challenges with their relationship. She, in turn, had challenges with her relationship with her husband. She said:

Relations with my own husband are strained. As a result, it's a miracle that we were able to have kids. It's weird when your husband touches you like just on your shoulder, and sometimes, you're fine. Another time, it's almost like it burns into your skin.

P6 experienced sexual trauma, which strained her parents' relationship. She then had her own relationship challenges stemming from the trauma she suffered. Participant P7 also spoke about relationships being strained from generation to generation. P7 said:

Because of their lack of processing their traumas, they kind of ended up putting it on us and just continued on the cycle. By continuing on the cycle, all it did was continue on

the damage of watching both my parents' low self-esteem, low self-worth, constantly questioning oneself, and desire to always prove oneself, but it's like chasing a tail. You know, you are just never going to catch it. Because of that, it's just it ended up affecting many other different arenas, going forward professionally, socially, and romantically.

P7 indicated that their parents' low self-esteem and self-worth translated into their own low self-esteem and self-worth. P7 indicated that it affects all areas of their life, including socially and romantically. A lack of self-esteem can lead one to avoid social and romantic situations (Jordan et al., 2020). Thus, P7 avoids relationships because of low self-esteem.

P11 was perhaps the most cognizant of intergenerational trauma related to relationship challenges. P11 was in an abusive relationship and experienced intimate partner violence. In reality, she chose a partner who was much like her father, who also abused her mother. P11 said:

It's the same with my mom and what she went through with my father. When she was three months pregnant with me, he tried to cut me out of her and me, when I was born, he burned me with cigarettes. Threw me at a couch. Like all type of stuff. And I kind of went through that with my oldest son's father.

P11 was abused by her father when she was younger and watched her mother struggle with intimate partner violence. She chose a partner who also was abusive. Thus, for P11, intimate partner violence was transmitted generationally. P5 also noted that there was a connection between the way his grandfather treated his father and how his father treated him. P5 described:

My father and his younger sister were the babies of the family. They were pretty much raised by their older siblings. So, my dad and his relationship with his dad, even though it was in a good place, there still was a disconnect. I struggle with our relationship because he mimics his dad, even though he wasn't his dad.

P5 described his relationship with his father as strained and distant due to the influence of his father's upbringing, which is another case of intergenerational trauma.

*Self-Abusive.* Some participants spoke about self-abusive behavior, which took different forms for different participants. For Participant P5, alcoholism was part of their intergenerational trauma. P5 said:

The intergenerational trauma that has plagued it the most is drugs and alcohol, mainly alcoholism. My great, great grandfathers came from down south in the Macon, Georgia area, they made whiskey and did very well for themselves. All those generations from him alcoholism have just plagued our family. I told you about my uncle, who passed away in his early 30s. Well, another one of my dad's first cousins, that string of deaths started with a cousin who died when he was 28. Then it was a female cousin who drank herself to death.

Participant P5 spoke about how alcoholism was transmitted intergenerationally, which influenced his own relationships. Participant P10 struggles with her weight and self-care routines, an intergenerational issue. She described:

What I've experienced in ways like with my weight is not really because of what I eat, it's the stress, right? It's the lack of self-care. And when I look at all the women in my family, either they're overweight, or they're on drugs. When I say drug addiction, it's not just the hair on the cocaine it could be weed, it could be the pills, but they're all some sort of substance. They're not married. So, I see the trickle-down effect of that, I see not operating in their gifts, kind of just surviving. I see an abundance of talent but no direction. I see skill sets but scattered minds. And I know how that feels because that's

kind of the space that I'm in now. I see, as a result of their trauma, how it has transcended to their kids.

P10 clearly defined the presence of intergenerational trauma in her life. All of the women in her family are unmarried, overweight, and have challenges with substance abuse. She noted the “trickle-down effect” on the children in the family, as the children are repeating the parents' mistakes. P2 also spoke on this topic, citing the struggles of his brother. He said, “I think a lot of the traumas that happened for me are reoccurring because my mom has not had the most stable recovery. Then, I also have a brother who has struggled with addictions.” For these participants or their family members, they fall into the same self-destructive patterns as their parents.

**Category C3: The Participants Experienced Collective Trauma.** In addition to experiencing intergenerational trauma, the participants also experienced collective trauma. Recall that collective trauma is defined as the psychological effects that a group, usually an entire culture, community, or another large group of people, experiences in response to a shared trauma (Hirschberger, 2018). Two codes contributed to the development of this category: *discrimination*, *racism*, and *rejection*. These descriptors were the main manifestations of the participants' collective trauma. It should be noted in this category that three participants did not believe they experienced collective trauma, P8, P9 and P10.

***Discrimination, Racism.*** The participants experienced different effects due to discrimination and racism present in society. Participant P1 spoke about having anxiety related to being Black in today's society. P1 said:

Black men in America, we have a lot of untreated traumas that are passed down socially. For example, as a Black man, I have anxiety when police are around me, I have eye catching anxiety. When these authority figures are around me, at first, I feel a lot of

anxiety. So even just being a Black male within my own race, I have a lot of those insecurities of not having enough on White skin. So, I have to prove my Blackness to my Black friends and white friends know that I'm not Black.

P1 has anxiety when around authority figures and police due to the challenges present between Black men and the police. For P1, anxiety around authority figures is automatic. Participant P4 also spoke about his experience as a Black man, citing discrimination and microaggression. P4 said:

I think even Black men in our community we get labeled or tagged, and all men are dogs. Even being a pastor, we get labeled, sometimes, as bad pastors. As I say, one bad apple in the bag ruins the whole bag, so I think you even experienced some traumas, if you will, within your community, even on the religious side of it, because people will look at you a certain type of way because of what some other pastor did.

Participant P4 described discrimination in his community for being a Black man but also described discrimination within the Black community. For P4, the collective trauma he experienced extended to all facets of his life and communities.

Participant P2 also experienced racism within his community based on his skin color. P2 explained:

In Texas, though, there were higher percentages of those within the Hispanic culture, those that looked more like me and my other brother, two of us are a little bit more dark-skinned, like my father. So, there's that some places you fit in, certain places you don't.

P2 experienced racial discrimination based on his skin color, having darker skin than many others in his community. P5 also experienced racism, causing him to question the sanity of people outside of his race. He explained, "Honestly, the whole racism piece. I got to be honest, I

really didn't expect to experience it to a degree where it made me look at white folks as crazy or anybody that isn't Black as crazy." P5's experiences with racism changed the way he viewed people of other races, believing that they were crazy to some extent.

Other participants had extreme experiences with racism. For example, P6 said, "I'm a nurse. I have had so many patients refuse care from me. I've had so many people say that they'd rather die than have me care for them and give them life-saving treatment in the ICU." P6 experiences racism both in their community and as a nurse, with patients refusing treatment from them because they're Black. P12 also experiences workplace discrimination. P12 described, "I have experienced that I remember in the workplace. Yes. I certainly would do that, as always, like you needed to work to prove yourself on the job." P12 believes that as a member of the Black community, they have to work harder than others to "prove" themselves at their jobs. Thus, some participants experienced extreme accounts of racism and discrimination.

**Rejection.** Some participants felt rejected by their communities. For example, P3, who experienced parental rejection, explained that she was further traumatized by her community and church because she perceived rejection from them. P3 said:

My community, I will go with that, my church, it has traumatized me to the point where I'm just that up because the rejects in part, I feel though, I'm back there again. It makes me question that again. Is it me? You know. I feel like I'm not a part. I feel like I'm just like I said, not a part. I feel the rejection part. I feel not having the support, not feeling as a member.

During this part of the conversation, P3 indicated that her feelings of rejection ran deeper than just her family. She also perceived rejection from her community. P6 felt rejected by their community due to their heritage as a Jamaican. P6 explained:

Growing up in my house, you're in Jamaica when you walk in the door. You are Jamaican. So, the term African American was a very taboo term in our house. Because we're not African American, even though we still came from the same part of Africa that the other slaves came from in this triangle slave trade, whenever it comes time for like Black History Month and whatnot, my mom's like, that's not your history. This is your history.

P6 explained that he felt rejected from the Black community due to his Jamaican heritage. He didn't feel like he fit in with other members of the Black community because his heritage with different, a difference that his family promoted. Thus, the second way the participants experienced collective trauma was rejection.

**Summary of Theme 1.** Theme 1 contained preliminary findings necessary for the context of the research questions. Even though the research questions did not ask about how ethnic minorities experience trauma, intergenerational trauma, and collective trauma, it was necessary to understand their experiences in order to understand their perceptions of growth and fixed mindsets, the topics of RQ1 and RQ2, respectively. Thus, Theme 1 explained the participants experiences with trauma (Category C1), intergenerational trauma (Category C2) and collective trauma (Category C3). The consequences of intergenerational trauma resulted in the participants having difficulty forming and maintaining relationships, especially for participants whose parents were distant, divorced, or abusive. Participants whose trauma intergenerational trauma involved substance abuse reported self-destructive activities such as overeating that led to extreme obesity. While the participants' responses to trauma were all different, they appeared to be related to the trauma they suffered or the intergenerational trauma of their families.



**Theme Development for RQ1**

The study’s first research question was:

**RQ1:** How do ethnic minorities with intergenerational trauma describe their experiences with a growth mindset?

Emergent and axial coding was used to code the data related to RQ1 using data from interview questions designed to elicit the participants’ experiences with a growth mindset. One theme was extracted from the participants’ interviews to address RQ1. Theme 2 demonstrates that the participants exhibited a growth mindset. The codes, categories, and themes for RQ1 are shown in Table 11.

**Table 11**

*Codes, Categories, and Themes Used to Address RQ1*

Theme	Category	Code	Participants
Theme 2: The participants exhibited a growth mindset.	C4. Education and hard work can better one’s position in life	Education can better life	P1, P2, P4, P8, P9, P12
		Hard work can better life	P1, P2, P11
	C5. Education and hard work can better one’s psychological health.	Education can better psychological health	P2
		Hard work can better psychological health	P1, P2, P3, P12
		Hard work to overcome stereotypes	P1, P7
	C6. Education and hard work is beneficial for helping others.	Education to help others	P3, P4, P5, P6
Hard work to help others		P4, P6, P8, P9, P12	

Three categories were formed from the initial codes pertaining to the participants’ experiences with growth mindsets. In Category C4, the participants explained that education and hard work can better one’s position in life. In Category C5, the participants spoke about how education and hard work can better one’s psychological health. In Category C6, the participants’ thoughts about

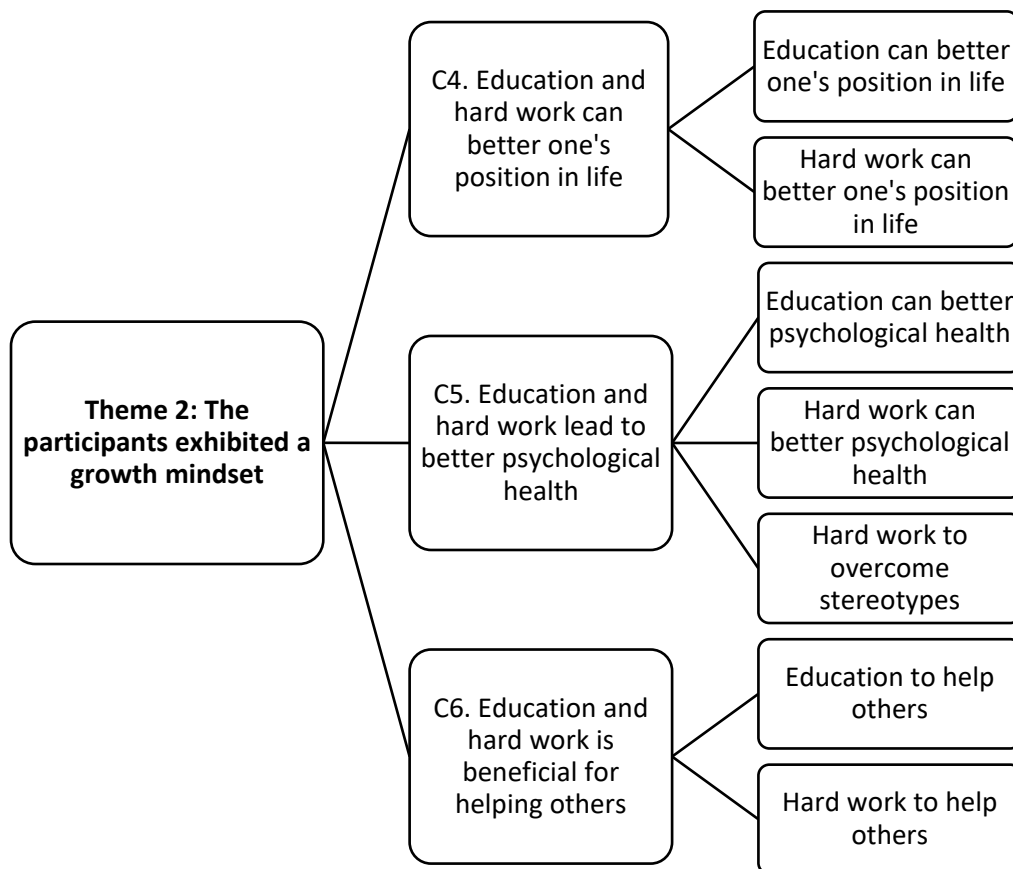
how education and hard work can be used to help others is explored. The findings for RQ1 are now presented.

**RQ1 Response: Participants’ Experiences with Growth Mindset**

One theme was extracted from the participants’ interviews regarding RQ1. Theme 2 explains that the participants exhibited a growth mindset. All participants were represented by a code in this theme (see Table 5). The relationship between the codes, categories, and themes for RQ1 are shown in Figure 2.

**Figure 2**

*Relationship Between Codes and Categories for Theme 2*



Each of the three categories shown in Figure 2 will now be discussed.

***Category C4: Education and Hard Work Can Better One's Position in Life***

Two codes contributed to the development of this theme: *education can better one's position in life*, and *hard work can better one's position in life*. Both of these codes are now explored.

**Education Can Better One's Position in Life.** The participants viewed education as a mechanism to better their situations. For instance, P1 explained:

Education can help propel you in life. But it can only help propel me in life if I apply what it is that I have learned. So, yes, I believe it can help with a better quality of life because it opens up other avenues.

P1 believed that education was critical for advancing one's life position, finding that education allowed for a better quality of life. P1 also believed that education could open avenues for other opportunities for growth and development. P12 also believed that education was critical for improving their situation. P12 said, "I was able to come on, change my thinking, and see the possibilities and the careers and all of those things, then I saw that education was the only way out." Education for P12 was "the only way out" of their previous situation. Thus, for these participants, education allowed them to have a better quality of life.

Other participants believed in the power of education to better their positions in life. In particular, P2 said, "I do believe you can advance your position in life if you pursue more education. If you do this, you will always be able to fall back on yourself. So that's the way I used education to advance in my position in life." P2 believed that education allowed them to be self-sufficient and able to rely on themselves, which, in turn, betters their position in life. P4 attributed success to education saying, "I believe that information is power. I think that the more information that we have, the more knowledgeable that we are, the more successful in life that

we will be. So, I Yes, I believe education is key.” P4 expressed that information and knowledge are equated with success. P9 spoke about education in terms of the American Dream, believing that education was important. P9 said:

When you're a kid, it is drilled in you that the United States of America is the land of opportunity. So, when you have an opportunity to go and do better, you go and do better. The more education you have, the better you are at a position to make more money, to have a better life for you and your family.

Participant P9 spoke about how education allowed them to achieve the American Dream and increase their position in life. For these participants, education allowed them to advance their position in life and make better lives for themselves and their families.

**Hard Work Can Better One’s Position in Life.** Similar to education, the participants also believed that hard work can help them advance their positions in life. For instance, P2 said:

My father, he has pushed both within his children. He has pushed this entrepreneurial the wall, the harder you work, the, the more you hustle, you'll come off on top. I would have to say, just in my employment growth from where I was, versus now I used to, you know, even just the working seven days a week to now only, you know, a couple days a week. With that I have been able to actually practice my skills and knowledge in my own personal life, which I think have has had greater, greater influence than anything in my life. And I think working hard set me up for the time where I could actually use my skills and knowledge and then improve on by working on myself educating myself for both my employment.

Participant P2’s father instilled in her that she should consistently work hard toward a goal. This was evidenced by P2’s career, where she went from working 7 to 3 days a week, choosing her

hours. Hard work for P2 bettered her position in life. P11 similarly believed that her hard work advanced her family's position. She explained:

I'm non-stop. I was just working, working, working, working to the point that I got place, a car, and stuff that we needed to live, and when I got my boyfriend, he asked me like, why don't get your hair done? Why you don't get your nails done? Like there is why I don't get beautified? Because I want to make sure my kids are good. Want to make sure we have a roof over our head, food on our table, [and] clothes on our backs.

P11 explained how her hard work enabled her to advance her position by securing a place to live, employment, and transportation. For these participants, hard work, and education lead to a bettering of their physical lives and situations.

#### ***Category C5: Education and Hard Work Better One's Psychological Health***

In Category C4, the participants explained how education and hard work can help them better their physical situations. In Category C5, the participants explored how education and hard work can better their psychological health. Three codes contributed to this category: *education can better psychological health*, *hard work can better psychological health*, and *hard work can help overcome stereotypes*. Each of these codes is now explored.

**Education Can Better One's Psychological Health.** Only one participant (P2) spoke explicitly on this topic. Consequently, this is one of the discrepant cases present in the data set. Participant P2 explained:

I do believe education has been a way for me to feel independent and grow for a way that allows me to be different than maybe let's say, Where I come from, or the stereotypes that can come as a result of being a child of alcoholic and substance using parents. So, I think I used it more as if I have this education, I can, nobody else can hold me back, you know,

I have no matter what I can fall back on my education. That's just always been a safety net.

P2 believes that education allows them to overcome the stereotypes of being a child of alcoholic parents; P2 also believes that education improves the health of their own mind, allowing them to grow and not be held back. In this way, education helped P2's psychological health.

**Hard Work Can Better Psychological Health.** The participants believed that hard work can help improve their psychological health. For example, P12 said, "Motivating, it's liberating you. It's like, there's no ceiling. You can keep going. I don't feel trapped anymore." P12 is motivated and feels liberated by their hard work, expressing that they used to feel trapped, but with the hard work they put into themselves, they don't feel trapped anymore. Similarly, P2 said, "I am seeing success and that makes me feel unstoppable." P2 was gaining momentum through their hard work, which was facilitating better psychological and mental health.

Participant P3 was actively working to better themselves, the essence of a growth mindset. P3 explained:

It's work and that's what I've seen and what I've done, what I've done with myself, just the education part, being disciplined and taking care of myself at a different level. Just dealing with and coping with what I deal with. Mentally, my hard work working at it, I'm using my resources [and] I'm doing the things that I gauge in. One thing has really helped is the education part: I'm reading [and] journaling. It's a lot of things that I participate in that to better me and my knowledge and my skills, just to me, just being open-minded.

Participant P3 indicated that education and hard work allowed them to have better mental health and allowed them to approach life with an open mind. Hard work also allowed her to feel more

comfortable with herself and seek the resources needed to improve their mental health. For these participants, hard work allowed them to have better psychological health.

**Hard Work to Overcome Stereotypes.** Two participants spoke about how hard work allowed them to overcome stereotypes associated with their background, similar to P2's discussion in the education section. Recall that P2 was the child of an addict, which came with stereotypes. P2 overcame their adversity through education. Participant P1 also spoke about exceeding other's expectations of him. P1 said:

They don't like you. They don't want to see you do well, but in your face, they smile, but you hear the whispers because I'm in isolation. So, I hear the whispers and I'm alone. So when I'm out there, and I finally accomplished something, I feel vindicated. Because it's a victory.

P1 spoke about how others would not want them to succeed, but P1 further explained, "I feel vindicated. I feel validated. accomplished, I feel worthy when those things happen." P1 is able to overcome stereotypes associated with their background due to their hard work. For these participants, overcoming stereotypes can be accomplished through hard work.

#### ***Category C6: Education and Hard Work Allows for Helping Others***

The final category contributing to Theme 2 is that educational and hard work allowed for helping others. Many of the participants were service-oriented and were concerned with helping others. Education and hard work facilitated the participants' ability to help others.

**Education Allows for Helping Others.** The participants spoke about how education allows them to help others, which was a high priority for them. For instance, P4, a pastor, uses education to further their ability to help others. P4 explained:

It just helps me want to just help people because you don't know what people are dealing with. You don't know what people are going through. So, to go back to what you said again, yes, information, I think that we have to be educated and get information. I'm finding that seed and finding that that thing that is triggering us and getting more educated about it. So that we all know how to deal with it. Be educated so that I can help educate my people. And that's my and I keep talking about that. But that is my goal, man, I want to be the very best pastor that I can be.

As an African American pastor, P4 likely encounters parishioners with mental health challenges and other problems. He believes that being educated allows him to be a better pastor and help other people. P6, who works in healthcare, prioritizes education so that she can address inequities present in healthcare. P6 described:

My biggest thing, my passion is healthcare quality, and health equity. Those are my those are the fires under me. And I've been working and working and working on advancing health care across the country, which is why I got the degrees and the certifications that I have.

P6 works towards her degrees and certifications so that she can address inequities in the healthcare industry. Thus, P6 also uses education to help others.

P5 believes that self-education can result in larger effects on his family and community.

P5 explained:

I would say if it's only to build self. What I'm saying is, there's a lot of problems going on. So, I'm educating myself not only to benefit myself but for the greater good of everybody around me. Education [and] knowledge have a ripple effect. So, if I believe if it's self-motivated, that ripple effect is going to do damage to people if I'm only



concerned about myself. However, if I'm motivated for the greater good, and I have others in mind, I think that ripple effect will be uplifting versus just self-serving for my benefit.

P5 believes that education for personal benefit is shortsighted, whereas education with the greater good in mind allows for helping others through a ripple effect. Thus, for some participants, education is a means to help others.

**Hard Work Can be Used to Help Others.** The participants also believed that their hard work is important in helping others. For instance, P12 said, “You begin to see that, and when you are to acquire the knowledge and start to understand and you can share that and help somebody else.” P12 believed that education, knowledge, and hard work can be used to help understand and better other people’s lives. P4 explained that his hard work manifested in helping others. P4 said:

I’ve had a multiplicity of gentlemen, whether they've transitioned, passed away or moved away or whatever. And I've worked very hard, very diligent, trying to keep this group of men together, some pastors, some not trying to keep this group of men. Together, I was just thinking about that the other day. You don't realize it sometimes, but how hard it is to get men to come together on one accord and to try to come to a common ground and to serve and have one purpose, one sound, one goal. I've worked very hard.

As a pastor, P4 has dedicated his live to serving other men and bringing them together as one community with a common purpose. His hard work has been and will continue to be dedicated toward that goal. Participant P9 also believed in the collective value of hard work. P9 said:

So we have to be constantly learning constantly learning. The more you learn, the more you grow because you sow seeds into other people. That's how you meet the chain reaction that constantly happens. In order for somebody to grow, you have to pour into

them for you to grow; somebody has to pour into you. So, if you're not learning, you're not growing and can't advance.

P9 believes that constant growth requires the hard work of others, highlighting that an individual is also the product of their community. Thus, for these participants, hard work involves giving back to their communities.

### *Summary of Theme 2*

In Theme 2, I found that the participants expressed characteristics of a growth mindset. They all believed that education and hard work could, in some form, enhance their situations. In Category C4, I found that the participants believed that education and hard work can enhance their positions in life financially. The participants believed they could make better lives for themselves and their families through hard work and education. In Category C5, I found that the participants believed that hard work can enhance their psychological health. Education, in this case, included learning about self-care and mechanisms to overcome trauma. Similarly, hard work in this case included the hard work of self-examination, working with a therapist, and enacting the things they learned. The participants also spoke about how education, knowledge, and hard work can help them overcome stereotypes about their situations. In Category C6, the participants believed they could better help others through additional education and hard work. Participants in care-related or service-related professions, including religious leaders and nurses, mainly spoke about this subtheme. Through these subthemes, the participants showed that they believed in the concept of a growth mindset.

**Theme Development for RQ2**

The study’s second research question was:

**RQ2:** How do ethnic minorities with intergenerational trauma describe their experiences with a fixed mindset?

Emergent and axial coding was used to code the data related to RQ2 using data from interview questions designed to elicit the participants’ experiences with a fixed mindset. Two themes were extracted from the participants’ interviews to address RQ3. Theme 3 indicates that some participants did not experience a fixed mindset. Theme 4 shows that intergenerational trauma influenced some participants’ fixed mindsets, resulting in feelings of safety, fear, or failure. The codes, categories, and themes for RQ2 are shown in Table 12.

**Table 12**

*Codes, Categories, and Themes Used to Address RQ2*

Theme	Category	Code	Participants
Theme 3: Some participants did not exhibit a fixed mindset	C7. The participants did not have a fixed mindset.	No fixed mindset – steady growth toward progress	P1, P3, P4, P5, P9, P12
	C8. Intergenerational trauma influenced the participants’ fixed mindsets	Intergenerational trauma influences fixed mindset	P1, P2, P3, P4, P7, P10
Theme 4: Intergenerational trauma influenced the participants’ fixed mindsets, resulting in safety, fear, or failure.	C9. Participants with fixed mindset felt safety, fear, or failure	Fixed mindsets derive from fear	P8, P10, P11
		Fixed mindset feels like failure	P1, P2, P3, P7, P8, P9, P12
		Fixed mindset is safe	P2, P5, P6, P7

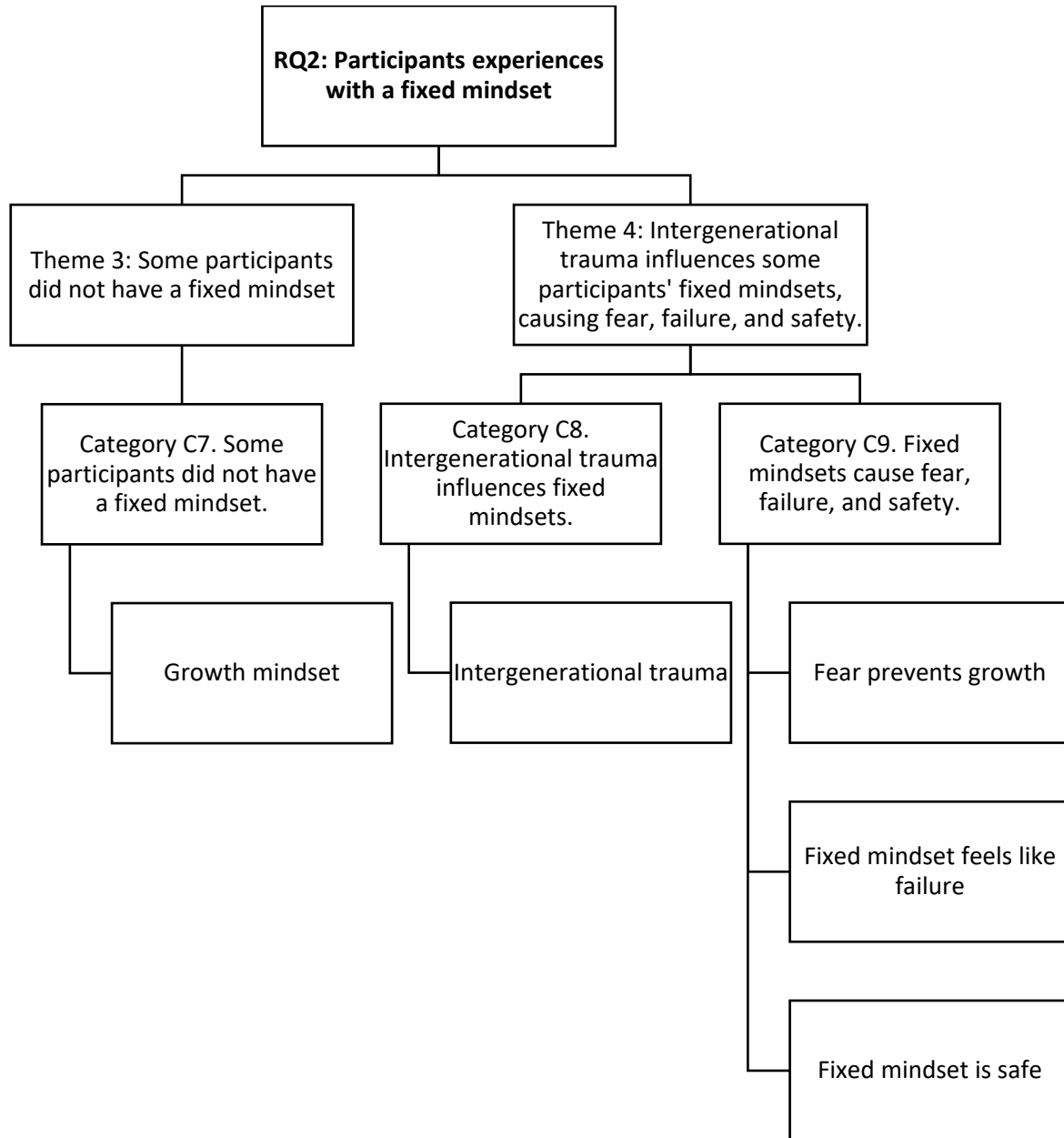
The thematic analysis for Themes 3 and 4, which addressed RQ2 is presented in the next section.

**RQ2 Responses: Participants' Experiences With Fixed Mindset**

Two themes were extracted from the participants' interviews to address RQ2. The organization of the thematic analysis for RQ2 is shown in Figure 3.

**Figure 3**

*Themes, Categories, and Codes Addressing RQ2*



***Theme 3: Some Participants Did Not Have a Fixed Mindset***

One category and code contributed to the development of Theme 3. Category C7 describes the participants who did not have a fixed mindset but instead expressed their commitment to steady progress toward growth. For example, P1 said:

I believe in the mega transportation system, like I'm attempting to lay more track, looks down as I continue to be a locomotive, but I need to slow down so that I can build the tracks so that I can move at a more steady pace. Because of all of this stop and go, I'm not used to, I'll stop. I'll stop seeing the progress, and it becomes tedious. That's going to cause my gears to rust, and lubrication won't come through. So, I have to learn when not to stop, but slow down, build, build, build, and then go as opposed to stop. I need to get myself more tracks. So, I can go a little longer. I'm not fixed. I'm not fixed any longer. I gotta be willing to move.

P1 used an analogy of a locomotive, having to slow down to lay more tracks to make steady progress before moving further. P1 explained that stopping caused a fixed position, which rusts gears and causes challenges. Therefore, P1 stressed the importance of not stopping and making steady progress toward goals, which is the essence of a growth mindset. Like P1, P3 also acknowledged that roadblocks can prevent progress for a time, but still overcoming those challenges was progress toward goals. P3 explained:

I don't think I'm in a fixed position. I know I hear you hit a phrase: if something's fixed, don't break it. I've never seen you as fixed. I don't ever think you'll be to the point where you're fixed. You're always going to have something that malfunctions. I'm going to say no, I'm not in a fixed position where I don't feel I can go forward. I feel like I'm in a

malfunctioning position that I can always move forward and get better. So that's how I look at it because I don't believe us as people were ever fixed.

P3, like P1, acknowledged that roadblocks will still be a part of the growth process, but ultimately, both participants believed that they could always make forward progress, albeit slow at times.

Other participants simply expressed that they did not believe in a fixed mindset. For example, P12 said, "I feel that the sky's the limit." Similarly, P4 explained, "I would tell anybody, you don't have to be a product of your environment. You don't have to be a part of a generational dysfunction or generational curse. We can all break that cycle, man, but you got to want to do it." P4 believed that they could overcome the intergenerational trauma through hard work and persistence. These participants only exhibited a growth mindset and did not express elements of a fixed mindset.

#### ***Theme 4: Intergenerational Trauma Influences Fixed Mindsets***

Not all participants solely expressed elements of a growth mindset. Other participants did express elements or facets of a fixed mindset regarding certain aspects of their lives. Thus, Theme 4 describes how intergenerational trauma influences the fixed mindsets of the participants, causing feelings of fear, failure, and safety. Two categories contributed to the development of Theme 4. In Category C8, I describe how intergenerational trauma influences the participants' fixed mindsets. In Category C9, I describe how the participants' fixed mindsets lead to feelings of failure, fear, and safety.

**Category C8: Intergenerational Trauma Influences Fixed Mindsets.** The participants expressed feelings that intergenerational trauma influenced aspects of their fixed mindsets. For

example, P1 believed that the failure of their marriage derived from how they viewed their grandparents' marriage. P1 explained:

It's a combination of watching my grandparents and what I was taught in church. You find you're the lady. You go to school, you go to work, get married, and have kids. My grandfather, he didn't go to college, but he found out he had a good job. He had a wife. They had kids. I never seen him or my grandmother argue at all. You know, I'm saying I just heard him say and she did. So, I tried to take that into my relationship with a different type of woman, and it wasn't going over well because I'm not seeing, I wasn't really practically seeing the real marriage.

P1 spoke to generational challenges with perception. P1's grandmother "heard him say and she did." That type of relationship was not present in modern society, which imposed impracticality on P1's marriage. Intergenerational perceptions, in this case, led to the failure of P1's marriage.

Some participants expressed challenges with aspects of a fixed mindset due to intergenerational trauma. For example, P10 said, "I've overcome child custody. I've overcome getting my degree. I've overcome domestic violence. I've overcome career challenges. But I guess I have not overcome not having self-esteem." P10 explained that they had overcome many aspects of their intergenerational trauma, but they were still in a fixed position regarding having self-esteem. For P10, they had not yet been able to approach self-esteem with a growth mindset. P3 explained that intergenerational trauma prevented growth regarding how they approached raising their children, P3 said:

I felt like I did what I was supposed to with my children. I felt like I worked very hard, being how I was raised, I wanted something different from my children. I wanted a

different outcome. And low and behold, that's that wasn't what happened. It was just the whole wasn't what I was expecting.

P3 explained that they wanted to make changes to their parenting style based on their upbringing, but they were unable to do so and ended up parenting the same way as their parents. In this case, P3's intergenerational trauma influenced their ability to approach parenting with a growth mindset. In this facet of their life, they remained fixed. Participant P4 also expressed similar challenges with raising their children, mimicking their parents' parenting style. Thus, participants P3 and P4 experienced challenges with a fixed mindset regarding raising their children due to intergenerational trauma. P7, in closing remarks, spoke to the point of intergenerational trauma and child-rearing. P7 said, "Intergenerational trauma in child rearing is very, very important. I think before parents have children; they need to evaluate their own traumas in their life to make sure that they don't end up passing them along." P7 spoke to the challenges experienced by P3 and P4 regarding intergenerational trauma and fixed mindset regarding having a family.

**Category C9: Fixed Mindsets Result in Feelings of Fear, Failure and Safety.** Three codes contributed to the development of Category C9: *Feelings of fear*, *feelings of failure*, and *feelings of safety*. These descriptors represented the participants' thoughts regarding how they felt about the fixed aspects of their mindsets. The participants expressed feelings of fear, failure, and safety.

***Feelings of Fear.*** Some participants expressed feelings of fear regarding the fixed aspects of their mindsets. For example, P10 said:

I've been speaking at my organization, over 800 people that was thrown in my lap too. Sometimes I can psych myself out. People who know me best. Know that certain things, you just gotta throw [redacted name] in the mix. You know, if you coach her, she



ain't gonna do it. She's gonna psych herself or she gonna talk herself out of it. Now there's a time where I don't have confidence in myself, and I still don't feel valued, just fear.

P10 expressed that sometimes they succumb to pressure and can't perform to the best of their capacity in the moment. They expressed that they didn't feel valued in those situations and expressed feelings of fear. For P10, fear was an aspect of their fixed mindset. P8 also expressed feelings of fear. P8 said, "I had a problem, like just getting started and not taking the next step to get it done. Fears attached to any type of growth, in order to grow, there are things that you must be able to encounter and work through in order to release those fears." P8 finds that they have challenges starting a growth process and proceeding toward the next step, likely out of fear of growth. For P8 and P10, fear is an aspect of their fixed mindset.

***Feelings of Failure.*** For some participants, aspects of their fixed mindsets resulted in feelings of failure. That is, when the participants were unable to make progress toward their goals or they abandoned their goals, they felt a failure. For example, P1, whose marriage failed, expressed feelings of failure and generally feeling unwanted. P1 explained, "My marriage, I felt like I failed in my marriage. That made me feel like a failure. I felt like no one was gonna love me. I felt like from what I saw marriage to be and what I went through, I was taught a lie. When my marriage didn't work, I just felt unwanted." P1 expressed how intergenerational trauma influenced their fixed mindset regarding marriage, and when their marriage failed, it resulted in feelings of failure. P2, who originally was pursuing a career in medicine, found themselves failing at their academic pursuits. Rather than persist, P2 changed majors and changed career trajectories, which resulted in feelings of failure. P2 said:

I felt like I failed my entire family. I felt like I failed myself because of this.

Independence. This thought that was a reflection of who I was when in reality. That was probably the first time I chose myself with the outcome and chose that maybe if this harder route isn't something I can do, it is okay to do an alternative.

P2 expressed feeling like a failure when they had to pursue an alternative career path. For these participants, the aspects of their fixed mindsets resulted in feelings of failure.

Many other participants expressed similar thoughts, feeling failure and disappointment when they were unable to move past a fixed position. In particular, P3 expressed:

So, my expectation is not there. So, let's put it like that. With my church, putting forth an effort and doing things to the best of my ability putting together things and not getting the outcome I was expecting. I get into a shutdown mode. Yeah, no, I shut down.

P3 spoke about how they shut down when they arrive in a fixed position or a fixed mindset. They become paralyzed and can't move forward with progress. This may be due to the influence of intergenerational trauma. Regarding aspects of their fixed mindset, P7 said, "I am 40 years old. I have never had a girlfriend. I've dated and had sex, but never had a girlfriend. It completely kills my confidence." P7 had a growth mindset regarding academics, having achieved a doctoral degree, but had a fixed mindset regarding personal relationships, which resulted in low confidence and overall feelings of failure. Thus, for these participants, some aspects of their mindsets were fixed, which resulted in feelings of failure.

***Feelings of Safety.*** Some participants described the fixed aspects of their mindsets in positive terms, expressing feelings of safety. For instance, P2 explained:

But there are some things more on a micro level that I do feel are fixed positions.

Because I tend to find structure in certain thought processes that I then oh, just take over.

And I sometimes struggle with getting out of that, because it keeps me a little bit safe.

Sometimes I just want to be safe instead of trying to heal or grow or do any of that.

P2 expressed feelings that a fixed mindset can result in feelings of safety, where they don't have to feel the inevitable pains that come with growth. P5 expressed similar feelings regarding their career, taking comfort in the safety associated with their position. P5 said:

As far as the factory mindset and clocking in and the overtime from that aspect, I was institutionalized in that. So, now where I'm at, I've been blessed to get a job, where even though I'm in the factory, it's a desk job. I have three more years, two and a half, three more years before I can retire. And basically, I will be able to retire from that job.

P5 is content with their position in his career, expressing safety in their position with the knowledge that they'll be able to retire with a pension in a short period of time. P5 expressed no desire for growth in this area of their life.

P7, who was diagnosed with high-functioning autism, expressed stability in their position but not necessarily safety. P7 explained:

Part of it is the major component of the autism component. I've learned and research has shown this as well, that to rise up the ranks, financially, professionally, social skills tend to be the biggest asset more than hard work or knowledge. So unfortunately, when you have someone like me who's autistic, who sometimes finds difficulty in being able to read certain things, and you know what is, I will just say high functioning autistic and anti-social. I'm aware that no matter how good I get, I will never be like everyone else. That's just the way it is. That's not good. That's not bad and morally or ethically, that's just the way it is. I will never be like everyone else. So, because of that, I feel like I was kind of

born with an anchor around my neck, that no matter how much weight I take off, and it's always going to be there.

Participant P7 expressed the stability of his fixed mindset, knowing that he would never be like others because of his disability. While not safe, P7 noted the stability of his position regarding social skills, emphasizing his fixed mindset.

**Summary of Theme 4.** Three codes contributed to the development of Theme 4. The participants expressed how aspects of their mindsets were fixed and how these fixed mindsets led to feelings of failure, fear, and, in some cases, safety and stability. Coupled with Theme 3, the participants' intergenerational trauma influenced their fixed mindset, resulting in the feelings expressed in Theme 4.

### Summary

Chapter 4 presented the thematic findings of this study. Two research questions were addressed in this study. However, I first presented preliminary findings related to the participants' trauma. Thus, Theme 1 examined the participants' experiences with personal, intergenerational, and collective trauma. These findings were necessary to provide context for the study's two research questions. RQ1 centered around ethnic minorities' experiences with a growth mindset. One theme was extracted to answer this research question. In Theme 2, I found that the participants expressed growth mindset characteristics. They all believed that education and hard work could, in some form, enhance their situations. I found that the participants believed that education and hard work can enhance their positions in life financially. The participants believed they could make better lives for themselves and their families through hard work and education. I also found that the participants believed hard work could enhance their psychological health.

RQ2 centered around ethnic minorities' experiences with a fixed mindset. Two themes were extracted to answer this research question. In Theme 3, I found that intergenerational trauma influenced the participants' experiences with a fixed mindset. For the participants who expressed aspects of their mindset as fixed, intergenerational trauma did influence those aspects of their mindsets, particularly related to their relationships with family members. In Theme 4, I found that some participants did not exhibit aspects of a fixed mindset, but the participants who did expressed feelings of fear, failure, and stability. In Chapter 5, I will provide a discussion of these findings in the context of the academic literature and the study's theoretical foundations, Dweck's theory of the mindset. I will also provide my interpretations of the study's findings and make recommendations for future research and for practice. Finally, I will account for the study's delimitations and limitations and discuss the implications of the study.

## **Chapter Five: Conclusion**

### **Overview**

The problem this study aimed to address is that it is unknown whether individuals describe their experiences of intergenerational trauma through a fixed or growth mindset. Therefore, this qualitative descriptive study aimed to understand the perceptions, experiences, and beliefs of ethnic minorities with intergenerational trauma regarding fixed and growth mindsets. There was an underlying assumption of this study, namely that personal, intergenerational, and collective trauma could influence an individual's mindset. In Chapter 5, I review the culmination of the study, comprising six distinctive sections. Commencing with a structured overview, this chapter systematically progresses through a succinct summary of the research findings. I follow with a thorough discussion, elucidating the implications of these findings in alignment with relevant literature and theoretical frameworks. The subsequent section meticulously delineates methodological and practical implications, providing scholarly insights for both researchers and practitioners. A critical examination of study delimitations and limitations follows, offering precise demarcation of the research boundaries. I conclude the chapter with incisive recommendations for future research, outlining the scholarly trajectory for subsequent investigations into the nuanced intersection of mindset theory and intergenerational trauma.

### **Summary of Findings**

In the exploration of the psychological landscapes of ethnic minorities with intergenerational trauma, in this study, I examined two key research questions (RQs) aimed at unraveling the intricate interplay of experiences and mindset orientations within this population. Through RQ1, I explored how participants describe experiences with a growth mindset,

revealing a diverse range of growth-oriented perspectives in education, psychological well-being, and altruism. Specifically, theme 1 established the groundwork by examining the varied forms of trauma experienced by participants, providing a foundational context for understanding subsequent discussions on growth and fixed mindsets. Theme 2 examined the experiences of ethnic minorities with a growth mindset. Through RQ2, I delved into fixed mindsets, challenging the assumption that all individuals in this context develop fixed perspectives. Theme 3 uncovered a subgroup committed to steady progress toward growth, contradicting expectations, while Theme 4 elucidated how intergenerational trauma influences fixed mindsets, impacting emotional states and relationships. My findings of the study contribute to a nuanced understanding of the psychological complexities within ethnic minorities navigating intergenerational trauma. The following section reviews the findings in detail.

### **Theme 1: Participants Experienced General, Intergenerational, and Collective Trauma**

In this thematic exploration, participants extensively recounted their encounters with trauma, forming a crucial foundation for comprehending their mindset orientations. Within category C1, participants delved into a spectrum of traumatic experiences, encompassing death or loss, rejection by parents, sexual trauma, family violence, and discrimination. Notably, this category provided participants with the opportunity to candidly express their traumatic encounters without making a distinction between individual and intergenerational trauma. Moving into category C2, the focus shifted to how participants' parents' traumas influenced their experiences. This category comprised four codes—self-alienation, poor psychological health, challenges with relationships, and self-abuse—revealing the profound impact of parental trauma on participants' mental health, relationships, and self-perception. Furthermore, category C3 delved into participants' encounters with collective trauma, identifying discrimination, racism,

and rejection as the primary manifestations. Notably, the finding that three participants did not perceive collective trauma underscored the diversity of perspectives within the group.

### **Theme 2: Participants Exhibited a Growth Mindset**

In this theme, I explain participants' responses to the first research question, examining the experiences of ethnic minorities with a growth mindset. Category C4 underscores participants' conviction that education and hard work can improve their financial situations. Two distinct codes, education can better one's position in life, and hard work can better one's position in life, vividly articulate their belief in the transformative influence of education and diligence. Based on this, category C5 delves deeper into participants' perspectives on psychological well-being. This category encompasses three codes: a) education can better psychological health, hard work can better psychological health, and hard work can help overcome stereotypes, highlighting participants' belief in the dual benefits of education and hard work, not only contributing to financial enhancement but also fostering mental well-being and mitigating societal stereotypes. Additionally, category C6 investigates how participants view education and hard work as avenues for aiding others. Particularly noteworthy is the expression of participants in service-related professions, who believe that additional education and hard work would empower them to assist others better. This thematic analysis unveils a rich tapestry of interconnected beliefs regarding the transformative potential of education and hard work within a growth mindset.

### **Theme 3: Some Participants Did Not Have a Fixed Mindset**

An underlying assumption of this study was that intergenerational trauma influences individuals' mindsets. However, I did not assume that individuals with intergenerational trauma contained either a fixed or growth mindset, as the study was designed to explore both possibilities. This theme serves as an important finding, indicating that not all individuals



grappling with intergenerational trauma inevitably cultivate fixed mindsets. Within category C7, the spotlight shifts towards individuals demonstrating a steadfast commitment to continuous progress and growth. This category brings to the forefront a diversity of mindset experiences within the participant group, dispelling the monolithic notion that fixed perspectives universally characterize this population. The nuanced narratives within this category underscore the heterogeneity of responses to intergenerational trauma, challenging stereotypical expectations and providing a more comprehensive understanding of the varied mindset orientations within the studied cohort.

#### **Theme 4: Intergenerational Trauma Influences Fixed Mindsets**

Through this theme, I explain the intricate relationship between intergenerational trauma and fixed mindsets among participants. In category C8, the focus extends to delineating the impact of intergenerational trauma on the participants' fixed perspectives, particularly in the realm of their familial relationships. This category meticulously elucidates how the enduring legacy of trauma reverberates through the participants' mindset orientations. The analysis within Category C8 unveils the profound interplay between familial trauma histories and the development of fixed mindsets, shedding light on the complexities inherent in this dynamic. Category C9 delves deeper into the psychological ramifications of fixed perspectives by expanding on the emotional dimensions associated with fixed mindsets. This category unravels how participants' fixed mindsets are intricately interwoven with feelings of failure, fear, and, in certain instances, a yearning for safety and stability. The comprehensive analysis within category C9 extends our understanding of the emotional intricacies linked to fixed mindsets and contextualizes these emotions within the broader narrative of intergenerational trauma. Together, these categories offer a nuanced exploration of the multifaceted connections between

intergenerational trauma, fixed mindsets, and the intricate emotional landscapes experienced by participants.

### **Discussion**

In the following section, I discuss how the empirical and theoretical literature aligns with the findings of this study. In this discussion, I consider how the study adds to the literature present in the literature review. Additionally, I discuss potential contributions to the fields of trauma and counseling.

#### **Empirical Literature Discussion**

In the current study, I posit that the findings resonate with existing empirical literature on intergenerational trauma, mindset theory, and their intersection within ethnic minority populations. As highlighted in the literature review, several studies have explored the genetic, epigenetic, social, and psychological mechanisms through which trauma is transmitted across generations (Fortuna et al., 2022; Hankerson et al., 2022; Stenson et al., 2021). The participants in this study provided firsthand accounts of their experiences with trauma, shedding light on the varied and extensive nature of these experiences. The study corroborates the empirical evidence that trauma, including ACEs, has a profound impact on individuals' lives. Moreover, the study aligns with previous research that emphasizes the importance of protective factors in mitigating the effects of intergenerational trauma. The participants mentioned protective factors such as community support, cultural identity, positive family dynamics, and access to mental health services. This aligns with the broader literature suggesting that interventions and support systems should consider these factors to promote resilience and mitigate the adverse outcomes associated with trauma (Lee et al., 2023; Leslie et al., 2022; Hassing & Quayle, 2019).

### **Theoretical Literature Discussion**

I argue that the study significantly advances the comprehension of Dweck's (2006) mindset theory within the context of intergenerational trauma among ethnic minorities. While prior research has explored mindset theory across various domains (Leslie et al., 2022), this study uniquely applies the theory to illuminate the experiences of ethnic minorities with intergenerational trauma. The emergence of growth mindset characteristics among participants, as revealed in Theme 2, constitutes a distinctive contribution to mindset theory within the context of trauma. Additionally, this study aligns with the core tenets of mindset theory by illustrating how individuals with a growth mindset believe in the malleability of their circumstances through education and hard work (Dweck, 2008). Specifically, participants believed that education and hard work could enhance their financial, psychological, and interpersonal situations. This finding bolsters the idea that cultivating a growth mindset may positively contribute to individuals' coping mechanisms and overall well-being, particularly in the face of trauma (Paulus et al., 2019).

The identification of participants exhibiting aspects of a fixed mindset, influenced by intergenerational trauma (Theme 4), adds nuance to mindset theory's applicability in the context of adversity. Through these findings, I suggest that trauma can contribute to the development of fixed attitudes, resulting in feelings of fear, failure, and a pursuit of safety (Dweck, 2008). This nuanced understanding is crucial for tailoring interventions that consider the specific challenges faced by individuals with fixed mindsets rooted in intergenerational trauma. Furthermore, promoting a growth mindset has consistently been linked to positive effects on the academic and social achievement of ethnic minority students (Stewart & Gonzalez, 2023; Walden et al., 2022). Conversely, fixed mindsets have been associated with negative impacts on academic and social

outcomes for these students (Schroder et al., 2019). This literature emphasized the significance of mindset interventions in enhancing motivation, learning, achievement, and social-emotional health (Hoffman et al., 2023; Jeyasundaram et al., 2020; McKinsey et al., 2022).

Previous studies suggest that growth mindset interventions contribute to improved academic performance among students from underrepresented groups (Cannada et al., 2023; Quinn, 2019; Tausen et al., 2023). For example, Blackwell et al. (2007) demonstrated that a growth mindset intervention enhanced math grades among low-achieving ethnic minority students, emphasizing the malleability of intellect through hard work. This aligns with the findings of the current study, where participants exhibited a growth mindset, believing in the potential for improvement through education and hard work (Theme 2). Moreover, growth mindset interventions have been shown to boost motivation, engagement, and persistence among students from underrepresented groups, leading to better academic outcomes (Yeager et al., 2016; Barker et al., 2020). This literature underscores the connection between mindset and stereotype threat, with growth mindset interventions helping combat stereotype threats among ethnic minority students (Good et al., 2003). The current study's findings resonate with this research, indicating that a growth mindset may positively influence psychological outcomes among individuals affected by intergenerational trauma (Theme 4).

While there is a scarcity of direct research on the connection between mindset and psychological outcomes in the context of intergenerational trauma, existing studies offer insights into the broader effects of mindset on resilience and coping in the face of adversity. Laufer and Solomon (2006) found that adolescents with a growth mindset exhibited post-traumatic growth in response to significant trauma, suggesting that a growth mindset can foster meaning-making, learning, and the development of coping mechanisms. Additionally, individuals with a growth

mindset have been shown to be more resilient in the face of adversity, utilizing adaptive coping strategies such as problem-solving and seeking social support (Zolkoski & Bullock, 2012). The study by Schleider and Weisz (2016) further supports this notion, indicating that a brief growth mindset intervention reduced depressive and anxious symptoms in adolescents, suggesting potential mental health benefits. Romero et al. (2014) demonstrated that a growth mindset intervention increased psychological well-being, self-esteem, and academic achievement among low-income, minority high school students. Although not specific to intergenerational trauma, these findings indicate that fostering a growth mindset can enhance psychological outcomes among vulnerable populations.

### **Contributions to the Field**

I posit that this study contributes to the existing literature by providing in-depth insights into the experiences of ethnic minorities with intergenerational trauma through the lens of mindset theory. The identification of growth mindset characteristics and the influence of trauma on fixed mindsets offer a nuanced understanding of how individuals navigate their circumstances. Such insights can inform the development of culturally sensitive interventions that integrate mindset principles, emphasizing education, hard work, and community support. The study also calls attention to the need for further research in several key areas. First, the emphasis on specific ethnic minority groups, such as African Americans, Native Americans, and Holocaust survivors, highlights a research gap (Ezell et al., 2021). Future studies should explore the experiences of other ethnic minority populations affected by intergenerational trauma, including refugees, immigrants, and historically marginalized groups (Rana & Lara-Cooper, 2021). Second, the application of mindset theory to intergenerational trauma opens avenues for investigating the impact of a growth mindset on trauma transmission and outcomes. Designing

and evaluating interventions based on growth mindset principles could contribute to breaking the cycle of intergenerational trauma, fostering resilience, adaptive coping, and recovery. Finally, future research should explore the role of cultural factors in the transmission, experience, and resilience of intergenerational trauma (Escobar Olivo et al., 2023). Investigating cultural beliefs regarding intelligence, ability, and coping, along with culturally specific mindset interventions, can enhance our understanding and improve the effectiveness of interventions.

### **Implications**

The study's theoretical implications enrich Dweck's (2008) mindset theory within intergenerational trauma among ethnic minorities, revealing both growth mindset emergence and fixed mindset tendencies influenced by trauma. Empirical implications, rooted in evidence, elucidate how mindset orientations impact beliefs and behaviors, guiding tailored interventions for ethnic minorities with fixed mindsets rooted in intergenerational trauma. Practical implications extend to counselors, educators, policymakers, administrators, and parents, fostering a holistic approach informed by the study's findings, while Christian worldview considerations provide an additional lens for interpreting implications aligned with diverse perspectives. In this section, I detail the implications derived from the findings of the study.

#### **Theoretical Implications**

The theoretical implications of this study contribute to the ongoing development and refinement of Dweck's (2008) mindset theory within the context of intergenerational trauma among ethnic minorities. This study expands the theoretical framework's application in the face of adversity by unveiling the emergence of growth mindset characteristics and fixed mindset tendencies influenced by trauma. The nuanced understanding of mindset theory's applicability to

individuals coping with intergenerational trauma provides scholars with a foundation for exploring the interplay between psychological frameworks and complex life experiences.

### **Empirical Implication**

The empirical implications underscore the practical manifestations of mindset theory in the lives of individuals affected by intergenerational trauma. Through the study's findings, rooted in empirical evidence, I highlight how mindset orientations influence participants' beliefs and behaviors. Researchers and practitioners can leverage these empirical insights to inform the design of interventions tailored to the specific challenges faced by ethnic minorities grappling with fixed mindsets rooted in intergenerational trauma. Therefore, the empirical contributions of this study offer a practical roadmap for those engaged in the development and implementation of mindset-based interventions.

### **Practical Implications**

The practical implications of this study extend to a range of stakeholders, including counselors, educators, policymakers, administrators, and parents. For counselors, understanding the interplay between mindset orientations and intergenerational trauma is crucial for tailoring therapeutic approaches that resonate with the experiences of ethnic minorities. Educators can incorporate these findings into pedagogical strategies, fostering a growth mindset to enhance academic and social outcomes among students facing intergenerational trauma. Furthermore, policymakers and administrators can use this knowledge to advocate for and implement supportive policies and programs that address the unique needs of these populations. As primary influencers, parents can draw upon the study's practical implications to cultivate growth-oriented attitudes within their families, promoting resilience and positive coping mechanisms.

**Christian Worldview Considerations**

Given the secular nature of the topic, the Christian worldview is considered when discussing the study's findings. This exploration does provide a lens through which to understand the intersection of mindset theory, intergenerational trauma, and Christian principles. It offers insights that may resonate with individuals whose worldview aligns with Christian values. Mindset and intergenerational trauma do present a challenge to the Christian worldview, as Christians will have their interpretation of the findings based on their biblical principles. Pastors, Apologetics, Christian leadership, Church Administrators, and parishioners alike will find insight in addressing the ordinary Christian through the foundation of thought and historical occurrences that shaped their lives. Christian leadership can utilize the findings to teach about Christ's empathy towards his people and the resilience they must embrace in a world of unwavering trauma and challenging mindsets. The study helps Christians understand human behavior and perception and develop advanced knowledge of a life lived according to biblical principles and practices. This study will aid the apologetic argument that Christians who have experienced the residual experiences of intergenerational trauma will have copious perspectives when it comes to being a Christian. Ultimately, this study will aid pastors in highlighting the engagement of relationships, spirit, and the biblical principles of empathy between Christians and their communities.

This study invokes the idea that the Christian worldview reveals the saving grace of Christ and how he comforts and restores those who have endured unannounced familial norms. Whether through ongoing ancestral residue being passed down through generations or the lingering effects of a challenging mindset. God is aware of the trauma that every Christian goes through. He knows the specifics of how the trauma occurred, and He knows how it impacts the



existence of each generation. As the study unfolds, the participants confront their pain; some continue to struggle, but others, through their knowledge of Christ, have embraced their resilience to establish a particular mindset. Psalm 34:18 states, “The Lord is close to the brokenhearted and saves those who are crushed in spirit.” For Christians, acknowledging and expressing their pain is the first step toward healing. By doing so, they invite the presence of God's comforting love and grace into their lives. Christians will confront, acknowledge, and, to some degree, extend grace, but because they are in uncharted territory with their emotions, they will not readily forgive. Based on this study and the art of forgiveness regarding worldview, one must identify inherited patterns to forgive so that the cycle will not be passed to the next generation. Christians will not forget the consequence of the intergenerational trauma, but their core biblical belief will allow them to persevere, thus rendering a progressive mindset. Exodus 34:6-7 states, “And he passed in front of Moses, proclaiming, The Lord, the Lord, the compassionate and gracious God, slow to anger, abounding love and faithfulness, maintaining in love to thousands, and forgiving wickedness, rebellion, and sin. Yet He does not leave the guilty unpunished; he punishes the children for the sin of the fathers to the third and fourth generation.” This Christian worldview leads to a healing journey from trauma, which often involves changing one's thought patterns and beliefs. Romans 12:2 says, “Don't copy the behavior and customs of this world but let God transform you into a new person by changing the way you think. Then you will learn to know God's will for you, which is good and pleasing and perfect.” By diving deep into the teachings of God's Word, Christians will replace the falsehood and negative beliefs ingrained in them due to their traumatic experiences with the truth and hope found in the Scripture. This metamorphosis can give them the strength and confidence to regain their identity and purpose despite their endured pain.

### **Delimitations and Limitations**

This study has limitations and delimitations that warrant consideration in interpreting its findings. Delimitations were used to define the study's scope, while limitations represent potential constraints inherent in the research design.

#### **Delimitations**

This study was framed by several delimitations. Specifically, the study's setting utilized Zoom, an internet-based platform, for semi-structured interviews, providing a convenient and accessible means for participants. However, this choice introduces potential influences on communication dynamics and participant responses. Additionally, in this study, I focused exclusively on ethnic minorities in the United States who have experienced intergenerational trauma, limiting the generalizability of findings to broader populations. Purposeful sampling concentrated on individuals with extensive knowledge of the research problem, and snowball sampling was employed as a secondary method, potentially introducing bias as participants nominated others with similar experiences.

#### **Limitations**

No study is without limitations. The inclusion criteria, which set a minimum age of 18 and did not impose restrictions based on age or gender, enhance inclusivity but may result in diverse experiences that could influence study outcomes. Geographical limitations stipulating participants' residence in the United States may impact the transferability of findings to different cultural or regional contexts. However, all participants were from Illinois, which may impose unanticipated limitations on the transferability of the study's findings. The reliance on Zoom assumes participants' access to technology and a stable internet connection, potentially excluding those who need these resources. In addition, the specificity of the inclusion criteria, focusing on

self-identified ethnic minorities who have experienced intergenerational trauma, may exclude individuals with unique experiences outside these criteria. The study's multi-phased recruitment strategy aimed at ensuring a diverse participant pool but may introduce selection bias and limit the representation of certain demographic groups.

### **Recommendations for Future Research**

In the following section, I explain five recommendations for future research based on the limitations and findings of the study.

#### **Diverse Trauma Experiences**

While in this current study, I examined intergenerational trauma among ethnic minorities, future research should broaden its scope to include a more comprehensive array of trauma experiences within these communities. Exploration of diverse traumatic backgrounds, such as displacement, discrimination, and socioeconomic disparities, would provide a nuanced understanding of how mindset theory manifests across various contexts (Laufer & Solomon, 2006; Romero et al., 2014). By embracing a more inclusive approach to trauma experiences, researchers can uncover patterns, commonalities, and unique challenges that influence the development of mindsets in response to different traumatic circumstances, thereby enriching the applicability of mindset theory in diverse cultural and social contexts.

#### **Cross-Cultural Studies**

To enrich the understanding of mindset development and coping mechanisms, researchers should undertake cross-cultural studies investigating ethnic minority communities across different cultural contexts. Such studies can shed light on culturally specific factors influencing mindset theory in the context of intergenerational trauma, contributing to a more globally informed approach (Yeager et al., 2016; Barker et al., 2020). It allows for the

identification of cultural nuances that may influence the effectiveness of mindset-based interventions and promotes a more tailored and culturally sensitive approach to supporting individuals from diverse backgrounds.

### **Longitudinal Analyses**

Building on the insights gained from the current study, future research should adopt longitudinal methodologies to examine mindset development over time among individuals from ethnic minority backgrounds affected by intergenerational trauma. Tracking changes in mindset, coping strategies, and outcomes across various life stages will offer valuable insights into the dynamic nature of trauma's impact (Schleider & Weisz, 2016; Vasileiou et al., 2018). Such longitudinal insights contribute significantly to the development of targeted and time-sensitive interventions, ensuring a more comprehensive and nuanced understanding of the long-term effects of intergenerational trauma on mindset and coping.

### **Intersectionality in Mindset**

To advance the understanding of the interplay between mindset and intergenerational trauma, future studies should adopt an intersectional approach. Exploring how various identity factors intersect with mindset development in the context of trauma—considering aspects such as gender, socioeconomic status, and other intersecting identities—will provide a more nuanced understanding of coping mechanisms (Paulus et al., 2019; Johnson et al., 2020). An intersectional lens acknowledges the complexity of individuals' experiences and provides a more nuanced understanding of how different aspects of identity interact to shape mindset development and coping strategies. This approach fosters a comprehensive understanding of the diverse challenges faced by individuals within ethnic minority populations affected by intergenerational trauma.

**Mixed-Methods Approaches**

Future research should employ mixed-methods approaches that combine quantitative and qualitative data for a comprehensive understanding (Rana & Lara-Cooper, 2021). Integrating statistical trends with qualitative insights will offer a more holistic perspective on the intricate relationship between mindset, intergenerational trauma, and coping mechanisms among ethnic minorities (Cannada et al., 2023; McGrath et al., 2021). This approach can provide richer insights that inform both theory and practical applications in intervention strategies.

**Summary**

This qualitative study explored how ethnic minorities with intergenerational trauma perceive their experiences through fixed or growth mindsets. The research, detailed across six sections, reveals four key themes: diverse trauma experiences, participants exhibiting a growth mindset, individuals with no fixed mindset, and the influence of intergenerational trauma on fixed mindsets. The study aligns with existing literature on trauma and mindset theory, contributing to the understanding of growth and fixed mindset dynamics in ethnic minorities. Theoretical implications enrich Dweck's (2008) mindset theory, while empirical and practical implications guide interventions. Considerations for Christian worldview perspectives, study limitations, and recommendations for future research are also presented. The pivotal findings of this study not only advance the comprehension of mindset theory but also illuminate its intricate interplay within the complex terrain of intergenerational trauma among ethnic minorities. The identification of growth mindset characteristics, coupled with the recognition of fixed mindset tendencies influenced by trauma, underscores the nuanced nature of mindset orientations in the face of adversity. These nuanced insights furnish a solid foundation for the development of

targeted interventions, offering a tailored approach to support ethnic minorities navigating the challenges of intergenerational trauma.

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**Appendix A: Participant Screening Questionnaire**

1. What is your age? [Insert a number]
2. What is your ethnicity?
  - a. White/Caucasian
  - b. Black/African American
  - c. Asian
  - d. Hispanic/Latinx
  - e. American Indian or Alaska Native
  - f. Native Hawaiian or other Pacific Islander
  - g. Multiple Ethnicities
  - h. Other, Please specify.
3. Intergenerational trauma is trauma an individual experiences based on their parents,' grandparents,' or collective community trauma. Do you believe you have experienced intergenerational trauma?
  - a. Yes
  - b. No
  - c. I'm not sure
4. What state do you reside in? [Choose state from dropdown menu]
5. What is your highest level of education?
  - a. Some high school
  - b. High school graduate/GED
  - c. Some college
  - d. Baccalaureate degree

- e. Master's degree
  - f. Doctorate degree
  - g. Professional or specialist degree (JD, MD, etc.)
6. I believe that a person can enhance their skills and knowledge through hard work, dedication, and practice. [Strongly disagree, Disagree, Neutral, Agree, Strongly Agree]
7. I believe my status in life won't change with additional education or professional development. [Strongly disagree, Disagree, Neutral, Agree, Strongly Agree]
8. Please leave your contact information if you're interested in participating in a 45–60-minute interview about mindsets.
- a. Name
  - b. Email Address
  - c. Phone Number

**Appendix B: Recruitment Flier**



# RESEARCH OPPORTUNITY

Kevin Thomas, a doctoral student, is conducting research on how intergenerational trauma influences the mindsets of ethnic minorities

**Participant Criteria:**

- ✓ At least 18 years old
- ✓ Self-identify as belonging to an ethnic minority group
- ✓ Reside in the United States
- ✓ Experienced intergenerational trauma



### Participants Will

- ✓ SCAN THE QR CODE TO COMPLETE A SCREENING QUESTIONNAIRE (5 MINS)
- ✓ PARTICIPATE IN AN AUDIO-RECORDED ZOOM INTERVIEW (45-60 MINS)
- ✓ REVIEW THE TRANSCRIPT FROM YOUR INTERVIEW BY EMAIL (10 MINS)
- ✓ REVIEW A COPY OF THE STUDY'S FINDINGS BY EMAIL (20 MINS)

*Intergenerational trauma is trauma that an individual experiences based on their parents, grandparents' or community's experiences.*

For more information, Contact Kevin Thomas:



Email Me:



Scan



**Appendix C: Participant Welcome Letter**

Date: XX/XX/2023

From: Kevin Thomas

Subject: Request to Participate in Doctoral Study Interview

To: Participant

Hi Participant name,

My name is Kevin Thomas, and I am a doctoral student at Liberty University. I am looking for individuals who identify as ethnic minorities to participate in my doctoral study. By way of this letter, I would like to invite you to participate in a virtual interview to answer X open-ended questions about your experiences with intergenerational trauma and your mindset.

Purpose of the Study:

The purpose of this qualitative descriptive study is to understand the perceptions, experiences, and beliefs of ethnic minorities with intergenerational trauma regarding fixed and growth mindsets. Implications for positive social change of this study include helping mental health professionals understand how ethnic minorities' mindsets are related to their experiences with intergenerational trauma.

Why I Need You?

I will need you to please schedule a time that I may conduct a virtual Zoom interview. During the interview, I will ask you X questions approved by my dissertation committee at Liberty University. The topic of the questions will all surround your mindset and your experiences with



intergenerational trauma. Once the interview is complete, I will transcribe your responses and provide you with an opportunity to check the content for accuracy.

Please contact me so I can schedule some time to conduct a virtual interview with you.

Thank you for your consideration and participation in this study.

Kevin Thomas

### **Appendix D: Informed Consent Form**

You are invited to participate in a research study about the experiences of ethnic minorities who have experienced intergenerational trauma. The study's title is: Does Intergenerational Trauma Influence Growth or Fixed Mindset Among Ethnic Minorities? This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part.

This study seeks 12 volunteers who are:

- 18 years of age or older.
- Identify as an ethnic minority.
- Reside in the United States.
- Have experienced intergenerational trauma.

This study is being conducted by a researcher named Kevin Thomas, a doctoral student at Liberty University.

#### **Study Purpose:**

The purpose of this qualitative descriptive study is to understand the perceptions, experiences, and beliefs of ethnic minorities with intergenerational trauma regarding fixed and growth mindsets. Implications for positive social change of this study include helping mental health professionals understand how ethnic minorities’ mindsets are related to their experiences with intergenerational trauma.

#### **Procedures:**

This study involves the following steps:

- Participate in confidential, recorded, interviews via zoom/skype (45-60 minutes)
- Review a typed transcript of your interview to make corrections if needed (email option available) (5 minutes)
- Review a 1–2-page summary of the researcher’s results and provide your feedback (10 minutes)

#### **Research Questions:**

1. How do ethnic minorities with intergenerational trauma describe their experiences regarding their growth mindset?
2. How do ethnic minorities with intergenerational trauma describe their experiences regarding their fixed mindset?

Here are some sample questions:

1. How do you experience intergenerational trauma?
2. Can you give an example of an experience where putting in hard work allowed you an opportunity for growth?

All interviews will be scheduled at a time that is convenient to the counselor/participant.

**Voluntary Nature of the Study:**

Research should only be done with those who freely volunteer. So, everyone involved will respect your decision to join or not. You will be treated the same regardless of whether or not you join the study. If you decide to join the study now, you can still change your mind later. You may stop at any time. The researcher will seek 12 volunteers for this study. Please note that not all volunteers will be contacted to take part. There is no compensation for participants.

**Risks and Benefits of Being in the Study:**

Being in this study should not involve more risk than the minor discomforts that can be encountered in daily life. With the protections in place, this study would pose minimal risk to your well-being. It's important to know that if you should feel discomfort or emotional, you can withdraw from the study at any time. In addition, Psychology Today (<https://www.psychologytoday.com/us>) has a list of counselors in your local area should you want to speak with someone.

This study offers no direct benefits to individual volunteers. The aim of this study is to benefit society by informing mental health professionals about how intergenerational trauma influences an individual's mindset.

**Privacy:**

The researcher is required to protect your privacy. Your identity will be kept confidential within the limits of the law. It's important to know that I am a licensed counselor, and I am a mandatory

reporter in the state of Illinois. This means that I am required to report instances of child and elder abuse and neglect to the appropriate authorities.

The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. If the researcher were to share this dataset with another researcher in the future, the researcher must remove all names and identifying details before sharing; this would not involve another round of obtaining informed consent. Codes will be used in place of names. Your first and last initials will be used with a number. Data will be stored on a hard drive belonging to the researcher. The hard drive will be placed in secure/locked storage. The hard drive will be password protected. Data will also be stored on a computer belonging to the researcher with a secure password. Data will be kept for at least five years, as the university requires.

### **Contacts and Questions:**

You can ask questions of the researcher by email: kthomas8@liberty.edu. If you want to talk privately about your rights as a participant or any negative parts of the study, you can call

Liberty University's Research Participant Advocate at (email address) or (phone number).

Liberty University's approval number for this study is **IRB will enter approval number here** and it expires on **IRB will enter expiration date.**

You might wish to retain this consent form for your records. You may ask the researcher or Liberty University for a copy at any time using the contact info above.

### **Obtaining Your Consent**

If you understand the study well enough to participate, please reply to this email with the words,  
“I consent.”

Sincerely

Kevin Thomas, M.A.

Doctoral Candidate

Liberty University

████████████████████

██████████

**Appendix E: Interview Protocol**

Date of Interview: \_\_\_\_\_

Respondent Number: \_\_\_\_\_

*1. Introduce self to the participant*

Thank you for participating in this study and your willingness to complete the interview process. My name is Kevin Thomas and I'm a student at Liberty University conducting research on intergenerational trauma and an individual's mindset.

*2. Introduce the research question, the purpose of the study and answer any initial questions the participant may have.*

The purpose of this qualitative descriptive study is to understand the perceptions, experiences, and beliefs of ethnic minorities with intergenerational trauma regarding fixed and growth mindsets. The research question I'm trying to address are:

1. How do ethnic minorities with intergenerational trauma describe their experiences regarding their growth mindset?
2. How do ethnic minorities with intergenerational trauma describe their experiences regarding their fixed mindset?

*3. Thank the participants for their participation in the study.*

Thank you again for agreeing to participate in my study.

*4. Review the informed consent form and answer any questions the participant may have.*

Before we continue, I need to verify that you have signed the consent form and understand the ethical standards for this interview. All personal information will be stored electronically and may only be accessed to me via a password. Raw data, such as transcripts of

your answers today, will be kept locked in a file cabinet only accessible to myself. When the information from the interview is published in the final study, participant confidentiality will remain. All transcripts and recordings of the interview will be kept private on a password-protected computer accessible to myself only. Do you have any questions about the consent form or any of the measures taken to preserve your confidentiality?

*5. Provide the participant with a copy of the informed consent form for their personal records and review.*

Here's a copy of the informed consent form for your personal records and review.

*6. Begin recording the interview.*

Do I have your permission to begin recording the interview now?

*7. Introduce the participant using their respondent number, the date and time of the interview.*

During this interview, I'm going to refer to you as Participant (Insert participant number). Today's date is (insert today's date) and the time of the interview is (Insert Today's time).

*8. Start the interview using the interview questions.*

incompletely answers a question.

17. Please introduce yourself to me, as if we just met one another. Omit your name, but please tell me where you're from and what you do in terms of employment.

a. What are some of your likes and dislikes?

b. Can you describe some of your talents and hobbies?

18. Please describe some experiences you have had that you would consider traumatic. These can be any experiences from any time of your life. For interview purposes, traumatic or trauma shall be defined as a very upsetting or overpowering experience that has a long-lasting effect on a person's feelings, thoughts, and behavior. It frequently happens when

someone experiences or witnesses a situation that puts their safety or well-being in danger and leaves them feeling stunned, terrified, or powerless. Trauma or traumatic events can contribute to experiences of intergenerational trauma.

19. Intergenerational trauma was mentioned on the recruitment flyer. What experience did you think that prompted you to inquire about the study?
20. How do you experience intergenerational trauma? Can you describe how your family members' trauma affects you? For interview purposes, intergenerational trauma shall be defined as a painful incident or experience passed down from one generation to the next and can manifest in various ways, including emotional and behavioral patterns, interpersonal relationships, and even physical health problems. Both personal trauma and collective trauma are interconnected and can contribute to intergenerational trauma.
21. Do you experience trauma based on the collective experiences of your race or community?
22. How does your experience of trauma differ from your parents' and grandparents' or other family members' experiences?
23. Have you ever discussed intergenerational trauma with a medical or mental health professional?
  - a. If you have, what prompted the discussion? Was it initiated by your medical or mental health professional or by yourself?
  - b. If you haven't, in what ways would discussing it be helpful or unhelpful?
24. Do you believe that you can advance your position in life if you pursue more education?
  - a. If so, how?
  - b. If not, why don't you think education will be beneficial?



25. Can you describe an experience where hard work, dedication, and persistence lead to noticeable improvements in your skills or knowledge?
26. Do you believe that practicing your talents and skills can lead to further development of those talent and skills?
  - a. If so, how?
  - b. If not, why don't you think that practice will enhance your talent?
27. How do you feel when you're able to make progress after you've put in hard work toward an endeavor?
28. What steps do you have to take for personal growth?
29. Do you believe that you're in a fixed position in life and find it hard to break out of that position?
30. Can you describe a time or situation when you worked hard and put in much effort, but didn't get the outcome you were expecting?
  - a. If the participant describes a time, I will prompt them with this question: How did you feel when you were putting in the effort?
  - b. How did you feel when you didn't get the outcome you expected?
31. What was your response to not getting the outcome you expected?
  - a. Did you put your efforts toward a different pursuit? Or did you reevaluate your plan and try again?
32. We've covered a lot of ground in our conversation, and I so appreciate the time you've given to this. One final question... What else do you think would be important for me to know about intergenerational trauma or your mindset that I haven't asked you about?

*33. Ask any follow-up questions.*

*34. End the interview and stop the recording. Explain to the participant of the member checking and transcription review process.*

We have reached the end of this interview. Thank you for your participation in this study and sharing your personal experiences with me. I appreciate your transparency and honesty in each of your responses. Do you have any questions about the interview or the research process?

As a reminder, I will take the audio from these recordings and transcribe them verbatim. I will be emailing you a copy of the interview transcript. It would be great if you could review the transcript and make sure that you're comfortable with all of the responses. If you'd like any changes to be made to the transcript so that it more accurately reflects your thoughts and ideas, please let me know. That's an important part of the research process.

*35. Thank the participant for the participation in the study.*

Thank you again for participating in my study. You can contact me at any time if you have any questions or concerns.

**Appendix F: Member Checking and Participant Exit Email**

Date: XX/XX/2023

From: Kevin Thomas

Subject: Request to Review K. Thomas' Dissertation Findings

To: Participant

Hi Participant name,

Thank you again for participating in my study. I enjoyed speaking with you. I have completed my analysis of your interview and I'm attaching a one-page summary of the study's findings. I kindly request that you review the attached summary. It would be helpful to know if you believe your thoughts about intergenerational trauma and mindsets are reflected in the study's findings. This is an important step that helps me understand the reliability of the study's findings.

Once you have reviewed the study's findings, please send me an email to let me know if your thoughts are represented in the findings. Please let me know if there's something you would like to add or clarify. Your opinion and thoughts are important to me!

Please contact me at any time if you have any questions about the study.

Thank you for your time and participation. It's been greatly appreciated!

Kevin Thomas

**Appendix G: IRB Approval**