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EXAMINING THE LEGACY OF TRANSGENERATIONAL TRAUMA AND ITS EFFECTS

ON CONTEMPORARY AFRICAN AMERICAN ADULTS IN PARENTING AND

CAREGIVER ROLES TO AFRICAN AMERICAN ADOLESCENTS

A Dissertation

Submitted to the School of Education

Duquesne University

In partial fulfillment of the requirements for

the degree of Doctor of Philosophy

By

Amy E. Alexander

August 2018

Duquesne University
School of Education
Department of Counseling, Psychology and Education

Dissertation

Submitted in Partial Fulfillment of the Requirements
For the Degree of Doctor of Philosophy (Ph.D.)

Executive Counselor Education and Supervision Program

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June 18, 2018

Examining the Legacy of Transgenerational Trauma and its Effects on
Contemporary African American Adults in Parenting and Caregiver Roles to
African American Adolescents

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ABSTRACT

EXAMINING THE LEGACY OF TRANSGENERATIONAL TRAUMA AND ITS EFFECTS

ON CONTEMPORARY AFRICAN AMERICAN ADULTS IN PARENTING AND

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By

Amy E. Alexander

August 2018

Dissertation supervised by Professor Lisa Lopez Levers, Ph.D.

The system of institutional enslavement in North America has produced myriad effects

on the contemporary African American community via the transmission of individual, familial,

and collective trauma across generations (Carter, 2015; DeGruy, 2005; Weingarten, 2004). This

research explored the roles of parent and caregiver within this cultural group in an effort to

determine how past events have influenced the lived experiences and world view of African

Americans in these roles.

While research on certain historically marginalized cultural and religious groups is

plentiful, there is a clear lacuna of scholarly investigation into the African American experience,

particularly as it relates to the roles of parent and caregiver. Parenting is among the most

significant of human endeavors. The impact of parenting and care-giving on future generations is

immeasurable; it is the apex of humanity. A great majority of the world's cultures and religions

place unequaled value on parenting as well as acting in the place of parents, as in the case of caregivers. These roles are even considered sacred within many groups. For these reasons, this aspect of the African American lived experience was examined in this research.

This qualitative investigation was conducted within the framework of hermeneutic phenomenology, which allows for meaningful, organic exploration. Data were collected from three focus groups composed of six African American adults who were at least 35 years of age and who have acted as a parent or caregiver to at least one African American adolescent. The participants were recruited in the greater Pittsburgh area via posters, in-person conversations, and using purposive and snowball sampling. Video of the focus groups, participant observation, and a reflective journal were used for assistance in analyzing the data.

The inquiry examined and presented various theories in order to offer a comprehensive background related to this topic. Transgenerational trauma theory provided the foundation for this research, along with cultural trauma and historical trauma theories. Supplemental investigations of self-determination theory, critical race theory, racial/ethnic identity development theory/nigrescence, race-based trauma theory, post traumatic slave syndrome, and acculturative stress theory also were incorporated in an effort to provide a comprehensive perspective.

After analyzing the emergent themes resulting from the data collection process, findings suggested that several factors contributed to African American parenting styles, traditions, and perceptions. Among the most ubiquitous were fear, control, punishment, and separation. Fear has been used to take and maintain control over certain populations within American culture. The data indicated that the fear used against African Americans to usurp societal control over them has been integrated into the parenting and caregiving philosophies of many and used as a method

to maintain control of their children. Several participants expressed the idea that they control their children, much in the same way American systems such as the criminal justice system, have historically tried to control African Americans, because it will keep them safe from others' punishment. Study results also indicated that much in the same way fear and control have been used to maintain power by the majority race, so have punishment and separation. Often, these more prevalent themes implicated the American criminal justice system as a key factor of oppression. Not only has it had the power to mete out punishment, but also to disenfranchise people, affect economic status, and instigate separation within families and from society. Historically, these same tactics have been used against African Americans and have maintained the cycle of transferred or transgenerational trauma symptoms to the extent that they have become embedded in the culture via the parenting relationship.

These exploratory research findings have suggested multiple factors that affect how parenting and caregiving are viewed in the contemporary African American community. This inquiry aimed to encapsulate how past collective traumas have been integrated into the lived experiences of African Americans and to illuminate the effects of the transferred trauma. The current research indicated that trauma effects have been transmitted via familial and cultural means, which have become manifest in the parent and caregiver relationships in various forms that can be better understood within a transgenerational context. Notably, risk and protective factors were identified as well as commonly incorporated coping mechanisms within the African American community regarding parenting philosophies and behaviors. This study has provided a foundation for future research on transgenerational or transferred trauma effects of the African American cultural lived experience, which could prove particularly useful for counselors who work with clients in this population.

DEDICATION

This dissertation is dedicated to many: first, to my mother, Emily Elizabeth Alexander, who has been gone from this earth since before this part of my journey began but whose presence has never left me. She worked hard, as the single white mother of a Black daughter, to instill in me significant life lessons, which have seen me through many trying experiences and shall see me through many to come. Her fighting Irish spirit lives on in me and in my daughters, Arielle and Amya, two strong Black women who make me proud every day.

Arielle, my angel, you are and have been my motivation in efforts to become someone to be proud of. Your unflinching faith in me has propelled me in many of life's efforts, and to you also I dedicate my most challenging academic effort to date. Amya, my princess, you have forced me to be honest with myself and to strive to be someone you can believe in. Your uncompromising spirit and willingness to be different encourage me to be my genuine self and to help others work toward that as well.

To my husband, Dr. Anthony Todd Carlisle: you have been my calm through many of life's storms, my best friend, biggest cheerleader, and the one person who could put up with me despite myself. There are no words to express my gratitude for your unwavering belief in my ability to accomplish anything I set my mind to, including this process. Thank you for expecting the best of me and wanting the best for me.

Finally, I would like to dedicate this project to the scores students and parents in the Penn Hills School District who have supported me throughout the years of my career spent in your community. So many of you have offered words of kindness and encouragement when I most needed them. You've fed me, comforted me, and taught me. You've allowed me into your lives

in intimate ways and trusted me with your most private experiences, thoughts, and feelings. You have helped mold me into the woman I am today; the woman I would not be without you all.

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It is difficult to acknowledge adequately all who have contributed to this effort. Throughout life, some people plant the seed, some water and tend to it, and some witness the bloom. In my experience, none of these steps is more important than the other and all are necessary to produce healthy growth. I offer my sincere gratitude to the people along life's way who took time to encourage me, to believe in me, and to help me.

Dr. Lisa Lopez Levers has been a force in my life for almost a decade, and I still marvel at her intellect, her passion, and her determination. Dr. Lx3, you are the only person who could have seen me through this. There are not enough ways to thank you in the course of a lifetime to express how grateful I am for you. Your spirit and passion are infectious. Thank you for believing in me. Keep fighting and protesting and winning for all of us.

I would also like to thank Drs. Waganesh Zeleke and Gibbs Kanyongo, for serving as committee members. Their invaluable contributions to this process by way of feedback, suggestions, and insights helped guide me through the challenges of a topic like mine and the complex nature of research with human participants.

My sincere thanks to all of the focus group participants. You are the heart of this research. Your insights and willingness to share your parenting experiences in the company of others is heroic. This dissertation would not exist without your courage.

Without the teaching and guidance of the Counselor Education and Supervision faculty throughout my doctoral courses and beyond, I would not have developed the skills and acquired the knowledge to complete this journey. I am proud of my education and experience with you all. You've left an indelible impression on my consciousness and my desire for more knowledge.

Finally, to my true friends, those who knew when to ask and when not to, thank you. I needed you to believe in me and you did. I needed you not to judge me, and you didn't. I needed you, and you were there. You provided me with the genuine care I needed to complete this part of my journey, and I am forever grateful.

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CHAPTER 1: INTRODUCTION

"Black Lives Matter" –Protest slogan of 21st century Civil Rights Movement

The historic mission of the social sciences, according to Miller and Gouldner (1965), is to enable mankind to take possession of society. Therefore, "[i]t follows that for Negros who substantially are excluded from society, this science is needed even more desperately than for any other group in the population" (p. 67). American history is fraught with contradiction and conflict. The perpetuated myth of equality and justice for all continues to be a source of frustration for many African Americans, who are still waiting for America to make good on its founding promises of life, liberty, and the pursuit of happiness. The American nation was founded upon pillars of inequality, injustice, inequity, institutional racism, and discrimination (DeGruy, 2005).

Many have benefited from the system of government-sanctioned enslavement based on racial identity, but many have been traumatized by it as well. Growing scholarship in the social sciences indicates that trauma may no longer be perceived as only a first-hand, individual experience (Dass-Brailsford, 2006; Goodman & Olatunji, 2008). The concept that trauma can be transmitted across and through generations, without direct stimulus, is a growing area of research. This idea is directly connected to the psychological and physiological well-being of individuals in ethnic minority groups, including African Americans (Brave Heart, 2011; DeGruy, 2005; Felson, 1998; Haslett, 1999; Kellerman, 2001; Perlstein and Motta, 2012). Such transmission of trauma symptoms may be more insidious than direct trauma, because it often goes unrecognized as such; furthermore, the victim/survivor is unaware of its presence. All of the research on secondary trauma, intergenerational trauma, transgenerational trauma (TGT), cultural trauma, and historical trauma acknowledges the embedded nature of such inherited

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symptoms (Barden, 2013; Bergmann, & Jucovy, 1990; Brave Heart, 2011; Browne, 1990; Carter, 2007; Coyle, 2014; DeGruy, 2005; Duran, Duran, Brave Heart, & Horse-Davis, 1998; Kellerman, 2001; Suozzi & Motta, 2004). The potential connection of such traumas to African Americans in their contemporary parent and caregiver roles is striking, and it provides strong implications for scholarly research. This research asserts that the effects of antebellum enslavement on descendants of the African Diaspora and all of the social policies that have followed—such as sharecropping, convict leasing, Jim Crow, discrimination, and institutional racism—have haunted their descendants both psychologically and physiologically in terms of their lived experiences. These include parenting styles, methods, and perceptions. This premise has guided the following study in its conception and throughout the research.

This qualitative investigation examined the relationship between the traumas experienced by African Americans throughout history and the contemporary issues within the African American community. The research focuses specifically on the present-day manifestations of collective trauma unique to African Americans, with a particular focus on how such indirect traumas affect parents and caregivers who are raising African American adolescents.

Background of the Problem

A growing body of scholarship suggests that trauma can be transmitted intergenerationally without direct injury or threat of physical harm to the descendants of those who actually were harmed (Dass-Brailsford, 2006; Goodman & Olatunji, 2008). This perspective coincides with the expanding understanding of trauma, in which researchers have found that systemic factors can cause traumatic stress (Carter, 2007).

The term "transgenerational" is conceptually associated with inheritance, transmission, and genealogy in referring to that which is passed from one generation to another (Goodman &

West-Olatunji, 2008). Thus, Goodman and West-Olatunji contend that current definitions of trauma, unlike previous standard concepts of it, can be present without any direct stimulus, and can be transmitted from a parent who has experienced a traumatizing event (Davidson & Mellor, 2001, as cited in Goodman and West-Olatunji, 2008).

The overlapping concept of historical trauma as defined by Muid (2006) states "the subjective experiencing and remembering of events in the mind of an individual or the life of a community, passed from adults to children in cyclic processes as collective emotional and psychological injury … over the life span and across generations" (p. 36)—is a key theory within this work as well. Maria Yellow Horse Brave Heart, whose research centers around the First Nations and Native American Indian cultures, defined historical trauma as follows:

> A cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences; the historical trauma response (HTR) is the constellation of features in reaction to this trauma. The HTR often includes depression, self-destructive behavior, suicidal thoughts and gestures, anxiety, low self-esteem, anger, and difficulty recognizing and expressing emotions. It may include substance abuse and often an attempt to avoid painful feelings through self-medication. Historical unresolved grief is the associated affect that accompanies HTR; this grief may be considered fixated, impaired, delayed, and/or disenfranchised (2011).

Another theory integral to this inquiry is cultural trauma, which is predicated on specific ethnic or racial groups' traumatic lived experiences. In this study, three terms—transgenerational trauma, historical trauma, and cultural trauma—have been employed somewhat interchangeably with the understanding that they could be used in other research with specific definitions, which can differ slightly from one another with varying areas of focus. With regard to this

investigation, transgenerational trauma serves as an umbrella term for historical, cultural, and intergenerational trauma theories, and their respective conceptualizations, which are indispensable pieces of this work.

Historical Framework

James Baldwin (1985) said that "[t]he great force of history comes from the fact that we carry it within us, are unconsciously controlled by it…. History is literally present in all we do" (p. 321). TGT, then, is the lived history that traumatized people unconsciously carry with them. Transmitted trauma has been studied in the context of Jewish Holocaust survivors' children, who are affected by the stories and behaviors of their parents and grandparents. That context provides a framework within which much of this work is predicated. Transgenerational trauma has also been researched in relation to survivors of sexual assault and domestic violence and abuse, and the sequelae of trauma symptoms inherited by their descendants as well. The data suggest that environmental factors, such as experiences of trauma, have a significant impact on subsequent generations (Eyerman, 2001).

Atkinson, J., Nelson, Brooks, Atkinson, C., and Ryan (2010) found a unique line of evidence in their 2002 mapping of a six-generation "traumagram," indicating that "the presence of unacknowledged or unresolved trauma in previous generations was linked to dysfunction in later generations of an extended family" (pp. 137–138). The lack of acknowledgement regarding the mass trauma of American enslavement has, to a great extent, inhibited its integration into the American psyche, preventing it from being dealt with collectively (Gump, 2010, p. 42). This unacknowledged, unresolved trauma from previous generations has yielded dysfunction in later generations, as manifested in the myriad psychosocial, interpersonal, and self-images issues in the contemporary African American community (Carter, 2007; DeGruy, 2005). Slavery in

America has had far-reaching, profound effects that are not confined to antebellum plantations but that have affected all of American culture up to the present moment (Gump, 2010). Mullan-Gonzalez (2012) concurs by noting that the trauma associated with enslavement of Africans in America and the resulting multi-layered destruction are still present in and mourned by the African American community today.

Parent and caregiver roles are held in high esteem in most nations around the world, and America is no exception. The African American community reveres these roles as well, perhaps even more so, as African Americans have a unique story about and perspective on family and kinship. Most African Americans are descended from people who were enslaved in arguably the most brutal system of enslavement ever to exist. This inimitable experience has strongly informed the way roles of parent and caregiver have evolved within that community over the centuries, and TGT has also influenced that evolution.

While this research recognized the need to steer clear of racial and ethnic stereotypes and generalizations, as well as the great variation in family structure within African American families, it was an attempt to identify common patterns that emerged and that have been traditionally recognized as part of this particular community's cultural norms, taking some cues from family life that are common in African cultural traditions. At the same time, not holding the Euro-based notion of family as the norm or standard was key in attempting to parse out the characteristics of African American family life, structure, and function (Kane, 2000).

Various writers and researchers identified as Afrocentric (Boyd-Franklin, 1989; Hill, 1972; Nobles, 1972 as quoted by Kane, 2000) have identified the following five characteristics common to African American family structure and functioning: (1) extended family kinship

networks, (2) egalitarian and adaptable family roles, (3) strong religious orientation, (4) strong education and work ethic, and (5) flexible, strong coping skills.

Extended Family Kinship Networks

Extended family exists in multiple forms. The most common of these is the three-generation household (Kane, 2000). This configuration allows for collective financial and human resourcing, and social and emotional support. Another configuration is geographically proximal separate households for probable daily interaction. *Fictive kin* are also a form of extended family kinship networks. Fictive kin are non-biologically related people with whom family members form familial relations. They are likely close family friends and neighbors who may be given kinship titles, such as aunt or uncle. These relationships are important owing to the support they provide as well as a connection to the past and to African heritage. The main form of the family unit in West Africa during the American antebellum period was extended family (Scannapieco & Jackson, 1996), and these relationships were part of the foundation of social organization. The extended family was built on interdependence and the value of children, who were viewed as an "investment in the future," and as such they belonged to the entire community (Scannapieco & Jackson, 1996, p. 191). There were no orphans or "illegitimate" children in this type of community. This shared responsibility created a sense of community and belonging that presently influences the way African Americans view the roles of parent and caregiver.

Egalitarian and Adaptable Family Roles

Gender-specific roles do not necessarily dominate the more egalitarian and flexible structure within the African American family (Kane, 2000). Most aspects of family life are the shared responsibility of both partners, regardless of gender or gender identity. Decisions regarding finances, household responsibilities and children are distributed according to ability

and opportunity rather than gender. The idea of the American nuclear family is Euro-based and specific to a westernized concept of family. Conversely, the African American concept of family has been influenced greatly by African, and more specifically West African, notions of extended familial relations and responsibility (Scannapieco & Jackson, 1996) that emphasize a communal world-view and perspective, unlike Euro-American ideals.

Strong Religious Orientation

"The church is the only social institution of Negros which started in the African forest and survived slavery" (DuBois, 1898, as cited by Kane, 2000, p. 693-4). Historically, the African American church has provided sanctuary from harm, a forum for self-expression, leadership, and emotional and material support (Kane, 2000). The church in the Black community has acted as extended family for those both within and without its congregations. It has functioned as teacher, lawyer, minister, and provider in many instances. The Black church has defended rights, taught values, and promoted mutual care and shared responsibility. By far, it has been the central tenet of African American life over the past 400 years (Kane, 2000).

Education and Work Ethic

Shared family responsibility takes many forms in the African American family, including doing one's best in school and at work, as well as at home (Kane, 2000). Youth and adolescents are encouraged and mandated to contribute to childrearing, household, and even financial tasks to act as a true family unit in solving problems and contributing time, energy, and resources that in other ethnic groups would be considered individual tasks and responsibilities. While African American families generally hope that their children will surpass them socioeconomically, they also realize that societal barriers obstruct progress in many instances (Hines & Boyd-Franklin, as cited by Kane, 2000).

Flexible Coping Skills

African American families have long recognized the need for protective factors, like the ability to cope, to survive, and to be resilient in a society in which they have not historically been afforded the same opportunities as their white counterparts. Kane (2000) posits that the first four characteristics of African American functioning—extended family kinship networks, adaptable family roles, strong religious orientation, and education and work ethic—coalesce to construct the fifth and final characteristic, flexible coping skills. African Americans who recognize and acknowledge racism apply less self-blame and are therefore more likely to experience paradoxical control attributions. Though African Americans may not appreciate their family functioning today as much as they did 15 years ago, the historical foundation of a strong family remains a central part of kinship dynamics in several respects (Kane, 2000).

Statement of the Problem

Multiple studies have been done on various ethnic groups with respect to inherited trauma, but such research on the African American community within the social sciences and mental health communities is largely absent (Gump, 2010). The African Diaspora settled in the Americas, particularly North America, have suffered what some would classify as the greatest, longest-enduring trauma of a people ever recorded, but their journey has not been given the same consideration as that of Jewish Holocaust survivors, First Nations people and Natives of the Americas, Aboriginals of Australia, or other marginalized ethnic groups victimized by mass trauma. Anxiety and unresolved grief and trauma have been found to be embedded in the descendants of other cultures whose heritage comprises mass collective trauma experiences; undoubtedly, then the lengthy suffering endured by African Americans has elicited significant levels of pathology as well. These experiences have morphed into a transmitted trauma that has

an impact on its unsuspecting recipients in their quotidian lives in ways unimagined by them and others (Alexander, Eyerman, Bernhard, Smelser, & Sztompka 2004; Barden, 2013; Grier & Cobb, 1992). The resulting perceptions of self and others, and how they relate to lived experiences, were central considerations in this research. The relationships people develop affect their life decisions and worldview. Primary among relationships are those with parents and other caregivers.

In order to understand the way TGT shapes familial bonds, views of the role family plays, and one's part or obligation in the primary system within the African American community, one must engage the system of American enslavement and the destruction it wreaked within that culture. How has the trauma incited by American slavery and passed on through generations affected the lived experiences of contemporary African Americans in the roles of parent and caregiver?

In most societies, family is the central unit of people's lives and of whole communities. Families represent belonging, safety and stability. Within the African American community, this connection takes on a differing form as the shameful stench of bondage lingers; and as a result of that system, so does unresolved trauma. This is the unique conundrum of studying this cultural group; there is nothing comparable to it. In the case of African Americans, we know many are descendants of those taken from various parts of West Africa. Therefore, we must begin there, as much as possible, to establish some notion of how those roles were viewed. The West African traditions of family include community-based responsibility for all children or extended family ("it takes a village"), respect for elders, and the valuing of children (Scannapieco & Jackson, 1996). While many of these values remain in some form as part of the African American family, many have been lost as a result of American enslavement, which created a system wherein

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children were often separated from their biological parents (Dodson, as cited in Scannapieco & Jackson, 1996). Men and women, without the benefit of an intimate, emotionally-connecting relationship, were made to breed for the profit of plantation owners, and parents were not given say in family operations and decisions.

The effects of enslavement and the forms of institutional racism and discrimination that followed set in motion a legacy of psychological trauma within the African American community that persists today (DeGruy, 2005; Eyerman, 2001; Gump, 2010). These effects have embedded themselves within the roles of parent and caregiver and will have influence on current and future generations in ways that nourish the most egregious aspects of racism thus perpetuating TGT among African American youth. The problem under scrutiny here, then, was as follows: How has transmitted trauma within the African American community influenced the lived experiences of those serving in the role of parent or caregiver and how are those roles viewed and embraced within this culture?

Purpose of the Study

The purpose of this dissertation is primarily to examine the legacy of TGT in the context of the lived experiences of contemporary African American adults serving as caregivers and in parenting roles to African American adolescents. Trauma has far-reaching implications on individuals and groups in modern society that affect them relationally and socially. Traumatized groups enlist their own social and emotional coping mechanisms to deal with the psychological fallout of trauma, but they also are often physiologically affected by disease and illness such as hypertension, diabetes, heart disease, anxiety and other stress-related illnesses as a result of inherited trauma (Brondolo et al., 2008). This research examined the various manifestations of the undiagnosed, intergenerational effects of experiences only African Americans have endured

as a cultural group via such policies as institutional discrimination and government-sanctioned mass enslavement. African Americans have the unique experience of being treated as chattel, having spouses and children sold away, having no autonomy, and enduring physical and psychological abuse beyond what many can even imagine. That an entire segment of society has existed in less than human conditions over multiple generations has tremendous societal and professional implications. The topic of this dissertation originated partly in the research of Jewish Holocaust survivors through the work of such researchers as Gabriele Schwab (2010) in *Haunting Legacies*. In this book, Schwab examined the transgenerational effects of not only the Jewish Holocaust but also slavery, colonialism, and South African apartheid, all of which have contributed to the delineation of the experiences of African Americans as a result of TGT. Sagi-Schwartz, van IJzendoorn, and Bakermans-Kranenburg (2008) and Perlstein and Motta (2012), along with various others, have contributed as well to the extensive works on the effects of mass, culturally-based trauma. Though their research focuses on cultures other than the African American community, it has laid a strong foundation for research into other historically and culturally traumatized ethnic groups.

The present research examined some of the psychosocial effects of TGT in the years since sanctioned slavery began in North America. This study focused on contemporary African American adults acting in parenting and caregiver roles to African American adolescents. Various studies within the medical and mental health fields have examined and described such medical conditions as diabetes, high blood pressure, anxiety, mental disorder, hypertension, stress, domestic abuse, and addiction in relation to the systemic racism and discrimination associated with TGT (Brondolo, Brady, Pencille, Beatty, & Contrada, 2009). Such theories as the *slavery hypothesis of hypertension*—which contends that the high rates of hypertension among

African Americans can be traced to genetic origins, among other factors (Curtin, 1992)—

delineate the public health concerns of the African American population that are connected to

slavery in America, along with the possible effects on the culture of the Middle Passage and

subsequent enslavement. Curtin (1992) pointed out the lack of scientific evidence for this theory

(essentially non-existent at this point) because these events occurred over two centuries ago.

However, while he emphatically denied the plausibility of the theory, his research did

demonstrate the differences in frequency and intensity of various diseases between the Euro-

American and African American populations. Curtin's work addressed at least two topics of

interest to professional counselors and this dissertation; first, the "racist society" in which the

theory was conceived and fostered, and second, that knowledge and reliable research on the

overall mental and medical health of African Americans is lacking.

While Curtin's work (1992) concerned physiological issues, Hunter (2003) focused on

the psychological consequences of such traumatic experiences. She challenged the traditional

techniques implemented by psychologists in treating trauma-related illness in indigenous

peoples, delineated in the DSM-IV-TR as PTSD and AD. As well, Hunter (2003) and Ranzijn et

al. (2007) contended that individual or group therapy, which usually incorporates behavior

modification, fails to recognize the lack of effectiveness of such methods on indigenous groups.

One could assert that the same is true of the African American population. Because the basis of

psychological treatment is grounded in the European world-view and self-perception, it is

conceivable that the techniques developed and implemented over the years in relation to trauma

are not applicable to or effective with the African American population, as was the case with the

indigenous cultural populations of Hunter's study. This notion is an aspect of treatment for TGT

among African Americans, as counselors must become familiar with others' world views to effectively diagnose and treat them.

Despite the distinct differences existing among various cultures, some theories are equally applicable to many of the peoples who have similar trauma experiences. The following passage—which questions whether trauma diagnoses of indigenous peoples is, even at best, capable of capturing the full depth and breadth of their daily (trauma-related) lived experiences—discusses a notion that may be useful in discussing the African American population as well:

> Specifically, Atkinson, C. (2008), Atkinson, J. (1990, 2002), Cameron (1998), Milroy (2005) and O'Shane (1993) have argued that diagnoses such as PTSD are unable to conceptually capture the levels of chronic ongoing stress that indigenous people experience in their everyday lives. The sources of this stress are argued to be multiple, repeated, and of great severity; and the levels of this stress are argued to be unacceptably high and compounded by (1) the inability to identify and overcome a single source of stress, (2) the presence of cumulative stressors, and (3) the realization (sic) that many of these stressors are inflicted by people well known to the victims. Not only is there the problem of inadequacy at diagnosis but there are more substantial problems at the levels of treatment and control. (Purdue, Dudgeon, & Walker, 2010, p. 136)

The researchers mentioned here referred to trauma diagnoses with regard to indigenous populations, colonized by others and forced to live under the control of foreigners who viewed them as inferior to themselves, as an essentially ineffective approach. Certain cultural norms were imposed on the native people by the same powers who subsequently developed a method of treating and healing the very trauma suffered by the victims they had created. Though Africans

are not indigenous to the Americas, their historical lived experiences are similar enough to those of the indigenous cultures in terms of cultural trauma that the same parameters may be applied. The missing component from the indigenous-culture experience is the extreme brutality and duration of the trauma endured by African Americans via institutional slavery, followed by the system of share-cropping, widely recognized as a variation of the legalized slavery that directly preceded it. Afterward came Jim Crow, the convict lease system, and sanctioned, legalized, institutional discrimination, all enforced and maintained through violence and fear and a government that consented to it. How then does this history affect the lived experiences of African Americans in parenting and caregiver roles? How is this relationship different for African American adolescents and youth than for the youth of other cultures, and how do those interactions inform their functioning in social systems?

According to van der Kolk, with regard to culturally disadvantaged populations, "not only is there the problem of inadequacy at diagnosis but there are more substantial problems at the levels of treatment and control" (as cited in Purdue et al., 2010, p. 136). Certainly, the existing body of research indicates, at the least, that African Americans historically have not been diagnosed or treated properly by the counseling (mental health) community for the effects of transgenerational trauma, other trauma-related symptoms, and mental health issues in general. One goal of this work is to support mental health professionals in incorporating this research to assist in developing more effective modes of treatment and intervention for this population. This, study proceeded from the premise that TGT as a justifiable area of research, has not yet been applied adequately to the African American population. The research currently available is aimed at appropriate, specific populations, even while neglecting the largest and arguably most affected group, African Americans. This study desires to rectify the disparity.

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Research Questions

The primary question that guided this inquiry is as follows: "How has TGT affected the lived experiences of contemporary African Americans in parenting and caregiver roles to African American adolescents?" The following ancillary questions were developed in an effort to assist in addressing this inquiry.

1. How does the legacy of transgenerational trauma affect the lived experience of study participants' present existence in relationship to van Manen's four *lived existentials:* lived space (spatiality), lived body (corporeality), lived time (temporality), and lived other or human relation (relationality or communality)?

2. How has exposure to transgenerational trauma positively and negatively affected African American parenting styles and ideologies within their respective bioecological systems (Bronfenbrenner, 1979, 2006), in terms of the risk and protective factors involved in parenting African American adolescents?

3. Which aspects of transgenerational trauma have had the most impact on the lived experiences of contemporary African Americans in their parental and caregiver roles?

4. What positive adaptations have African Americans made, with regard to American cultural norms and parenting, as a result of exposure to transgenerational trauma, discrimination, and racism?

Existential Hermeneutic Phenomenology as Research

"Applied to research, phenomenology is the study of phenomena: their nature and meanings. The focus is on the way things appear to us through experience or in our consciousness where the phenomenological researcher aims to provide a rich textured description of lived experience" (Finlay, 2008). Phenomenology is the examination of

experience as it is lived. The concept, the study, and the research all aimed at discovering the most genuine, authentic fundamental nature of the research subject. The goal is to achieve this while also attempting to translate the lived experiences of participants to themselves and others in meaningful, practical ways. Todres et al. (2006) explain the lived experiences as something "that appears meaningfully to consciousness in its qualitative, flowing given-ness; not an objective world 'out there', but a humanly relational world" (p. 55). Because not a great deal of in-depth research considers this particular group in their unique cultural experience as related to parenting and care-giving through the lens of transmitted trauma, this research is vital. So that we might attempt a more than cursory understanding of the unique lived experience of many contemporary African American adults in these life roles, it is crucial to both research and treatment to examine their world-view, or "life-world."

This study uses accepted methods of operationalizing hermeneutic phenomenological research to yield the most reliable results. These empirical approaches differ depending on the type of information the researcher wishes to extract, the theoretical approach, and additional variables. Phenomenological research also has the advantage of possessing a dynamic nature. "The flexibility of phenomenological research and the adaptability of its methods to ever widening arcs of inquiry is one of its greatest strengths" (Garza, 2007, p. 338). This flexibility should not however, be viewed as a less strenuous method of inquiry. There are certain tenets of hermeneutic phenomenological research that attest to the science of such inquiry. "It is systematic, and explicit… using specifically practiced modes of questioning, reflecting, focusing, intuiting, etc." (van Manen, 1990, p. 11). Considering the personal, experiential nature of this inquiry, hermeneutic phenomenological approach was deemed the most appropriate.

Van Manen's Lifeworld Existentials

Van Manen's (1990) lifeworld existentials offer an insightful methodological approach to comprehending inherited trauma as well as the attitudes it has historically and culturally fostered in the African American community, with particular respect to parenting and care-giving. Van Manen's four existential themes are lived space, lived body, lived time, and lived human relation or lived other (van Manen, 1990). Lived space refers not merely to the physical space in which one exists but also to how people experience their own being in the quotidian activities of life. It is how we existentially experience "home" (van Manen, 1990, p. 102). Lived body is an awareness of one's own physical presence in the world, how humans instinctively physically exist in relation to what is going on in their lives at the moment. Lived time refers to the integration of outward events into one's own lived experience. Rather than being the standard time society uses to begin or end an event, it is how one has experienced life thus far in relation to historical and personal events during their lifetime. Lived time colors one's perspective and world-view as society changes and influences an individual's evolution from one life stage to another. Lived human relation or lived other is interpersonal interaction with others in a shared space. Individuals seek a sense of purpose and meaning of life within these interactions. The lifeworld existentials serve as meaning-making guides for uncovering existential experiences related to TGT and parenting.

Bronfenbrenner's Bioecological Model of Human Development

An understanding of human development is essential to the study of human trauma (Levers, 2012). Bronfenbrenner's (1994) model provides a theoretical grounding for examining the bioecological environment in which human growth takes place. The model was originally called "ecological" and was re-termed "bioecological" to reemphasize the connection between

nature and nurture (Levers, 2006, p. 6). This notion coincides with the idea of TGT that

acknowledges the systemic, personal, and experiential nature of trauma within a particular

historical time and social and environmental setting. In other words, the timeframe, mores of a

certain culture or subculture, systems structure, and individual lived experience of trauma

inclusive of human development theory, create a basis for a rich, holistic, authentic, examination

of TGT in the lives of African Americans in parenting and care-giving roles. The interplay

between the various systems of Bronfenbrenner's model provides for a depth of exploration that

endures and encompasses all aspects of the human experience. The bioecological model, together

with corresponding research designs, is an evolving theoretical system for the scientific study of

human development over time (Bronfenbrenner, 2005; Bronfenbrenner & Morris, 2006), and it

assists in assessing the risk factors to which the participants and their ancestors have been

exposed and that have affected their development. Bronfenbrenner's model comprises layers of

systems which, at times, overlap with aspects of other systems to affect human development.

Bronfenbrenner has termed these systems as follows:

> Microsystem: family, school, peer group and workplace.

> Mesosystem: the connections between two or more microsystems. "A system of
> microsystems" (Bronfenbrenner, 1994, p. 40).

> Exosystem: the connections between two or more systems, in which at least one
> of them is an indirect influence on the developing person (Bronfenbrenner, 1994, p. 40).

> Macrosystem: "Consists of an overarching pattern of micro-, meso-, and
> exosystems characteristic of a given culture or subculture, with particular reference to the
> belief systems, bodies of knowledge, material resources, customs, life-styles, opportunity

structures, hazards, and life course options that are embedded in each of these broader systems" (Bronfenbrenner, 1994, p. 40).

Chronosystem: "encompasses change or consistency over time not only in the characteristics of the person but also of the environment in which that person lives (e.g., changes over the life course in family structure, socioeconomic status, employment, place of residence, or the degree of hecticness and ability in everyday life)" (Bronfenbrenner, 1994, p. 40).

The "ecological-transactional perspective allows us to situate the lived experiences of traumatized persons within the time and space of a relevant ecology in order to understand the trauma event as well as personal meaning making" (Levers, 2012, p. 7). This idea is particularly germane with regard to African Americans' evolution throughout American history from antebellum times to the present as the social structure has changed immensely in the last 150 years. However, the traumas experienced and passed on to subsequent generations during those years may still have far-reaching consequences to address. Understanding the "historical time" that Bronfenbrenner refers to is central to making meaning of those experiences and being able to view them within the transactional nature of human development as well as appropriate trauma theory and contextual significance.

The essence of the bioecological study of human development is to capture beings in their natural environment to gain the most unadulterated data and sense of reality so that we come away with the most accurate, valid information possible. Though we are unable to observe the initial trauma events with this particular cultural group, it is possible to apply the constructs of the bioecological model to the descendants of those initial victims as a legitimate method of collecting significant data for this study. Further, with the addition of the fifth system, the

chronosystem, Bronfenbrenner's model (1994) allows room for human and environmental change over time, demonstrating how individuals and society evolve. This idea of "historical time" informs the notion that human trauma experienced at a time when societal norms concerning race and enslavement were very different extends into contemporary society with regard to human development, particularly as it relates to human trauma symptoms of the victims' descendants.

History—that is, events that took place in an earlier time—is significant in the development of individual human beings and in groups of human beings. Bronfenbrenner's (1994) model makes sense of the interconnectedness of time and environment in human development with his five systems that, at times, overlap and intertwine with one another and in experiences with others throughout life. This model is key in examining the influences of inherited trauma on individuals and observing how they construct meaning from the past and its connection to the present.

Context and Importance of the Study

According to the most recent U.S. Census conducted in 2010, African Americans comprised 13.6% of the total US population in that year and that number is expected to increase to 15% by 2050 (www.census.gov/2010census). In effect, the African American population in 2050 will include some 65.7 million individuals, not an insignificant number. As this population grows, it is safe to say that its effect on US policy and society will amplify as well. The habits, traditions, and views of this population will increasingly become a part of our day-to-day processes. Hence, it is imperative that mental health professionals also recognize, prepare for, and address the issues of this distinct population, as the odds of serving African American clients will increase with the rise in numbers of that population. Mental health professionals will need to

be better educated to address the mental health concerns of African Americans effectively, including the issues concerning transgenerational trauma. Levers (2012) pointed out the need for more intensive counselor training with regard to culturally sensitive trauma issues in pre-service and in-service training as well. This type of training and research is particularly significant owing to the embedded nature of transgenerational trauma. This form of trauma in the African American community has existed for perhaps more than 200 years without being addressed sufficiently, if at all. Therefore, the need for such research is apparent.

Delimitations and Limitations

A significant limitation of this study is the difficulty in assessing the effects of transmitted trauma on a specific population of people in whom little recognition of that occurrence exists. Levers (2012) observed that it is difficult to diagnose trauma symptoms when "a history of trauma has not been documented adequately" (p. 11). Helms, Nicolas, and Green (2012) posited essentially the same notion when considering contemporary trauma literature. They held that the possibility of racism and ethnoviolence as catalysts for PTSD is absent in related literature. Further, although providers and researchers recognize obviously life threatening racist and ethnoviolent events as sources of stress and PTSD, they do not seem to hold similar views of daily, commonplace lived experiences, perhaps "because the historical roots of the trauma are invisible" (p. 65). Additionally, not all of the participants will have had the same experiences of inherited trauma, specifically with regard to interpersonal-relationships, self-image, socialization, and physical wellbeing, as these effects are potentially limitless.

Another limitation of this research is the lack of existing literature on the topic. While articles and books that address inherited trauma in the context of other ethnic and cultural groups are far more plentiful, there is an apparent lacuna in similar research on African Americans.

Most social scientists agree that African Americans are a neglected group in terms of mental health research and diagnosis, and that work still remains in addressing the gaps in information. Deficiencies exist, as well, in treatment options for the African American population. As experiences from the Middle Passage to date are uniquely African American, no viable form of diagnosis or treatment exists to serve this significant portion of the population regarding their inherited trauma. As Atkinson et al. (2010) observed, traditional methods of trauma treatment, regardless of the type of trauma remain overwhelmingly Euro-based, not having been adapted for other populations. In essence, current trauma treatment options and interventions are generally non-existent or ineffective in treating African Americans.

The lack of attention to this particular cultural group in terms of research and treatment options demonstrates the general deficit in regard for the lived experience of African Americans still generally prevalent in American society, which is transferred to other aspects of quotidian existence, including mental health treatment and research. While there are numerous inquiries into the issues and sequelae of discrimination, racism and prejudice, few reach back to the central derivation of these social enigmas: the American system of chattel slavery. Fewer still attempt to examine the emotional and psychological effects and the connection with how this group is viewed and treated in contemporary America. Helms et al. (2012) noted that "explicit racial and cultural traumas typically have not been investigated in studies of prevalence rates of anxiety reactions associated with life-threatening traumatic events" (p. 65). This sentiment may be applicable to the study of transferred trauma. Helms et al. (2012) go on to observe that "missing from epidemiological studies has been a focus on threats to a person's cultural or racial self-integrity, as opposed to physical well-being, even though such threats might make the person more susceptible to PTSD and associated symptom clusters" (p. 66).

Delimitations of this study include a restricted sample size and geographic location owing to the nature of the study. The work specifically focuses on people of African American ethnicity and heritage who are within a certain age range (35 years of age and older). Additionally, to accommodate researcher time and participant accessibility, the geographic area where participants live is limited; the study does not consider the entire African American population of United States. Therefore, the cultural nature and age range of the study does limit the perspective participants as do the geographic limits the study is centered around.

Summary

The purpose of this study was to examine the effects of the mass trauma African Americans have suffered through its transmission across generations resulting from discriminatory practices embraced since before the American nation was established. As a result of TGT, African Americans have inherited, as well as bequeathed, a host of trauma symptoms that can impede their psychological growth and wellbeing. There is considerable evidence that the mental health establishment has yet to develop and implement practices beneficial to this particular cultural group and their unique trauma experiences. According to Helms et al. (2012), "[e]xisting evidence suggests that PTSD criteria might serve a utilitarian function until more racially/culturally responsive models are developed and substituted for the prevailing medical models" (p. 66). That there is far more research on PTSD than on TGT also complicates the discussion. The inclusion of TGT as part of the symptoms cluster of trauma-related disorders is not an unreasonable reach; therefore, PTSD research will be incorporated as appropriate in relation to TGT symptoms in attempting to compensate for the lack of existing work on the topic.

Definition of Terms

Transgenerational Trauma (TGT): "The unconscious transmission of disavowed familial dynamics through which one generation affects another generation's unconscious" (Schwab, 2010, p. 4).

Cultural trauma: "A memory accepted and publicly given credence by a relevant membership group and evoking an event or situation which is a) laden with negative affect, b) represented as indelible, and c) regarded as threatening a society's existence or violating one or more of its fundamental cultural presuppositions" (Smelzer, 2004, p. 44).

Historical trauma:

A cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences; the historical trauma response (HTR) is the constellation of features in reaction to this trauma. The HTR often includes depression, self-destructive behavior, suicidal thoughts and gestures, anxiety, low self-esteem, anger, and difficulty recognizing and expressing emotions. It may include substance abuse, often an attempt to avoid painful feelings through self-medication. Historical unresolved grief is the associated affect that accompanies HTR; this grief may be considered fixated, impaired, delayed, and/or disenfranchised. (Braveheart, 2011, p. 7).

(2) The subjective experiencing and remembering of events in the mind of an individual or the life of a community, passed from adults to children in cyclic processes as collective emotional and psychological injury … over the life span and across generations. (Muid, 2006, p. 36)

Racism: The beliefs, attitudes, institutional arrangements, and acts that tend to denigrate individuals or groups because of phenotypic characteristics or ethnic group affiliation.

Caregiver: "Any person who cares for a needy person in his or her direct environment on a regular basis and more or less as a matter of course. The caregiver is related (family, friends, neighbours...) to the person receiving care and is not a professional caregiver" (Schoenmakers, Buntinx, & Delepeleire, 2010, p. 192).

Organization of the Dissertation

This study is organized into five chapters. Chapter 1 explores the background of the problem and provides an historical framework for the statement of the problem to be examined. Additionally, a theoretical and conceptual framework is presented along with a statement on the importance of the study and a definition of the terms used throughout the study. Chapter 2 examines the relevant literature, including a review of the existing work on transgenerational, cultural, and historical trauma, as well as PTSD and other trauma-related research. PTSD is recognized in the research, in part because it is linked to the idea of transmission of trauma across generations and lived time, and hence can be considered an aspect of what Linley (2003) refers to as "psychotraumatology" (p. 601), which examines the width and breadth of the "psychology of trauma." Chapter 3 includes an overview of the dissertation's research design, methods, and sample, and describes the conceptual and theoretical frameworks incorporated as well as a rationale for choosing the methodology. A presentation of the research design, data analysis, ethical considerations regarding participants, and limitations and delimitations of the study also are included.

Chapter 4 includes my exploratory findings of the themes generated by the focus groups as related to the theoretical frameworks that I found most appropriate in making explicit the lived

experience of the participants. In addition, I discuss the risk and protective factors that influence African Americans in their parenting and caregiver roles. Finally, I provide information that will assist in breaking through the social and institutional barriers that prevent seeking, diagnosing, and treating the effects of inherited trauma, particularly within the African American community.

Chapter 5 provides an overview of my research and a discussion of my major findings presented using DeGruy's (2005) PTSS, van Manen's (1990) lifeworld existentials, and Bronfenbrenner's (1979) bioecological model of human development to delineate the themes of the focus groups. Next, I describe the implications and how my research can apply practically to counseling and other mental health professions. The chapter concludes with a description of the limitations of the study, future research considerations, research questions generated by the study, the contribution of this study to the professional literature, and a summary.

CHAPTER 2: REVIEW OF THE LITERATURE

"The nature of this work is such that each group first must see to their own healing, because no group can do another's work."

~Dr. Joy DeGruy

This dissertation set out to examine the lived experience of contemporary African American adults in terms of the pervasive trauma experiences of their ancestors as victims of a racist and discriminatory system of government and social structure, and to look at how those lived experiences relate to the roles of parent and caregiver. The experiences of the past continue to influence a range of aspects of their lived experience, including the roles they play in interpersonal relationships, especially parent and caregiver. These roles have always been especially significant in the African American community and highly regarded. They continue to be a cornerstone of the contemporary African American family. An understanding of this element of the culture is essential to this inquiry.

Chapter 2 includes an historical and theoretical grounding for the assertions addressed within this study. The most appropriate theoretical framework for capturing the genuine aspects of the lived experience of African Americans raising African American adolescents is presented here as well. Relevant research is included that has proved significant in the formation of the research questions posited to participants and the methodology used to collect and assess the responses. Van Manen's (1990) lifeworld existentials (1990), Bronfenbrenner's bioecological model of human development (1979), and transgenerational and inherited trauma constitute the core theoretical approaches. Ivor Browne's (1990) theory of "Unexperienced Experience," DeGruy's (2005) "Post Traumatic Slave Syndrome," and cultural and historical trauma theories are included as well. Physiological manifestations of such trauma symptomology as heart

disease, hypertension, diabetes, and the like are more frequently associated with African Americans than with other cultural groups and are briefly reviewed here. Scholars have speculated that such medical conditions could be the partial result of physical maltreatment of early African Americans in addition to a lack of medical attention and poor diet, which became embedded in the culture and were inherited by their descendants. Additionally, a brief summary of the development of the study and diagnostic criteria of trauma, particularly Post Traumatic Stress Disorder (PTSD), is addressed.

An Historical Overview

The broader ideas of trauma and its effects are more recently developed and frequently not included in the traditional definitions or diagnostic delineations of trauma symptomology. In an examination of inherited trauma, one must consider from whom it is inherited and the history of that particular individual or group. A prime example would be that of Jewish Holocaust survivors. The idea of inherited trauma has been examined in depth by scholars concerned with trauma that is related to specific events and groups, and which is a stand-alone occurrence. According to Browne (1990) "…when something happens to us, we do not experience all of it at once" (p. 21). Browne's assertion that "experiencing something is a process which takes place within us over time…" is one idea this study includes in discussing the TGT of African Americans. One trauma experience can set in motion a lifelong process of psychologically integrating that trauma event into who one becomes as a result of that experience, often without full knowledge of what one is processing. The original victims or survivors of such an experience will fully integrate trauma symptoms into their psyches and will pass those trauma responses on to their descendants. There is considerable mounting evidence that being present for a trauma experience is not a prerequisite for experiencing the trauma. For example, the

research on secondary trauma by Perlstein and Motta (2012) demonstrates the effects of Browne's "unexperienced experience" or trauma symptoms of descendants not present for the initial event, but who have demonstrated such symptoms of trauma as anger, anxiety, depression, low self-esteem, and increased addictive behavior. Though these symptoms are closely related to PTSD (posttraumatic stress disorder), secondary trauma symptoms are almost parallel to, but not as severe as, those associated with PTSD (Motta, Kefer, Hertz & Hafeez, 1999; Suozzi, & Motta, 2004). Secondary trauma (Figley, 1995; Motta, 2008) refers to the negative emotions and consequent behaviors that result from close or extended contact with a traumatized individual. The basis for this research includes this idea that a trauma event can indirectly traumatize individuals and groups via transgenerational transmission. While Perlstein and Motta's research is understandably limited to the third generation or grandchildren of Jewish Holocaust survivors, one can reasonably move forward with the awareness that future generations will display at least some traces of trauma-related symptoms, as such symptoms have become more embedded over time in the familial and cultural psyche.

It is estimated that some 6,000,000 Jews were methodically killed by Nazi forces between 1939 and 1945 (Weber, 2000), but it is also estimated by numerous sources that as many as 12,000,000 Africans from various parts of the African continent, mainly the west coast, were sold or stolen into a brutal system of enslavement that lasted for approximately 200 years. That era was followed by additional trauma-inducing social and political systems sanctioned by the United States government such as sharecropping, Jim Crow, institutional discrimination, lynching, the convict lease system, and separate but equal education, all of which collectively amount to more than 150 additional years of trauma-related lived experiences for African Americans. It is altogether reasonable then, to consider that if Jewish Holocaust survivors'

descendants display symptoms of PTSD and other trauma-related disorders for three generations after the horrific 6-year torture imposed on them by the Nazi regime, the hundreds of years of brutal treatment that Africans and African Americans endured as recipients of institutional racism and discrimination could yield similar, if not more severe trauma-related symptoms. Since 1966 there have been approximately 400 publications addressing the transmission of TGT of Jewish Holocaust survivors (Felson, 1998; Kellerman, 2001), but only a handful about African American survivors' descendants. This inquiry aims to add to the limited body of research around this topic by addressing African Americans and potential treatment opportunities for African Americans, such as those made available to other cultural groups experiencing some form of transmitted trauma.

In examining the historical context of colonial slavery, a foundation is provided to reference and understand some of its effects on contemporary attitudes, beliefs, and behaviors of American culture and society. Unlike other cultures that had been enslaved, Africans and African Americans were intentionally separated from all connection to their culture of origin. They were systematically denied any association with their languages, traditions, families, and even their own names. In fact, the entire process of "breaking" or "seasoning" enslaved Africans/African Americans was designed to prevent them from developing any identity of their own that would separate them from the rest of their master's property. They were afforded no legal right to exist save as the property of another. They possessed no legal rights, no ability to defend self or family, no hope, no past, and no future. This is significant in light of the psychology of self and how self-perception affects ones lived experiences and interpersonal relationships. For the African who continues to evolve into an African American through the process of racial identity development over the course of some 400 years, acculturation and assimilation are uniquely

different than for those of other cultural heritages in which the members know where their families originated in Europe, Asia, or elsewhere; and how and why their ancestors chose to immigrate to the Americas when they did. That they arrived in America of their own free will, as autonomous beings with a history, with pride in a past, and with hope for the future, helped establish their descendants' place in American society. Likewise, those brought here unwillingly, in shackles and with no hope for the future, forged a collective as well as individual identity for their descendants.

This chapter includes a review of the relevant literature containing the key ideas of this investigation. The four main areas of examination presented here include 1) the concept of trauma, how this concept has evolved over time, and how it is defined, identified, and treated; 2) the TGT specific to African Americans, which is the system of legalized enslavement and the legacies of such lived experiences; 3) an investigation of the psychosocial effects and legacies of enslavement with specific regard to the roles of parenting and care-giving of contemporary African Americans acting in those roles to African American adolescents; and 4) an overview of the historical treatment of TGT with respect to African American clients' diagnosis and treatment.

Trauma

Over the years, the definition of trauma has seen many revisions and adaptations. This evolution of the term demonstrates the complexity of the concept of trauma and the struggle of the mental health profession to provide a succinct and comprehensive description.

According to Levers (2012), "[b]eginning to define trauma and its psychological effects is a daunting task. The effects of traumatic events are complex, reflecting the intricacy of the human beings who are exposed to trauma" (p. 8). The recorded concept of emotional trauma and

its residual effects on the human psyche date back to as early as 1859 when Briquet posited the idea of hysterical symptoms resulting from traumatic events, in particular sexual assault (Browne, 1990). Trauma research and work has greatly emphasized PTSD as a result of the study of soldiers returning from combat exhibiting trauma symptoms, responses, and behaviors. Dating back to 1871, such physicians as Dr. Jacob Mendez Da Costa began to explore manifestations of traumatic symptoms resulting from war experiences (Browne, 1990). Dr. Da Costa studied a group of veterans of the American Civil War who exhibited such physical symptoms as "palpitations, increased pain in the cardiac region, tachycardia, cardiac uneasiness, headache, dimness of vision, and giddiness" (Browne, 1990). The striking thing about Dr. Da Costa's research is that these soldiers were "physically sound," and exhibited no evidence of myocardial disease. Dr. Da Costa labeled this condition as "irritable heart" which later became known as "Da Costa's syndrome" (Browne, 1990). Subsequent similar manifestations in combat soldiers following World War I were noted by Sir Thomas Lewis in 1919 and Oppenheimer in 1918 (as cited in Browne, 1990). During the Vietnam War Era, "delayed stress syndrome" appeared to demonstrate that otherwise healthy soldiers who had been subjected to the trauma of combat could suffer chronic, adverse effects not apparent at the time of exposure (Figley, 1978). Today we recognize the very real, long-term effects of such traumatic experiences as engaging in combat, experiencing sexual assault, and natural disasters, among a host of other possible events. Many American veterans from more recent military engagements are able to receive better care for their PTSD symptoms and diagnoses as a result of the research and practical work of such healthcare professionals as mentioned above.

The idea of how humans internalize and process trauma has evolved over the years in the ideas and writings of such well-regarded theorists as Sigmund Freud and Carl Jung. Like many

other psychoanalysts, Ivor Browne (1990) has expanded upon the original concepts of trauma effects in his conceptualization of "Unexperienced Experience." Browne's assertion—that when human beings experience trauma, the process is ongoing—seems not to have made its way readily into the literature until long after Briquet, Freud, and Jung's theories were published. Browne (1990) holds that though the event is past, the processing, analyzing, internalizing and integration of the event into the traumatized person's emotional essence is not necessarily complete so the event can move from "something unsettled and current, into the past" (p. 27). Browne believes there is an almost suspended response, or what Walter Cannon (1929) referred to as "homeostasis," to trauma events, suggesting that humans have a built-in mechanism to "suspend" response as a means of self-preservation or protection. This function involves the temporolimbic system, "the part of the brain that controls the vegetative nervous system through which we express our emotions" (Browne, 1990, p. xx). This natural system of denial seems to be meant to help us keep our emotional responses in a psychoemotional purgatory until we have built up enough emotional capital to deal properly with the trauma and its ensuing psychological residue. In many cases, particularly when not appropriately dealt with in the original victim/survivor, the effects are passed on to subsequent generations and integrated into their emotional and psychological selves as though they were natural expressions of human existence.

Conventional thought on trauma and its related symptoms centers on one's physical presence at the traumatic event and/or one's self as the object of the event. This Euro-based perspective focuses on the individual and a direct perspective of a traumatic experience. TGT, however, is more collective in nature as it considers the cultural and historical effects on a group via inheritance from previous generations' experiences, a perspective that is more closely aligned with a cultural minority worldview. The National Center for Post-Traumatic Stress Disorder

(NCPTSD; 2007) has identified a traumatic event as "something life threatening or very scary that you see or that happens to you." According to the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM V; APA, 2013), a diagnosis of PTSD would include such criteria as exposure to actual or threatened death or serious injury, witnessing such events or learning that a traumatic event has happened to a close friend or family member, and persistent and exaggerated negative beliefs or expectations about oneself. Ideas about how to identify and define trauma have changed over the years as well. The DSM III (APA, 1980), the first version of the DSM to include trauma-related diagnostic criteria (for PTSD), was largely based on the premise that trauma was a rare occurrence or "outside the range of usual human experience" (p. 236). By the time the DSM IV (APA, 1994) and subsequently the DSM-IV-RT (APA, 2000) were published, the criteria had expanded to include broader definitions that were more comprehensive and extended to a greater number of people with life experiences that included some form of trauma but whose symptoms were not included in the original criteria for diagnosis. The mental health community and society at large had also recognized by that time that trauma was not as "unusual" as had been previously believed. According to Courtois and Gold (2009), "[a]ccumulating empirical evidence since that time clearly contradicts the supposition that traumatic events are rare or encountered by a minority of individuals" (p. 4). They also pointed out that since the 1970s, "empirical and clinical exploration of psychological trauma has [been] sustained and [has] flourished" (p. 3). Awareness about the far-reaching effects of emotional trauma has grown as well, and even as experiences such as child physical and sexual abuse, domestic violence and sexual assault, bullying, terrorism—and even cyber assault, cyber bullying, and cyber stalking—have become more pronounced, they are also more exposed and reported in the world-wide community. This type of progress in recognition of a

broader application of trauma-related symptomology may be expressed by Bronfenbrenner's notion of the exosystem, of which the mass media are a part as an influence on human development. Because society relies more heavily on technology today than ever before, the ideologies and attitudes (macrosystem) toward what qualifies as trauma-related acts, such as cyber behaviors, are more readily viewed by society as unacceptable.

As Jones and Wessely (2007) note, the inclusion of PTSD in the DSM-III in 1980 "represented a paradigm shift in the conceptualization of post-trauma illness" (p. 164). In addition, at that time, the research and diagnosis criteria were based on clients already in treatment for mental health; thus, the data were skewed as the baseline criteria were posited on those who "exhibited great distress," a phenomenon that was then viewed by loss and trauma theorists as either rare or pathological (Bonanno, 2004).

"Prior to the conceptualization of PTSD, other traumatic syndromes were proposed, such as rape trauma syndrome and battered women's syndrome" (van der Kolk et al., 2005). These diagnoses were quite limited in their scope and were subsequently incorporated into the PTSD criteria. As the idea of trauma is discussed in this research, it is imperative for us to consider that there are numerous definitions of trauma. Some definitions are broader in scope while others encompass a narrow set of standards that help determine a diagnosis.

The field of post-trauma study has expanded as have the parameters that govern its definitions, diagnostic criteria, boundaries, and limitations. However, as study of emotional trauma expands and more research is done, the previously established ideas and criteria continue to grow to reflect those developments and to expand by including additional forms of recognized human trauma and post-trauma illnesses.

While debates over trauma definitions and criteria will continue, this research attempts to make the case that if PTSD and other trauma-related diagnoses had been applied to African Americans from antebellum and post-slavery America to the present, a large majority of African Americans would be strong candidates for some trauma-related disorder diagnosis. The trauma resulting from societal sanction of people owning other people, particularly when race-based, should be considered at intake and initial evaluation when dealing with African American clients. Additionally, the school of thought present in most existing trauma-related research and treatment—that trauma exists only in those who personally experience or witness an event or are close to someone who has experienced such an event—inherently excludes much of the phenomena examined from the perspective of transgenerational, cultural, and historical trauma. Such lack of recognition that this disorder exists has naturally resulted in deficiencies regarding the ability to diagnose or treat any related symptoms. Thus, it is relatively safe to posit a lack of research on this form of trauma as well. To present the most authentic picture of TGT possible, this research must include and, to some extent, rely on other identified forms of human trauma research and findings to augment the little research available on TGT in African Americans, and on other forms of trauma and related symptoms.

According to Susan Herman (Levers, 2012), in recent years the academic community has begun to pay more appropriate attention to trauma and understanding the aftermath of traumatic events. However, Herman acknowledged as well that many of our systems, including criminal justice, healthcare, and social service institutions, are still not equipped to identify or address such trauma. With this in mind, we undertake an examination of transgenerational, cultural, and historical trauma, as well as other related trauma theories that reflect the idea of collective trauma and its potential effects.

Levers (2012) acknowledged the depth and power of human trauma by noting that its effects go beyond physical and even psychological wounding, reaching the very core of humanness as "spiritual or existential wounds" (p. 1). This concept of trauma, extending further than the institutional definitions and current criteria for proper diagnoses, considers the whole person. This aspect of trauma research and treatment has not been considered in the past, an exclusion that cannot be ignored when discussing TGT. The idea that the trauma of one is not experienced in a vacuum by that person alone but, is intertwined with the lives and experiences of others, is an essential tenet in understanding inherited trauma. This consideration is necessary not only in TGT but also in all forms of human trauma. One analogy might be to consider the effects of trauma as a communicable disease, which is passed on to those around us, oftentimes without our knowledge, to wreak havoc until the disease is contained or eradicated. The residual effects of certain diseases can be felt far beyond their point of origin. Such are the psychoemotional tributaries of trauma: they are not to be underestimated in their power to trickle beyond the initial event and to carry with them in their natural ebb and flow the vestiges of the psychic trauma to the descendants of the original victims.

Gump (2010) suggested that for one to "master the unspeakable feelings evoked by trauma" (p. 46), a communicable form and structure must be identified to provide coherence and meaning. Because trauma affects people on multiple levels, it is recommended that clinicians study some of the theories of human development as a foundation for understanding the effects of trauma (Levers, 2012). Toward that end, this research incorporates Bronfenbrenner's bioecological model of human development, which posited that human development is based on more than their own individual experiences; it is interconnected with various other subsystems and their influences as well. Additionally, Wilson (2005) argued that scientific research has

historically been skewed toward the study of psychopathology rather than human growth (and development), self-transformation, resilience, and optimal functioning. Bronfenbrenner's model addresses these concerns by considering the holistic nature of humanness and the systems wherein people function as integral to individual and societal evolution and progress.

Objectives to be Investigated

This investigation had a number of objectives. The various forms in which trauma can manifest are key components of this research. Though each of these forms has its own distinct area of study, they are all closely related in context and germane to this study. Historical trauma, cultural trauma, intergenerational trauma, and race-based trauma are investigated because their content connects them closely to the main topic, examining the lived experiences of African American adults in parenting and caregiver roles to African American adolescents. Ethnic/racial identity development (nigrescence), post traumatic slave syndrome, critical race theory, acculturative stress, and self-determination theory all provide a backdrop for those lived experiences that have shaped the participants' worldview and approach to interpersonal relationships. As well, Bronfenbrenner's bioecological model of human development (1979) and van Manen's (1990) lifeworld existentials offer a way to connect the aforementioned trauma theories and human development and interaction models, demonstrating the intersectionality of those elements that influence how participants view parenting and caregiver roles.

Historical Trauma

Historical trauma theory is predicated on the idea that populations historically exposed to long-standing, group suffering by way of such institutional and governmental policies as colonization and enslavement, in addition to others, continue to suffer the effects, which remain long after the initial trauma event (Sotero, 2006). Brave Heart et al. (2011) define it as a

"cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences" (p. xx). Brave Heart further contends that the psychological response to these traumas is multifaceted and vast, frequently involving depression, self-destructive behavior, suicidal thoughts and gestures, anxiety, low self-esteem, anger, and difficulty recognizing and expressing emotions. The associated affect that accompanies specific responses includes grief and is referred to as historical trauma response (HTR; Brave Heart, 1998, 2003). HTR can include substance abuse as an attempt to avoid painful feelings through self-medication and unresolved grief. There are various political, social, psychological, and medical implications arising from historically traumatized populations. Lived experiences exist within a specific historic time and space that are dynamic and that change the way people experience certain life events (Sotero, 2006). When a specific population experiences a trauma, the effects of which linger for generations, the reverberations are then experienced differently by each subsequent generation. Bronfenbrenner's chronosystem encompasses not only the moment of trauma experienced by a person or group but also the historical timeframe of the occurrence. The effects are transmitted to future generations, morphing into varying forms in adapting to the environment of that particular inheritor or inheritors. Some changes center around socioeconomic status, political climate, and other such societal and familial developments. Unfortunately, rarely is historical trauma recognized as a factor in the cluster of trauma symptoms that contemporary African American adults and youth suffer from and exhibit in their quotidian existence.

Cultural Trauma

Though cultural trauma and historical trauma are closely related, there are notable differences. The question of how trauma is culturally defined is one such distinction. Wilson

(2007) suggested that a cultural lens significantly influences the "postevent processing and cognitive interpretation" (p. 12) with which one identifies and works through trauma. Again, enlisting Bronfenbrenner's (1979) bioecological model of human development, one can connect Wilson's idea that cultural trauma is bound to norms with the way groups internalize and process lived experiences, including trauma. Bronfenbrenner's micro-, meso- and exosystems inform an overarching theme that coalesces into the macrosystem of a particular cultural group (Bronfenbrenner, 1994). Thus, that group's customs, beliefs, opportunity choices, etc., are outlined through and embedded within a cultural lens.

Intergenerational Trauma

Intergenerational trauma is often referred to as TGT; indeed, many view the two as closely connected, if not the same. While some other forms of transferred trauma, like historical and cultural trauma, are generally thought to be communal in nature, intergenerational trauma is associated more often with a family (Coyle, 2014). Intergenerational or TGT embodies elements similar to those of mass trauma, but on a smaller, more intimate scale. Intergenerational trauma is thought to be transmitted via the attachment bond from parent to child in messages about the self, the world, safety and danger (Coyle, 2014). These messages become embedded in the family systems of marginalized populations over generations and, according to Menzies' (2010) intergenerational trauma model, are exacerbated through public policies that promote damaging social conditions in families with unresolved intergenerational trauma, creating more pathology, dependence on, and interconnection with such social systems as criminal justice, welfare, and mental health. Much like Bronfenbrenner's bioecological model, Menzies' model links the larger community or macrosystem to the microsystems and exosystems of family, school, and religious

affiliation. These systems are then connected to the fluid, unresolved trauma transmitted from generation to generation.

Race-based Trauma

A brief mention of race-based trauma is appropriate it is similar to the other objects of investigation and a notable concept in the discussion on TGT. Encounters with individual, institutional, and cultural racism and racial discrimination create a unique type of stressor for people of color (Utsey, 1999, as cited by Carter et al., 2013), resulting in psychological and physical effects, which typically go undiagnosed. Race-based trauma is an emotional or psychological reaction to a racist (racially discriminatory) or race-based act or experience (Carter et al. 2013). Though plenty of research exists on racial discrimination and its related psychological consequences, not much of it suggests ways to address such stress-related trauma in therapy or how to measure its effects in clients who experience it (Carter et al., 2013)

Racial/Ethnic Identity Development/Nigrescence

Upon the election of Barack Obama as the 44th President of the United States of America, much discussion ensued about his race. Observers wondered, "Is he Black, African American, biracial?" There were discussions about how he identified himself racially and how others of similar racial make-up did as well. How does one come to identify as whatever race or ethnicity they feel connected with?

In June of 2015 the curious case of a "trans-racial' Caucasian woman gained national attention. Rachel Dolezal, president of the Spokane, Washington NAACP (2014-2015), was exposed by her parents as being a fraud. Dolezal, who was born of two Caucasian parents, had been living her adult life identifying as African American. While this investigation does not seek to make judgments about or draw conclusions with regard to Ms. Dolezal's claims, her situation

does highlight the question of how one arrives at one's racial or ethnic identity. Like the election of America's first African American President, the Dolezal case caused Americans to question how racial identity is determined. Before one is able to answer that question, however, we need to know what race is. Though most social scientists and most of academia today agree that race is essentially a social construct with no biological origin, there is still no official definition upon which all entities can agree. "Without question, race is one of the most misunderstood, misused and often dangerous concepts of the modern world" (Marger, 2015). Anthropologist Robert Redfield called race a "human invention" (Marger, 2015), meaning that though there is no scientific or biological proof of race, society's belief in the concept is more powerful than its lack of validity. Race is a complex notion with layers of nuance and social implication. However, for the purpose of this inquiry the definition of sociologist Richard Alba will be used to guide the reader through this extremely complex construct. According to Alba and other researchers as well, race is intertwined with ethnicity and again, is a varying and dynamic notion. Alba defines race as "…an ethnic group whose members are believed, by others if not also by themselves, to be physiologically distinctive" (Marger, 2015, p. 17).

Post Traumatic Slave Syndrome (PTSS)

Coined by Dr. Joy DeGruy (2005), the term "Post Traumatic Slave Syndrome" (PTSS) refers to a condition of TGT born from a state of enslavement and oppression that is perpetual and unresolved, with effects that continue to plague specific populations' self-image, access to opportunity, and related patterns of behavior. According to DeGruy, the patterns of behavior resulting from PTSS include three categories: vacant esteem, ever-present anger, and racist socialization. A key element of the continuation of the syndrome's consequences is the belief system held by the affected population: "The beliefs that evolved over hundreds of years of

slavery and oppression are some of the most significant impacts of PTSS" (DeGruy, 2005, p. 122).

Vacant esteem is the ingrained belief that one has little or no value, and it is transmitted generationally via three systems; family, community and society. The systems of transmission DeGruy provides as vehicles for conveying one's perceived worth in society bring to mind the macro, exo, and microsystems of Bronfenbrenner's (1979) model. The environment wherein humans are socialized contributes to their own ideas of what is possible for them and for those who belong to the same racial or ethnic group as they do to achieve. When vacant esteem is present, it can foster behaviors that contribute to the devaluing of others, particularly those of the same race.

According to DeGruy (2005), ever-present anger is the result of centuries-long denial of things promised, mass humiliation, and discrimination visited upon ancestors, the present generation, and the descendants of African Americans. A deep anger abides in African Americans, which can be stirred by the most seemingly benign of incidents; one could even say it has become embedded in the collective psyche as a result of being deprived of the most basic of rights afforded other Americans. DeGruy refers to the 1968 book *Black Rage* by William Grier and Price Cobbs, in which the authors remind us that America is in default of its promise of integration, equity, and equal access, and that justice, inclusion, and prosperity are merely notions, not realities for African Americans. It is no surprise, then, that the anger of African Americans is fueled again and again in situations wherein they perceive themselves as being slighted or disrespected. This phenomenon is also sometimes referred to as "historical hostility." This "pattern of responses" displayed by African Americans in therapeutic situations is thought to stem from extended exposure to discrimination and racism and is characterized by "a volatile

triad of emotions and behaviors, dominated by hostility, hopelessness, and a paranoid perception of discrimination in most cross-racial encounters" (Vontress & Epp, 1997, p. 1). These emotional responses and experiences are significant and unique to African American culture therefore, understanding the role they have in passing on trauma across generations is vital.

Racist socialization is the third and final pattern of behavior associated with PTSS. It is essentially the adoption of the master's belief system (DeGruy, 2005). This way of thinking and feeling is akin to Stockholm Syndrome, which is the phenomenon whereby captives become sympathetic to their captors and take on their perspective. DeGruy observed that as a result of generations of victimization and trauma, many African Americans have become psychologically parallel to Caucasian racists in terms of thinking themselves and all things associated with them and like them as inferior, and associating all things connected to the Caucasian culture as superior. This way of integrating a negative perspective of one's own culture or race into the psyche is also part of TGT.

Critical Race Theory

Though there is some disagreement regarding the exact time and place of the birth of critical race theory (CRT; Delgado, 2009), there is little dispute over its influence on the legal, educational, and social science communities and research produced in those fields. CRT began to emerge in the mid-1970s within the legal community as some of the progress of the civil rights movement began to dissipate. Predicated on the insights of the earlier movements of critical legal studies and radical feminism, CRT seeks to understand the intersectional nature of race, racism, and power and how that interconnectedness affects societal norms, beliefs, and practices as well as the public and private institutions society looks to for regulation of perceived injustices (Delgado & Stefancic, 2006).

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The basic tenets of CRT are as follows: a) racism is not unusual or out of the ordinary; it is commonplace and most people of color experience it regularly. b) Racism serves both psychological and material purposes; it is sometimes referred to as interest convergence owing to the dual benefit to elite whites (materially) and working-class whites (psychically). Because this system affects such a large segment of American society, there is little incentive to eradicate it. c) Race is a social construct. This theory "holds that race and races are products of social thought and relations. Not objective, inherent, or fixed, they correspond to no biological or genetic reality; rather, races are categories that society invents, manipulates, or retires when convenient" (Delgado & Stefancic, 2006, p. 3). A more recent development of CRT is differential racialization. Critical writers in law and the social sciences have drawn attention to the ways dominant society racializes different minority groups at different times in response to shifting needs, such as the labor market, and to the vast consequences of such practices (Delgado & Stefancic, 2006). Finally, d) the voice-of-color thesis holds that as a result of their first-hand experiences with oppression, people of color may be able to communicate to their white counterparts, certain aspects of such individual and institutional racism that they are likely unaware of (Delgado & Stefancic, 2006).

Acculturative Stress

A brief acknowledgement and description of acculturation and acculturative stress are appropriate as concepts contributing to this work and providing additional background and insight for this exploration. Ideas concerning acculturation began developing in the early 20th century with the rise of research into the consequences of European domination of colonial and indigenous peoples (Berry, 2006). The ways ethnic minorities navigate the complicated process of adjusting to a non-native culture that they do not fully understand—what Gillborn (2006)

called "Whiteworld" (p. 318)—provide valuable insights into how the process affects people of color as well as the majority culture. A few noteworthy distinctions here are the differences in the processes of "voluntary" and "involuntary" immigrant groups, as well as individuals within the same cultural group. Additionally, individuals' psychological acculturation differs from that of groups. As different cultures experience continual social contact with each other, the changes within individuals and groups are internalized differently (Berry, 1998, as cited by Joiner & Walker, 2006).

Acculturative stress, as defined by Berry (1998, as cited by Joiner & Walker, 2006), refers to the stress of moving from one's native culture toward another. This process possesses a unique set of concerns for African Americans, including threats to racial identity, culturally specific values, and living patterns, all of which can be stressors in everyday life (Joiner & Walker). Joiner and Walker found a relationship between acculturative stress and depressive and anxious symptoms in African Americans, though not suicidal ideations. These findings add to the idea that cultural and historical trauma and TGT uniquely affect African Americans and result in a host of psychological and physiological manifestations. The stress of attempting to assimilate into the majority culture while also attempting to maintain one's own cultural identity can be transferred to family and friends (exosystem), community (microsystem) and the connection between the two (mesosystem).

Self-Determination Theory

Self-determination theory (SDT) is a macrotheory of human motivation and development dating back to the 1970s and encompassing multiple aspects of human existence and development (Deci & Ryan, 2008). The theory addresses personality development, self-regulation, psychological needs and life goals as well as nonconscious processes, the relations of

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culture to motivation and the impact of social environments on motivation (Deci & Ryan, 2008).

Significant to this study is the way this theory connects the ideas of autonomy and self-regulation

to a sense of psychological well-being, which many African American parents and caregivers do

not experience in their daily lives. Research indicates that when certain psychological needs

related to motivation are met, they can assist in enhanced self or intrinsic motivation and

psychological well-being. Conversely, when they are thwarted, motivation and well-being are

diminished (Ryan & Deci, 2000).

Deci and Ryan's (2008) theory differentiates types of motivation unlike other theories

that view motivation as a unitary concept. Within SDT are two distinct types of motivation:

autonomous and controlled. Autonomous motivation includes intrinsic motivation and certain

forms of extrinsic motivation. The extrinsic actions one views as being valuable and worthy of

one's time and energy are eventually self-integrated and play a role similar to those that are

intrinsic (Deci & Ryan, 2008). Autonomous motivation arises from the desire of all humans to

make choices regarding their own existence and well-being. The notion of self-endorsement is

included as well, the idea that when people choose an action themselves, they are not only more

likely to complete the task but also to reap psychological benefits (Ryan & Deci, 2000). The

ability to choose one's own actions fulfills the psychological needs of competence, autonomy,

and relatedness, and develops psychological well-being across cultures. Multi-national studies

have shown that whether a culture is collectivist or individualist, those who experience

satisfaction in terms of competence, autonomy, and relatedness function at optimal levels in a

broad range of highly varied cultures (Deci & Ryan, 2008). These concepts are particularly

applicable when examining contemporary African American adults in the role of parent or

caregiver to African American adolescents and youth because the social conditions in which one

develops and functions directly affect levels of self-determination and feelings of autonomy (Ryan & Deci, 2000). The possibility that social context affects the transmission of trauma among individuals, generations, and cultures also relates to self-determination and motivation. If an individual or cultural group is socialized in an environment antagonistic to autonomy, it will likely display low intrinsic motivation because actions are not initiated either individually or as a group, nor do they yield any form of satisfaction or intrinsic benefit. This stunting of motivational development could be transmitted through the generations. We next examine how the interconnectedness of human development is expressed in Bronfenbrenner's bioecological model, looking at the legacy of TGT in African Americans over the course of time and through societal change in America.

Bronfenbrenner's Bioecological Model of Human Development

This "ecological-transactional perspective allows us to situate the lived experiences of traumatized persons within the time and space of a relevant ecology in order to understand the trauma event as well as personal meaning making" (Levers, 2006, p. 7). Though societal perspectives and norms concerning African Americans have evolved from enslavement to present, the traumas experienced and passed on to subsequent generations during those years have far-reaching effects. Understanding the "historical time" that Bronfenbrenner refers to is central to making meaning of those experiences and being able to view them within the context of the transactional nature of human development as well as that of appropriate trauma theory.

The essence of the bioecological study of human development is to capture people in their natural environment. In this way, researchers can glean the most unadulterated data and a sense of the population's reality so that the information will be as accurate and valid as possible (Bronfenbrenner, 1979). Though we are unable to observe the initial trauma events in the African

American cultural group, it is possible to apply the constructs of the bioecological model to the descendants of those initial victims as a legitimate method of attempting to collect significant data for the purposes of this study. The chronosystem in Bronfenbrenner's model allows for consideration of human and environmental change over time and for demonstrating how individuals and societies evolve. This concept of "historical time" informs the notion that human trauma experienced at a time when societal norms relating to race and enslavement were very different (antebellum) has contemporary meaning in human development, particularly as it relates to the trauma symptoms of the victims' descendants.

Historical events affect the development of both individuals and groups of human beings. Bronfenbrenner's model makes sense of the interconnectedness of time and environment with regard to human development. The five systems overlap at times and intertwine with one another through the lifespan and in experiences with others, who are developing as well.

Van Manen's Lifeworld Existentials

Phenomenological research is the science of examining the everyday structure of human lifeworlds (van Manen, 1990). How does this approach to research help illuminate meaning in examining the lived experience of individuals and groups? It assists researchers in questioning the way people see the world, their relationship to it, and their place in it (van Manen, 1990). People can experience the same event in different ways; they often take differing lessons and meaning from the same situation. The goal of the phenomenological researcher is to discern meaning through genuine inquiry, in as much depth as possible, in the lived experience of participants and others affected by the phenomenon under examination.

Transgenerational Trauma, Cultural Trauma, Historical Trauma and African Americans

Race matters. "[W]ithout understanding the role of culture in the enterprise and products of science and professional practice, we are like a ship without an anchor" (Nader, Dubrow, & Hudnall Stamm, 2014, p. xv). The history of African Americans and of trauma research are two separate categories this section will attempt to combine into a cohesive narrative that reflects the unique amalgamation of the two. In an attempt to supplement information that either cannot be retrieved owing to the amount of time that has lapsed since the initial occurrences (i.e., institutional enslavement and the original resulting trauma), or has not been researched in more recent years, this inquiry will reference studies of historical and cultural trauma with regard to such indigenous peoples as the aboriginals in Canada and Australia and the First Nations people (Natives of the Americas), as well as immigrants to the United States, and taking into account childhood trauma across ethnicities and nations, and the Jewish Holocaust as key markers.

Because little research has been done on African Americans in relation to past traumas inherited by subsequent generations (Gump, 2012), this research is supplemented with information retrieved from other ethnic and cultural groups' experiences with such trauma. This project then connects that research to current manifestations of trauma symptoms in contemporary African American society. Timothy Haslett (1999) urged crucial exploration into the real possibility of massive group psychic trauma such as resulted from the Middle Passage and the African Slave trade. Haslett considered the potentially extensive effects on the descendants of those originally traumatized via the aforementioned experiences and the "urgent political and ethical" task of addressing such residuals so that "the tradition of the dead generations no longer continue to weigh like a nightmare on the brains of the living" (p. 24). Teno (1990) addressed the haunting of dead ancestors in the context of a funeral, a ritual familiar

to most people, regardless of culture or historical time. Teno contended that although society has superficially attempted to rid itself of the horrors of colonialism, the vestiges remain.

> Funerals are important to us…; if we don't bury a friend or foe well, we are likely to see his ghost often until the day we unbury him and bury him again…. We didn't bury colonialism well, and we can see its ghost everywhere. (Teno, 1994, p. xx).

Teno's sentiment speaks to the effects of transferred trauma that remain with us and emerge without explanation in the lives of African Americans and in their approach to parenting. Addressing this issue is the task the current research has attempted.

Perceived Lack of Training

President George H.W. Bush's campaign manager and political advisor, Lee Atwater, coined the phrase "Perception is Reality" (1989). Atwater had a good point. The way people see things is their truth even if it is not the actual truth. This section provides a brief examination of the perceived and real lack of training and the delayed response of social, professional, and academic systems to the prevalence and frequency of human trauma, along with the cultural and historical variations in society. The study of trauma was revived in earnest in the 1970s with the return of Vietnam veterans from combat, emerging social movements such as women's rights, and significant empirical research. Even so, as late as 2002, trauma study had not been decisively incorporated into the core curriculum of graduate training in psychology or other mental health programs (Courtois & Gold, 2009). Today, both academia and the wider world have made significant strides toward acknowledging the reality of trauma in our society and have incorporated courses and training on trauma treatment. Herman (Levers, 2012) further identified other key systems besides mental health providers, such as criminal justice, healthcare, and other social services, that still lack the ability to identify and address human trauma experiences.

Though Herman primarily addressed issues related to trauma in the criminal justice system, her assertions can also be applied to various other systems, including mental health counseling. The significance of this information to this research has to do with mental health professionals' being properly trained about human trauma in graduate courses and professional settings. Proper diagnosis is impeded when practitioners do not possess appropriate levels of knowledge regarding even the more frequently observed and recognized forms of trauma, such as PTSD and reactive attachment disorder. This lack, as well as that in cultural awareness and knowledge of alternative or non-western methods of coping, leads to the exclusion of such considerations as stressors imposed by systemic racism, economic domination, and political oppression (Nader et al., 2014) and contributes to a public perception of incompetence or professional disregard for the inimitable trauma experiences of African Americans. Much trauma research indicates that lasting recovery requires a sense of safety and stability, and a sense of security in one's ability to be self-sufficient (Barden, 2013; Nader et al., 2014). In cultural trauma, the ability to move forward is thwarted as a result of such factors as ethnic prejudice or racism, poverty, and public policies that do not reflect the needs of cultural minorities (Nader et al., 2014). On the positive side, public awareness of trauma and its related effects has grown exponentially over the last 20 years through recognition of such experiences as childhood and intimate partner abuse, natural disasters, and military combat and its residual effects. Though much of the general public these days recognizes the term PTSD and has a cursory idea of what it means, "they remain unaware of the role that trauma plays in everyday life" (Herman 2012, p. xvii) even as the numbers of those who report having experienced some form of childhood trauma have increased considerably.

In a longitudinal study of 1,420 representative community children, ages 9, 11, and 13, designed to assess for the presence of all types of traumatic exposure as laid out in criterion A for PTSD in the DSM IV (criterion A-1-4, DSM V), 67.8% were found to have been exposed to such traumatic events as violent victimization, including bullying, attempted kidnapping, or attempted sexual molestation (Courtois & Gold, 2009). Ideally, children who have had similar experiences will seek professional assistance to help heal the effects of such trauma events. However, if a population finds a profession that is ill-equipped to assist them in a healthy, respectful, cooperative recovery process, seeking help is of no consequence. Trauma was once thought to be a rare occurrence in a small portion of the population; however, more recent inquiries, such as the 2005 study of a general population sample in Sweden, found that 84.8% of male respondents and 77.1% of female respondents reported having experienced at least one trauma event that conformed to the DSM IV criterion in defining trauma (Courtois & Gold, 2009). Similar findings were reported in the United States in a general population sample of young, urban adults (Breslau, et al., 1998 as cited in Courtois & Gold, 2009). Additionally, the NCPTSD stated that 50% of adult women and 60% of adult men in the United States report having experienced at least one traumatic event in their lifetime (Barden, 2013). Naturally, the study of what trauma is and how it affects human beings is an ongoing endeavor, but professional counselors and other mental health professionals need to be as well-educated and informed as possible so they can appropriately diagnose and treat trauma wounds.

Much psychoanalytic theory lacks adequate treatment of and training in cultural and historical background. "If as therapists we are blind to difference we will leave untouched critical aspects of our patients' selves: if we cannot perceive the sameness that difference leaves untouched, we limit not only our patients but ourselves" (Gump, 2010, p. 52). Various cultural

and historical trauma researchers have identified this lack as a contributor to mental health counselors' use of western therapy, diagnostic methods, and perspectives in an attempt to help clients who do not share the same worldview or lived experiences as the majority group. This disparity in frames of reference has essentially excluded some cultural groups from the conversation about mental health treatment and research. "This silence distorts and constricts our understanding of all subjects, but is particularly pernicious for the nondominant, as it renders significant aspects of their subjectivities invisible" (Gump, p. 42). Mental health providers have so frequently divorced culture, ethnicity, and historically significant experiences from the etiology of trauma treatment and research that they have effectively suppressed the progress of African Americans and other ethnic groups toward psychological healing. While much research has acknowledged the historical reality of slavery, most has fallen short of connecting that history to today's reality (Tully, 2014). There has also been much discussion about deficient academic and professional standards and training with regard to multicultural issues in mental health. Certainly, professional organizations such as the American Counseling Association (ACA) and the American Psychological Association (APA) have acknowledged, in more recent years, the historical gap in education and training in awareness of cultural and ethnic differences within the mental health field. These organizations have attempted to make reparation for these omissions of the past by incorporating ethics in their official respective standards on multicultural issues relating to delivering services to clients as well as amending education and training. Additionally, The Council for Accreditation of Counseling & Related Educational Programs (CACREP) has established definite standards pertaining to social and cultural diversity training for educational institutions applying for accreditation. The current standards included in the 2009 edition of the CACREP manual are being reviewed and honed to better address our

ever-changing global society. The second draft of the manual from 2016, which also includes

such requirements, is currently available for review at cacrep.org.

The real or perceived past lack of training in dealing with human trauma and

multicultural issues in the human service professions and the slowness of progress in these

aspects have coalesced to create a public perception among certain cultural minorities. That is,

these issues have only added to minorities' lack of trust and confidence in the ability of mental

health to address their concerns adequately, respectfully, and effectively.

The Importance of Culture and History in the Study of Trauma

Research on trauma in the African American community is sparse and is generally

observed within the psychological construct of PTSD; therefore, incorporating the studies of

other cultures and sub-cultures that have experienced some form of collective trauma will assist

in addressing the unique lived experiences of and historical basis for cultural trauma in African

Americans. However, "there is additional research which seeks to move beyond the

individualized conception of PTSD," which "posits African Americans within the context of

cumulative, multigenerational trauma, or cultural trauma" (Barden, 2013, p. 29). Generally, this

perspective has not been central in past mental health practices or research. Nader et al. (2014)

emphasized the importance of culture by noting that it should be centrally significant, not a

peripheral aspect of traumatology research, theory, and intervention. Noted as well, is the

decontextualization of culture in traumatology; clinicians tend to view trauma from the lens of

their own ethnic background and experiences (Nader et al., 2014). This world view is typically

that of the dominant culture and the western world. Because the dominant culture tends to view

trauma as an individual experience and has constructed the conceptual framework as such, there

is distraction from the broader, societal elements of the circumstances (Nader et al., 2014). This

focus on individualized experiences discounts the collective, historical, and multigenerational nature of TGT. In addition, emphasis on the trauma part without proper homage to the cultural aspects "encourages a historical conceptualization that overlooks the stresses imposed by racism, economic domination, or political oppression" (p. xix). How then do we address the unique cultural and trauma issues specific to African Americans in treatment and research? There is a great deal to be learned from research that has already been conducted on various other populations, some of which are connected by ethnic identity and others by a particular experience, such as a natural disaster or a man-made event, like war or a terrorist attack.

As Eyerman (2001) describes it, cultural trauma is a horrific event that is experienced by a cohesive group. It is a kind of communal pain "experienced by a subjectively defined collective who exhibit a specific way of navigating life matters on language, worldview, faith, ritual, mores, etc." (Stamm et al., 2004, as cited in Barden, 2013, p. 30). Barden (2013) extends the notion of cultural trauma to its origin in "adverse cross-cultural relationships" as defined by the dominant group's obliteration and exploitation of the victimized cultural group, in which the dominant group "perpetuates *traumas*" (p. 31). The types of traumas to which African Americans have been subjected throughout their existence in North America parallel those in current diagnostic standards that identify various forms of man-made violent experiences such as sexual assault, homicide, physical assault and torture. These trauma themes are evident in the historical experiences of the Jewish Holocaust (Rosenbloom, 1995; Solkoff, 1992), a mass genocide of a people subject to the then-dominant German nation and the total destruction of the natives in the Americas (First Nations people) by European settlers (Brave Heart, 1998). There is plenty of cause to include the journey of African Americans along with survivors of the Jewish Holocaust and the Holocaust of the First Nations people and natives to the Americas. There is

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mounting evidence that suggests the cultural trauma, which ethnic minorities all over the world have been subjected to, is not merely a function of historical trauma, but of continued, repeated traumatic experiences (Barden, 2013; Hudnall Stamm, Stamm, Hudnall, & Higson-Smith, 2003; Kira, 2010; Nader et al., 2014). This research holds that this cumulative trauma not only derives from culture, in that it exists in a particular group as a result of marginalization by a dominant group, but also created a culture. A different form of the original traumatized culture emerges from their collective shared experiences, both historic and contemporary. This has the dual effect of altering the worldview and the view of self. Take, for example, the well-known "doll test" of the 1940s and 50s, by African American social psychologists Clark and Clark (1947, 1950). When presented with two dolls, one Caucasian and one African American, and asked certain questions as to preference, the young African American children in the study consistently and overwhelmingly chose the Caucasian dolls as being good, pretty, and smart; this left the African American dolls as bad, ugly, and unintelligent. These self-perceptions were formed as a result of the dominant group's traumatization of the oppressed group's ethnic identity. Living daily with assigned labels of negativity affects one's sense of self, ethnic identity development, and view of the world (Barden, 2013; Tully, 1999, 2014). The emotional impact of slavery is overwhelming to consider because slavery is a theft of the self (Nader et al., 2014). Included in this pilfering of self is the culture, which includes language, religious practices, mores, and ultimately, self-value. The true image of self was replaced by a menacing, distorted lie of unintelligence, ugliness, and unworthiness, thus creating a post-trauma culture, or one that has morphed into a new version of its former self. While much of the residual effect of the trauma of American slavery on African Americans is tremendously negative in nature, some positive effects linger, which are addressed further in this narrative as well.

At the crux of cultural trauma is a unique set of collective historical experiences which have coalesced to create express legacies within a particular cultural group (Eyerman, 2001; Stamm et al., 2004). Much of the residue of American enslavement that was culturally (or race) based has formed a foundation upon which various ill effects have been embedded and thus possibly transferred from generation to generation with snowballing effects. "Beginning with the first generation impacted by the initial cross-cultural encounter, each successive generation is subjected to the previous generations interface, relationship, and management of the original trauma" (Barden, 2013, p. 32). Some of these legacies manifest in mental health issues that may be passed on to future generations. Survivor syndrome or survivor guilt, found to be prevalent in significant numbers of Jewish Holocaust survivors, can be transmitted to survivor children and other descendants (Bergmann & Jucovy, 1990). In a study by Perlstein and Motta (2012), the authors examined the secondary trauma effects of third-generation Holocaust survivor descendants as did Sagi-Schwartz, van IJzendoorn and Bakermans-Kranenburg (2008). Perlstein and Motta found that while many Holocaust survivors were diagnosed and treated for depression, they exhibited symptoms more closely related to the diagnostic criteria of PTSD, such as chronic anxiety and intense feelings of guilt. As well, they noted that children of Holocaust survivors "demonstrated greater psychopathology on the Kincannon's Mini-Mult (1968)," which is indicative of "some level of intergenerational transmission of Holocaust trauma" (p. 97). Additionally, third-generation descendants were found to exhibit higher levels of fear, neuroticism, aggression, social withdrawal, inhibition, and depressed affect. Duran et al. (1998) refer to these effects of cultural trauma in Natives of the Americas as a *soul wound*, or a historically based group injury resultant in such sequelae as alcohol addiction, depression, and identity conflict (Brave Heart, 1999), unresolved grief, and historical trauma response (HTR)

(Barden, 2013; Brave Heart & DeBruyn, 1998). The *soul wound* Duran mentions is akin to Levers' (2012) spiritual or existential wounds, mentioned previously in this chapter. Such materializations as anxiety, guilt, and psychic numbing associated with unacknowledged cultural sorrow of First Nations people and Native Americans mirror those trauma manifestations reportedly exhibited by Jewish Holocaust survivors. The manifestations in the African American community are similar and reflect a similar level of trauma-related pathology. The historical oppression of African Americans manifests not only in substance abuse, depression, and aspects of PTSD criteria but also in an intense mistrust of the dominate culture. It is still reflected in day-to-day interactions and is a product of government sanctioned enslavement and subsequent forms of oppression, such as institutional racism, discrimination, the convict lease system, and Jim Crow (Nader et al., 2014), which have initiated the trauma response of that culture. These pathologies are present in the parenting and caregiver roles many contemporary African Americans hold in their immediate and extended families. Knowledge of such cultural factors, including the lived experience and history of African Americans, is crucial in working with African American clients. An acknowledgment of shared beliefs in the value of the parenting and caregiver roles, of extended family and interconnectedness among African Americans, is also necessary in engaging such clients and fostering trusting, mutually respectful interactions (Caldwell, Rafferty, Reischl, De Loney & Brooks, 2010).

Martin Luther King Jr. expressed the sense of "unbelonging" that many African Americans feel in living out their daily experiences as a colony within the American nation, demonstrating how these feelings are transferred to their children and fictive kin:

Being a Negro in America means trying to smile when you want to cry, it means trying to hold on to physical life amid psychological death. It means the pain of watching your

children grow up with clouds of inferiority in their mental skies. It means seeing your

mother and father spiritually murdered by the slings and arrows of daily exploitation, and

then being hated for being an orphan. (1967)

Hortense Spillers (1996), an African American author, literary theorist, and feminist

writer, spoke of the trauma brought about by the Middle Passage, the journey by slave ship from

the native region of freedom in Africa to bondage in the Americas. The violence suffered and

endured by the ancestors of African Americans brought about a collective separation anxiety

response that has yet to be examined or dealt with and remains embedded in contemporary

African American life (Spillers, 1996). Much like Haslett urged readers and scholars to take up

the mantle of examining the possible psychic trauma results of the Middle Passage and African

(transatlantic) slave trade, Spillers examined the somatic aspects of such a horrific experience, or

the traumatic memory etched in the collective African American mind and body. One can readily

connect this uniquely African/African American experience to those of Native Americans and of

the Jewish Holocaust and their trauma responses to specific group cultural and historical trauma

experiences.

As previously noted, the Middle Passage is one possible historical period that provides a

focus for studying the initial trauma experiences of Africans/African Americans in relation to

this work. While the legitimacy of that assertion is not in question, examination of this topic is

primarily dedicated to slavery in America as a system sanctioned by the government and to

subsequent forms of marginalization of this cultural group in colonial America and the United

States of America.

The ability to access documented experiences and their connection to the ongoing

discriminatory practices suffered by African Americans at the hands of the government and other

American institutions makes antebellum America a more logical benchmark for this work along with previous scholarship that has pinpointed American slavery as a crucial aspect in African American identity formation and racial socialization (Barden, 2013). Moreover, the American system of slavery was an all-encompassing institution affecting the very core of African American humanity. The economic, political, and social systems America is founded on are exploitive, violence-based, and racist in nature (Barden, 2013). The trauma that emerged out of that time period has far-reaching psychological, emotional, social, and physiological legacies, which continue to plague African Americans today (Barden, 2013; DeGruy, 2005). Part and parcel of this overarching legacy is the ways in which African Americans experience the roles of parent and caregiver in the social system created out of that historical context.

Though the trauma of slavery has bequeathed multiple ill effects to contemporary American culture, its influence is seldom acknowledged. The horror inherent in a government sanctioned system such as American enslavement has given rise to what Gump (2010) referred to as "a traumatic cast to African American subjectivity…through the intergenerational transmission of trauma this wounding has endured" (p. 42). Again, Gump reminded us that the product or by-product of slavery is a people left with feelings of helplessness, shame, and rage, effects akin to that of DeGruy's (2005) PTSS. Additional manifestations of the trauma of slavery include neurological processing affects and sensations attendant to trauma that appear to remain discrete and fragmented as opposed to normal emotional experiences that are integrated into quotidian existence (van der Kolk, 1996, as cited in Gump, 2010). Trauma is also recognized as affecting the language center and emotional arousal response (Chafetz, 2000, as cited in Gump, 2010). Fortunately, more recently the mental health community has acknowledged the limitations of the PTSD criteria as related to various forms of previously unrecognized trauma

events or instigators. While transgenerational, cultural, and historical trauma symptomology do share some of the diagnostic criteria of PTSD, there are additional, wider-arching legacies that a PTSD diagnosis fails to encompass, as well as the language center and other effects of intergenerationally transmitted trauma.

As mentioned previously in this work, PTSD and trauma diagnoses in general lean far in the direction of the individual and direct effects of trauma experiences as defined by and based on Western theory, socialization, and worldview. This dominant perspective is the primary reason that recognition of symptoms resulting from collective trauma and passed on intergenerationally (in the theories and diagnostic criteria of PTSD and other forms of trauma and stressor-related disorders) has been so limited in terms of cultural and ethnic minorities. This "cultural blind spot," as I will call it for now, is connected to the dominant culture's perspective, which arises from their experiences. Because they have not experienced cultural or historical trauma, they have constructed contextual criteria and subsequent diagnoses for effects they do not recognize for what they are. As a result, "[f]requent misdiagnosis in conduct disorder, depressive disorder, and attention deficit disorder, which are chronic stress reactions related to complex trauma…" is common when assessing ethnic minorities (Mullan-Gonzalez, 2012, p. 42). Mullan-Gonzalez, referring to Gatto (1992), and Hacker (1992), pointed out the implicit discrimination that manifests in treatment programs with such goals as reducing aggression externally, goals aimed primarily at African American youth in inner-city programs. This type of practice does little to help the problem and, in fact, likely exacerbates it. Another example of such promulgation of institutional discrimination around mental health disorders in African Americans may be found in the many inner city African American youth who exhibit trauma symptomology, yet do not fit the PTSD criteria. Thus, in place of being properly diagnosed and

treated, they are often punished in the criminal or juvenile justice system instead of being helped (Mullan-Gonzalez, 2012). Hence Herman's (Levers, 2012) assertion of the need for American social service institutions to collaborate and address embedded notions concerning race, criminality, and mental health if progress is to be made in the African American community and America as a whole, especially pertaining to mental health.

As with other culturally traumatized groups, African Americans are re-traumatized with each incident of microaggression, implicit bias or racism, and actions viewed as disrespectful in addition to the explicit and direct acts of individual and institutional discrimination with which they regularly contend. "For Black Americans, however, the psychological distress associated with the reality of history is believed to be triggered and re-experienced through present day encounters with racist oppression" (Mullan-Gonzalez, 2012, p. 28). Similarly, as noted by Herman (1992), Jewish Holocaust survivors were brutally traumatized as much by the chronic and repeated exposure to the trauma as by the trauma event itself. The misdiagnosis and mistreatment of multitudes of African Americans serves as yet another form of traumatization that reignites the initial, unresolved trauma that originated hundreds of years ago.

Barden (2013), citing multiple sources, recognized that the multiple legacies of the trauma initiated by American enslavement include anger and rage (Grier & Cobbs, 1992), mood disorders (Pouissaint & Alexander, 2000), internalized oppression (Russell, Wilson & Hall, 1992), and increased religiosity (Boyd-Franklin, 2006). In addition, the sequelae of physical abuse, abandonment, low self-esteem, aggressive behaviors, grief, depression, mania, bipolar, colorism or intraracism, feelings of inferiority, and a psyche of distrust contribute to a cycle of destruction rooted in antebellum America (Barden, 2013; DeGruy, 2005; Eyerman, 2001; Pouissaint & Alexander, 2000).

The consequences of TGT, such as those mentioned in this research, have become entrenched in the lived experiences of the African American community. Subsequently, ideas of family, kin, and those responsible for instilling the lessons of life, history and cultural legacy are very highly regarded. Those whom one refers to as mother, father, grandparent, or aunty, even if biologically unrelated, are held in the highest esteem in the African American community. Because biological family could be and were sold to various masters, plantations, and traders, many found some comfort in those who remained physically close and spiritually connected. Fictive kin have had a significant impact on the role of guardian and caregiver in the contemporary African American community, as have biological relatives acting in those roles.

Summary

Chapter 2 provides a review of the literature relevant to the lived experiences of contemporary African Americans in parenting and caregiver roles to African American adolescents as well as that dealing with the history of trauma, trauma diagnosis, and the evolution of accepted definitions. The review includes the theoretical framework implemented in this research: van Manen's (1990) lifeworld existentials, Bronfenbrenner's bioecological model of human development (1979), and DeGruy's (2005) PTSS. Additionally, TGT theory, cultural trauma theory, and historical trauma theory are central to the study. These theories provided the grounding for an unambiguous, authentic inquiry of the participants and the influence collective trauma has had on their lived experience.

Chapter 2 also attempts to illuminate the historical and cultural significance of the specific lived experiences of those raising young people in a nation with a history of collective societal hostility as evidenced through public policy and private behaviors. To this end, the additional theories of critical race, self-determination, racial/ethnic identity development, and a

few others have been mentioned to supplement the core theories of focus and to provide a broad-view lens that captures the genuineness of participants' experiences.

CHAPTER 3: RESEARCH METHODOLOGY

The purpose of this qualitative research inquiry was to examine the extent to which lived experience, in relation to transgenerational, cultural, and historical trauma, play a part in the life-world of contemporary African American adults in parenting and caregiver roles to African American adolescents and youth. Particular attention was given to self-image, interpersonal relationships, socialization, and physiological well-being. This research attempted to analyze the effects of inherited trauma on parenting theory and style via focus groups, participant observation, and a reflexive journal. The intent of this study was to gather an understanding, as much as possible, of the depth of the trauma inherited by African Americans, often without their knowledge, and its effects on their everyday lives. The resultant effects of poverty, disenfranchisement, underemployment, and unemployment associated with inherited trauma plague the African American community at extremely high rates compared to most other ethnic groups (Barden, 2013). The sequelae to a history of being marginalized by institutional racism, government-sanctioned discrimination, and the legacy of enslavement takes its toll in the form of depression, drug abuse, alcoholism, physical and sexual abuse, inter-relational conflict, self-hate and a myriad of health issues within the African American community (Barden, 2013; DeGruy, 2005; Eyerman, 2001; Gump, 2012). The aim of this research was to address some of the cultural and historical trauma manifestations within the African American community with particular regard to how this unique history affects the cultural parenting perspective and as a way of understanding and being able to diagnose and effectively treat members of this community.

Qualitative Inquiry

I chose to examine this phenomenon through qualitative inquiry as an attempt to make meaning of the lived experiences of the participants. This research was not intended to prove or

disprove a hypothesis, but to gain a greater "understanding of perceptions, attitudes and processes" (Glesne, 2006, p. 29), for which qualitative research works the best. Qualitative research promotes a deeper level of insight into "a social setting or activity as viewed from the perspective of the research participants" (Bloomberg & Volpe, 2012, p. 27). It attempts to grasp the meanings of particular social phenomena from the participants' perspective to contextualize their particular socio-cultural-political milieu and change social conditions (Glesne, 2006). Qualitative inquiry methods are frequently used to get at phenomenological and existential aspects of the human condition that, by nature, could be impossible to acquire via quantitatively oriented or conventional statistical means (Levers, 2006). This format also provides a level of flexibility and adjustment at the facilitator's discretion.

Theoretical and Conceptual Framework

Given the noticeable lacuna in research on how TGT affects African Americans and parenting, it was crucial to make every attempt to extract the most genuine, meaningful information possible to gather accurate data. With that goal in mind, I have chosen to apply the hermeneutic phenomenological research approach to this study. Van Manen (2014) describes hermeneutic phenomenology as "a method of abstemious reflection on the basic structures of the lived experience of human existence" (p. 26). In this instance, the term aims to convey a means of avoiding biased, emotionally based reflection and embracing phenomenological analysis, which enables the researcher to produce work that is explicative, descriptive, and intelligible.

The most likely way to extract a true essence of this unique, daily existence is in using methods commonly associated with phenomenological research; or to discover what van Manen (2014) described as "alternative and radical ways of understanding how and where meaning originates and occurs in the first place" (p. 22). The depth of this philosophical form of inquiry

lends itself to the discovery of that which we did not know existed. Van Manen further observed that "[p]henomenology does not let itself be seductively reduced to a methodical schema or an interpretive set of procedures" (p. 22). It allows, indeed facilitates, the inquisitor's discovery of a deeper, more meaningful scenario of the human phenomenon that is being examined. Herein lies the soul of hermeneutic phenomenology; indeed, the very root of human existence. This chapter describes the methodological framework, design, instruments, participant selection, data collection, and analytical procedures used within this study.

This inquiry concentrated on exploring the interconnectedness of TGT and the lived experiences of contemporary African American adults in the role of parent and caregiver to African American adolescents. This qualitative research was grounded within specific theoretical frameworks designed to further enhance the process and to glean the most in-depth, authentic knowledge of the participants' lived experience. Because of the personal nature of such an inquiry and its reliance on participant input and candor, it was highly important that they become stakeholders in the process and outcome of the work; therefore, their willing contribution was crucial to the success of the study. When researching a historically marginalized cultural group, it is imperative to examine such with a relative cultural lens, be willing to set aside the culturally dominant world-view, and incorporate the most appropriate theoretical framework. With this in mind, a phenomenological research approach was most appropriate. Because previous studies on the effects of TGT have focused on other cultural groups, and little has been done on African Americans and TGT, the most effective method for acquiring information involves accessing the rich and unique lived experiences of the participants via group interviews or via focus groups, observations, and individual interviews as needed.

Merleau-Ponty (1962) demonstrated the importance of this aspect of the research by referring to phenomenology as "the study of essences" (p. vii). Van Manen (1990) elaborated:

> A good description that constitutes the essence of something is construed so that the structure of a lived experience is revealed to us in such a fashion that we are now able to grasp the nature and significance of this experience in a hitherto unseen way. (p. 39)

For capturing the "essence" of the participants' responses in a way not previously expressed, hermeneutic phenomenological research is most appropriate. Therefore, van Manen's (1990) lifeworld existentials and Bronfenbrenner's (1979) bioecological model of human development will be incorporated to guide the interviews and data examination. Qualitative research seeks to make meaning of the lived experience of participants and what emerges as a result. "'You must sit with people,' he told me. "'You must sit and listen.' As we say in Songhay: 'One kills something thin only to discover that [inside] it is fat'" (Stoller, 1989, as cited in Glesne, 2006, p. 37).

> Applied to research, phenomenology is the study of phenomena: their nature and meanings. The focus is on the way things appear to us through experience or in our consciousness where the phenomenological researcher aims to provide a rich textured description of lived experience. (Finlay, 2008, p. 1)

Thus, phenomenology is an examination of experience as it is lived. Therefore, my desire to capture the "essence" of the participants' responses in the most pure and natural state was best facilitated through hermeneutic phenomenological research. The concept, the study, the research, all aim at getting to the most genuine, authentic, fundamental nature of whoever is being researched. So that we might attempt a more than cursory understanding of the unique lived

experience of African Americans in parenting and caregiver roles, the examination of their world-view, or "life-world" was and is crucial to research as well as to treatment.

Hermeneutic phenomenological research also has the advantage of possessing a dynamic nature. "The flexibility of phenomenological research and the adaptability of its methods to ever widening arcs of inquiry is one of its greatest strengths" (Garza, 2007, p. 338). This flexibility should not however, be viewed as a less strenuous method of inquiry. There are certain tenets of hermeneutic phenomenological research that attest to the science of such inquiry. "It is systematic and explicit… using specifically practiced modes of questioning, reflecting, focusing, intuiting, etc." (van Manen, p. 11). Considering the personal, experiential nature of the proposed research, a hermeneutic phenomenological approach is likely to be the most helpful in extracting the themes and patterns that emerged in the data collection process.

Rationale

Though I believe this work to be my own personal destiny, I also have been reminded recently of the many social ills America still harbors beneath its cloak of "freedom and justice for all," with regard to race and ethnicity and the many inadequacies of a system founded on domination by one group through violence, intimidation, and the imbalance of power. I regard my life's experiences as proof that America has, in practice, never lived up to its theoretical idea of freedom and equality for all, and I have also borne witness to scores of unjust situations and conditions created by a race-based caste system that has never been honestly and wholly reconciled with its stated mission. The collective denial of the American nation lives on in the streets of Sanford, Florida; Ferguson, Missouri; Staten Island, New York; Baltimore, Maryland; and Washington, DC; in the video footage of Rodney King being arrested and beaten, and O.J.

Simpson going free; in the selective witnessing of public school teachers, college professors, health care providers, real estate agents, and money lenders.

In every aspect of daily life, people of color endure injustices and disparities. In particular, African Americans have arguably had to endure more than most, for longer than most, and generally have not been recipients of the collective empathy or reparations that other marginalized minority groups have received. With regard to the mental health field, these same sentiments apply. There has been little recognition of the needs and cultural traditions of what has historically been the largest ethnic minority group in America. Few attempts have been made until recently to understand the unique psychological legacy bequeathed to African Americans from a history of being in America, yet not wholly American. Even with some cursory concessions in mental health that aim to address cultural accommodations of the inimitable psychological trauma history of African Americans, much work is still needed. I believe this work to be a small step in that direction.

The rationale for this research was to bring some level of recognition to the effects of transmitted trauma on the lived experiences of the investigation's participants and to assist in at least a modest way with the subsequent development of social interventions and mental health treatment options for this specific population. Because this recognition has been absent for so long, this inquiry is a necessary step in prodding the mental health profession to invest more in terms of training and education, research and effort into examining the trauma that is transmitted through generations and across time and space, and its effects on contemporary society.

Research Design

Incorporating a hermeneutic phenomenological approach, this inquiry sought to gain understanding of the lived experiences of a specific cultural group's practices of parenting and

care-giving. Researchers believe that there are common threads that connect human experiences and their interpretations of such experiences. By using this approach, the research began to identify, interpret, and explain the common threads.

An initial review of relevant literature was conducted to prepare as well as possible without drawing conclusions regarding the outcome of the inquiry. The literature was periodically reviewed throughout the study in an effort to remain abreast of newer and previously unexamined information that might be published and that could contribute to the final product. The initial review yielded significant indication that there is, in fact, a lack in the research around the group and culture focused on here, the legacy of TGT, and a collective perspective on the role of parenting and care-giving.

Participants

The sample of participants in a research study is the group from which the data were obtained (Fraenkel & Wallen, 2006). A purposeful sample in qualitative research is meant to indicate a larger population. The first undertaking in selecting participants for the sample is to define the population of interest (Fraenkel & Wallen, 2006). In this research, the desired participants were of a specific cultural background and age range with experience in parenting or caregiver to a specific population as well. These parameters are narrow and hence limiting those who could be recruited for this study. Here, randomizing is unimportant as subjective methods are incorporated to determine which elements would be included in the sample (Etikan, Musa, & Alkassim, 2016). Because lived experiences are culturally informed and created, all human beings' self-perceptions and understanding of social roles, social institutions, and social structures are affected by their culture. These ideas played a significant part in participant selection for this study because it was predicated on culturally-based lived experiences. As well,

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in qualitative studies the most appropriate samples are non-probability samples, which allow for additional latitude and the ability to reach typically hard-to-reach populations (Berg, 2009). To select the most appropriate participants, I elected to use purposive and snowball sampling in organizing and selecting a sample.

Purposive Sample Selection

In developing a purposive sample, researchers are able to incorporate any special knowledge or expertise they have with regard to a particular group to select participants who represent the desired population (Berg, 2009). Choosing a sample with purpose provides information-rich subjects specific to the study (Devers & Frankel, 2000; Etikan, Musa, & Alkassim, 2016). This deliberate choice of participants arose out of the desired qualities they possess (Etikan et al., 2016). In addition, purposive sampling strategies are designed to enhance understandings of group experiences (Devers & Frankel, 2000). Those who fit the desired criteria related to the research being conducted were then invited as participants.

I relied on the organizations I worked through, because of their familiarity with their members and with the research topic, to aid in the selection process. I gathered a sample of willing participants to be drawn from the population of African Americans in various communities in Western Pennsylvania and aimed to select the study participants carefully in order to maximize the probability that the desired phenomenon would result.

I consulted with the community and organization gatekeepers to determine the most effective method of recruiting potential participants. I distributed fliers and pertinent information related to the study such as confidentiality, ability to withdraw, and the storage and use of information. Participants were recruited from local churches and other community organizations specific to African American membership and involvement via a letter of invitation that

explained the process in detail. The letter also outlined the intentions, goals and purpose of this inquiry as well as expectations and the responsibilities of selected participants and of the researcher. The participants chosen were at least 35 years of age so that they could have gained a reasonable understanding of lived experience specific to this inquiry in order to provide rich and varied input for suitable reflection. Each of three focus groups had six participants to keep the sampling manageable, as the goal was to obtain meaningful information in a way that would honor the subject matter and the hermeneutic phenomenological approach, as well as respect the participants' time and willingness to communicate their experiences. A time limit was imposed on the focus group interviews (no longer than two hours unless mutually agreed upon by all participants) in an effort to encourage participation and to respect the participants' availability and schedules; nonetheless, the time remained flexible to accommodate full participation. As well, participants had additional time if they wanted it to allow for any emergent thoughts and feelings as a result of the initial interview questions. A consent form was provided for each selected participant prior to the focus group meetings. The form contained the purpose and parameters of the study, the procedures involved, the voluntary nature, confidentiality, and information on the researcher.

Research Questions

To borrow a definition from Glesne (2006), research is an effort to remedy the ignorance that exists around a particular issue. In this case, the topic of TGT as connected to the contemporary African American parenting and caregiver style and practice was the issue addressed. In qualitative research, the questions posed to participants are purposeful. They are not meant to elicit merely general ideas or thoughts, but to access the very core of the lived experiences of intentionally selected participants.

The primary question directing this study was whether TGT has affected the lived experience of African Americans in parenting and caregiver roles; and if so, how? Ancillary questions were developed in an effort to assist in addressing this inquiry.

1. How does the legacy of TGT affect the lived experience of study participants' present existence in relationship to van Manen's four *lived existentials:* lived space (spatiality), lived body (corporeality), lived time (temporality), and lived other or human relation (relationality or communality)?

2. How has exposure to TGT positively and negatively affected African American parenting styles and ideologies within their respective bioecological systems (Bronfenbrenner, 1990, 2006), in terms of the risk and protective factors involved in parenting African American adolescents?

3. Which aspects of TGT have had the most impact on the lived experiences of contemporary African Americans in their parental and caregiver roles?

4. What positive adaptations have African Americans made, with regard to American cultural norms and parenting, as a result of exposure to TGT, discrimination, and racism?

A semi-structured inquiry format was used in order to structure the process while respecting the integrity and spirit of hermeneutic phenomenological methods. The semi-structured format also incorporated flexibility whenever initial questioning led to responses of a deeper, more personal nature as rapport and trust were established between the researcher and the participants.

The participant interview questions were developed with the research questions in mind to provide continuity in the purpose of the study. They were also carefully formed to be as open-

ended as possible to extract the true essence of the inquiry without leading participants in a particular direction or to adopt a certain philosophical stance.

The following probes were used with the study's participants in the focus group.

1. What unique challenges have you faced as a parent or caregiver that you see as specific to the contemporary African American community?

2. Do you see a connection between your lived experiences as a parent or caregiver and American enslavement of African Americans?

3. How does your role as a parent or caregiver reflect the effects of American enslavement of African Americans?

4. Do you recognize any coping skills and protective factors that you've incorporated into a socialization processes and parenting style to compensate for the effects of enslavement and discrimination on the family unit? If so, what are some of those skills and mechanisms, and how have you used them?

5. How have mental health and other social institutions (e.g., law enforcement, social services) demonstrated to you that they are knowledgeable, helpful, or sympathetic to the conditions of contemporary African Americans?

6. Would you like to address or expand on any related topics not covered in the interview questions?

As mentioned previously, a semi-structured inquiry format was chosen as I believed it the best fit for this particular study. Because the questions needed to be "anchored in the cultural reality" of the participants (Glesne, 2006) and drawn from their lived experiences, I believed that attempting to over-structure the process would be contrary to the African American cultural norm of pursuing a free-flowing discussion and would inhibit the rapport building process as

well as the inquiry as a whole. Because relationships are of particular significance in hermeneutic phenomenology, as well as in the African American community, forming a partnership of mutual respect was essential to my ability to extract the organic responses I desired and that were essential to obtaining good research data. Additionally, because the African and African American communities have a tradition of passing along information from generation to generation by story-telling, the less formal and more verbal approach was compatible with the research method and the cultural norms. I also left space to follow the lead of the respondents and did not attempt to control or dominate the process with my own agenda. The skill to use the hermeneutic phenomenological approach consists of grace and patience, and the willingness to re-visit and reconstruct our own assumptions and pre-determined notions no matter how sub-conscious they maybe. The honing of those skills lies in practicing at not being in complete control of a process, and not letting the process completely control you (van Manen, 2014). In hermeneutic phenomenology, the researcher acts as the research instrument and, as such, must address any possible biases or desire to lead or steer the process in a particular direction. I paid close attention to this potential bias via my reflective journaling, field notes, and reflexive processes. The review of relevant literature in preparation for the inquiry and interaction of this research helped lay a foundation of the balance between leading and being led as an instrument of research inquiry.

Data Collection

The collection of data in qualitative research is no simple task. There are layers of awareness and considerations one must reflect on to obtain reliable and valid data for analysis Berg (2009) enumerated the following seven methods as primary in qualitative research: interviewing, focus groups, ethnography, sociometry, unobtrusive measures, historiography, and

case studies. Each of the aforementioned methods has specific delineations and guidelines to be

adhered to. It is also important to note that "chosen methods impose certain perspectives on

reality" (p. 5). The way one collects data affects the perspective, tone, and emerging thoughts

regarding the data. Hence, the data collection method is a key component in qualitative research.

Therefore, triangulation is advisable, and it will be used in this study because it provides a more

varied, wider frame from which to view information and, as Glesne (2006) puts it, contributes to

the trustworthiness of the data. The term *triangulation*, which comes from surveying and

navigation, refers to the use of multiple data collection methods (Glesne, 2006). Triangulation is

not just the amalgamation of datum, but a skilled fusing of collected information that attempts to

counteract any threat to validity in each individual method (Berg, as cited in Glesne, 2006). For

this study, the methods of data collection were focus groups, participant observation, researcher

field notes, a reflective journal, and a reflexive writing and reflecting process.

Focus Groups

The use of focus groups has been on the increase for several decades by various groups of

social scientists (Levers, 2006). Focus groups are useful when there is not a concentrated data set

readily available in certain research topics (Morgan, 2002, as cited in Berg, 2009). As well, the

use of focus groups "allows for probing, revisiting, and clarifying emerging understandings and

concerns" (Levers, 2006, p. 379). As this form of data collection is designed and intended for

use with small groups of unrelated individuals (Barbour, 2008; Schutt, 2003, as cited by Berg,

2009), it is a good way of getting honest responses from participants that add to the richness and

validity of the data. Focus groups can also provide a better understanding of opinions,

perceptions, and attitudes that other forms of investigation could obscure (Levers, 2006).

Focus groups are viewed as a useful stand-alone data gathering method, as well as in triangulated methods (Berg, 2009). The information obtained during focus group interviews is includes not only the spoken sentiments expressed in response to prepared researcher developed inquiries but also the unplanned, uncalculated reactions evoked when participants are reminded of certain topics or personal experiences. Because part of the goal of using focus groups is for researchers to get at the core of "sociocultural characteristics and processes among various groups" (Larson, Grudens-Schuck, & Lundy, 2004; Lengua et al., 1992; Stewart, Shamdasani, & Rook, 2006 as cited in Berg, 2009), the researcher needs to be especially observant and actively engaged in the group process and dynamics as well as in collecting the verbal data of the focus group. To this end, the amount of time scheduled for such a group should be extensive enough to allow for unplanned emotional and intellectual responses to the socially and personally significant topics that are likely to arise during the conversations.

The groups were composed of six participants of African American heritage, who were at least 35 years of age and who at the time were either in or had previously been in parenting or caregiver roles to African American adolescents. The semi-structured approach lent itself to extracting the rich, organic, and varied data needed for this study. Berg (2009) concurred: "A far larger number of ideas, issues, topics, and even solutions to a problem can be generated through group discussion than through individual conversations" (p. 163).

Some researchers choose to use a focus group moderator to facilitate the process. I believed that my experience in facilitation of groups via my work as an elementary school counselor, high school counselor, group home mental health clinician and graduate student running masters level groups and supervision had sufficiently prepared me for such work.

However, I did enlist expertise in the form of Berg's checklist of basic elements (2009, pp. 75–77) and sought guidance from my dissertation chairperson and committee as needed.

Key Informant Interviews

After reviewing the data from the focus groups, I decided that I had collected enough information of depth and richness that I did not need to include key informant interviews as part of the study. I had anticipated selecting from four to six focus group participants who might be able to lend further depth to the data through individual interviews, but I found that this process would not have yielded significant additional data to that already collected via the focus groups. The following questions were developed in case not all focus group participants would feel comfortable enough to be entirely candid with their answers in the presence of the other group members. The individual questions were developed to convey a more personal tone that could help interviewees feel an added level of safety and be more willing to open up outside the focus group.

1. Are there specific challenges you have experienced as an African American parent or care-giver that you believe are related to the effects of transgenerational trauma as you understand it?

2. Would you say that you face issues today, as related to parenting and care-giving, that are unique to your cultural background? What historic or personal factors do you attribute those challenges to?

3. What coping skills and protective factors have you incorporated into your role as parent or care-giver to help you manage that role?

4. Are the coping skills and protective factors you've used as a parent or care-giver the same as or similar to those applied to you as an adolescent or youth by your parent or care-giver?

5. Do you view social institutions (schools, mental health and welfare agencies, criminal justice system) as helpful in assisting you in your role as an African American parent or care-giver to African American youth and adolescents?

Participant Observation

The observation was done during the focus group interviews when I was able to survey how participants discuss the topic of interest, interact with other participants, and react to others' responses. I gathered background information that I anticipated would be helpful in noting individuals with a depth of understanding and lived experiences capable of contributing to the research data. I was also able to observe the natural course of interaction and discussion among the focus group participants as the conversation meandered from the prepared questions of the researcher to the more natural flow of discussions drawn out from the initial inquiries, particularly as comfort level and trust developed and increased. Responses and reactions were noted per my handwritten observations and video recording in order to enhance the data via multiple forms of observation and to supplement elements that might be overlooked in the moment, which were more apt to be captured in recorded data.

<center>**Data Analysis**</center>

In qualitative research a variety of data interpretation methods are incorporated for several reasons. Nuances must be captured as unobtrusively as possible, many of which participants themselves are not consciously aware. It is held that interviews provide valuable information on participants, but observations provide more—and often more objective and accurate information. The methods of collecting data frequently determine the final analytic and interpretive methodological stance of a study. They are indeed related, connected, and intertwined in such a way that one cannot exist without the other. Qualitative researchers also think about and reflect on

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the collected data with intentionality. Glesne (2006) maintains that data analysis requires the researcher to organize what she has seen, heard, and read in order to make sense of what is learned. Interpretive analysis also demands that the researcher categorize, synthesize, search for patterns, and interpret the data collected. I simultaneously collected and analyzed the data as that process enabled me to center my attention and shape the study as it progressed. I also consistently reflected on my journal entries to reorganize and reevaluate the data in seeking the true essence of the responses and observations I collected through the focus groups. This iterative process contributed to the ongoing refinement of the collection and analysis of data and, subsequently, to reliable and credible results (Bloomberg & Volpe, 2012).

Van Manen's (1990) Lifeworld Existentials was used to guide the reflections, specific areas of focus, and how to view certain data. Bronfenbrenner's (1979) bioecological model informed the research with regard to human development, particularly in framing socio-development and participants' lived experiences. As the chronosystem of Bronfenbrenner's model engages human development across historical time (Bronfenbrenner, 1994) as well as through the traditional lens of human development via chronological age and over the life course, it could readily be applied to the significant changes in American society in connection with TGT and the lived experiences of African Americans in the role of parent and caregiver.

Hermeneutic phenomenology (van Manen, 1990), as mentioned in Chapter 1, is the study of phenomena or experiences as they are lived (Finlay, 2008). It is crucial to research as well as to treatment to gather the data in a way that extracts the genuine life-world or worldview of participants and of even non-participants who are affected by the research topics. Though flexibility is a strength of hermeneutic phenomenological research, it should not be interpreted as less strenuous in its methodology (Garza, 2007). Accessing the core of a research topic involves

viewing data though various lenses, so the multiple possibilities of interpreting it are explored and pre-existing notions are not automatically accepted as truth. Making sense of one's worldview requires care and skill, the ability and willingness to analyze collected data carefully, and a genuine examination of one's own life-world because our interpretation of collected data is translated through our lived experiences and within the environment where we are socialized. Such an approach enables an exploration of the participant's collective and individual lived experiences and of how those experiences have been incorporated into their current perceptions of self and society while also considering the environment in which they exist. This is central to hermeneutic phenomenology and understanding the essence of the participants' lived experience from their worldview is necessary in order to obtain genuine and valid data (van Manen, 1990). Van Manen's idea of hermeneutic phenomenology emphasizes the difference between comprehending a phenomenological project on an intellectual level and having a more intimate emotional understanding of it. The challenge of the qualitative analysis lies in making sense of massive amounts of data, which involves condensing the volume of raw information, determining what is useful and what is insignificant, identifying noteworthy patterns, and constructing a framework for communicating the essence of what the data reveal (Patton, 2002). In addition, phenomenological analysis seeks to grasp and elucidate the meaning, structure, and essence of the lived experience of a phenomenon for a person or group of people.

After all the raw data from the focus groups, observations, and reflective journal were collected and reviewed, I used the reflective journal, file notes, and participant observation to record other copious notations regarding body language and other unspoken communication that occurred during the focus groups. I then analyzed the content of the mediums to identify emergent trends and patterns.

In order to make deliberate sense of the data, I carefully examined it to make interpretations and additional notations and to attach meaning to the comments and behaviors of the participants in the focus groups. I then narrowed the content to what was salient to the study. I also summarized my interpretations of the data and condensed it into categories that make sense and are interpretable by others.

Ethical Considerations

Because this study incorporated human participant interaction, the ethical considerations of such an undertaking were extensive, involving confidentiality, informed consent, and privacy. All of these are considered essential to the foundation of the study in terms of rapport building, establishing trust, and adhering to ACA, APA, and IRB ethical standards, as well as my own personal principles. The task of collecting valid, significant data that is also professionally useful in research and treatment is best facilitated in this type of study through careful selection of participants and helping them to be as informed about the nature, goals, and purpose of the study as possible. Toward this end, I provided a written consent form to all participants prior to selection and at any juncture they requested throughout the process. I made myself available to answer their questions and engage in discussion around any concerns or inquiries they had. There was little risk of physical or psychological harm to participants as a result of taking part in this study, and they were provided with information regarding their right to terminate at any time during the focus group, and interview processes as well as at any time throughout the study. Participants were also informed about who would have access to the collected data and the reasons for granting access. If the participants wished, they could request that names and other potentially identifying information be disguised or removed altogether to protect their identity. My commitment to maintaining confidentiality was continually communicated to participants. Explanations were

given concerning how data would be used and that it would be done only with the consent of the participant. An estimate of time commitment and geographic spaces was provided as well as an explanation of the possible risks and benefits of participation and a summary of the researcher's position, experience, and educational and professional goals for this study.

Limitations and Delimitations of the Study

Limitations are external conditions that restrict or constrain the study's scope or may affect its outcome (Bloomberg & Volpe, 2012). Every research project has limitations. Qualitative research has its own inherent set of issues that must be controlled for as much as possible. It is researchers' job to acknowledge and identify the limitations of any study, in part to demonstrate the trustworthiness of the study. From the conceptual framework to methodology, data collection, participant selection, and data analysis, the researcher must take extreme care in addressing how the research will be conducted and the limitations of those choices and methods.

Because generalizability is not the goal of qualitative research, its lack is not considered a limitation (Bloomberg & Volpe, 2012). Potential limitations of this research include the lack of existing research on African Americans in caregiver and parenting roles, mental health issues in relation to TGT itself, and in particular, with regard to the African American community. Furthermore, not all of the participants have had the same experiences in care-giving and parenting, specifically as related to TGT, interpersonal-relationships, self-image, socialization, and physical wellbeing. As Atkinson et al. (2010) have recognized, traditional methods of trauma treatment, regardless of the type of trauma, remain overwhelmingly Euro-based and not adapted for other populations. In essence, current trauma treatment options and interventions are generally non-existent or ineffective in treating African Americans, which is another limitation of the study. The

geographical region for participant selection could be considered a limitation as it was confined to the greater Pittsburgh area of western Pennsylvania.

Delimitations "are conditions or parameters… intentionally imposed" by the researcher "in order to limit the scope of [the] study" (Bloomberg &Volpe, 2012). Owing to the nature of this study, delimitations included the number of participants in each focus group as well as the demographics of said participants. As this study focused on a particular cultural group and within that group, adults of a certain age range with specific lived experiences, a restricted sample size could be considered a delimitation of this research. Certain delimitations also accompanied the sample selection as it was limited to the greater Pittsburgh, Pennsylvania, geographic region for researcher convenience and accessibility.

Summary

The focus of this qualitative study was to glean the most authentic data possible from the lived experiences of African American adults in parenting and caregiver roles to African American adolescents. To afford their personal and collective journeys the utmost care and respect, the hermeneutic phenomenological research approach was used to elucidate key elements related to historical and cultural trauma that affect/have affected those roles and the way they are generally viewed in the contemporary African American community. This approach facilitates a systematic way to illuminate the effects of TGT as a result of mass race-based enslavement, and systemic racism and legal discrimination, allowing me to reflect fully on and analyze the data to produce a greater depth of insight.

The participants were selected with intentionality and purposefully via membership in or attendance at predominantly African American organizations and events based in predominantly African American communities. Participant recruitment was carried out by strategic placement

of flyers, word of mouth, and notification of community elders and other recruits to ensure a

reasonable opportunity to secure an ample number for gathering sufficient data.

CHAPTER 4: FINDINGS

Chapter 4 presents a comprehensive explanation of the key findings and themes that emerged as a result of this research. The chapter also provides a detailed description of the recruitment process, participant demographics, and analysis of each of three focus groups. The primary question guiding this inquiry is "How has TGT affected the lived experiences of contemporary African Americans in parenting and caregiver roles with African American adolescents?" The following ancillary questions were developed in an effort to assist in addressing this inquiry.

1. How does the legacy of TGT affect the lived experience of the participants' present existence in relationship to van Manen's four *lived existentials* (lived time, lived space or place, lived body or person, and lived other or relationship)?

2. How has exposure to TGT positively and negatively affected African American parenting styles and ideologies within their respective bioecological systems (Bronfenbrenner, 2006), in terms of the risk and protective factors involved in parenting African American adolescents for contemporary African American adults?

3. Which aspects of TGT have had the most impact on the lived experiences of contemporary African Americans in their parental and caregiver roles?

4. What positive adaptations have African Americans made, with regard to American cultural norms and parenting as a result of exposure to TGT, discrimination, and racism?

These ancillary questions helped guide the participants' responses and generate an organic exchange linked with the phenomena associated with TGT. These conversations led to

underlying issues with respect to transferred trauma and its effects on parenting and caregiving relationships in contemporary African American culture.

The data collected from the focus groups are related to specific aspects of the theoretical framework of this research as described in Chapter 2. In this chapter, I present the exploratory findings that suggest specific themes related to the effects of TGT in parenting and caregiving relationships in the contemporary African American community. In assessing the themes that emerged in the focus groups, I employ Bronfenbrenner's bioecological model of human development (1990) and van Manen's lifeworld existentials to explore the lived experiences of the participants in relation to the study topic. Finally, I present the process and findings that assist in assessing the effects of transferred cultural trauma and suggest how practitioners can use the data to better serve African American clients and other clients of color who might have been affected by such trauma.

Recruitment of Participants

In an effort to recruit apposite participants for this study, I adhered to the narrow age- and race-specific parameters set forth for the study. The study also required participants who have specific lived-experiences in parenting and care-giving. In addition, I narrowed my efforts to specific neighborhoods and to institutions that provide services to members of this population. Purposive and snowball sampling were used in conducting this study. These methods yielded the best results in terms of finding the desired population needed to participate in the focus groups. Researchers use purposive sampling when they have special knowledge or expertise regarding a particular population, and they use that insight to select participants who represent the specific desired population (Berg, 2009). For this study, I knew of a community center located in a predominantly African American area of the city that provided primarily family-based services.

The director of the center was helpful in giving me pertinent information regarding how and when to seek participant permission and providing individuals with detailed material about the study. The three focus groups were conducted at the Lincoln Park Community Center on the east side of Pittsburgh. Each group included six participants who were African American, over the age of 35, and in a parenting or caregiving relationship with an African American adolescent. The groups were held on January 27, February 17, and March 3, 2018. Although the sample selection is purposive, it encompasses aspects of snowballing as the initial invitees were asked to refer others who fit the required demographics to participate in the focus groups.

Demographic Details

Numbers were used in place of participant names for the study to ensure confidentiality. All participants in the three focus groups fit with the aforementioned demographics (see Table 1). Group 1 had three males and two females; group 2, four males and two females; and group 3, five males and one female. The primary investigator of this study served as the facilitator in all three focus groups. In terms of session length, group 1 lasted one hour and 28 minutes; group 2, one hour and 41 minutes; and group 3, one hour and 25 minutes.

Table 1

Participant Demographics by Focus Group

Participant #	Focus group #	Gender ID	Year of birth	Current age/years
001	1	Male	1968	49
002	1	Male	1980	37
003	1	Female	1968	49
004	1	Female	1966	51
005	1	Female	1956	61
006	1	Male	1978	39
013	2	Male	1968	49
014	2	Male	1964	53
015	2	Female	1966	51
016	2	Female	1978	39
017	2	Male	1973	44

018	2	Male	1973	44
007	3	Male	1966	51
008	3	Male	1975	52
009	3	Male	1970	47
010	3	Female	1966	51
011	3	Male	1965	52
012	3	Male	1959	58

Focus Groups

Discussion in the focus groups was semi-structured and was digitally recorded and videotaped to certify accuracy in the verbatim account of each group's exchanges. The videotape account is particularly important as it provided me with a way to distinguish among participant voices and to observe non-verbal behaviors. I also took copious notes throughout the interview process and maintained a reflexive journal to assist in linking my surmises and in documenting my own experience of the process. Each group was conducted at the same location in a private conference room to provide a sense of confidentiality and to shield from possible interruption.

Presuppositions

Increasingly, scholarship in the social sciences has indicated that trauma is no longer limited to individual, first-hand experiences (Dass-Brailsford, 2006; Goodman & Olatunji, 2008). This scholarly development is a central premise of this study as related to African Americans and the parenting and caregiving relationship.

I was aware that, as the researcher, I was a part of the research and thus would have at least some influence in the process. This idea is referred to as reflexivity (Berg, 2009). To minimize potential bias, I employed reflexivity throughout the study. This practice of continual reflection and having an ongoing conversation with myself, in addition to maintaining a reflexive journal allowed me to identify and avoid biases that could influence the interpretation of the data.

Prior to meeting with the focus groups, my beliefs about how the focus group participants would receive the idea of TGT as a diagnosable syndrome were divided. I thought that some of them might connect the effects of the enslavement of their ancestors in North America to some of the issues facing African Americans today. I presumed that some would believe in the idea that trauma could be transmitted through families and cultures, and over time generationally, along with other issues they might bring up as a result of the guiding and ancillary questions posed to them in the focus groups.

As well, I surmised that many of the same effects of TGT that have emerged in other examined populations—such as Jewish Holocaust survivors, Native American First Nations People, and sexual assault survivors—would also be true for African Americans. Additionally, I believed that because parenting and caregiver roles are highly regarded in the African American community, these relationships might help to expose residual manifestations of American enslavement of Africans and African Americans in terms of how they are viewed and approached.

In my efforts to remain cognizant of my biases and presuppositions, I used my reflexive journal, continued to examine the relevant literature, and viewed the videos of the focus groups to allow the meaning of the data to emerge. I provided only negligible prompting to keep the discussions focused and on topic during the focus groups and provided space for the participants to express their responses and expand on those that emerged as particularly meaningful for them. I remained in touch with my own processes as I listened to and noted the responses and of the participants. Realizing the significance of this process for the participants was an important piece in the experience; I wanted them to express the feelings that emerged organically. Fortunately, the recounting of personal experiences regarding the research topic never veered far from the

intended ideas, and my intervention in this regard was not needed. It was imperative for me to remain objective even when certain topics emerged that I had hoped participants would naturally bring up.

Analysis of Focus Groups

Focus groups are useful when no concentrated data set is readily available in certain research topics (Morgan, 2002, as cited in Berg, 2009). Focus groups also help generate comprehensive knowledge through "understandings of perceptions, opinions, and the ways in which people make meaning of a variety of aspects of life" (Levers, 2006, p. 381). My findings theorize multiple factors that contribute to the idea of inherited, transferred trauma within the African American community. While traditional definitions of trauma have been strictly applied to those present for a trauma event, the TGT theory expands the lens through which we view the depth and breadth of trauma. My research suggests multidimensional facets of trauma that are not limited to first-hand experience but rather have as much impact on the descendants of those who experience an initial trauma event. To get at these connections with the participants' lived experiences, I wanted groups of optimal size and make-up in order to elicit the most genuine and in-depth responses. Because I was the facilitator, as well as the researcher and research instrument, I had to be aware of the group process and dynamic as well as my own feelings and reactions to participant responses. In an effort to capture all of the nuances and non-verbal reactions of not only the participants but also myself, I repeatedly viewed the recorded documentation of the focus groups while also reviewing my own notes and reflexive journal. This process gave me the opportunity to examine the behaviors of the group members as well as my own in a more detailed and intentional manner. The participants for this study were divided into three focus groups, all of whom fit the required demographics and lived experiences needed

to contribute meaningful data as indicated. The focus groups were conducted at different times, and all of them evolved into their own unique entity with a differing group dynamic.

I will provide a brief description of the focus groups along with the guiding questions and a table highlighting the results. The results were generated from content analysis of the data from the video of each focus group, a reflexive journal, and researcher notes. After a rigorous repeated review of these sources, the data were further explicated through the lens of van Manen's lifeworld existentials, Bronfenbrenner's bioecological model of human development, and the tenets of historical trauma, cultural trauma, raced-based trauma, racial identity development, post-traumatic slave syndrome (PTSS), critical race theory, acculturative stress, and self-determination theory. I used interpretive analysis to parse the data to determine meaning (Hatch, 2002). According to Wolcott (1994), interpretation occurs when the researcher "transcends factual data and cautious analysis and begins to probe into what is to be made of them" (as cited in Glesne, 2006, p. 165). By using this model of analysis, I was endeavoring to "make sense of social situations by generating explanations for what's going on within them" (Hatch, p. 180). As I immersed myself in the data, which essentially consisted of viewing and listening to the recordings of the focus groups repeatedly and poring over my notes, I was able to garner impressions which I formed into memos and then used to divide the data into themes that emerged from the focus groups. Any data that did not directly relate to the research questions were not included in the final work. Meaningful themes were organized into tables and then connected with a number of theoretical frameworks: van Manen's lifeworld existentials—lived space (spatiality), lived body (corporeality), lived time (temporality), and lived other or human relation (relationality or communality; van Manen, 1990, 2006); Bronfenbrenner's bioecological model of human development (1979, 2006), and additional theories used in this research such as

PTSS and critical race theory. The following are the themes that emerged through the focus group process and the raw explanations of the themes as provided by the focus group participants.

- **Separation of families/Parenting Skills**—Through selling off of family members, murder, removal of men in homes via public welfare system, removal of children through child protective services, addiction, incarceration

- **Inequality**—Both institutional and individually

- **Fear**—Of physical and psychological harm, for children, of loss of loved ones through police violence or social services meant to "help"

- **Lack of Understanding**—Systems and individuals with regard to African American history, culture and life

- **Lack of Empathy**—Systems and individuals with regard to African American history, life, and culture

- **Lack of Community**—Opportunities given to other cultures, neglect, lack of public and private investment, lack of affordability, discrimination

- **Punishment (physical and systemic, i.e., criminal justice system, social services)**— Also physical punishment in home as learned by masters and overseers, other government sanctioned systems

- **Separation within Race**—Colorism, intra racism—as learned in antebellum, Jim Crow and throughout American history—self-loathing, self-hate

- **Respect**—Systemic and individual disrespect for the African American journey, history, culture, struggle, accomplishments, and world view

- **Living in two different worlds /dual existence**—African Americans cannot be fully who they are in the white world. "We Wear the Mask"

- **Control**—African Americans do not have control either systemically or individually of the world around them. Many have tried to control them and many African Americans have tried to control other African Americans, including their children, by using the tactics of masters and overseers

- **Value**—Society does not value African Americans, their culture, history, achievements, talents, physical beauty. African Americans have internalized such disregard and harbor self-hate as a result

- **Economics**—African Americans are at a distinct disadvantage economically as a result of institutional and individual discrimination and racism. A lack of opportunity and education have coalesced to with other societal factors to inhibit economic growth and investment

- **Enslavement/Discrimination**—Residual effects of government sanctioned slavery followed by institutional and individual discrimination have resulted in cultural trauma and undiagnosed pathologies within the African American community.

- **Assimilation**—Being forced socially and economically to fit in to the Euro-based American majority culture

Van Manen's Lifeworld Existentials

All of phenomenological human science research is really an attempt to understand the everyday experiences of human beings, how we interact with others, and how we integrate those lived experiences into our complex lifeworlds (van Manen, 1990). In an effort to explore the lifeworlds of the participants of this inquiry in a genuine and comprehensive manner, this

research attempts to provide meaning through van Manen's lifeworld existentials. The tenets of this theory are separately defined, yet they cannot be truly independent of one another as they all work together and even rely upon each other to form a thorough perspective of human experiences. As outlined above, the four tenets of this philosophy are spatiality, corporeality, temporality, and relationality or communality.

Spatiality, or lived space, while largely pre-verbal, provides a backdrop for human existence as "we become the space we are in" (p. 102). This tenet refers not only to our physical space but also to how we experience the space, those in it with us, and our own development within the spaces we occupy throughout life. The second tenet is lived body, corporeality. The body is the original connection point in meeting other people. No matter what physical space we are in, what we are wearing, or how we feel in the moment, we present ourselves in our body. In our bodies, we both reveal and conceal something about ourselves "not necessarily consciously or deliberately, but in spite of ourselves" (van Manen, 1990, p. 103). The third concept is lived time, temporality, which is not the same as chronological or clock time. Lived time is our human past, present, and future, encompassing how our lived experiences in those times have affected our perspective, our growth, our worldview. The experiences of the past are now integrated into who we are and influence how we view the world and ourselves and others, in relation to who we currently are and how we see our future selves. The fourth and final concept in van Manen's theory is lived other, or relationality. This idea refers to the relationships we sustain with those who share our interpersonal spaces.

Focus Group 1

All of the focus groups met at the Lincoln Park Community Center in an area just outside of Pittsburgh on the east side. I selected this location because of its accessibility by various

modes of transportation, its history of service in the African American community in that area, and the availability of a private room large enough to hold the participants comfortably, as well as video equipment and the facilitator. I followed the same procedure with all three focus groups prior to the meetings: I arrived before the start time to arrange the room in a way that would be conducive for the focus group. I helped place the video equipment in a location that would not interfere with the physical or conversational flow or impede anyone's view of other participants or the facilitator. As well, I brought refreshments for the participants, which were placed in an easily accessible area of the conference room for their convenience.

Once the participants had arrived for each group, I followed the same procedure in starting the session, as follows: I provided them with a copy of the Institutional Review Board approved informed consent form, a pre-participation information sheet, and a demographic sheet to sign, review, and fill out. I briefly reviewed the consent form with them, asking if anyone had questions at this point. While I emphasized that every effort would be made for confidentiality, I also told them that it is difficult to ensure such confidentiality within a focus group setting. I also reminded participants of the voluntary nature of participation in this focus group and of the ability to withdraw from the study at any time, for any reason. After all participants expressed comprehension of the parameters of the study and their participation in it, I collected the aforementioned documents and began recording the session. Focus Group 1 contained with six persons, who ranged from 37 to 61 years of age.

Table 2

Focus Group 1 Participant Demographics

Participant #	Focus group #	Gender ID	Year of birth	Current age/years
001	1	Male	1968	49
002	1	Male	1980	37

003	1	Female	1968	49
004	1	Female	1966	51
005	1	Female	1956	61
006	1	Male	1978	39

I began the session by providing some background on the study's origins, my personal and professional interest in the topic, and what I hoped to achieve through this research. I answered any questions participants had and then I posed the first question: "Do you believe the contemporary African American community faces challenges unique to their cultural group? If so, would you be willing to provide examples of such challenges?" After sufficient response from all participants I posed the remainder of the questions as the conversation flowed naturally into those topics. The questions were not posed in the same order as they are written or with the exact wording so that the session flowed more in a conversational mode than in a technical or sterile way, which could have dissuaded organic responses and participant interaction. Table 2 shows the data extracted from focus group 1, as paired with van Manen's lifeworld existentials.

Table 3

Van Manen's Lifeworld Existentials Paired with Focus Group 1 Themes

Tenets of Theory	Related Themes	Lived Experiences
Lived space (spatiality)	Lack of community	Dispossessed neighborhoods Scarcity of businesses Insufficient public/affordable transportation Removal of men/fathers from homes/communities/lives Limited economic/employment opportunities
Lived body (corporeality)	Physical punishment Separation of families Enslavement Value Fear	Absence of Autonomy Gender roles/strong women Parenting roles/responsibilities Children removed/taken/sold

	Lack of respect	Family dysfunction
	Lack of control	Mass incarceration
	Lack of empathy	Living in two worlds
	Dual Existence	Legacy of the Obamas
Lived time (temporality)	Inequality/discrimination	Legacy of President Obama
	Enslavement	Coping skills/risk and
	Culture not valued	protective factors
	Lack of empathy	Religious affiliations
	Lack of understanding in	African American social
	social systems	circles
Lived other or human relation (relationality or communality)	Separation of families	Mass incarceration
	Lack of empathy	Self-efficacy/esteem
	Lack of respect	Dismantling of communities
	Lack of control	Judgement by Whites
	Dual existence	Misperceptions of "us"
	Lack of economics	Gender roles
	opportunity	Engagement with law
	Punishment	Enforcement
	Fear	Male absenteeism
	Separation within race	Confusion about parenting
	Lack of being valued	

Focus Group 2

The second focus group was conducted at the Lincoln Park Community Center, the same facility as was used for Focus Group 1. I prepared the room in the same way as for the first group, arranging the video equipment and placing the refreshments out for participants. Before beginning the session, I gave them the same forms to fill out as I had presented to Focus Group 1 and discussed confidentiality. Focus group 2 comprised six individuals with a rather narrower age range than in group 1, as they were from 39 to 53 years of age.

Table 4

Focus Group 2 Participant Demographics

Participant #	Focus group #	Gender ID	Year of birth	Current age/years
013	2	Male	1968	49
014	2	Male	1964	53
015	2	Female	1966	51

016	2	Female	1978	39
017	2	Male	1973	44
018	2	Male	1973	44

I also began this session by providing some background of the concept of the study, my personal and professional interest in the topic, and what I hoped to achieve through this research. I answered any questions participants had and then I posed the first question as written in the proposal to get the participants thinking, feeling, and discussing: "Do you believe the contemporary African American community faces challenges unique to their cultural group? If so, would you be willing to provide examples of such challenges?" The conversation flowed naturally through my remaining questions. The data gathered from Focus Group 2 as paired with van Manen's lifeworld existentials are shown in Table 5.

Table 5

Van Manen's Lifeworld Existentials Theory Paired with Focus Group 2 Themes

Tenets of Theory	Related Themes	Lived Experiences
Lived space (spatiality)	Lack of community	Assimilation Gentrification Lack of belonging Feeling unsafe in neighborhood Don't trust law Enforcement/criminal justice system Do not feel "at home" in America Separation of families
Lived body (corporeality)	Lack of control Punishment Want of respect Lack of empathy Assimilation Separation of families Enslavement Economics	Little autonomy Use the master's tactics on us and we use them on our kids "Seasoning" of enslaved peoples "Bucking" of Black men Not allowed to make mistakes—could be fatal

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	Fear	Being a target
Lived time (temporality)	Enslavement Lack of empathy Lack of understanding Lack of control Lack of respect	Lack of agency Trauma Lack of knowledge regarding African Americans
Lived other or human relation (relationality or communality)	Assimilation Dual existence Value Punishment Separation of families Separation within race Being a target Enslavement/discrimination Control Fear Economics	Families torn apart Self-hate Lack of parenting Use overseer tactics Lose ourselves Corporal punishment as discipline Lack of knowledge regarding the contributions of African Americans Avoid confrontation Gentrification Spirituality

Focus Group 3

The third focus group, held at the same location, the Lincoln Park Community Center on the outskirts of the eastern part of Pittsburgh, Pennsylvania. for confidentiality, I also expressed the difficulty in ensuring such confidentiality within a focus group setting. I also reminded participants of the voluntary nature of participation in this study and of the ability to withdraw from the study at any time, for any reason. After all participants expressed an understanding of the parameters of the study and their participation in it, I collected the documents and began recording the session. Focus Group comprised six individuals in just an 11-year age range, from 47 to 58.

Table 6

Focus Group 2 Participant Demographics

Participant #	Focus group #	Gender ID	Year of birth	Current age/years
013	2	Male	1968	49
014	2	Male	1964	53

015	2	Female	1966	51
016	2	Female	1978	39
017	2	Male	1973	44
018	2	Male	1973	44

As in the other two groups, I began the session telling them some about myself and the study and asking the participants if they had any question. Again, I used the first question as a springboard for discussion, which flowed naturally from there as we covered the rest of the questions in no particular order. Table 4 presents the themes arranged according to the concepts in van Manen's lifeworld existentials.

Table 7

Van Manen's Lifeworld Existentials Theory Paired with Focus Group 3 Themes

Tenets of Theory	Related Themes	Lived Experiences
Lived space (spatiality)	Lack of control Not being valued Economics Lack of respect Assimilation Misunderstood Dual worlds/existence Fear Enslavement/discrimination Separation of families Lack of community	Poor housing Run-down neighborhoods Unemployment Limited choices Autonomy It takes a village Cultural values Law enforcement Adjust behavior to environment Inequality
Lived body (corporeality)	Lack of autonomy Family separation Physical punishment Parenting Fear Lack of respect Separation within race Assimilation	Black lives matter Education helps level the playing field Lack of parenting skills Strong religiosity We're not as smart Fear of medical system Past abuse of Black bodies Bear out children Dislike of self/physical features
Lived time (temporality)	Historical trauma Inequality	We need healing Don't trust establishment

	Criminal justice system	Systems work against us
	Enslavement/discrimination	Civil rights
	Control	Equal rights
	Value	"We wear the mask"
	Dual existence	Value our own culture
Lived other or human relation (relationality or communality)	Separation of families	Rights being rolled back
	Assimilation	Lack of self-love
	Separation within race	Seen as breeders
	Parenting	Women in charge
	Fear	Marriage relationship
	Respect	Intimacy issues
	Value	Must "be strong"
		Emotional expression viewed as weak

Bronfenbrenner's Bioecological Model of Human Development

Bronfenbrenner's (1990, 2006) bioecological model of human development postulates four defining properties (process, person, context, and time) that influence human development over time. The following section illustrates the themes that emerged from focus groups 1, 2, and 3, paired with Bronfenbrenner's model as a framework for analyzing TGT among African Americans in parenting and caregiving roles. Table 8 shows Bronfenbrenner's ecologies—microsystem, mesosystem, exosystem, macrosystem, and chronosystem—paired with themes from Focus Group 1.

Table 8

Focus Group 1 Themes According to Bronfenbrenner's Bioecological Model

Tenets of Theory	Related Themes	Lived Experiences
Microsystem	Separation of families	Male absenteeism
	Not valued	Lack of educational opportunities
	Economics	
	Lack of parenting skills	Lack of employment
	Separation within race	Gender roles
	Lack of autonomy	African American social
	Fear	clubs/organizations

Mesosystem	Lack of community Strong religiosity Economics Fear Inequality Punishment	Disconnected Fear of children being taken away Criminal justice system Social systems
Exosystem	Lack of understanding from social systems Criminal justice system Religion	Lack of educational opportunities Government interference Help stay connected Mass incarceration
Macrosystem	Punishment Enslavement/discrimination Inequality Parenting skills Marriage Lack of control	Criminal justice Coping skills Lack of opportunity Historical trauma Cultural trauma Low self-esteem
Chronosystem	Enslavement Inequality Discrimination Lack of community Lack of value Dual existence	Behind in society Civil rights President Obama Post-racial Black Lives Matter Dysfunction

Table 9

Focus Group 2 Themes According to Bronfenbrenner's Bioecological Model

Tenets of Theory	Related Themes	Lived Experiences
Microsystems	Separation of families Religious affiliation	Mass incarceration Church/spiritual life Gender roles Inadequate educational facilities African American social groups Lack of employment opportunities
Mesosystems	Separation of families Lack of understanding Religion Lack of respect	Government interference Criminal justice Mass incarceration

	Lack of value	Lack of educational opportunities
		Lack of employment/promotion
Exosystems	Enslavement	Historical trauma
	Inequality	Cultural trauma
	Separation of families	Social services
	Dual existence	Mass incarceration
Macrosystems	Separation of families	Culture not valued
	Enslavement	Intergenerational trauma
	Discrimination	Gender roles
	Marriage	Lack of male presence
	Lack of respect	Lack of opportunity
	Religiosity	Church as home
	Punishment	Different rules for us
	Fear	
Chronosystems	Discrimination	Inequity
	Punishment	Criminal justice system
	Lack of community	Dual existence
	Unvalued	Lack of opportunity
	Enslavement	Gender roles
	Misunderstood	Gentrification

Table 10

Focus Group 3 Themes According to Bronfenbrenner's Bioecological Model

Tenets of Theory	**Related Themes**	**Lived Experiences**
Microsystem	Separation of families	Run-down neighborhoods
	Punishment	Gender roles
	Lack of understanding	Little opportunity
	Religion/church	Community connection
	Fear	African American social organizations
Mesosystem	Church/religion	Safety
	Separation of families	Cultural connection
Exosystem	Enslavement	Gender roles
	Discrimination	Mass incarceration
	Assimilation	Lack of progress

Macrosystem	Lack of empathy	Lack of opportunity
	Punishment	Transferred trauma
	Enslavement	Civil rights movement
	Dual existence	Inequity
	Lack of understanding	Self-hate
	Separation within race	President Obama
	Control	
Chronosystem	Discrimination	Civil rights movement
	Enslavement	President Obama
	Economics	Brown v. Board of Education
	Lack of community	Gentrification
	Punishment	Roll back progress
	Control	Less church affiliation
	Assimilation	
	Fear	

Post Traumatic Slave Syndrome (PTSS)

DeGruy's (2005) PTSS is a condition of TGT born of a state of enslavement and oppression that is perpetual and unresolved, and whose effects continue to plague specific populations' self-image, access to opportunity, and related patterns of behavior. According to DeGruy, the patterns of behavior resulting from PTSS include three categories: vacant esteem, ever-present anger, and racist socialization. A key element in the continuation of the syndrome is the belief system held by the affected population. "The beliefs that evolved over hundreds of years of slavery and oppression are some of the most significant impacts of PTSS" (De Gruy, 2005, p. 122).

Vacant esteem is the "state of believing" (DeGruy, 2005, p. 125) that one has little or no value, and the belief is transmitted generationally via three systems: family, community, and society. Ever-present anger is the manifestation of centuries'-long denial of things promised, mass humiliation, and discrimination that is visited upon ancestors, the current generation, and the descendants of African Americans. A deep anger abides in African Americans; one could

even say it has become embedded in the collective psyche as a result of being deprived of the most basic of rights afforded other Americans.

Racist socialization is the third and final pattern of behavior associated with PTSS. It is essentially the adoption of the master's belief system (DeGruy, 2005). According to DeGruy, as a result of generations of victimization and trauma, many African Americans have become psychologically parallel to Caucasian racists in terms of thinking themselves and all things associated with them and like them as inferior and associating all things connected to the Caucasian culture as superior. This way of integrating a negative perspective of one's own culture or race into the psyche is also part of TGT. The following table represents the themes that emerged from responses to the questions posed to Focus Group 1.

Table 11

Focus Group 1 Themes Paired with PTSS Theory

Tenets of PTSS Theory	Related Themes	Lived Experiences
Vacant esteem (transmitted via family, community, and society)	Lack of value Lack of respect Separation within race Dual existence Economics Lack of control Separation of families	Devaluing of self Low self-esteem Crabs in a barrel Family dysfunction Lack of opportunity Abandonment Absentee fathers Criminal justice system
Ever-present anger	Lack of community Separation of families Lack of empathy Economics Lack of respect Enslavement Discrimination Inequality Lack of understanding	Mass incarceration Unemployment Community dysfunction Little opportunity Lack of role models Missed opportunities Police brutality Drug abuse Less religious
Racist socialization	Economics Fear	Less opportunity Abandonment

	Lack of understanding	Poor self-image
	Punishment	Hurt ourselves
	Separation within race	Self-perpetuating
		See self as others do
		Giving up
		Deck is stacked against us
		Hopelessness

The following table represents the PTSS themes that emerged as a result of the responses to the questions posed to focus group 2.

Table 12

Focus Group 2 Themes Paired with PTSS Theory

Tenets of PTSS Theory	Related Themes	Lived Experiences
Vacant esteem (transmitted via family, community, and society)	Inequality Lack of empathy Enslavement Punishment Assimilation Inequity Separation within race Lack of respect	Lack of control Less opportunity Low self-esteem Over-compensate Lack of hope for future Feel like a target Crabs in a barrel Question self, race Self-doubt
Ever-present anger	Lack of community Separation of families Punishment Enslavement Inequity Lack of understanding	Crime doesn't fit punishment Mass incarceration Social systems work against us—hurt more than help They're mad but they did this We can't afford to make the same mistakes as they do Heightened sense of awareness
Racist socialization	Separation within race Lack of understanding Lack of community Discrimination Dual existence Punishment	If it's White, it's right! White people are better Devaluing of self Self-hate Use slave masters' tactics of physical punishment Corporal punishment of children Skin/eye color Hair texture

The following table represents the PTSS themes that emerged as a result of the responses to the questions posed to focus group 3.

Table 13

Focus Group 3 Themes Paired with PTSS Theory

Tenets of PTSS Theory	Related Themes	Lived Experiences
Vacant esteem (transmitted via family, community, and society)	Lack of community Separation of families Inequality Enslavement Economics Lack of understanding	We are not valued We live in different worlds We hurt each other because White people hurt us Unequal schools Dilapidated homes Run-down neighborhoods
Ever-present anger	Separation of families Punishment Religion Fear Control Respect	Criminal justice system Family dysfunction Don't trust systems White people used religion to harm/control us We have to be fake to survive in a white world I want justice for my children
Racist socialization	Separation within race Inequality Discrimination Assimilation Economics	House Negro vs. field Negro Emphasize differences Self-hate We want to be White Move away from neighborhoods We hurt each other Try to outdo each other

Critical Race Theory

Critical race theory (CRT) began emerging in the mid-1970s within the legal community as some of the progress of the Civil Rights Movement began to dissipate. Predicated on the insights of two earlier movements, critical legal studies and radical feminism, CRT seeks to understand the intersectional nature of race, racism, and power and to discover how that interconnectedness affects societal norms, beliefs, and practices as well as the public and private institutions to which society looks for regulation of perceived injustices (Delgado & Stefancic,

2006). The basic tenets of CRT are, first, that racism is not unusual or out of the ordinary; it is

quotidian and most people of color experience it regularly. Second, racism serves both

psychological and material purposes; it is sometimes referred to as interest convergence owing to

the dual benefit to elite whites (materially) and working-class whites (psychically). Because this

system affects such a large segment of American society, there is little incentive to eradicate it.

The third tenet of CRT is race as a social construct. This theory "holds that race and races are

products of social thought and relations. Not objective, inherent, or fixed, they correspond to no

biological or genetic reality; rather, races are categories that society invents, manipulates, or

retires when convenient" (Delgado & Stefancic, 2006, p. 3).

The following table represents the CRT themes that emerged as a result of the responses

to the questions posed to Focus Group 1.

Table 14

Focus Group 1 Themes from CRT

Tenets of Theory	Related Themes	Lived Experiences
Racism is not unusual	Discrimination Inequality Lack of empathy Fear Lack of understanding Control Value	We're not paranoid Microaggressions White people don't get it They can see my race Legacy of the Obamas We're not post-racial The effects of racism linger
Racism serves psychological and material purposes	Inequality Value Separation of families Separation within race Economics Respect	Economics opportunity We are not the bad guys Absentee fathers Skin color Hair texture Gentrification
Race is a social construct	Separation of families Lack of understanding Lack of empathy Discrimination Inequality Value	It's real Real consequences/effects Perceptions are truth Self-hate Slavery

The following table represents the themes that emerged from the responses to the questions posed to focus group 2 as paired with the tenets of CRT.

Table 15

Focus Group 2 Themes from CRT

Tenets of Theory	Related Themes	Lived Experiences
Racism is not unusual	Control Discrimination Punishment Lack of empathy Lack of understanding Dual existence Fear Lack of respect	Destruction of communities Underemployment You should be grateful Transgenerational effects Microaggressions We overcompensate to feel equal We don't get the same opportunities as they do
Racism serves psychological and material purposes	Enslavement Fear Control Economics Lack of value Assimilation	Unemployment Take our children Limited opportunity Keep us down We're targets Whites think they're superior
Race is a social construct	Lack of understanding Lack of respect Control Lack of empathy	It affects every aspect of life It has real consequences We have fewer choices They don't accept any responsibility for it

The following table represents the themes from the responses to the questions posed to focus group 3 as paired with the tenants of CRT.

Table 16

Focus Group 3 Themes from CRT

Tenets of Theory	Related Themes	Lived Experiences
Racism is not unusual	Lack of understanding Lack of empathy Enslavement Racism/discrimination Dual existence Lack of respect	White people don't care Life is not the same for us as it is for them This is an everyday thing It consumes much of how we live and the choices we make

	Fear Economics	It has lasting effects We're not asking for your guilt
Racism serves psychological and material purposes	Lack of community Economics Control Fear Lack of value Assimilation	Lack of opportunity It hurts Of course we're angry They always have the power, lasting effects They try to blame us for what they've done White people don't care about us I don't think it's gotten better recently, it's gotten worse The current President is racist
Race is a social construct	Lack of understanding Lack of empathy Fear Control Inequality Punishment	The effects are real We want the same opportunities they have Things are worse now than 10 years ago We live in the same country, but in different worlds

Major Findings/Themes

Risk and Protective Factors

The major themes of my research are identified in the following sections. A fairly common emergent aspect of the participants' lived experiences was how, over time, African Americans have developed protective factors that have seen them through the centuries of tumult living as a colony within a nation. One of the most powerful protective factors is strong ties to the African American church—the Black church. Regardless of denomination, the church has served as a meeting place, a comfort during life's most trying times, and a hub for celebrating the most wondrous of human experiences. The African American church, whether the AME, Baptist, or some other version of African American worship and fellowship, has been at the center of African American life and has served as one of the community's most stalwart institutions. The Black Church has published newspapers, raised funds to build schools and colleges, and contributed to the founding of community organizations, insurance companies, and libraries. In

that history, it has stood as a guiding force in the Civil Rights Movement, a protector of Black bodies, nourishment for Black minds, a healer of Black wounds, and a beacon of hope that one day African Americans would be recognized as true citizens of a nation that has, from its inception, denied them their very humanity. Such a cornerstone of African American life has also been what provided hope and, therefore, strength.

The historic resilience of African Americans was also noted as an element of protection from some of the impact of inherited trauma. Participants noted that they draw strength from other sources as well and feel some level of protection, including a strong sense of community and family connection, even with non-biological "family," a nod to antebellum America when biological relatives were often sold away from their partners, children, parents, and other family members and unofficially adopted other members of the African American community who were held captive on the same plantation or another nearby plantation. Many African Americans harken back to their youth when there was such a strong sense of community that many adults in their neighborhood besides their parents, were aware of any mischief a youngster had gotten into and felt obligated to intervene as a caring adult who had a vested interest in the up-bringing of that youth. Not only would they verbally scold a neighborhood child, but they might even "go upside their head" as well. This aspect has added to the sense of belonging and kinship within many African American communities, which has also aided in the ability to overcome generational trauma symptoms.

Another theme that emerged during the focus groups was violence or punishment. The references were mainly to physical punishment, but also to other forms such as financial, social, and institutional punishment. Several participants brought up instances in which they had experienced some form of actual or threatened violence framed as punishment, and similar

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incidents in which friends and relatives had like experiences. The heritage of punishment was also a recurring theme in each focus group. Many wondered how African Americans came to use physical violence as an acceptable form of punishment with their own children. Most had experienced parental beatings as children and did not believe anything to be wrong with it back then. "Everyone got beatings," one participant said in reference to his childhood punishments. It was not considered out-of-the-ordinary; it was a deterrent. As the discussions evolved in each group, with connections made to how enslaved Africans/African Americans were "seasoned" and brought into submission and how many in the African American community chose to discipline their own children, the conversation grew more spirited. Though punishment was a risk factor, it was also a protective factor. When overseers implemented violent means to control the enslaved, it was protection of their "property" which enabled them to make a profit. It was then also a risk factor for enslaved African Americans, and in the years after emancipation that caused certain behaviors to be avoided. Not knowing one's "place" could be cause for some form of violence or "punishment." Speaking to a white woman could cost an African American man his life. This was connected to another theme of the focus groups, control (discussed below). In the post-bellum years, punishment became a protective factor in many respects. The fear (another theme among focus groups) of parents and caregivers of their children being harmed or killed, caused them to perpetrate violence on those children as a way to keep them safe outside of the home and neighborhood (control). They understood that what Bronfenbrenner called the mesosystem and exosystem (1994, 2006) and attempted to ensure their children's safety outside of their protection with how they parented and disciplined within the microsystems of family, neighborhood, and community. The learned behavior of punishment and violence as tools of fear

to control, were recycled through transferred trauma and used in African American parenting and caregiving to prevent punishment from white society.

As mentioned earlier, control was a theme that emerged in each focus group and came up numerous times. It also was seen as a protective factor. That the entire relationship between African Americans and whites in America was built on control was not lost on the focus group participants. Whites felt that control over African Americans meant their safety, that they would be safe in their property and possessions and, perhaps more significantly, in their place of power in American society. As I perused the data, I found that this idea of control was inextricably linked to another of the themes that materialized: fear. It seemed that the end of fear was control. These themes were repeated in each focus group with such a strong correlation that I was compelled to look deeper at the connection between the two and how it perpetuated the transfer of trauma among African Americans, particularly in parenting and caregiving relationships.

For thousands of years, the ruling classes have understood the innate power of "intentionally invoking fear in their subjects as a means of social control" (Academy of Ideas, 2015). This "fear psychosis" maintains its power even when the threat of harm no longer exists. The psychological power of scaremongering, or creating or perpetuating something to be afraid of, gives an advantage to those in power because it helps them preserve that power through a false or exaggerated narrative. John Adams, one of America's founding fathers and second President of the United States of America, wrote that "fear is the foundation of most governments…" (Academy of Ideas, 2015). Fear was used to create panic among certain segments of the American population (whites) to keep them in a state of hate to oppress, while simultaneously keeping other groups (African Americans and other ethnic minorities) in fear of retaliation. Fear psychosis has also been used by the oppressive government regimes of

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Germany, China, and Russia. America, though not considered a totalitarian state, has indeed used such tactics which include propaganda and fearmongering, to keep a specific group in power, and other groups, mainly those that are culturally-based, in positions of submission and subservience.

This "fear as control" is so powerful that its residual effects are still at work today. As participants reflected on lived experiences, the themes of fear and control resonated in such powerful terms with them in their roles as parents and caregivers that it caused moments of sustained silence and head-nodding in otherwise conversation-filled exchanges. As with punishment and violence, fear and control seem to fuse into one another not only in relation to lived experiences among participants but also in terms of transforming from risk to protective factor over generations as inherited trauma has a chance to embed itself more deeply into the African American culture and psyche.

In DeGruy's PTSS theory, the tenet *racist socialization* connects to emergent protective factors as well. The idea is that African Americans take on the mindset of "the master" (DeGruy, 2005) as a result of the long-term effects of TGT. They take on a collective inferiority complex wherein they view all things associated with their culture as lesser and things connected to white culture as superior. As with other protective factors explored through this research, *racist socialization* seems to have originated as a risk factor, which aided in the suppression of African Americans to keep them subservient and psychologically manipulated, and then morphed into a protective factor. The idea that all things associated with one's own culture, and by extension, with them as an individual, are inferior, emerged in the focus group reflections of past sentiments such as "If it's white, it's right," and "I'd rather patronize white establishments because they do a better job than my own people." This idea is protective in that it keeps the reality of trauma at

bay. If individuals exist in a perpetual state of denial, perhaps they can socially or culturally disconnect from that part of themselves. If some African Americans take on the white perspective and identify more closely with white culture than with African American culture, it could assuage (superficially) their individual feelings of inferiority because they can claim superiority over other members of their own culture, thus connecting them with the dominant culture.

As I examined the data from the focus groups, I uncovered many aspects of TGT. Many of the themes brought up by participants in each focus group led to more layers of trauma effects and thus a more intricately woven quilt of personal lived experiences, transferred trauma, and insights into how all of these affect their parenting and caregiver roles was also exposed. I was left with trying to piece together the individual patches to make some sense of the connections. As I have laid out in this chapter, the major, recurring themes common among all three focus groups, as well as risk and protective factors, seemed to be enmeshed and overlapping. This entanglement leaves me with more questions than answers and reminds me of the extremely complicated and embedded nature of transferred trauma and the need for further examination of this ever-evolving area of mental health research.

Summary

In this chapter, I have presented major findings and themes as the outcome of the focus groups I facilitated in an effort to connect the effects of TGT with beliefs regarding parenting and caregiving styles and methods within the contemporary African American community. A community that has suffered such collective, cultural, and historical traumas has undoubtedly been affected in myriads of the multidimensional aspects of human interaction. The aim of this work has been to provide information that will assist in breaking through social and institutional

barriers to seeking, diagnosing, and treating the effects of inherited trauma, particularly within

the African American community. These data are discussed in greater detail in Chapter 5.

CHAPTER 5: DISCUSSION

America is complicated. The rich history of the ideals of freedom, equality, and justice that the Founding Fathers and other revolutionaries espoused has beckoned generations of humans from every place imaginable to America's shores. The promise and possibility of a better life, more opportunity for children, and human dignity are enough for some to leave their own home country, risk separation from family, and even death, to pursue "the American Dream." However, this is not everyone's American story.

As with all human experiences, the story of America is filled with pain, triumph, conflict, loss, death, and love. The stories within the story vary greatly and are largely dependent on the ethnic background and race of the teller. One's American story is colored with the legacy of who one's ancestors are and how they internalized their lived experiences within the era of their lifespan or chronosystem (Bronfenbrenner, 1990). The process of human development is individual, collective, and societal in nature. As Bronfenbrenner's model demonstrates, there are multiple overlapping systems—the microsystem (the self, family, neighborhood), mesosystem (the connector of the microsystem and exosystem), exosystem (social services, neighbors), macrosystem (the culture or society), and chronosystem (sociohistorical conditions)—that influence the way human beings evolve. The process of individual growth is intertwined with culture and history. The culture of origin and how that culture has been received throughout history are key factors in a person's development.

In America's complex journey from British colony to the Great Experiment, there have been casualties. The nation was established on a racial caste system that it has never fully rebuked or made amends for. America's willful continuation in its collective state of amnesia and denial does not aid in any possible effort toward reconciliation. There are those who would

point to the election of the first African American President of the United States, along with the success of select other African Americans, as proof that the caste system from which this nation emerged and thrived, is a bygone. Any honest assessment of American racial history "must acknowledge that racism is highly adaptable" (Alexander, M., 2012, p. 21). According to Alexander, the rules and language of the American racial caste system have changed to adapt to the times, but the end game remains the same, to maintain white privilege.

Purpose of the Study

An examination of any aspect of African American life must include some discussion about race. As I explored the effects of trauma in relation to race, I found the themes that engaged participants the most and which they reflected upon had to do with the methods used by the United States government and citizens to maintain the status quo. The efforts America has employed to keep whites at the top of the social, economic, and power structures and people of color, and in particular, African Americans, in a place of subordination, seem quite obvious to most African Americans. The themes of separation, fear, punishment, control, respect, and economics, which emerged across the focus groups because they were repeatedly mentioned, are all methods the majority race has used to keep power for itself. In this attempt to maintain the imbalance of power, America has harmed itself. The results of these self-injurious policies are millions of American citizens of color who continue to suffer the effects of what Duran et al. (1998) call the soul wound and what Levers (2012) refers to as "spiritual or existential wounds." This study has aimed to shed light on the many people who continue to suffer from, and unknowingly pass along, trauma-related symptoms, who live with the effects of psychological and emotional wounding caused by past traumas and continued maltreatment in American society. Research suggests that recurrent exposure to discrimination in quotidian activities, as

well as in major events, results in poor health and is associated with multiple psychiatric symptoms and medical issues (Kwate, 2014). Without the appropriate coping mechanisms and protective factors, the effects of daily, race-related stressors and transmitted trauma responses can potentially produce mental and physical distress (Utsey, Giesbrecht, Hook, & Standard, 2008).

As the interest in and research around transferred trauma grows, researchers continue to discover the effects of such exposure along with long-term treatment options. Having explored the lived experiences of those who are most likely to be affected by TGT, I am convinced that while there are many unnamed and unidentified manifestations. There is a burgeoning understanding among African Americans of the likelihood that generationally transmitted trauma has had at least potentially some effect on their interpersonal relationships, self-image, and worldview.

Guiding Questions

The guiding question of this study was: "How has transgenerational trauma affected the lived experiences of contemporary African Americans in parenting and caregiver roles to African American adolescents?" In an effort to make the responses to the guiding question more explicit, I asked four subsidiary questions:

1. How does the legacy of TGT affect the lived experience of study participants' present existence in relationship to van Manen's four *lived existentials:* lived space (spatiality), lived body (corporeality), lived time (temporality), and lived other or human relation (relationality or communality)?

2. How has exposure to TGT positively and negatively affected African American parenting styles and ideologies within their respective bioecological systems

(Bronfenbrenner, 1990, 2006), in terms of the risk and protective factors involved in parenting African American adolescents?

3. Which aspects of TGT have had the most impact on the lived experiences of contemporary African Americans in their parental and caregiver roles?

4. What positive adaptations have African Americans made, with regard to American cultural norms and parenting, as a result of exposure to TGT, discrimination, and racism?

Review of the Literature and Methods

The way researchers collect data affects the perspective, tone, and emerging thoughts regarding the data. Thus, the data collection method is a key component in qualitative research. Triangulation was employed in this study, as it assists in providing a more varied, wider frame from which to view information and contributes to the trustworthiness of the data (Glesne, 2006). The study used focus groups as the primary data collection method. The use of focus groups in qualitative research is common as it has been on the increase for several decades by various groups of social scientists (Levers, 2006). Focus groups are useful when there is no concentrated data set readily available in certain research topics (Morgan, 2002, as cited in Berg, 2009). Using focus groups also "allows for probing, revisiting, and clarifying emerging understandings and concerns" (Levers, 2006, p. 379). As this form of data collection is designed and intended for use with small groups of unrelated individuals (Barbour, 2008; Schutt, 2003 as cited by Berg, 2009), it was a good way of getting honest responses from participants that added to the richness and validity of the data. The focus groups provided me with a better understanding of opinions, perceptions, and attitudes that other forms of investigation might have obscured (Levers, 2006).

Focus groups are viewed as useful for stand-alone data gathering as well as triangulated methods (Berg, 2009). Focus group interviews can obtain information that is related not only to the spoken sentiments expressed in response to prepared researcher developed inquiries but also to the un-sketched, uncalculated reactions evoked as a result of a certain topic or personal experience being brought to consciousness. Because part of the goal of using focus groups is for researchers to get at the core of "…sociocultural characteristics and processes among various groups" (Larson, Grudens-Schuck, & Lundy, 2004; Lengua et al., 1992; Stewart, Shamdasani, & Rook, 2006 as cited in Berg, 2009), I needed to be especially observant and actively engaged in the group process and dynamics as well as in collecting the verbal data of the focus group because I acted as the facilitator, researcher, and research instrument. "A far larger number of ideas, issues, topics, and even solutions to a problem can be generated through group discussion than through individual conversations" (p. 163). Participant observation was also used, as well as a reflective journal, during the focus groups to maintain an accurate account of the themes and factors of impact.

To ground my research in theory, I incorporated multiple compatible theories, including the following: van Manen's lifeworld existentials, Bronfenbrenner's Bioecological Model of Human Development, historical trauma, cultural trauma, intergenerational trauma, race-based trauma, racial/ethnic Identity development/nigrescence, Post Traumatic Stress Syndrome, critical race theory, acculturative stress, and self-determination theory.

I reviewed the literature on the evolution of trauma definition and of trauma-related diagnostic criteria throughout the DSM's from the third edition in 1980, which was the first to include such information, to the current edition, which was published in 2013. I also did an in-depth review of the literature on the concept of emotional trauma, including the first known

recording of it in 1859. The development of how humans internalize and process trauma events—from that which is individual in nature, irregular or unusual, and limited to an individual personally present for the occurrence, to the current conceptualization of collective, secondary, cultural, historical, and transgenerational manifestations—speaks to the complicated, multidimensional nature of human trauma. Levers' (2012) assertion of the "daunting task" of even beginning to unravel a comprehensive definition or of the psychological effects on human beings in all of their cultural, collective, and individual intricacies, is reflected in the metamorphosis of the struggle within the mental health community over the years.

In this chapter, I discuss the findings of my study. The information includes the main themes that emerged from my analysis of the data, discussed within the context of the theories in which I grounded my study. I also include the risk and protective factors participants engaged as a result of inherited trauma, practical implications of the study, opportunities for further research, limitations of the study, and the study's contribution to professional counselor and counselor educator literature and practice. I will conclude this chapter with a brief summary.

Discussion of the Findings

The findings of this study revealed that the participants have experienced the effects of inherited trauma and that they continue the cycle of passing along residual and embedded manifestations of this trauma to their children. My findings theorize the many factors that are resultant of TGT within the contemporary African American community. The effects of inherited trauma have been studied in relation to other cultures and have yielded insightful results and prospects for further examination. As has been discussed earlier, the idea of trauma has evolved over the years. The concept of trauma transmission and process has changed drastically since the emergence of emotional and psychological trauma into mental health research and diagnosis. My

research suggests that transmitted trauma is multifaceted and that it can become embedded within a family, culture, and society without being detected for generations or perhaps at all. Because trauma effects are often subtle and can be camouflaged as normal psychic responses to life experiences, the inheritors of TGT are often unaware that many of the ways in which they view human interactions and how they internalize self-worth and the worth of others is shadowed by the traumas suffered by their ancestors and passed on to them across generations and through time. This lack of awareness is also a contributing factor in counseling professionals' not recognizing, treating, or understanding transferred trauma and its generational effects. The results of my research suggest several themes and protective factors that inform the parenting and caregiving mores and styles of contemporary African American adults, particularly as related to transferred trauma effects. I discuss the themes and protective factors in the context of PTSS (DeGruy, 2005), van Manen's (1990) lifeworld existentials, and Bronfenbrenner's (1979, 1994, 2006) bioecological model of human development as these relate to the guiding and subsidiary questions of the study within the following paragraphs.

Guiding Question Themes

In seeking to illuminate how TGT has affected the lived experiences of contemporary African Americans in parenting and caregiver roles to African American adolescents, I considered the theoretical frameworks used to ground this study. The three components of DeGruy's (2005) PTSS, vacant esteem, ever-present anger, and racist socialization; the five systems of Bronfenbrenner's (1994) bioecological model of human development— microsystem, mesosystem, exosystem, macrosystem, and chronosystem; and the four existentials of van Manen's (1990) lifeworld, combined with the guiding question, ancillary questions, and themes manifested in the focus groups, provide considerable insight into this phenomenon. The themes

that emerged across the three focus groups and used in this study are indissolubly linked to the components of PTSS, human ecology, and life's existential themes, and will be discussed here.

Vacant esteem, the generationally transferred belief that one has little or no value, can foster behaviors that contribute to the devaluing of others, particularly those of the same race (DeGruy, 2005). Vacant esteem is transmitted via three systems: family, community, and society. The focus group themes connected with these manifestations of TGT are displayed in the Table 17.

Table 17

Themes Derived from the Research

Number	Theme
1	Separation of families
2	Inequality/discrimination/enslavement
3	Lack of empathy
4	Lack of value
5	Separation within race/intra-racism
6	Fear
7	Lack of understanding
8	Lack of community
9	Punishment
10	Lack of respect
11	Living in two worlds/dual existence
12	Lack of control
13	Economics
14	Lack of parenting skills
15	Assimilation

The participants within each focus group often brought up the systemic devaluing of African American life from enslavement, to Jim Crow, to present day attempts via government policies on immigration, voting rights, and access to higher education. These societal systems perpetuate the idea of second-class citizenship, which is transmitted to communities, then to families, and on to individuals, who, over a lifetime, internalize such beliefs. The manifestation can take on

numerous forms. Among the effects of devaluing African American life and culture over centuries are lack of academic performance, lack of self-value, and creation of docile and submissive children in childrearing practices. In connection with PTSS, Bronfenbrenner's (1979) model reminds us that the environment in which humans are socialized through their ecological systems—micro, exo, and macrosystems—provides a backdrop for what they believe is possible for them to achieve. Not only does their environment frame the view of self, but it also reflects one's view of those who look like them and are of the same cultural heritage. In the same way that DeGruy (2005) and Bronfenbrenner (1979) tie the idea of the past to one's self-understanding and idea of self-value or worth, van Manen (1990) brings an additional element in his lived other or lived human relation (relationality) to the discussion. Van Manen describes the lived other concept as allowing humans to "transcend our *selves*" (1990, p. 105). In the wholistic sense of humanity, humans search for life's purpose and for meaning in others, particularly in the parent-child relationship. The relationality between parent (or caregiver) and child is "highly personal and charged with interpersonal significance" (van Manen, 1990, p.106). Van Manen asserts that this relationship is what provides the support and security that allows the child to experience a parent's or caregiver's confidence and trust "without which it is difficult to make something of oneself" (van Manen, 1990, p.106). If we look again at the themes present in the focus groups in relation to the assertions of the theories of DeGruy, Bronfenbrenner, and van Manen, we can detect a strong link between current parenting styles within the African American community and TGT.

Delving into additional components of the theories used to ground this research, ever-present anger is the next of DeGruy's (2005) three aspects of PTSS. Ever-present anger is the manifestation of centuries of unkept promises, mass humiliation, and institutional discrimination

visited upon generation after generation of African Americans. This is not the same as an angry outburst one has from time to time. This is a deep, abiding rage that has simmered in the caldron of American apathy and outright disregard for its citizens of African descent since even before its founding. This TGT effect has become embedded not only in the collective psyche of African Americans but also in their daily cross-racial interactions. Ever-present anger demonstrates human development ecology as presented in Bronfenbrenner's (1979) macrosystem and chronosystem in particular (1979). The macrosystem involves an "overarching pattern" that connects other systems within the model to characteristics of a given culture or sub-culture. The macrosystem, in particular, refers to "belief systems, bodies of knowledge, material resources, customs, lifestyles, opportunity structures, hazards, and life course options that are embedded" in the other, less narrow systems (Bronfenbrenner, 1979, p. 40). The macrosystem provides the context for the marination in ever-present anger within the African American community. It plots the American social system's roadmap for transmitted trauma to meander down through each generation, taking more detours, veering further from its intended route—to equity and citizenship for all. Each roadblock along the way fosters a stronger estrangement from the majority race, the hopes of promises fulfilled, and the opportunities afforded to other Americans. The macrosystem addresses myriad aspects of human existence and human development associated with generational trauma, such as how the stated belief systems of American society contradict government actions and policies, how material resources are distributed proportionally based on race, and how opportunity is afforded in different measure to African Americans.

I see van Manen's (1990) themes of lived space and lived time as particularly germane in attempting to provide some synthesis with the topics that materialized from this study's focus groups. There is a clear connection to the symptoms of inherited trauma, and to the ever-present

anger and the macro and chronosystems mentioned previously in this section from the other frameworks used in grounding this research. "There are cultural and social conventions associated with space that give the experience of space a certain qualitative dimension" (van Manen, 1990, p. 103). Considering this assertion, again in conjunction with the themes of the focus groups and the phenomenon being examined, one can make meaning of the lived experiences of participants through the lens of TGT. If lived space associates the societal norms of a time period (chronosystem) and cultural connections (macrosystem) with the human experience of trauma, then in every historical and chronological milieu, the trauma will take stronger hold of its host culture and its symptoms will become more pronounced while also becoming less obvious and less likely to be detected. These are the circumstance in which African Americans are parenting and providing care to their children.

Considering van Manen's (1990) theme of lived time as it relates to this study and the themes that were brought to light in the focus groups, the chronosystem in Bronfenbrenner's (1979) model adds another layer of depth and area for exploration. Like Bronfenbrenner's chronosystem, van Manen's lived time is not merely a chronological period. Lived time is subjective; it is more about *how we experience time*, especially regarding our relations with others, than about what calendar time we lived through. It is important to clarify that none of these themes is an independent factor in the human lived experience. They all overlap and intertwine, not only with other aspects of the same theory but also with other theories. Therefore, when we discuss lived time, we see the intersectionality with lived space, with the chronosystem and macrosystem, and with the tenets of PTSS. What we have encountered in our past are incorporated into who we are in the present. I would assert that the things our predecessors encountered are also fused into who we are and that "the past changes under the pressures and

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influences of the present" (van Manen, 1990, p. 104). Therefore, the lack of value, lack of

respect and autonomy, and lack of empathy (along with the other themes illuminated through and

across the focus groups) that have been attached to the African American lived experience have

profoundly affected how this population moves and interacts in American society—and which,

by extension, influences views on parenting and caregiving. Ideas on how to raise a child,

particularly an African American child, in relation to ever-present anger, lived space, lived time,

the macrosystem, and the chronosystem delineate the process of transferred trauma symptoms

and assist in promoting the assertion of this research regarding diagnostic criteria and treatment.

The third and final tenet of PTSS is racist socialization. This pattern of behavior is

essentially the adoption of the slave master's belief system (DeGruy, 2005). This adopted

worldview is resultant from generations of victimization and trauma, according to DeGruy. It

manifests in the devaluing of African American culture and history. This form of self-hate views

all things related to one's own culture as inferior, and all things associated with white culture as

superior. Particularly noteworthy here are the participants' reflections on the themes of lack of

community, separation within race/intra-racism, lack of value, dual existence/living in two

worlds, and inequality/discrimination/enslavement as particularly related to this theoretical

assertion. Participants noted the "white is right" mindset of some African Americans when

discussing what I refer to as "cultural esteem." This same inherited notion includes the idea that

whatever "it" is, white people do it better. In business, a segment of the African American

community will hire only whites because of the racist socialization mentality that whites will do

a better job, in a more professional manner. As DeGruy (2005) points out, this belief is not a

result of short-term environmental circumstances; rather, it has been in the making for centuries

as part of the entrenched racism and institutional discrimination inherent in the American nation.

Further, I would assert that this mind-set did not arise from mere happenstance. I believe this was the plan, a plan orchestrated to maintain white control over Africans/African Americans, particularly during enslavement. In order to exercise complete psychological and physical control over enslaved peoples, who, by the way, outnumbered whites in the South, American society deemed it necessary to create a system that pitted them staunchly against one another. This method, sometimes referred to as part of the seasoning process, was standard operating procedure on most plantations and even on smaller farms and in American life generally. The effects are still evident and, arguably, more entrenched in the collective psyche of African American society than ever—and being passed on to their children through the process of TGT.

As I parsed through the data, I again returned to the ecological framework Bronfenbrenner (1979) developed. The microsystem and mesosystem of his model attach quite seamlessly to the idea of the development and perpetuation of racist socialization as a result of environmental and societal influences. The microsystem is composed of several factors such as family, religious affiliations, neighborhood, peers, and school. These influences are among the most powerful of lived experience because they convey emotional, spiritual, and social power in a direct and personal way. The historical traumas of the family (intergenerational) and the cultural and collective traumas of the institutions held in high regard (religion, school, neighborhood) have the most enduring effects on human development and lived experiences. Therefore, it's not surprising to consider racist socialization as being passed on via these systems. The mesosystem acts as a conduit from the microsystem to the exosystem. It is through this connector of human development that the slave master's worldview goes from an individual, to a family and on to a larger portion of a population, thus becoming part of the psychological makeup of a culture.

Protective Factors

As a result of the influence of transferred trauma symptoms, as mentioned in this section, African Americans have developed a form of resiliency over time. Resiliency is not a genetic trait, which implies that it is through challenging lived experiences that it born and fed. Though resiliency does not eliminate life's difficulties, it does provide a source of strength that individuals and collectives can lean on for support. These sources take on varying forms, such as those mentioned in the focus groups of this study. Protective factors are a form of resiliency. The protective factors that participants discussed include an historical resilience within the African American community: strong religious affiliations (the Black Church); family, extended family, and fictive kin connections; and sociopolitical organizations, such as the National Association for the Advancement of Colored People (NAACP) and the National Urban League. The Black church, in particular, has been a constant of the African American community from enslavement to the present. It is perhaps not as much a religious factor or influence as it was in the past; but as a construct, it is a traditional and symbolic gathering place that has welcomed the broken in body and in spirit. Regardless of denomination, the church has served as a meeting place, a comfort during life's most trying times, and a hub for celebrating the most wondrous of human experiences. The Black church has provided food and shelter, and comfort and sanctuary, as well as the more practical of life's needs—like childcare, life insurance, and bank accounts—that would have otherwise been unobtainable. It is the institution from which the Civil Rights Movement was born; it is the center of African American social life, the place where Black folks can borrow a book, get an education, or even read a newspaper with stories about their community. Though the functions of today's church have changed, its place of reverence in the African American community is forever secured because of the historical bonds it has

established and the chains it has broken. As discussed in Chapter 4, these institutions have

provided support, protection, and guidance when most needed and have continued to be beacons

within the African American community that take up the mantel of social justice and political

activism.

Risk Factors

Some of the factors associated with the effects of TGT within the African American

community can result in a cycle of trauma-related responses. Risk factors are those aspects of

lived experience that influence a person's ability to combat adversity and overcome obstacles in

daily life. For African Americans, the risk factors are considerable. Something as simple as

additional life stress, which is common for African Americans, is considered a risk factor. In the

context of my study, participants discussed things they had experienced in daily life that

contribute to the difficulty some have in contending with the long and short-term effects of

transferred trauma. Framed in the context of DeGruy's (2005) PTSS theory, "if a trauma is

severe enough it can distort our attitudes and beliefs" (p. 13). The focus group brought up the

idea of self-hate, which manifests in various forms, and is perpetuated in the view of self, which

is transmitted through parentage, and societal pronouncement. This idea relates to the first theme

of PTSS, *vacant esteem*, which is the belief that one's self is inferior. This theme manifested in

the focus group in the idea of *separation within race*. The belief that there are certain types of

African Americans who are better than others of their race affects the ability to counteract the

daily barrage of negative images and messages about African American people and culture. This

risk factor is particularly difficult to overcome because of its embedded nature, which has taken

hold not only in what Bronfenbrenner (1979) calls the macrosystem (society and culture at

large), but also within an individual's own psyche. When humans are socialized in a hostile and

demeaning environment established through a racial caste system so that they feel powerless, "it can have a seriously adverse impact on what we come to believe ourselves to be" (DeGruy, 2005, p. 146).

The second theme of PTSS, *ever-present anger*, is expressed as the deep, abiding hostility that many African Americans feel and exhibit as part of their lived experience in response to centuries of broken promises and disrespect by America. It can rear its ugly head even when it appears there is no reason to be angry. This risk factor was discussed in the focus groups as possibly the most present theme associated with "being black in America"; it is described by DeGruy (2005) as "one of the most pronounced behavior patterns associated with PTSS" (p. 130). Ever-present anger puts Black men in particular at risk, in part because of the image of machismo embraced in American society and also because of the association of danger with Black men's bodies. As a result of the TGT stemming from American enslavement, Black men have been made the scapegoat for *fear,* "*protection,*" and *punishment* (all themes that emerged in the focus groups) by law enforcement, the criminal justice system, and American society at large. Any time an African American displays anger, there are questions as to why "they" are so angry. They should "be grateful" to be in America. The risk in demonstrating anger for African Americans is almost all-encompassing. One risks one's professional standing, becoming involved in the criminal justice system, "which we know is skewed against us," being entangled with child protective services (CYF, Children Youth and Families), and possibly having one's children removed from one's home and custody. Encounters with "the system," whether it be social services or criminal justice, typically do not end in favor of African Americans. Therefore, it behooves them to have as little interaction with any government system as possible. In many cases, this attitude and belief within the African American community

exacerbates the problems because there is no safe outlet for anger and, in many cases, little understanding of where the anger comes from or why it exists.

The third and final theme of PTSS associated with the focus groups' themes and risk factors is *racist socialization.* This phenomenon occurs when African Americans adopt the slave master's value system and take on the mentality of centuries of institutionalized oppression and discrimination. This is another manifestation of TGT and is frequently concomitant with several themes discussed in the focus groups. *Enslavement, dual existence or living in two worlds, control, fear, separation of families,* and *lack of community* are those most pronounced in relation to the risk factors of racist socialization. Because a common manifestation of racist socialization is lashing out at those who look like you, this can lead to isolation within one's own community as well as in the white community but for differing reasons. The feeling of aloneness and lack of a support system as a result, coupled with other risk factors and effects of TGT, can create a situation ripe for self-detrimental behaviors.

Implications

My research addressed the need for recognizing a form of generationally transmitted trauma that affects a significant portion of the population, which has been historically underserved by the mental health profession. Understanding that trauma definitions, diagnosis, and treatment are no longer based on a singular event that requires the presence or direct involvement of an individual is a main objective of this work. In addition, trauma is no longer considered an aberration that affects only a small portion of the population. Trauma-related disorders affect more than half of the population and are no longer considered pathological. Gaining complete cognizance of the process of transferred trauma-related symptoms and of the embedded nature of TGT is significant for the mental health community, as well as for the

African American population. Recognition of this phenomenon that affects so many people in such meaningful ways is not only holistically advantageous but, in my opinion, ethically required.

Limitations

This qualitative inquiry used focus groups, participant observation, and a reflective journal as data collection and analysis methods. In addition, I employed multiple theoretical frameworks, which adds to the validity and depth of the study. However, some limitations of the study include the restricted geographical area of participant recruitment. A larger participant pool might have added a different perspective than what was provided through a limited colloquial lens. Another potential limitation is the chronological time lapse since the initial trauma events. I had no specific person or persons to refer to as an example of the initial receptor of a trauma. As Helms, Guerda, and Green (2012) put it, "the historical roots of trauma are invisible"; thus, the data I was able to gather and assess were somewhat limited and could have more narrow results. The age, cultural, and lived experience requirements for participants also locked out much of the population. The results were not generalizable; however, generalizability is not the goal of qualitative research, it is not considered a limitation (Bloomberg & Volpe, 2012). Additionally, as I was the researcher in this qualitative study and the primary instrument, I played an intrinsic role in the process from conception to conclusion in the design, data collection, and analysis of this study; therefore, my personal biases could have influenced the analysis, though I took precautions against such possible influences.

Future Research Considerations

Many questions for future research into inherited trauma arose as I worked on this study. The literature on inherited forms of trauma has increased over the last decade, and I am hopeful

that the trend will continue moving forward. In that spirit, some opportunities and questions for future inquiries that emerged from this study follow.

The first topic I would suggest is the influence inherited trauma has on the school-to-prison pipeline with students of color in public education settings. There has been more interest of late in the prison industrial complex and its disproportionate effect on communities of color from arrest to sentencing. The criminal justice system in America is a for-profit industry that benefits from convicting those least able to afford representation, or at least good representation, and the most likely to take a plea for fear of conviction (Alexander, 2012). I believe the effects, both short- and long-term, on communities of color are immeasurable and comparable to the convict lease system of the 20th century. Another topic for future consideration would be how the trauma of enslavement has affected the role and progress of African American women. Over the years since the end of government-sanctioned enslavement, African American women have arguably made the most progress of any demographic. Progress includes level of education, home ownership, income levels, and the like. In 2015, 25% of African American women between the ages of 25 and 35 years had four+ years of college education. Compare that with African American men, 17% of whom, in the same age range, had four+ years of college education (Brookings, 2017). Black women have made great strides as compared to their male counterparts. Why? African American women have been just as injured and affected by inherited trauma as African American men. How is it that this demographic seems to continue to make progress in the face of formidable obstacles?

The last line of inquiry I will suggest is how mental health professionals can better prepare to recognize and treat trauma-related disorders particularly those of an inherited nature among people of color. Counselors and counselor educators have historically sought to be as

inclusive and well-informed as possible regarding newly developing information on mental health issues. It is in recognition of that history and spirit that I implore them to take up the worthy mantel of advocacy for the client population(s) least likely to seek their professional services, to trust the system of which they are a part, and most likely to be experiencing the effects of transgenerational trauma in their daily lives. More in-depth training and education regarding cultural and historical trauma should be required in counselor education programs. As well, there should be ethical guidelines around preparedness with regard to multicultural issues in mental health professions. Further research by the counseling profession, clinicians, and counselor educators is the starting point for the needed changes in diagnostic and treatment options available to assist clients and potential clients of color with the psychic effects of inherited trauma. It is also, in part, the aim of this inquiry to help usher in that new era of client-centered advocacy research and interventions.

Research Questions Generated by the Current Inquiry

As in most qualitative research, this study engendered more questions than what I had when I began. This inquiry intended to generate a hypothesis rather than to test one. Through the process of gathering and analyzing the resultant data, the following questions ensued:

- How can TGT become recognized by the American Psychological Association as an important culture-specific aspect of trauma-related disorder?

- Can a better understanding of the risk and protective factors historically engaged in by the African American community be effective in combating the effects of TGT?

- Are professional counselors and other mental health providers equipped to diagnose and treat the effects of TGT?

- In what ways do African Americans parent and provide care to African American adolescents that differ from other cultures' practices in light of inherited trauma symptoms?

- Does the stigma of enslavement and resultant effects of inherited trauma impede African Americans' efforts in seeking help from mental health services?

- Have the effects of TGT been internalized differently among African American women than among African American men?

- What possible implications of this study might be useful in understanding the TGT issues associated with other marginalized groups, for example, Latinos, Native American Indians, other First Nation Peoples, and other indigenous minorities?

Contributions to the Professional Literature

The phenomenon this study has sought to illuminate was how TGT has affected the lived experiences of African Americans in the role of parent and caregiver in today's society. The study placed emphasis on the unrecognized, undiagnosed, embedded nature of inherited trauma as well as the sequelae of trauma-related symptoms that often are mistakenly associated with other forms of trauma-related disorders, such as Posttraumatic Stress Disorder (PTSD). I believe this work will add to the professional literature through recognition of inherited trauma as a diagnosable, treatable disorder in clients of color, particularly African Americans.

The effects of TGT are deeply embedded in African American culture, a culture that was borne of a grand theft involving the burglary of an entire continent's belongings: the greatest, most successful crime ever committed in human history. Not only were human beings stolen, but also their languages, customs, religions, and autonomy were confiscated and held hostage by way of extreme violence, threats to violence on children, partners, parents, and friends. I say this

was the most successful crime in human history because America is the known criminal. The evidence is overwhelming, not to mention the confession of guilt by the perpetrator. One caveat to this declaration is the other great American caper, the Holocaust of the First Nations/Native American people—also perpetrated by the American nation, supported by undisputed evidence and an unapologetic confession that demonstrates no remorse whatever. Not only has America not acknowledged this horrific series of crimes in any genuine or tangible way but also it continues in its criminality by repeatedly blaming its victims. How then do the inheritors of the trauma resulting from the heinous acts of the American nation seek recompense? How do those of African descent begin to heal themselves from the trauma that infiltrates every aspect of their lived experience? Should the very establishment responsible for their ills be entrusted to address them in a compassionate, genuine way? How can the professional literature contribute to an authentic effort in beginning the healing process not only of African Americans but also of America? Certainly, a continued focus in research on the scope of trauma-related disorders would help, as well as more in the way of inherited trauma effects and from a less Euro-based worldview. Resources exist from which we can take our cue: *The Glossary of Cultural Concepts of Distress* and new diagnostic criteria included in the latest edition of the DSM (APA, 2013) are acknowledgement of a new awareness of the significance that cultural and historical aspects play regarding mental health. The change should take place not only in our views and perceptions but also in appropriate treatment from well-trained, knowledgeable, "woke" professionals who understand that their worldview isn't necessarily the world's view. They should also understand that in acknowledging others' hurt and mistreatment, there is healing for them as well.

Summary

The complexity of the concept of psychological trauma fascinates me. The evolution

from such a limited, simply defined disorder, considered to be rare among the general populace,

has developed into a broader, more inclusive and practical diagnostic criteria disorder. According

to Levers (2012), "Beginning to define trauma and its psychological effects is a daunting task.

The effects of traumatic events are complex, reflecting the intricacy of the human beings who are

exposed to trauma" (p. 8). Though there are currently no specific criteria for transferred trauma

of any kind—that is, cultural or historical trauma or TGT—in the DSM-V, strides have been

made toward a more comprehensive and culturally inclusive method of understanding how

cultural differences affect mental health treatment and diagnoses. The APA (American

Psychological Association) has included, in the "Emerging Measures and Models" section of the

Diagnostic and Statistical Manual of Mental Disorders 5th edition (2013), a cultural formation

piece to assist practitioners in gaining a more in-depth understanding of cultural differences and

how they can affect mental health and diagnosis. The APA encourages an understanding of "the

cultural context of illness experience" as an essential element of "effective diagnostic assessment

and clinical management" (DSM-V, p. 749). There is also an understanding of the cultural and

ecological elements that inform health disparities among people of color and an acknowledgment

that culture, race, and ethnicity can "lead to psychological, interpersonal, and **intergenerational**

(my emphasis) conflict or difficulties in adaptation that require diagnostic assessment" (p. 749).

Levers (2012) observed that it is difficult to diagnose trauma symptoms when "a history of

trauma has not been documented adequately" (p. 11). This is significant in that the concept of

trauma is ever-evolving. With regard to African Americans, there was not even an inkling of the

possibility of trauma-related symptoms during antebellum as a result of enslavement and

maltreatment based on race. Certainly, in the years that followed, Jim Crow, convict leasing, institutional discrimination, and racism were commonplace, continuing the cycle of trauma events perpetrated on African Americans. Though we know these policies and events took place, there is no "adequate documentation" of the effects, which leaves an obvious lacuna in the research.

As discussed previously in this study, other elements, in addition to culture and history, contribute to TGT. For example, certain ecological aspects affect how trauma is internalized. Both Bronfenbrenner's (1979) bioecological model of human development and van Manen's (1990) lifeworld existentials were incorporated as theoretical frameworks of this study as a way of connecting those ecological pieces to the cultural and historical aspects. The "ecological-transactional perspective allows us to situate the lived experiences of traumatized persons within the time and space of a relevant ecology in order to understand the trauma event as well as personal meaning making" (Levers, 2012, p. 7). The intersectional aspects of trauma and culture have strongly influenced this research because it is of personal significance to me as an African American woman. The coalescence of race, ecology, and trauma in the form of inherited trauma effects influence much of how we perceive, interact, internalize, and live. Therefore, further research exploring how counselors can positively affect the therapeutic experience of those affected by TGT is advisable. Levers (2012) speaks to the depth and power of human trauma in noting the effects that go beyond the physical and even psychological wounding to reach the very core of humanness as "spiritual or existential wounds" (p. 1). The ever-evolving concept of trauma, which reaches further than institutional definitions and the current evaluable criteria for proper diagnoses permit, considers the whole person. This aspect of trauma research and treatment has been neglected in the past and is a viable area for continued training and research.

Susan Herman's (2012) foreword to Levers' *Trauma Counseling: Theories and Interventions* acknowledges that in recent years the academic community has begun to pay more appropriate attention to trauma and understanding the aftermath of traumatic events. However, Herman recognizes as well that many of our systems, including criminal justice, healthcare, and social service institutions, still are not equipped to identify or address such trauma.

The primary purpose of this study was to illuminate the lived experiences of African Americans affected by TGT, particularly regarding their roles of parents and caregivers to African American adolescents. Toward this end, I incorporated multiple theoretical frameworks compatible with gathering information of a personal and impactful nature from participants and marrying it to the themes they discussed in the focus groups. I used hermeneutic phenomenological reflection to parse the major themes that emerged and identify the risk and protective factors participants embraced in attempting to counteract the effects of transmitted trauma. Hermeneutic phenomenology, along with the theoretical frameworks used for this study, ties into African American culture in an additionally significant way as "story-telling" has a long history within the community. Because African Americans were not legally permitted to read, much of what was passed on to younger generations was done so via oral tradition—that is, story-telling. The African American community has inherited an oral tradition from many African cultures as well. I believe this aspect of African American culture also contributed to the free-flowing exchange of thoughts and ideas within the focus groups as phenomenology afforded a reflective aspect of research and facilitated the passing along of information—not introspectively but retrospectively, much like telling a story after one has had the opportunity to digest the lived experience spiritually and psychologically.

This study has provided insight into a previously unexamined aspect of inherited trauma among African Americans and has sought to shed light on the need for treatment options, a more in-depth understanding of the role culture plays in lived experiences and mental health, and the need for more education and training within the mental health profession pertaining to people of color and trauma. It is the hoped that this research will inspire further examination of the topics explored here and lend to the healing of the historic wounds that have hitherto remained untouched.

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Your Chance to Affect Change

Now Your Opinion Counts
Take this Opportunity to be heard!

You have valuable parenting and care-giving experience to share, so why not use it for the good of the community? Please consider participating in a research study in which you share what you have learned and experienced as a parent or care-giver. The study will take no more than an hour or two of your time.

A group will be held at the Lincoln Park Community Center, date/time to be announced once there are enough participants.

If interested, please see Ms. Joyce Davis or contact Amy Alexander, the researcher, at [redacted phone number] for more information.

APPENDIX B: Pre-participation Information Sheet

For
Research Study on African American Parenting

Researcher: Amy Alexander, doctoral candidate, Duquesne University

Ms. Alexander has been employed by the Penn Hills School District for 22 years as a classroom teacher, elementary school counselor, and has been serving as a high school counselor for the last 11 years.

She earned her BS in education from California University of Pennsylvania and her MS Ed and school counselor certification from Duquesne University. Ms. Alexander is currently pursuing her Ph.D. in Counselor Education and Supervision at Duquesne University and hopes to implement much of what she has learned and is researching in assisting her students in the Penn Hills School District.

Ms. Alexander is doing this research on parenting styles and experiences to shed light on the historical and cultural trauma within the African American community, which has been transferred from one generation to the next, to bring attention to the need for recognition and healing.

Those who wish to participate will be asked to take part in a focus group with 5-7 others with similar experiences and possibly in an individual interview as well. The group will be approximately 60-90 minutes and individual interviews, if necessary, will take approximately 30-45 minutes in addition to the group at a time convenient to you.

If you have questions or concerns regarding participation, please feel free to contact Ms. Alexander at [redacted phone number].

APPENDIX C: Consent Form for Participating in the Study

DUQUESNE UNIVERSITY

600 FORBES AVENUE ♦ PITTSBURGH, PA 15282

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE:

Examining the Legacy of Transgenerational Trauma and its Effects on Contemporary African American Adults in Parenting and Caregiver Roles to African American Youth

INVESTIGATOR:

Amy E. Alexander, doctoral candidate, School of Education, Duquesne University

alexandera@duq.edu

ADVISOR:

Dr. Lisa Lopez Levers, Ph.D., LPCC-S, LPC, CRC, NCC
Professor of Counselor Education and Supervision,
Department of Counseling, Psychology, and Special Education
School of Education, Duquesne University
412-396-1871
levers@duq.edu

SOURCE OF SUPPORT:

This study is being performed as partial fulfillment of the requirements for the doctoral degree in Counselor Education and Supervision at Duquesne University. There is no monetary support for this study.

PURPOSE:

You are being asked to participate in a research project that seeks to investigate how transgenerational trauma affects contemporary African American adults with regard to their perceptions and styles of parenting and care-giving to African American youth.

In order to qualify for participation, you must be:
An African American adult over the age of 35 years old, who has been, or who is currently, the parent or care-giver (acting in the role of parent) of an African American youth.

1

PARTICIPANT PROCEDURES:

To participate in this study, you will be asked to:

Participate in a focus group with five to seven other individuals with similar parenting and lived experiences. In this group, you will discuss your perspectives and parenting philosophies and how past collective traumas in African American communities have contributed to those perspectives and styles.

In addition, you will be asked to allow me to audio and video record your responses in the group setting and for those recordings to be transcribed as well so that I might look for patterns and emerging themes of the focus group discussion. The group will meet at the Lincoln Park Community Center, located east of the city of Pittsburgh and last for approximately 60-90 minutes. These are the only requests that will be made of you.

RISKS AND BENEFITS:

There are minimal risks associated with participating in this study, but no greater than those encountered in everyday life. The societal benefit for participation in this study is the recognition of inherited trauma as a treatable condition by the mental health profession that affects African Americans at high rates as a result of cultural enslavement, discrimination, and racism.

COMPENSATION:

There will be no compensation for participating in this study; however, light refreshments will be served at the time of the focus group.

Participation in this project will require no monetary cost to you.

CONFIDENTIALITY:

Your participation in this study and any personal information that you provide will be kept confidential at all times and to every extent possible.

Your name will never appear on any survey or research instruments. All written and electronic forms and study materials will be kept secure. Your response(s) will appear only in aggregate data summaries. Any study materials with personal identifying information will be maintained for three years after the completion of the research and then destroyed.

Please note that confidentiality cannot be guaranteed in the focus group, but I will ask that all participants keep to the professional norms of maintaining confidentiality regarding information disclosed in the focus group process.

The same level of confidentiality applies to the video and audio recordings, which will be used only to provide the researcher with observable information and will not be viewed by others. All electronic data will be stored in a secured computer file on a password protected personal computer and handwritten notes will be securely stored in a locked safe that only the PI has access to. All collected data, electronic and hand-written, will be disposed of safely after transcription by the researcher.

2

RIGHT TO WITHDRAW:

You are under no obligation to participate in this study. You are free to withdraw your consent to participate at any time by informing the researcher in writing, via email, or in person that you no longer wish to participate in the study. Any data previously collected will be discarded and not entered into the study results

SUMMARY OF RESULTS:

A summary of the results of this research will be supplied to you, at no cost, upon request.

VOLUNTARY CONSENT:

I have read the above statements and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason. On these terms, I certify that I am willing to participate in this research project.

I understand that should I have any further questions about my participation in this study, I may call Amy Alexander,   ⁄ or the dissertation advisor, Dr. Lisa Lopez Levers, at 412-396-1871. Should I have any questions regarding protection of human subject issues, I may contact Dr. David Delmonico, Chair of the Duquesne University Institutional Review Board, at 412.396.1886.

_____   _____

Participant's Signature   Date

_____   _____

Researcher's Signature   Date

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