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The Legacy of Trauma: African American Intergenerational Trauma and Healing

A dissertation submitted for the degree of Doctor of Philosophy in Counseling, Clinical,

and School Psychology

By

Jazzmyn S. Ward

Committee in charge:

Professor Erika Felix, Chair

Professor Alison Cerezo

Professor Carolyn Sattin-Bajaj

September 2024

The dissertation of Jazzmyn S. Ward is approved.

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Alison Cerezo, Ph.D.

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Carolyn Sattin-Bajaj, Ph.D.

_____

Erika Felix, Ph.D., Committee Chair

May 2024

ACKNOWLEDGMENTS

I first want to thank God for providing me the strength and courage in all aspects of life but especially to be able to contribute to such meaningful research within the African American community. I also thank all of the giants that have come before me that have paved the way for me to access this privilege.

I want to acknowledge and thank every single participant who was brave enough to share a part of themselves. This research would not be possible without your courage and transparency, and I am honored to hold your stories and experiences to support healing within our community. I also hold immense gratitude for my research assistants Jaqleen Stepter, Danielle King, and Crystal Holland for all of their attention, thought, and insight in the data collection and data analysis processes. I am also filled with gratitude for my lab mates and cohort mates for all of their feedback and encouragement throughout this journey.

To my advisor and dissertation committee chair, Dr. Erika Felix, thank you for all of your incredible support, guidance, mentorship, and feedback. I am beyond grateful for all of your investment and belief in me. I also want to thank my other committee members, Dr. Alison Cerezo and Dr. Carolyn Sattin-Bajaj for all of your feedback, guidance, encouragement, and insight on this project.

Most importantly, I dedicate this to my village, my family, extended family, and friends that have become family. To my best friend, Simerdeep Kaur Esq., thank you for holding it down in every sense of the phrase. To my fiancé, Kenneth Famuyiro, thank you for your unwavering patience and unconditional love for me. To my niece, Alicia Gutierrez, I hope I made you proud, and you see that you can do anything you put your mind to. I dedicate this to my mother, Sylvia Ward and my father, William Ward, you together have greatly inspired

me in this life. All of you love, sacrifices, patience and wisdom have not gone unnoticed, and I carry in my heart all of your determination, strength, and pride. I love each and every one of you so much.

With love and gratitude,

Dr. Jazzmyn S. Ward

VITA OF JAZZMYN S. WARD

Education

2019-Present	**Doctoral Candidate, Counseling/Clinical Psychology (Clinical emphasis)** University of California, Santa Barbara Thesis: *The Mutual Influence of Parent-Child Maladaptive Emotion Regulation on Posttraumatic Stress Following Flood Exposure* Dissertation: *The Legacy of Trauma: Perceptions of African American Intergenerational Trauma and Intergenerational Healing*
2017-2019	**M.A., Clinical Psychology** California State University, Northridge Thesis: *Exploring Parent-Child Agreement on Reports of Exposure to Community Violence: Utilizing a Latent Profile Approach*
2011-2015	**B.A., Psychology and Social Behavior** **B.A., Criminology, Law, and Society** **Minor, African American Studies** University of California, Irvine

Clinical and Research Interests

Intergenerational trauma, vicarious trauma, racial violence and race-based trauma, PTSD, anxiety, depression, psychodynamics, internal family systems, program development and evaluation

Fellowships and Awards

May 2023	**Kennedy/Graves Dissertation Award** Awarded to researchers dedicated to engaging in social justice scholarship pertaining to Black Studies
April 2023	**Santa Barbara Psychological Association Student Equity Award** This award represents attempts to widen diversity, equity, and inclusion among the community of psychologists in Santa Barbara.
June 2022	**Susan A Neufeldt Award for Excellence in Clinical Supervision** Awarded to student supervisors for dedication and excellence in conducting clinical supervision with junior psychologists in training
Sept. 2021	**Eduardo Escobedo Fellowship** Awarded to Clinical Psychology students demonstrating academic promise and financial need.
May 2020	**Ray E. Hosford Award for Excellence in Clinical Dedication** Awarded for demonstrating excellence in helping others through clinical work and demonstrating active involvement in the well-being of fellow clinicians.
May 2019	**California Doctoral Incentive Program Fellowship** Prepares promising scholars for CSU faculty positions.

June 2018	**Sally Casanova Pre-Doctoral Scholarship**
	Awarded to scholars with promising futures in doctoral programs

Clinical Experience

2023-2024 **Cal State Northridge University Counseling Center**
APA Accredited Predoctoral Intern
Northridge, CA
Supervisor: Pat Alford-Keating, Ph.D.
- Conducted initial evaluations to establish treatment plan
- On-going risk assessment
- Conducted outreach presentations on various mental health topics
- Weekly individual and group video supervision
- Timely documentation
- Weekly triage shifts including case management, stabilization, and emotion regulation

Group Co-Facilitator: Women's Support Group. Anxiety Management Group.
Patient Population: Young adult and Adult. Diverse undergraduate and graduate student body with significant portion of first-generation, low-SES, ethnic minority, and LGBTQ+ attending a large public university.
Clinical Diagnosis: MDD, GAD, Social Anxiety, Adjustment Disorder, BPD, Substance Use Disorder, Schizoaffective.
Interventions: Provided individual psychotherapy using Brief psychodynamic, DBT, CBT, ACT, and Multicultural Psychology approaches.
Assessments used: CCAPS

2021-2023 **Hosford Clinic- Student Supervisor**
Santa Barbara, CA
Supervisor: Steve Smith, Ph.D.
- Provided direct supervision to 2nd year doctoral students and clinicians in training
- Crisis intervention
- Social services consultation and reporting
- Administrative organization including screening potential clients and scheduling intakes
- Met weekly for group supervision.
- Additional work: Maintained accurate treatment documentation in compliance with HIPAA. Met weekly for group supervision.

2021-2023 **Mind and Behavior Assessment Clinic- Graduate Student Clinician**
Santa Barbara, CA
Supervisor: Miriam Thompson, Ph.D.
- Comprehensive report writing and feedback

Assessments utilized: WAIS, RCFT, WJ-IV-Cog, Brief-A, DIVA, DIAMOND, PAI, Semi-structured interview

2020-2023 **Healing Space- Clinical Trainee**
Santa Barbara, CA
Supervisor: Alison Cerezo, Ph.D.
- Employed on-going suicide risk assessment and safety planning.
- Met weekly for group and individual supervision.
- Maintained accurate treatment documentation in compliance with HIPAA.

Patient Population: Black identified adults
Clinical Diagnosis: MDD, GAD, Other Specified Eating Disorder, Social Anxiety, PTSD, Substance Use Disorder.
Interventions: Provided individual psychotherapy using Somatic Experiencing, Mindfulness, Psychodynamic, and Multicultural Psychology approaches.

2020-2022 **UCSB University Counseling Center- Clinical Trainee**
Santa Barbara, CA
Supervisor: Juan Riker, Ph.D., Katherine Wu, Ph.D. (2020-2021), and Yuanhong Huang, Ph.D. (2021-2022)
- Employed on-going suicide risk assessment and safety planning.
- Met weekly for individual and group supervision
- COVID-19 work: Used Zoom to provide individual and group psychotherapy.
- Employed on-going suicide risk assessment and safety planning.
- Maintained accurate treatment documentation in compliance with HIPAA.

Patient population: Adolescents, Young Adults, Adults. Diverse undergraduate and graduate student body with significant portion of first-generation, low-SES, ethnic minority, and LGBTQ+ attending a large public university.
Clinical diagnosis: MDD, GAD, Anorexia Nervosa, Dysthymia, Social Anxiety.
Assessments used: CCAPS, CAPS ADHD Self-Report and Collateral Report, BAI, BDI, GAD-7, and PHQ-9.
Interventions: Provided brief individual psychotherapy incorporating: interpersonal psychodynamic, CBT, EFT, DBT.
Group Co-Facilitator: Male Survivors of Trauma Group

2019-2020 **Santa Barbara Middle School- Clinical Trainee**
Santa Barbara, CA
Supervisor: Steve Smith, Ph.D.
- Employed on-going suicide risk assessment and safety planning.
- Outreach: Provided psychoeducation for parent groups regarding adolescent social media use, depression, and anxiety.
- Provided psychoeducation regarding mindfulness and meditation for 6th graders.
- COVID-19 work: Used Zoom to provide individual and family psychotherapy.

- Meet weekly for individual supervision.
- Maintained accurate treatment documentation in compliance with HIPAA.

Patient Population: Adolescents and Families
Clinical Diagnosis: MDD, GAD, Social Anxiety, Adjustment Disorder, Separation Anxiety Disorder
Interventions: Provided individual and family psychotherapy brief and long-term incorporating: EFT, CBT, Mindfulness, Play Therapy, TF-CBT, Family Systems, and Brief Interpersonal Psychodynamics.

2019-2020   **Hosford Clinic- Clinical Trainee**
Santa Barbara, CA
Supervisor: Maryam Kia-Keating, Ph.D.
- Employed on-going suicide risk assessment and safety planning.
- COVID-19 work: Transitioned cases to Zoom to provide individual and family psychotherapy.
- Met weekly for group and individual supervision.
- Maintained accurate treatment documentation in compliance with HIPAA.

Patient Population: Adults and Families
Clinical Diagnosis: MDD, GAD, Social Anxiety, PTSD, Substance Use Disorder, Separation Anxiety Disorder, Borderline Personality Disorder.
Interventions: Provided individual and family psychotherapy brief and long-term incorporating: CBT, Mindfulness, ACT, Strength-Based Therapy, TF-CBT, Family Systems, Brief Interpersonal Psychodynamics.

2017-2019   **Mood and Anxiety Clinic- Clinical Trainee**
Northridge, CA
Supervisor: Jill Razani, Ph.D.
- Employed on-going suicide risk assessment and safety planning.
- Met weekly for group and individual supervision.
- Maintained accurate treatment documentation in compliance with HIPAA.

Patient Population: Adults
Clinical Diagnosis: MDD, GAD
Interventions: Provided individual psychotherapy brief and long-term incorporating CBT.

Publications

Ward, J. S., Felix, E. D., Nylund-Gibson, K., Afifi, T., & Benner, A. D. (2024). The mutual influence of parent–child maladaptive emotion regulation on posttraumatic stress following flood exposure. *Journal of family psychology*.

Ward, J. S. & Banerjee, M. (2020). Exploring parent-child agreement on reports of exposure to community violence: Utilizing a latent profile approach. *Journal of Community Psychology,* 48, 1527-1542.

Research Experience

2019-2023   **Families and Stress Lab**

Graduate Student Researcher
University of California, Santa Barbara
Conduct research on family emotion regulation post-disaster. Data cleaning and analysis, manuscript preparation, revision, and submission.

2021-2022   **Trauma-Informed Practices for Schools**
Graduate Research Assistant
University of California, Santa Barbara
Literature reviews, measure organization, IRB preparation and submission.

2020-2022   **First 5 Santa Barbara County Program Evaluation**
Graduate Research Assistant
University of California, Santa Barbara
Ongoing data management, cleaning, and organization for analysis.

2018-2019   **Contextual Aspects of Race and Ethnicity (C.A.R.E.) Lab**
Graduate Research Program Manager
California State University, Northridge
Conducted research on the relationship of racial identity, racial socialization, community violence and development. Assembled literature reviews. Conducted interviews with children and parents. Compiled and analyzed data. Developed code books. Assisted in Sona Systems set up and credit allocation. Assisted in organizing lab meetings. Assisted in research assistant training.

2017-2018   **Contextual Aspects of Race and Ethnicity (C.A.R.E.) Lab**
Graduate Research Assistant
California State University, Northridge
Conducted research on the relationship of racial identity, racial socialization, community violence and development. Assembled literature reviews. Conducted interviews with children and parents. Collected and analyzed data.

2014-2015   **Orange County Family Justice Center**
Undergraduate Research Assistant
University of California, Irvine
Conducted research for Orange County Family Justice Center. Observed, documented, analyzed and coded children's behavior to restructure children's program for children exposed to domestic violence.

2013-2015   **Understanding Racial Inequality and Advancing Racial Justice**
Undergraduate Research Assistant
University of California, Irvine
Conducted research on historical racial violence and remedy its significance to contemporary violence. Conducted qualitative content analysis. Completed data entry and data processing.

Conference Posters and Presentations

Ward, J. S. & Felix, E. D. (2020). Understanding the Influence of Disaster Exposure on

Mental and Physical Health in Young Adults. Poster presented at International Society for Traumatic Stress Studies, Virtual.

Ward, J. S. & Banerjee, M. (2018). Identity as a Moderator of Violence Exposure and Racial Socialization. Poster presented at APA Division 45, Austin, TX.

Ward, J. S. & Banerjee, M. (2018). Explorations of Neighborhood Factors and Ethnic Racial Socialization in Ethnic Minority Families. Poster presented at APA, San Francisco, CA.

Teaching Experience

Spring 2021   **Black Psychology**
Teaching Assistant
University of California, Santa Barbara

Winter 2020   **Introduction to Chicana/o/x Studies**
Teaching Assistant
University of California, Santa Barbara

Fall 2018-
Spring 2019   **Introduction to Psychology**
Instructor
California State University, Northridge

Fall 2015-
Spring 2016   **Career Readiness: Professional Development and Character Development**
Instructor
Los Angeles Job Corps

Lectures and Community Presentations

May 2024   **Intergenerational Trauma and Healing Professional Seminar**
University Counseling Services, California State University, Northridge

April 2024   **I am my Ancestors Greatest Dream: An Intergenerational Workshop**
Black House, California State University, Northridge

Jan. 2023   **Family Mapping as a Form of Intergenerational Healing**
MLK Jr. Symposium, Santa Barbara

Jan. 2022   **Supporting Loved Ones in Crisis: A Black Perspective**
Healing Space and Healing Justice Santa Barbara

Jan. 2022   **Informed Consent**
Basic Practicum I
Guest Lecturer
University of California, Santa Barbara

Jan. 2022	**Suicide Risk Assessment**
	Basic Practicum I
	Guest Lecturer
	University of California, Santa Barbara

Skills

Fall 2018	Structural Equation Modeling
Spring 2018	Multivariate Statistics
Fall 2017	Univariate Statistics

Computer Programs: Proficient in SPSS, R, MATLAB, Dedoose, Sona Systems, Point-and-Click (Web Apps), Docusign, Microsoft Office Suite, Google Drive, Dropbox, and Zoom

Departmental and University Committees

Fall 2023- Spring 2024	**UCS Pre-Doctoral Intern Selection Committee** Review applicant materials, complete applicant rank form, discuss objective and subjective rankings. Conducted group structured interviews including role-play. Engaged in rank order meeting.
Fall 2020- Spring 2023	**Healing Justice and Hosford Partnership Committee Member** Support the development of culturally relevant therapy services for the Black population of Santa Barbara
Fall 2019- Spring 2020	**Undergraduate Mentor College of Letters and Science** Support UCSB undergraduates at all stages explore interests within the field of psychology including planning and applying to graduate school and finding employment or research opportunities
Fall 2019- Spring 2020	**Associated Student Committee Member** Clinical Training Committee Contribute student clinician perspective during clinical faculty meetings and relay meeting notes to rest of the students in the department.

Membership in Professional Societies

American Psychological Association
Association of Psychological Science
American Psychology Association Division 45 (Society for the Psychological Study of Culture, Ethnicity and Race)
Society for Research in Child Development
International Society for Traumatic Stress Studies
Los Angeles County Psychological Association

References

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ABSTRACT

The Legacy of Trauma: African American Intergenerational Trauma and Healing

by

Jazzmyn S. Ward

Intergenerational trauma research is rapidly evolving, holding significant implications for healing across generations. This study delves into the contemporary experiences of intergenerational trauma and healing among African Americans. Using a phenomenological qualitative approach, it explores the lived experiences and contexts of a diverse group of participants.

Five key themes of intergenerational trauma emerged: Familial Mental Health Patterns (including substance abuse, anxiety, anger, and lack of guidance for healing), Communication (marked by silence, dismissal, and secrecy), Parenting Dynamics (encompassing discipline, affection, colorism, and racial socialization), Societal and Familial Expectations (influencing gender roles and hyper-independence), and Instability (pertaining to finances, relocation, relationships, and survival mode living).

Additionally, six themes of intergenerational healing emerged: Communication (emphasizing openness, affirmation, recognition, accountability, narratives, and emotional

expression), Family (from elders, fostering togetherness and resilience), Coping Practices (meditation, alone time, creativity, time in nature, therapy, gratitude, humor, service, movement, productivity, and instructions for survival), Positive Parenting Practices (focused on intentional change and guiding the next generation), Faith (in organized religion, spirituality, and God), and Identity (embracing pride and education).

Together these themes provide important insight into methods of intergenerational healing that have been passed across generations as well as those currently employed to facilitate intergenerational healing. These themes also highlight some of the mechanisms that maintain intergenerational trauma cycles. Most importantly, this study unearths the family practices that contribute to intergenerational healing.

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CHAPTER 1

INTRODUCTION

Research across racial and ethnic groups that have experienced genocide, oppression, and other historical and ongoing traumas has delineated the way trauma can be transmitted across generations. Race-based and historical trauma can have deleterious long-term effects for African Americans (Carter & Barket-San, 2015). The subsequent trauma from the systematic oppression of a particular racial or ethnic group requires moving beyond an individual's experiences and toward addressing the collective nature of such traumas (Comas-Díaz, 2000).

Interdisciplinary research across sociology, psychology, social work, and psychiatry has made strides in documenting the legacy of trauma within marginalized communities in the United States. As a consequence of this interdisciplinary focus, the literature interchangeably uses the terms historical trauma, cultural trauma, raced-based trauma, transgenerational trauma, intergenerational trauma, collective trauma, and vicarious trauma to articulate the legacy of trauma across generations (Mohatt et al., 2014). Intergenerational trauma was first introduced to describe the trauma-related symptoms and experiences in the children and grandchildren of Holocaust survivors and has since been adapted to articulate experiences of other systematically oppressed groups (Rakoff, 1966; Barocas & Barocas, 1973). For decades, research has demonstrated that offspring of trauma survivors reported higher rates of depression, guilt, aggression, and inhibited autonomous growth (Barocas & Barocas, 1973), anxiety and pressure to provide meaning to their parents' life and losses (Rakoff, 1966), and survivors guilt (Russell, 1974). Of note, epigenetic research recently identified biological mechanisms by which trauma and stress can cause changes in gene

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expression and gene inheritance thus providing support for such transmission of trauma (Glausiusz, 2014; Bale, 2015; Skinner; 2014; Gapp et al., 2014).

If trauma and stress can be inherited through parenting, modeling, conditioning, and biological means, can the same be said for resiliency and healing? Recently, research has begun to explore how intergenerational trauma has manifested itself within African American communities by way of DeGruy's Posttraumatic Slave Syndrome, but no current study has explicitly explored how intergenerational trauma is experienced by African Americans. Additionally, even less is known about intergenerational healing. Henderson and colleagues (2021) identified this gap in African American intergenerational trauma research and initiated the exploration of intergenerational healing using a historical trauma framework. This research contributed a conceptual model known as Intergenerational Transmission of Healing and Well-Being, which delineated the adaptive mechanisms that allowed the transmission of healing that ensured African American survival through and beyond enslavement (Henderson et al., 2021). Henderson and colleagues (2021) however, evaluated a historical text and less is known about intergenerational healing in present-day African Americans. Intergenerational trauma is a rapidly evolving body of research with potentially momentous implications for intergenerational healing.

Participants were recruited through social media flyer posts, email listservs, and by word of mouth (*N*=22; ages 19-66). A pilot focus group (n=2) was held to assess the clarity and accessibility of the proposed semi-structured interview questions. Based on feedback from this pilot focus group, all questions were retained. A total of seven focus groups were conducted with a diverse sample of African Americans across generations and across the nation. The focus groups were transcribed via zoom and coded by the research team

including the lead researcher and three Black undergraduate women. Pseudonyms are used throughout to maintain participant confidentiality.

A total of 11 themes emerged from the data with five intergenerational trauma themes (17 focused codes) and six intergenerational healing themes (27 focused codes). Themes within intergenerational trauma include Familial Patterns of Mental Health, Communication, Aspects of Parenting, Societal and Familial Expectations, and Instability. Additionally, themes within intergenerational healing include Communication, Family, Coping Practices, Positive Aspects of Parenting, Faith, and Identity.

The five themes of intergenerational trauma include Familial Patterns of Mental Health (substance abuse, fear and anxiety, anger, and lack of explicit guidance to heal), Communication (lack of communication, dismissal of experience, and secrets), Aspects of Parenting (discipline, lack of displays of affection, colorism, and racial socialization), Societal and Familial Expectations (gendered experience and hyper-independence), and Instability (finances, moving/fleeing, relationships, and living in survival mode). There is significant complexity in these themes in that some themes related to intergenerational trauma transmission may also have proven to be adaptive and contributed to survival while also causing harm. Furthermore, each of these themes provide insight into how intergenerational trauma is transmitted and maintained within families but also provides opportunities for intervention to help disrupt cycles of intergenerational trauma and ameliorate its effects. Nearly every participant across all focus groups spoke to the lack of clear explicit guidance to heal. Although some participants were able to reflect on the ways healing was modeled or instructions to turn to faith for healing, there is a clear lack of explicit dialogue and guidance on how previous generations have coped and healed from

intergenerational trauma. We know that healing has occurred across generations even if intergenerational trauma has persisted, but without this direct roadmap to avenues of healing, these cycles of intergenerational trauma may persist longer than they have to. This may also be the most crucial point of intervention by providing families the language and tools to discuss and describe ways they have engaged in healing and how this can be shared with younger generations.

The six intergenerational healing themes include Communication (openness, affirmations, recognition/awareness, accountability/apology, narratives, and emotional expression), Family (elders, togetherness, showing up, and resilience), Coping Practices (meditation, alone time, creativity, time in nature, therapy, gratitude, humor, service, movement, productivity, and instructions for survival), Positive Aspects of Parenting (parenting the next generation and intentional change), Faith (organized religion and God, and spirituality), and Identity (pride and education). Together these themes provide insight into methods of intergenerational healing that have been passed across generations as well as those currently employed to facilitate intergenerational healing. These themes highlight some of the strategies and approaches present day African American's are engaging in to disrupt the cycles of intergenerational trauma. By accessing what families are already doing to break cycles of intergenerational trauma and heal, we can inform the development of interventions to share with other families and healing professionals.

Although there was a resounding consensus that there was a lack of explicit guidance to heal, many participants were still able to identify coping strategies that they observed other family members engage in or strategies they implemented themselves to manage the effects of intergenerational trauma. Productivity especially among female-identified participants was

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noted to be an important part of coping with and healing from intergenerational trauma. This was both modeled and encouraged by previous generations and many participants engaged in keeping busy as a form of distraction or avoidance. This productivity serves an important function of contributing to one's family or taking on tasks that can improve one's circumstances, thus it is more than just an avoidance strategy. Transmuting emotions or situations through productivity can be an extremely important form of intergenerational healing especially when paired with additional intergenerational healing strategies. Additionally, instructions for survival have provided necessary life preserving guidance for centuries. Some of these instructions for survival may also contribute to intergenerational trauma, however, this theme is categorized within intergenerational healing because in many contexts without these instructions, survival could be compromised thus intergenerational healing ceases to exist. It is important to highlight the adaptive function of these instructions for survival. This ancestral knowledge may need to be adapted to retain the life extending nature of these messages and forsake the components that contribute to intergenerational trauma.

The current study expands our understanding of the variety of mechanisms that occur within African American families that transmit and maintain intergenerational trauma. We can recognize the impact of the legacy of trauma through various family dynamics and patterns including mental health, communication, parenting, expectations, and instability. More importantly, this study also unearths the family practices that contribute to intergenerational healing. This study further contributes to the Intergenerational Transmission of Healing and Well-Being model (Henderson et al., 2021) by expanding some of these mechanisms into present day experiences. Furthermore, the results provide specific

insights into strategies that families are already using to heal intergenerational trauma. We may help promote healing by supporting individuals and families in examining the ways healing has already taken place within the family and ways individuals may want to make changes for themselves and future generations. Results may inform points of entry for intervention for healers, mental health professionals, and other stakeholders. Additionally, this research sets a foundation for future research that can develop specific interventions based on community wisdom and experience.

CHAPTER 2

Literature Review

The following chapter provides an overview of the current empirical research on intergenerational trauma and healing. Additionally, this chapter contextualizes the African American experience and how it relates to intergenerational trauma and healing. This chapter also highlights the gap in African American intergenerational trauma research and provides support for the study.

Contextualizing African Americans

First, to continue to decolonize research of marginalized communities, it is important to clearly establish relevant identity definitions. This literature review will use the term African American to specify the population of African descendants born and or raised in the U.S. as compared to those with African descent who immigrated to the U.S. from the Caribbean, Asia, Europe, or Latin America. This distinction is important to highlight the within group differences across African descendants. Additionally, enslaved will be used to make the clear distinction between a group of people subjugated and forced into slavery from personal identity.

The enduring effects of slavery and subsequent systemic racism must be reviewed to contextualize intergenerational trauma and intergenerational healing among African Americans. Chattel slavery was integral to the foundation of the U.S. at the expense of the humanity and freedom of approximately 20-30 million free African people (Elliott & Hughes, 2019). Centuries of the spiritual, cultural, social, psychological, and physical attacks upon enslaved Africans (DeGruy, 2017; Hannah-Jones, 2019; Mullane, 1993) was followed by violent racial terrorism and Jim Crow segregation (Alexander, 2012). Alexander (2012)

argues that despite social and political improvements following the Civil Rights Movement, racism, discrimination and oppression remain ubiquitous in the lives of African Americans thus this context is important to understand intergenerational trauma and healing.

Intergenerational and Historical Trauma Research

The concepts of intergenerational trauma and historical trauma have been used to capture how trauma can be shared between generations following traumatic experiences. As such, key aspects of both theories will be described to provide the background needed to explore intergenerational trauma within modern day African American communities.

Intergenerational trauma is defined as an occurrence in which the progeny of a person who experienced trauma demonstrate adverse emotional and behavioral reactions like that of the person who directly experienced the trauma (American Psychological Association, n.d.). In other words, it is the emotional, physical, spiritual, and social affliction shared from one generation to another (Atkinson et al., 2014). Canadian psychiatrist Dr. Vivian Rakoff (1966) coined the term intergenerational trauma to describe the high rates of psychological distress he noticed among the children of Holocaust survivors he was treating. Much of the early research consisted of in-depth case studies based primarily on clinical observations and descriptions of clinical populations (Kellerman, 2001). A literature review by Kellerman (2001) noted that more descriptive studies and several empirical studies were conducted in the following decades but received criticism for small sample sizes, no comparison groups, and only using clinical samples. In the late 1980's comparative research including clinical and non-clinical samples were conducted to better delineate the mental health outcomes of the descendants of Holocaust survivors and results indicated greater rates of anxiety, depression, and paranoia among descendants of survivors (Kellerman, 2001). Historical

trauma was also introduced in the 1980's to describe the experiences of children of Holocaust survivors. Grubich-Simitis (1981) for example found the descendants of Holocaust survivors exhibited suffering, mourning, and the continued sense of oppression and maltreatment even decades after its end and emphasized the historical context in which the original trauma occurred. Like intergenerational trauma, historical trauma is the compounded psychological wounds shared by a cultural or ethnic group across multiple generations where subsequent generations experience trauma-related symptoms without directly enduring the trauma (Burkett, 2017). Historical trauma moves beyond exclusively trying to find causal links for present day suffering of marginalized groups and aims to contextualize experiences previously pathologized by researchers and clinicians (Mohatt et al., 2014). Although intergenerational trauma and historical trauma have been used interchangeably, they both offer unique contributions to understanding the way trauma is passed down in the African American community. Some researchers argue that while historical trauma is important in contextualizing cultural and collective trauma, it may be limited in disentangling the compounding and ongoing trauma caused by structural inequalities and marginalization. Furthermore, intergenerational trauma may provide more ongoing conceptualizations for compounding trauma (Lehrner & Yehuda, 2018).

Impact of Intergenerational and Historical Trauma

It is no surprise that directly experiencing things like genocide or enslavement and subsequent economic deprivation, segregation, displacement, physical violence, and psychological violence would lead to what we recognize today as anxiety, depression, or posttraumatic stress disorder (PTSD) (Brave Heart, 1998; DeGruy, 2017). However, even if the traumatic event is not directly experienced, descendants may manifest trauma endured by

their ancestors (Yehuda & Lehrner, 2018). Brave Heart (1998) applied historical trauma theory to First Nations People of the U.S. to better explain the health disparities of the First Nations People by contextualizing these disparities in the history of colonialism, oppression, and trauma. This framework suggests that current members of the First Nation People remain affected by trauma they did not directly experience. As a result, substance abuse, anxiety and unresolved grief are evident within these communities (Brave Heart, 1998; Brave Heart et al., 2011). Research finds similar outcomes across various groups that have experienced trauma including enslavement, genocide, war, and torture (Degury, 2017; Sigal & Rakoff, 1971; Daoud et al., 2012; Rosenheck & Nathan, 1985; Daud et al., 2005). Historical trauma and intergenerational trauma frameworks have allowed researchers to shift away from pathologizing groups of individuals to developing a more holistic understanding of their experiences. The historical trauma framework is imperative in developing a comprehensive understanding of intergenerational trauma among African Americans given our unique historical context of enslavement, oppression, and discrimination.

Historical trauma has since been applied to various colonized indigenous groups and many other communities that have a shared history of oppression, victimization, and collective trauma (Mohatt et al., 2014). Research has consistently found the descendants of survivors share some common outcomes. A systemic review of thirty articles on intergenerational trauma among refugees found that children exhibited symptoms of trauma if they experienced the same trauma as their parent, but some children also exhibited symptoms of trauma via indirect transmission, rather than direct experience (Sangalang & Vang, 2017). Additionally, compared to children with parents that did not experience trauma, offspring of Middle Eastern refugees demonstrated higher levels of depressive symptoms,

post-traumatic stress PTSS, anxiety, attention deficiency, and psychosocial stress (Sangalang & Vang, 2017). Clinical case studies have also found that children of Vietnam Veterans demonstrated PTSD symptoms like that of their fathers' symptoms (Rosenheck & Nathan, 1985) and similar evidence has been found in children of torture survivors. Semi-structured interview found that children demonstrated more symptoms of anxiety, behavioral disorders, depression, and PTSS as compared to the control group (Daud et al., 2005). Descendants of Palestinian refugees endorsed worse physical health, lower socioeconomic status and higher stress as compared to Palestinian families that were not displaced (Daoud et al., 2012). Daoud and colleagues (2012) used multiple pathways approach and multivariate logistic regression built in three stages to identify possible confounding variables but found trauma and its impacts best explained outcomes among the refugee families. Similarly, a descriptive cross-sectional study of 689 descendants of survivors of the Armenian genocide reported increased levels of PTSS although some evidence suggests this is decreasing with each subsequent generation (Karenian et al., 2011). Across a variety of groups experiencing trauma like war, torture, and genocide it is evident that intergenerational trauma greatly impacts families across generations. It is likely that this is also true among African American families given the history within the U.S. context.

Decades of research has demonstrated that intergenerational trauma and historical trauma do in fact exist and can adversely impact generations of people. Research has also explored the mechanisms by which this trauma is transmitted across generations.

Transmission of Trauma

Kellerman (2001) established transmission of trauma occurs across four domains: psychodynamic (interpersonal relationships by way of unconscious displaced emotion),

sociocultural (socialization by way of parenting and modeling), family system (communication by way of enmeshment), and biological (genetic by way of hereditary vulnerability to PTSD). Kirmayer and colleagues (2014) further explored the complex pathways of intergenerational transmission of historical trauma within indigenous populations. Kirmayer and colleagues (2014) found intergenerational trauma can be passed down at the individual, family, community, and national levels. At the individual level it can be transmitted via epigenetics (how gene expression is impacted by behaviors and environments) leading to nervous system dysregulation, diminished mental health, and low self-esteem. At the family level intergenerational trauma can be shared through altered parenting, family dysfunction, domestic violence, family separation, and cultural suppression. At the community level, community disorganization, conflict, social problems, and stereotyping can transmit intergenerational trauma. At the national level, genocide, political disempowerment, and systemic inequities contribute to intergenerational trauma. These levels also have a reciprocal relationship where one level may contribute and exacerbate the other. Furthermore, this model is recommended for mental health practitioners and researchers to identify origins of pain, assign responsibility, validate personal struggles, and encourage more adaptive responses to the trauma inherited (Kirmayer et al., 2014).

There has been substantial research focused on the biological level of trauma transmission. Intergenerational trauma is insidious in that even without conscious awareness, race-based trauma can be passed through generations at a biological level, and several studies have attempted to demonstrate the biological underpinnings of intergenerational transmission of trauma. Trauma inhabits the body (van der Kolk, 2014) and traumatic events may be encoded in the epigenome of those directly impacted and passed onto their descendants

(Aoued et al., 2019). Dias and Ressler (2014) conducted a study to test the biological determinants of trauma transmission within a sample of mice. Fear conditioned mice developed an enhanced fear to the conditioned stimulus and showed evidence of the epigenetic impact as demonstrated by an increased number of receptors for the conditioned stimulus. Strikingly, two generations of offspring raised separate from the fear conditioned father also demonstrated the same increased fear response to the conditioned stimulus without direct conditioning. These findings support the biological underpinnings of transmitting trauma between generations, at least in a sample of mice. Gilson and Ross (2019) suggest there may be ways that humans can also prevent additional transmission of intergenerational trauma. They also implore clinicians and researchers to consider these biological implications of historical trauma to understand suffering from ancestral trauma and develop strategies to disrupt the current generational harm (Gilson & Ross, 2019). In sum, evidence suggests trauma can be passed between generations and research has demonstrated that even at biological levels this is true. Some research also suggests that disrupting the transmission of trauma can also impact generations but in positive ways.

Intergenerational Trauma Applied to African Americans

Intergenerational trauma theory outlines the transmission of emotional and behavioral patterns resulting from historical and race-based trauma (Bombay et al., 2009; Myhra, 2011). Specifically, the current study aims to extend the Aboriginal intergenerational trauma theory (see Appendix A) by exploring contemporary African Americans perceptions of intergenerational trauma transmission (Menzies, 2012). Intergenerational trauma theory outlines the diffusion of emotional and behavioral dysfunction as a result of historical and structural oppression among Aboriginal peoples in Canada (Menzies, 2012). This theory was

used to understand how the ongoing systemic and cultural oppression of Aboriginal people has led to the transmission of emotional and behavioral pain across generations and the same may apply to the systemic racism and structural oppression faced by African Americans.

Intergenerational trauma theory has been applied to a variety of groups that have been impacted by race-related, historical, and systemic oppression, but has not been directly explored among African American populations (Myhra, 2011). Bryant-Davis and Ocampo (2005) drew parallels between race-based trauma and historical trauma to formally accepted forms of trauma like rape, war, and domestic violence. Given the extent of trauma imposed on African American communities, it would be appropriate to explore how intergenerational trauma also maps onto the experiences of African American families. Several studies have validated that race-based trauma may play a role in intergenerational transmission of trauma (Klever, 2005; Windsor et al., 2011; Danieli et. al 2015; Danieli, Norris & Engdahl, 2016; Halloran, 2019). Similarly, Fast and Collin-Vézina (2010) suggest PTSD alone may be too individualized to capture the historical and collective nature of race-based intergenerational trauma like that experienced by African Americans. As such, research requires a more nuanced way of defining and addressing the impact of this kind of trauma. Early intergenerational and historical trauma research has examined various ethnic and racial groups and has been helpful in developing a knowledge base regarding the mental health impact across generations due to a legacy of trauma and oppression. Although it is a helpful foundation to explore intergenerational trauma among diverse groups, it is still important to remember that each tragedy has its own context, interpersonal values, and cultural values (Kirmayer et al, 2014).

The enduring effects of slavery and subsequent systemic racism must be centered to contextualize intergenerational trauma and intergenerational healing. Chattel slavery was integral to the foundation of the U.S. at the expense of the humanity and freedom of approximately 20-30 million free African people (Elliott & Hughes, 2019). Centuries of the spiritual, cultural, social, psychological, and physical attacks upon enslaved Africans (DeGruy, 2017; Hannah-Jones, 2019; Mullane, 1993) was followed by violent racial terrorism and Jim Crow segregation (Alexander, 2012). Alexander (2012) argues that despite social and political improvements following the Civil Rights Movement, racism, discrimination, and oppression remain ubiquitous in the lives of African Americans. DeGruy (2017) noted that the continued anti-black violence and other unconscionable acts of racism call forth these historical traumas and lead to emotional disturbances and further traumatization. Enslavement and subsequent structural racism have taken a toll on family unity. Family separation that occurred during enslavement, The Great Migration, and The War on Drugs left harsh living conditions like segregation in housing, employment, and quality education (DeGruy, 2017; Bowser, 2017).

With this historical context and ongoing systemic racism, Post Traumatic Slave Syndrome was devised. Specifically, Post Traumatic Slave Syndrome posits that slavery, racism, and race-based trauma contribute to the intergenerational transmission of trauma (DeGruy, 2017). Furthermore, the transmission may occur via parenting practices, vacant esteem, modeling, racist socialization, and ever-present anger (DeGruy, 2017). Additionally, Post Traumatic Slave Syndrome will be used in the current study to explore the perceptions of intergenerational trauma specific to African Americans. A recent clinical case study delineated how structural racism and cumulative trauma can be fundamental contributors to

intergenerational transmission of depression among African Americans (Hankerson et al., 2022). The same may be true for PTSD and other mental health dysfunction. Sirikantraporn and Green (2016) suggest that specific exploration of intergenerational trauma transmission among African Americans is needed to extend intergenerational trauma theory. More specifically, ongoing intergenerational trauma research needs to integrate cultural and traditional healing practices (Menzies, 2012).

Intergenerational Healing

The last few decades of research have produced an important foundation for understanding how race-based collective trauma may be passed down generationally. Few empirical studies of historical and intergenerational trauma have focused on how African Americans may also pass on healing and protective factors (DeGruy, 2017; Williams-Washington & Mills, 2018). Much like trauma, healing is not ahistorical but rather situated within context, culture, and collective narratives (Kirmayer et al., 2014; Meza & Fahoome, 2008). Sotero (2006) identified that when disparate health outcomes are placed in their historical context, we find it is not innate pathology within the group, but rather, the result of trauma and structural inequities. It is important to avoid pathologizing the transmission of trauma and race-based trauma as this transmission is actually an adaptive function intended for survival (Lehrner & Yehuda, 2018; Bryant-Davis & Ocampos, 2005; Mohatt et al., 2014). This reframe allows for examination of resilience over pathology (Mohatt et al., 2014) which is also important in examining intergenerational healing within African American communities. This inclusion of historical trauma and intergenerational trauma allows for the

shift away from deficit models and embodies science being reflective of the communities it hopes to serve.

Healing has been operationalized as a method of reducing suffering (Draguns et al., 2004), reestablishing health (Kirmayer et al., 2014; Meza & Fahoome, 2008; Parks, 2007), and mending psychosocial wounds (Mickel, 2002). In clinical settings, physicians, and clinicians function as agents of healing helping people navigate what healing from trauma looks like rather than serving as "fixers" (Kirmayer et al., 2014; Egnew, 2005). A qualitative grounded theory analysis of doctors' perceptions of healing defined healing as the personal practice of transcending suffering and emphasized the importance of cultural values in holistic healing where holistic healing includes themes of wholeness, spirituality, and narratives (Egnew, 2005). Historical and intergenerational trauma require deviating from westernized ideas of healing as evidenced by efforts to bring healing to Native and Indigenous communities (Walters & Simoni, 2002; Walters et al., 2002; Whalen et al., 2016). For example, Walters and Simoni (2002) proposed an Indigenist Stress-Coping Model for Native women to interpret the vulnerabilities that lead to differential health outcomes in their context of historical and ongoing oppression to promote health and wellbeing. Unlike westernized and Eurocentric paradigms that focus on individual pathology, the Indigenist Stress-Coping Model emphasized family, community, spirituality, and traditional healing practices which are key moderators for substance use outcomes and other related health consequences (Walters et al., 2002). Whalen and colleagues (2016) have also found the use of indigenous language and cultural practices have mitigative effects on suicide rates and substance abuse. This deviation from strictly westernized approaches may also be beneficial in healing and addressing intergenerational trauma within African American communities.

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Henderson and colleagues (2021) define African American intergenerational healing as confronting, interrupting, and repairing harm and restoring personal, collective, and spiritual wellness. To understand and support holistic healing from historical and intergenerational race-based trauma, it is imperative to understand how healing may also be transmitted generationally. Barlow (2018) suggests that personal narratives, collective practices, and healing strategies are imperative to understand and address intergenerational trauma.

In the context of healing from race-based trauma, research suggests social support (Tinsley-Jones, 2003; Gump, 2010), racial narratives (Tinsley-Jones, 2003; Gump, 2010; Hardy, 2013; Degruy, 2017), racial socialization (Degruy 2017; Anderson & Stevenson, 2019), and culturally-responsive clinicians (Tinsley-Jones 2003; Anderson & Stevenson, 2019) are important to healing from race-based trauma. For example, racial socialization ameliorates distress from racial trauma by transmitting culture, attitudes, and values that protect against harm (Metzger et al., 2021). Racial narratives can alleviate distress by inviting individuals to share personal stories about racial experiences to develop their voice, think critically about their experiences, and begin to counter devaluation and an assaulted sense of self (Hardy, 2013). For enslaved Africans on southern plantations, instructions for survival were important aspects of healing shared between generations and the same may be true for present day African Americans (Henderson et al., 2021). The current study seeks to contribute to this knowledge base by exploring how healing is transmitted from previous generations using interpretive qualitative design.

Psychological research has shifted focus from the maladjustment of posttraumatic stress to including posttraumatic growth (Calhoun & Tedeschi, 2014). Posttraumatic growth (PTG) is a psychological shift after experiencing trauma which can include a greater

appreciation for life, increased personal strength, deeper spirituality, improved interpersonal relationships and reevaluated priorities (Tedeschi & Calhoun, 2004). In the context of race-based trauma and historical trauma, PTG has only recently been employed to address psychological distress (Fast & Collin-Vézina, 2010). Ortega-Williams and colleagues (2021) developed an integrated healing framework bridging socio-political trauma and posttraumatic growth. Foundations of collective resilience and mass group-level growth embodies more than just surviving. These two core concepts emphasize community solidarity and capitalizing on aggregate communal power to support healing and growth (Drury et al., 2009). These, however, were developed to focus on the aftermath of contemporary violence against a targeted ethnic group (e.g. church shooting) or a group at a particular location (e.g. school mass shooting). To situate these ongoing violent attacks in the broader socio-political context and acknowledge historical resistance, Ortega-Williams and colleagues (2021) developed the Historical Trauma and Posttraumatic Growth (HT-PTG) framework. HT-PTG combines the socio-structural and historical focus of the HT framework with the characteristics of growth from the PTG framework and can be used to explore how past generations survived violence and oppression and continue that survival and resiliency into present and future generations (Ortega et al., 2021). HT-PTG extends the scope of healing from collective race-based trauma to span across the past, present, and future. HT-PTG contributes to collective healing models by understanding the dynamic relationship between personal traumatic experiences and collective traumatic experiences (Ortega-Williams et al., 2021; French et al., 2020; Ginwright, 2018). This is an important shift away from ahistorical,

individualistic, pathological, and deficit-oriented approaches to healing race-based trauma and collective trauma.

Guiding Healing Frameworks

Related to healing, French and colleagues (2020) curated a Radical Healing framework grounded in collectivism and acknowledges the impact of racism and works toward cultivating hope. The Radical Healing Framework is another shift away from Western individualistic healing for collective and intergenerational trauma. Radical Healing progresses through critical consciousness, hope, resilience, resistance and cultural authenticity and self-concept. Critical consciousness may be an important contributor to the transmission of intergenerational healing. Critical consciousness is characterized by an individual gaining awareness of sociopolitical indignities like racism and is couple to action toward mediating these inequities (Mosley et al., 2021). As such, the theory of critical consciousness will also be important in understanding intergenerational transmission of healing.

The current project provides a needed extension to intergenerational trauma theory by examining contemporary transmission of not only trauma but also healing among African Americans (Henderson et al., 2021). Henderson and colleagues (2021) analyzed historical trauma and intergenerational healing narratives of enslaved Africans on Southern plantations. This provided historical evidence of the transmission of intergenerational healing across generations, but less is known about the present-day transmission of healing. Mass group trauma experiences like enslavement may interrupt the normal transmission of cultural strength and resources. Henderson and colleagues (2021) found that while enslaved Africans experienced direct trauma, they also engaged in healing behaviors that ensured survival and

shared these behaviors with others. Spirituality was an important pathway by which healing

was disseminated through generations of enslaved Africans. This encouraged generations to

access healing through God and ancestral ties. Similarly, healing was found to be transmitted

by social means. Social transmission of healing looked like knowing family lineage and

implicit or explicit instructions for survival. Henderson and colleagues (2021) provided an

important framework based on healing practices of enslaved people on southern plantations.

The current study examines how present-day African Americans perceive the transmission of

healing from previous generations. Taken together, these theories of healing and healing

transmission will be key in guiding the current research questions and analysis.

Strategies for Healing Intergenerational Trauma

There is discordance in the current literature regarding effective strategies for healing

race-based and intergenerational trauma (Polanco-Roman et al., 2016). At an individual level

some research suggests cultural identity cohesion, seeking help, and adaptive coping can be

effective (Figley & Burnette, 2017). Another perspective suggests that alternative ways are

needed to redress systemic intergenerational race-based trauma (Cook & Newman, 2014;

Kira et al., 2014), like communal spiritual healing (Barron & Abdallah, 2015), healing

circles, group breath work, and energy release work (Quinn, 2019). Henderson and

colleagues (2021) also suggest the use of genograms may support client exploration of

intergenerational trauma and intergenerational healing. Genograms can be utilized to identify

intergenerational patterns of healing, support the development of a healing narrative, identify

communal resources, and integrate healing into their identity (Henderson et al., 2021;

Goodman, 2013). Wolynn (2014) suggests the creation and use of a Healing Sentence may

also help disrupt the impact and transmission of intergenerational trauma. A Healing

Sentence is a declaration of resolution that gives way to a renewed sense of well-being after experiencing trauma (e.g. "I will honor the life you gave me by doing something good with it," "I will honor you by living fully.") (Wolynn, 2014, p. 224 & p. 149). There is also some evidence that healing interventions can help disrupt the transmission of trauma within mouse studies. Specifically, when fear conditioned mice underwent exposure therapy before mating, offspring did not inherit the same neurobiological markers and behavioral responses seen in offspring of fear exposed mice (Aoued et al., 2019).

Henderson and colleagues (2021) analyzed interviews and records of enslaved Africans to find patterns within how they survived such inhumane atrocities. Two primary themes of intergenerational healing emerged: "figuring out what to do" and "fighting back/resisting." "Figuring out what to do" looked like consulting spiritual guides or healers and accessing "original instructions." "Fighting back/ resisting" includes strategic use of illness and health, healing expertise, taking preventative measures and precautions, and performing conjuration (i.e., the ritual of calling on spirit to heal, protect, and harm) and root work (i.e., homeopathic medicine from plants). The *Original Instructions* is ancestral knowledge about survival and care and have been found to have buffering effects against adversity (Beltrán et al., 2018). In the context of Native Americans, this healing wisdom includes tribal origin stories, cultural artifacts, song, dance, and spiritual practices shared between generations (Nelson, 2008). African Americans have also accessed *Original Instructions* including collectivist values, belief of interrelatedness, and restorative practices

(Richards, 1994). With this in mind we need to bolster our knowledge of *Original Instructions*.

Intergenerational healing is imperative to restore safety and wellness in African American communities. Intergenerational healing could facilitate reconstructing personal and collective narratives away from pathology and deficit (Tummala-Narra et al., 2012). Healing from the compounding trauma of ongoing systemic racism and historical trauma requires intervention at the individual and collective level. This shift in approaching our understanding of trauma and healing allows for greater access to resources traditional and otherwise to support healing from past and present trauma.

Purpose of the Study

This study aimed to explore present-day perceptions of how both trauma and healing are transmitted intergenerationally among African Americans. The qualitative approach of this study provides rich insight into the perceptions and experiences of a diverse community sample of African Americans. This study aimed to serve as an extension of Henderson and colleagues (2021) work that delineated methods of intergenerational trauma healing among enslaved Africans by analyzing present-day perceptions and experiences. By continuing to catalogue intergenerational trauma and intergenerational healing, this study supports on-going efforts to provide support to a marginalized community by accessing the voices and wisdom of that community. Sharing the findings with African American communities will help reinforce ways individuals and families can continue to heal from intergenerational trauma. Similarly, sharing this work with practitioners may also help guide intergenerational healing within clinical settings. Results of this study may inform clinical care and policy initiatives to ameliorate the adverse impact of intergenerational race-based trauma.

Research Questions

1. How has intergenerational trauma impacted African Americans' mental health and families?

2. In what ways have previous generations contributed to current African Americans' healing from intergenerational trauma?

    a. How has intergenerational healing impacted African Americans' day to day lives and mental health?

CHAPTER 3

Methods

This study utilized a phenomenological qualitative design as an exploratory approach to a specific topic with minimal existing research (Groenewald, 2004). This chapter includes methods for participant selection, recruitment, data collection processes, measures and the researcher's positionality.

Research Design

A phenomenological qualitative research design (Groenwald, 2004) was employed to explore the narratives of African Americans about how intergenerational trauma has influenced them and how tools for healing may have also been transmitted through previous generations of survivors. A phenomenological design facilitates understanding of an experience or phenomenon by exploring the knowledge and views of those that have experienced it (Wertz, 2005). Phenomenological research questions aim to understand everyday lived experience and explore what that lived experience means to participants (Creswell, 2013). The benefit of using qualitative inquiry for this study is to gain insight and understanding from the voice of those that have direct experience with intergenerational race-based trauma (Norum, 2012). By using this qualitative method of inquiry, this research is in line with calls from major figures within Black psychology for a paradigm shift when conducting research with African Americans (Neville, 2018). Additionally, this approach obtains context and credibility of more in-depth responses that are necessary understanding and interpreting qualitative data (Cope, 2014).

This study utilized online focus groups to obtain narrative information from participants. The zoom focus group consisted of two-four participants as smaller focus

groups are better suited for emotionally charged topics (Morgan, 1988). Zoom was used to avoid convenience sampling and to access a more geographically diverse samples across the U.S (Reisner et al., 2018). Additionally, early research suggests that although virtual focus groups may require greater rapport building, they can produce diverse ideas comparable to in-person focus groups (Richard et al., 2021). Focus groups were conducted until there was saturation in themes. All focus groups were led by the researcher and one-two of the African American undergraduate research assistants to minimize potential discomfort of talking about race-based intergenerational trauma with non-black identified researchers. The focus groups began with a review of key features of informed consent (see Appendix B). All focus groups were recorded for transcription purposes. Zoom captioning was used for transcription. Focus groups ran from 45-95 minutes.

Participants

A total of 2027 individuals completed the online interest survey. However, majority of these submissions were completed from outside of the U.S. Of this 2027, 30 individuals met eligibility criteria and were invited to join the zoom screening process and 22 participants responded to this invitation. Eligibility criteria included being 18 years or older, identifying as Black, Black American, or African American, living within the U.S., and having at least one grandparent born in the U.S. A total of 22 African Americans were recruited for this study with two of these participants belonging to the pilot focus group. Thus, the final sample consisted of 20 participants See Table 1 for demographic characteristics. The study design called for participants to be aged 18 years or older and participants ages ranged from 19-66 years ($M= 39.95$, $SD= 15.57$). Additionally, 85% of participants identified as Black American/African American and 15% identified as

Multiracial or having parents/ancestors of different racial backgrounds. Of the sample, 90%

identified as cisfemale and 10% cismale, of note, no gender minorities participated in this

study. Approximately half of the participants (50%) identified as heterosexual with the

remaining participants identifying as lesbian, bisexual, or queer. More than half of the

participants were employed at the time of participation (80%) with household income less

than $20,000 (15%), $35,000-$49,999 (25%), $75,000-$99,999 (35%) and over $100,000

(25%). Majority of participants had some sort of higher education, 45% some college but no

degree, 5% associate's degree, 20% bachelor's degree, 15% master's degree, 10% doctoral

degrees and only 5% with only a high school diploma. Most participants' family originated

in the South (85%) with 10% having earliest known origins in the West and 5% in the

Midwest. Finally, more than half of participants currently resided in the West (60%) with

10% in the Midwest and 30% in the South.

Table 1

Demographic Characteristics of Study Participants (N=20)

Participants	n	%
Gender		
Female	18	90
Male	2	10
Sexuality		
Heterosexual	10	50
Lesbian	2	10
Bisexual	3	15
Queer	5	25
Racial Identity		
African American/Black American	17	85
Multi Racial	3	15
Age		
Baby Boomer (57-75)	4	20
Gen X (41-56)	6	30
Millennial (25-40)	4	20
Gen Z (18-24)	6	30

Current Region		
West	12	60
South	6	30
Mid West	2	10
Region Family Origin		
South	17	85
West	2	10
Mid West	1	5
Employed		
Yes	16	80
No	4	20
Income		
Less than $20,000	3	15
$35,000 to $49,999	5	25
$75,000 to $99,999	7	35
Over $100,000	5	25
Education		
High school diploma	1	5
Some college, no degree	9	45
Associate's degree (e.g. AA, AS)	1	5
Bachelor's degree (e.g. BA, BS)	4	20
Master's degree (MA, MBA, MSW etc.)	3	15
Doctorate (e.g. PhD, EdD)	2	10

Procedures

Institutional Review Board (IRB) approval was obtained at the University of

California, Santa Barbara (UCSB) and recruitment ran from March 2023 to May 2023. The

IRB was revised to include the $20 gift card compensation after receiving a grant.

Recruitment emails (see Appendix G) were sent to various organizations, researchers, and the

study flyer (see Appendix D) was advertised on various social media platforms including

LinkedIn, Facebook, and Instagram. Those interested in participation completed the interest

survey on Qualtrics (see Appendix C) or emailed the researcher directly. Qualified

prospective participants were scheduled for 5–10 minute zoom screen to introduce the

researcher, the purpose of the study, confirm eligibility, review informed consent, and gather

additional demographic info (see Appendix E). After each zoom screen, the consent form (see Appendix B) was emailed to the participant via Qualtrics along with a link to Calendly to select a focus group day and time that worked best for the participant. The researcher emailed a copy of the completed consent form and confirmation of the focus group day and time along with the focus group zoom link. The researchers followed up each focus group with an individual email to participants including their $20 Amazon gift card, mental health resources, and a thank you for participation.

The researcher and research assistants debriefed after each focus group and during the weekly project meeting. After each focus group, the research assistants uploaded their notes and memos to the secure UCSB Box folder and the researcher uploaded the audio file, consent forms, and demographic forms. Zoom captioning was used during the focus group to support the transcription process. The researcher edited the Zoom captioning transcripts while listening to the audio of the focus group and research assistants reviewed each verbatim transcript for accuracy. These transcripts were also saved to the secure UCSB Box folder. All finalized transcripts and de-identified demographic data were imported into the Dedoose platform for analysis. The research team met weekly to work on thematic analysis and coding of the transcripts.

Research Team and Positionality

A researcher's positionality is imperative for ethical qualitative research and analytic processes (Creswell, 2013). I am a descendant of people impacted by the trans-Atlantic slave trade. With proximity and sensitivity to lived experiences it can be very beneficial to arriving at interpretations that may otherwise be missed or obscured by pervasiveness of white supremacy in research (Smith, 2012). This contiguity to African American intergenerational

healing and tradition can benefit interpretations of data and encourages careful analysis (Terry et al., 2017). I am also a doctoral candidate at the Counseling, Clinical, and School Psychology program at the University of California, Santa Barbara. Additionally, I am a cisgender, African/Black American, multiracial female. I hold professional and privileged identities in applied science and clinical practice. Based on my six years of graduate academic training and clinical work, in addition to a variety of personal experiences, I believe that racial identity, gender, and socioeconomic status among other social factors contribute to the transmission of trauma and healing. More specifically, the unique social inequities faced by African Americans likely significantly contribute to how families share trauma as well as how families may provide resources for healing and survival. With these potential biases in mind, I made concerted efforts to conduct the focus-groups and data analysis in a conscientious way to gather an analyze data while limiting bias.

The research team included three undergraduate African American research assistants that supported in data collection and coding. The researcher trained all research assistants on the study protocol and the theoretical basis for study methodology. At least one research assistant was present during each focus-group to complete memos on observations. The research team met weekly to discuss data collected and address any methodological issues. Since this is a qualitative study, the researcher facilitated conversations about positionality and importance of reflexivity throughout the research process. Each research assistant completed a positionality statement reflecting on their own intersecting identities that may have impacted data collection, data analysis, and their interactions with the data. The research team reviewed positionality frequently throughout the research process.

Measures

Interest Survey

The Interest Survey was a three-question survey administered through Qualtrics that was included on the study flyer and included in recruitment emails. The survey asked if the interested participant was 18 years or older, if they identified as African American or Black American and then prompted interested participants to provide their contact information. Interested participants were still able to directly email the researcher to get involved in the study, but the goal of this survey was to gain interested participants and reduce interested participant burden of contacting the researcher themselves. Interested participants were also able to scan the QR code on the flyer or click the link in the recruitment email to complete the Interest Survey.

Demographic Survey

The Demographic Survey was completed during the zoom screening (see Appendix E for survey questions). Participants were asked demographic questions regarding ethnic racial identity, gender and sexual identity, age, immigration generational status, educational attainment, occupation, income, and geographic area of origin and current geographic location (see Table 1 for demographics). This data was used to understand demographic factors of each participant and helped inform the analysis of the results.

Focus Group Protocol

A semi-structured focus group protocol was used to invite participants to describe their experiences and perceptions of trauma and healing (see Appendix F). The first half of questions captures experiences of intergenerational trauma and how it has impacted the participants and their families. The second half of questions captures perceptions of

intergenerational healing. These questions were informed by The Aboriginal Intergenerational Trauma Model (Menzies, 2012) and the Intergenerational Transmission of Healing and Well-Being conceptual model (Henderson et al., 2021). To further refine the focus group questions, the researcher conducted a pilot focus group with two African Americans. Following the pilot focus group, participants were asked to provide feedback regarding the content of the questions and the way in which the protocol questions were asked. There was no significant feedback that called for revisions of the protocol as the two participants reported feeling they were generally able to answer the questions after some reflection and felt they understood the questions well. With this feedback, the research team maintained the original protocol.

Data Analysis

Focus group transcription was completed using a free Zoom transcription option. The transcript was saved from every focus group and reviewed by a research assistant for accuracy, to correct any inaccuracies, and remove any identifying information. The lead researcher then reviewed all transcripts with their respective audio to ensure for accuracy. The finalized transcripts were used for coding and analysis. For systemic refinement, the research team used the constant comparative method to compare similarities and differences within and across each focus group (Charmaz, 2014). After transcribing and reviewing all seven focus groups, the research team agreed we had reached saturation as there was depth to our thematic categories and there were no new leads. The researcher consulted with academic advisors and agreed that saturation had been met.

Coding

For the initial coding phase, the researcher and research assistants each independently reviewed each transcript highlighting words, lines, or phrases that participants shared (Charmaz, 2014). During the weekly research team meeting, the research team discussed highlighted sections and discussed discrepancies. Discrepancies were resolved following the constant comparative method by returning to the memos, data, finding quotes, and creating new codes as needed. (Glaser & Strauss, 2017). Following the initial coding phase, the research team engaged in focused coding to review the initial codes and identify significant and most frequent codes. Focused coding shifted from the line-by-line coding to more conceptual coding to reveal theoretical categories the initial codes might fall into. In this phase the research team also evaluated which codes fit the research questions (Charmaz, 2014). The final part of coding involved theoretical coding where the research team synthesized the codes that emerged during initial coding and focused coding. The research team also refined focused code labels, theme names, defined theoretical categories, and reviewed the individual codes that made up the theme and identified representative quotes for each theme. Throughout the coding process the research team engaged in cross-check to verify interpretations and strengthen validity (Thurmond, 2001).

CHAPTER 4

Results

The aim of this research was to establish an understanding of how intergenerational trauma and healing is experienced within Black American/African American communities. After coding the pilot focus group and the seven additional focus groups, a total of 44 focused codes were identified that supported the theoretical codes. There was a total of 17 focused codes for intergenerational trauma and 27 focused codes for intergenerational healing. The following section outlines intergenerational trauma focused codes and intergenerational healing focused codes organized under their respective theoretical codes. The focused codes detailed below were organized into a total of 11 theoretical codes, five intergenerational trauma theoretical codes and six intergenerational healing theoretical codes. Intergenerational trauma theoretical codes include Familial Patterns of Mental Health, Communication, Aspects of Parenting, Societal and Familial Expectations, and Instability. Intergenerational healing theoretical codes include Communication, Family, Coping Practices, Positive Aspects of Parenting, Faith, and Identity. Pseudonyms are used throughout to maintain participant confidentiality.

Intergenerational Trauma Theoretical Codes and Focused Codes

The following table organizes these intergenerational trauma themes, their respective focused codes, and a quote that exemplifies each overall theme. Each of the identified themes are elements participants identified as aspects of intergenerational trauma transmission or elements that contribute to the maintenance of intergenerational trauma. This section also details each individual theoretical code and the respective focused codes that inform each theme.

Table 2

Intergenerational Trauma Theoretical Codes and Focused Codes

Theoretical Code	Focused Code	Quote Example
Familial Patterns of Mental Health	1. Substance Abuse 2. Anxiety & Fear 3. Anger 4. Lack of Explicit Guidance to Heal	*"As far as my mom's side there's a lot of undiagnosed like mental issues on that side of the family, and anxiety being one of them. My mom is aware that she has anxiety, but other parts of her family have it, but they just don't get like diagnosed for it because they don't believe in diagnoses, and they don't believe in that type of stuff and so they just kind of suffer with it and my mom is like one of the people to kind of break like that cycle of just not getting diagnosed for it and not going to a therapist or not like seeking help for it."-* Mya, age 22
Communication	1. Lack of Communication 2. Dismissal of Personal Experience 3. Secrets	*"I would say…like the same thing as Grace, this like kind of like situation to where we don't talk about anything like no…whatever happens in the family stays in the family, and we don't reach out to get help when…you know mental health help is needed or when something is going on in the family…I have noticed that, that is like a pattern that stayed in our family, like we don't reach out to, you know to others outside of the family, and talk about like, you know, things that are happening or be transparent kind of just…like, we don't bring it up. A lot of time we won't even bring it up within the family."* -Kayla, age 20
Aspects of Parenting	1. Discipline 2. Lack of Displays of Affection 3. Colorism 4. Racial Socialization	*"I don't think they notice the ways that their trauma impacted their parenting. I'll say one thing I'm noticing as I get older is it's a lot of things that are ingrained in me from their parenting that I'm not sure was purposeful."* -Imani, age 21

Societal & Familial Expectations	1. Gendered Experiences 2. Hyper-Independence	*"So she's, you know, instilling these values in me and these…what she considers values, and just making sure that I can provide for myself. But what I took from that was that attitude. So, when I met men and if they said one thing, like I'm not paying, 'I don't need you, I can do this on my own.' I just…and that was the persona I took on and I am not too sure that worked for the best."*- Joy, age 59
Instability	1. Finances 2. Moving/Fleeing 3. Relationships 4. Living in Survival Mode	*"My grandmother, she wasn't at that time where she was mentally and physically ready to raise a child, and she kind of put the physical aspect of raising a child before the mental aspect. So, my mom was not as present, just as her mother was, her mother did struggle to kind of be there mentally and she just completely removed that element upon raising me. So, though my mom did provide a roof over my head and food for me to eat, I did have to try to raise myself mentally. She didn't teach me how to clean, she didn't teach me how to cook, she didn't teach me how to do almost anything, if not anything at all."* -Mya, age 22

Familial Patterns of Mental Health

A common theme throughout various focus groups was mental health and its relationship to intergenerational trauma. Participants described the complex cycle of mental health challenges contributing to and resulting from intergenerational trauma. Many participants also expressed the desire for others to seek professional and social support as it relates to these aspects of mental health functioning. Specifically, focused codes of substance abuse, fear and anxiety, and anger were identified.

Substance Abuse. When asked about what participants observe in family as ways of coping with stress and trauma many participants described observing families use and reliance on substances to cope. Some participants also described the disruptions this coping strategy may have had within the family. For example, one participant shared the impact of substance abuse on her family:

> *"With my mom, the war on drugs like heavily impacted her, growing up. She grew up in New York in the eighties and nineties, and so for her, like, it's not necessarily like that it's the legacy of like yes, she knows people directly affected in her family by it, but also that it prevented her from having, like that stable family life, and so I feel like those sort of… that's like how it's talked about in the way of like we did, we know these things happen. But like it's also like disrupted what probably could have been for our family…"* -Cheyanne, age 22

Another participant described substance use as a primary coping strategy within her family:

> *"Yeah, my mom and my aunts drink, that's their coping. My…all the men in my family smoke, so that's probably their way of coping."* - Mya, age 22

Similarly, another participant shared her observation of her father's substance use as his method of coping:

> *"Yeah, I had not thought of it but now that Mya mentioned that my dad did drink and smoked, ...So, he did use drinking and smoking cigarettes as a, as a coping mechanism."*- Angie, age 51

Anxiety and Fear. Participants described personal or familial experiences of anxiety or fear and how it manifests across generations. For example, one participant described anxiety and fear as a parent to black children:

> *"I would say that, that even as a father that grew up in turbulent times, you kinda just live with the fear, you know. Yeah, it's kinda, kind of ingrained worry I think that affects probably our time on this earth....not that you haven't done a good job raising them but you're worried about the outside influences and affects that can happen even if he does nothing, you know, when you have multiple children, you, of course, are worried as a parent on all fronts a lot of the time, anyway, but when you have black children or interracial-mixed children, you know it's, sometimes it's just frightening. Yeah, there were a lot of times, you know, my son, I would just be worried to death."*
> -Shaka, age 62

Anger. Some participants described the way the paternal figures expressed anger as a method of coping and how these processes impacted them within the family. For example, a participant reflected on her father's use of anger as a form of coping and how it has impacted her perception of anger:

> *"I think, coping for my dad was showing anger. So for me...so from him, to me anger even now like is, I still have some lingering like, I don't like to get upset, like I*

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rather try to be more rational, and you know, be more assertive and like diplomatic in

how I'm expressing what I wanna get across, because I feel like sometimes, just in my

core, anger is not valuable right. Like anger is negative, and anger is scary. So, I

think he coped with, he cope through anger and that's what I saw, so I avoided,

angry, you know, anger, conflict."- Angie, age 51

Additionally, another participant highlighted the transmission of anger across

generations:

"My dad did have severe anger issues that even passed down to me, and I had to

process that anger and understand why I was angry."- Mya, age 22

Lack of Explicit Guidance to Heal. When asked about messages received about

healing, many participants across focus groups reported not receiving clear communication

about what others did to heal and acknowledged a lack of direction toward healing. This is a

stand along theme because it was so prominent across every focus group. Additionally, many

participants describe the harm or difficulty in not receiving explicit guidance that may also

contribute to further intergenerational trauma. For example, a participant shared the

following:

"I mean in my family, you couldn't even get a hug so it was like how are they

gonna teach you through actions or verbally how to heal from something or cope with

something." – Joy, age 59

In addition, another participant described having an awareness of growth and healing

occurring among family but detailed a lack of transparency or guidance:

"I don't think I received any messages about healing to be honest. So, where my

brain went for your question is, I wish my family would talk more about what they

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experienced and went through like I feel like I don't…like I see the end product, but I don't know anything about the process really. So, I would ask them to be more transparent about what they were going through at every stage so I could like see their process and know anything about their healing experiences 'cause I feel like I don't know a ton about that. I guess I would just want more."- Ruby, age 30

Mental health was described as a byproduct of intergenerational trauma and can serve to sustain cycles of intergenerational trauma. This may also be an entry point for intergenerational healing. Breaking the cycle of intergenerational trauma transmission can include increasing awareness related to mental health and maladaptive adaptations to coping with intergenerational trauma. Anger in particular was described more often within fathers or other male relatives, but some female-identified participants themselves also described carrying anger as a result of intergenerational trauma. Furthermore, there is also an emphasis on the importance of seeking social support as well as professional support for mental health challenges in order to disrupt this mechanism of intergenerational trauma transmission.

Nearly every participant across all focus groups spoke to the lack of clear explicit guidance to heal. Although some participants were able to reflect on the ways healing was modeled or instructions to turn to faith for healing, there is a clear lack of explicit dialogue and guidance on how previous generations have coped and healed from intergenerational trauma. We know that healing has occurred across generations even if intergenerational trauma has persisted, but without this direct roadmap to avenues of healing, these cycles of intergenerational trauma may persist longer than they have to. This may also be the most crucial point of intervention by providing families the language and tools to discuss and

describe ways they have engaged in healing and how this can be shared with younger generations.

Communication

Elements of communication were also related to the transmission of intergenerational trauma. In particular, participants identified an overall lack of communication, dismissal of personal experience or perspective, and secrets as leading to the intergenerational transmission of trauma.

Lack of Communication. When asked how their family has discussed trauma over time many participants described a lack of communication or an apparent intentional avoidance of in addressing their experiences. For example, one participant shared:

> *"The way I interpret that question is just how my parents, grandparents dealt with, with trauma and conveying that information to me and my siblings on how we're supposed to respond to it. They didn't say anything about it. My father especially, I think, may have experienced more trauma. And the way he responded to it was just like he didn't address it."* – Joy, age 59

Another participant described the transmission of lack of communication or discouragement from sharing while also highlighting the potential adaptive survival mechanism:

> *"I think it lends to or speaks to what I believe is the, the passing down of protection, like I think it's in the DNA of 'you don't talk about it or you're gonna be lynched'… I think it's that deep right that they don't know no other way to survive…they don't know that they're doing it, cause it's just easier to avoid which on the flip side, thank God they did at some point 'cause we needed that to be strong and*

for us to sit here and even have this conversation right so I think it was, it's about

self-preservation. And all these years of like this, 'I can't, nope, we're not going to,'

because if you just own and feel all of that, that's a lot of tears…there's so much

overwhelm that goes with really putting all of that into perspective."- Angie, age 51

Dismissal of Personal Experience. A common experience shared by participants

was an experience of older generations dismissing or diminishing their experience. This often

manifests as denying the presence of issues or comparing and disparage another's

experience. For example:

"You know, when I got older and I tried to talk to my mother about it, she's like,

'Don't complain, I had worse I had this, I had that.' So, it was just, you keep going." -

Joy, age 59

Another participant described the difficulty of others denying and dismissing generational

issues:

"We still haven't had those hard conversations, it has gotten a bit better, but that

has really been my overall experience within the household, and you know the

generation…I put in the goal to break generational curses, so I am the first person in

my family to actually create those hard conversations and bring it up, that you know

we do have trauma and issues within our family, and I have received backlash from

my aunts that kind of been denial of the issue."- Mya, age 22

Secrets. Another issue within communication participants described was the presence

of secrets within families that relate to intergenerational trauma. This experience goes

beyond a lack of communication and highlights an intentional withholding of information or

explicit discouraging of sharing with others. For example, one participant described the impact of secrets and their awareness that something was withheld:

> *"But as far as, there was a lot of secrets in my family too, and I didn't find out about certain things that to my father passed away. But, growing up, I knew something was just, even though we were all close, I just knew something just was out of whack or just wasn't right. Which made it difficult. And then as I got older, I learned a little more about that which can be hard to process. So that's what I would say about my family. We were just extremely close, but we just didn't share intimacy or any secrets or experiences from the past. But we were still close."*- Joy, age 59

A general lack of communication, keeping secrets within families and dismissing another family members' experience were all connected to intergenerational trauma transmission and maintenance. Many participants shared a desire for a greater understanding of what previous generations experienced, especially as it related to trauma, discrimination, and navigating challenges. These conversations could lend important insights needed to learn from previous generations and further disrupt the cycle of intergenerational trauma. Without these conversations, healing intergenerational trauma, which is shared within families, is disproportionately placed on an individual to process or address. Although there is a great opportunity to heal intergenerational trauma independently, there may be a greater familial healing that can occur with increased communication.

Aspects of Parenting

Many participants identified various aspects of parenting that may contribute to intergenerational trauma transmission. Many participants described the general implicit and subtle nature of the impacts of parenting and how parents modeled behaviors and emotions.

When participants were asked about how trauma manifests within families, participants

discussed the impacts of parenting including discipline, lack of displays of affection, racial

socialization (promotion of mistrust), and colorism.

Discipline. Some participants discussed caregivers' use of physical punishment. For

example, one participant shared his understanding of his experience of physical punishment

in the 1960's and 1970's:

> *"When you come up in a time where you get a butt whopping, just because, yeah,*
>
> *it'll keep you in line. Okay. You won't do anything crazy around these white folks that*
>
> *would get you killed. Okay. It's a form of precautionary discipline, like, well they*
>
> *won't act crazy or do anything out of bounds and bringing harm to the family or to*
>
> *themselves so to speak, if I do kind of tame their spirit so to speak."*- Shaka, age 62

An important note related to physical discipline is that participants also highlighted that

this form of discipline aimed at fostering physical safety for children especially outside of the

home. However, some participants also emphasize the role of "taming" or "breaking" a

child's spirit through this parenting strategy and regarded these processes as harmful.

Therefore, this contradictory approach of using physical punishment to protect a child from

physical harm in society may lead to broken spirits and perpetuate intergenerational trauma.

Lack of Displays of Affection. Participants reflected on how love was shown within

the family and the harm experienced by lack of emotional and physical intimacy. For

example, one participant noted the patterns of challenges within maternal emotional

intimacy:

> *"And so, my mom and her mom's relationship is tethered. And like my mom didn't*
>
> *get affection, love, all those things, and like that's the some of the stuff I struggle with,*

with her, too, like it wasn't modeled for her so she has to know how to do it, or like

she doesn't know how to build the relationship that I would want with the mom."-
Ruby, age 30

Another participant revealed a lack of familial physical intimacy which emphasized for
her the lack of emotional intimacy:

> *"I mean in my family you couldn't even get a hug so. It was like, how are they*
> *gonna teach you through actions or verbally how to heal from something or cope with*
> *something."*- Joy, age 59

Another participant highlights the difference between physical presence and emotional
intimacy:

> *"Similar to you, Joy, having a dad in the house but not having an emotionally*
> *present father is two very, two different experiences because my dad was there but*
> *not emotionally present."*- Imani, age 21

Finally, one participant highlighted the intergenerational patterns of a lack of affection
within families:

> *"That's something we, as a black people, need to work on, because a lot of us*
> *came from nonaffectionate homes, like, you know, we're raised, based on how our*
> *parents was raised, and until we look at things and say, you know, that's not right and*
> *break it, no matter what it is I think we as a whole need to step up and look at that."*-
> Red, age 35

Colorism. Some participants described the strain within family dynamics often due to
internalized preference toward skin tone and features closer to whiteness. This was especially

true within maternal relationships with daughters. For example, one participant described the role of colorism that influences disconnects in her maternal relationship:

"When I was a kid, I never wanted to wear beads in my hair…I would have like all these issues, and [my mom would say], 'just be yourself like, why are you hiding from blackness?' … Now that I'm reflecting on it, I'm not saying it's easier, but we had different experiences. So, a lot of what she was pushing me to do, I don't think she realized what it felt like for me to do that versus for her to do that…and she talks about the challenges of growing up in the eighties being light skinned and like light skin wasn't in…she talks about those days so I'm not saying she didn't have her challenges, but I think a lot of what she was pushing me to do was easier said than done, based on how we navigate the world differently. What's interesting is like her and I look exactly the same we have, I have her face, basically. But like growing up people be like, 'Oh, my gosh! Your mom is so fine! She's so pretty,' not us looking exactly the same and you looking over me, but because she's like light skinned and has green eyes, like she's just the baddest on the block so like we had different experiences, even though we're both black women we still, navigated the world differently, which made it difficult for her to like support me in the way I would have wanted."- Ruby, age 30

Furthermore, other participants described the ways in which comments related to colorism within the family influenced their own self-perceptions and self-esteem. Additionally, some participants noted the intergenerational nature of colorism related beliefs passed between generations.

Racial Socialization. Some participants discussed the challenges experienced related to racial socialization in relation to promotion of mistrust. For example, one participant described intergenerational messages about what Blackness is and feelings of inadequacy about any deviations from these standards:

"I can recall, even with my older sister, or my mom just because of being educated, you know and getting that education to try to like, I think someone said, go from negative 50 to zero to just get at baseline and then there's this, I don't know like 'Oh, you think you're better than us now' type of mindset that my mom would encounter when interacting with family or friends that might not be doing those same things. You know, and still feeling like she had to sort of straddle the fence of you know I'm cool enough to hang around play cards, kick it but I'm also trying to get it to provide for my family and be successful. So, having to sort of straddle that line."-
Destiny, age 38

Another participant shared how messages about assimilation into White norms are passed within generations leading to mentalities of internalized racism:

"I feel like, you know, the trauma response has been conditioned to fit within kind of like the white system, instead of trying to like dismantle it, and like cause a ruckus, and actually change up the, you know, structure of it. And I feel like that's where a lot of the mentalities and a lot of the things that are passed down come from."- Paige, age 22

Overall, participants experiences with racial socialization reflect the intergenerational impact of messages about what is mean to be Black and how one should navigate society as a

Black person. These messages are sometimes contradictory to the individual's experience or values which can increase distress and a greater sense of isolation.

A central mechanism of intergenerational trauma transmission and maintenance lives within the context of different aspects of parenting. It is important to note the specific ways of parenting may facilitate this including through discipline, lack of displays of affection, racial socialization, and colorism within families. Parenting serves an important function in both modeling behaviors for children as well as socializing children in a variety of aspects. Participants identified discipline, lack of affection, and colorism as impacting the trust, connection, and understanding they experienced in family relationships. Furthermore, racial socialization, especially the promotion of mistrust, was described as a contributor of intergeneration trauma.

Societal and Familial Expectations

Another theme that emerged centered around societal and or familial expectations and how some of these expectations across generations negatively impact individuals. This theme includes gendered experiences relating to gender roles and gender socialization. Furthermore, female-identified participants reflected on encouragement they received to embody hyper-independence and the adverse impacts this expectation places on Black women.

Gendered Experiences. Participants reported challenges with experiences related to gender identity or gender roles. For example, one participant described the way the overemphasis on the importance of gender roles within family negatively impacted her and influence her decision-making processes in building her own family:

"Gender roles, at least in my family. Like for my mom, she had her kids really young, , she was also heavily involved in a religious group at the time, and so it was

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definitely reinforced that she needed like a black man or someone to take care of the

kids she wasn't capable of doing that on her own. And I feel like that definitely kind of

rubbed off on how we like, how we became a blended family, and how that kind of

was introduced, because it almost became like prioritization of making sure that we

have a father figure rather than whether or not we were overall happy as children.

And I feel like that's definitely shaped how like I think about family and like gender

roles and, what's the most important and for a long time I was like, I don't even

wanna be married like I would just have my kids without being married because like I

feel like I would never want to prioritize that like sort of relationship, that expectation

of like this sort of particular type of figure in their life over their own like happiness."

-Cheyanne, age 22

Additionally, a male-identified participant described messaging he received about

behavioral expectations that were communicated to him given his Black male identity:

"I think it was more pronounced with me, being a younger male at the time,

because it seemed to be uh a life extending kind of advice. You know, you know, if you

wanna make it past a certain point, or you get through a racist situation, this is how

you behave, you know you don't look them directly in the eye. You say "Yes, sir, you

say no, sir." Okay, and try to set an example of that you're harmless, you know,

because if you become a threat in any kind of way, this what you get, you get shot on

a terrace or shot at a podium or shot down in the you know, you can get shot down on

a traffic stop." -Shaka, age 62

Hyper-Independence. A common sentiment several female-identified participants

shared was the encouragement from others to engage in hyper-independence embodying the

"strong black woman" persona. For example, one participant shared the intergenerational transmission of hyper-independence and its connection to trauma:

> *"And I think that was the trauma that was passed on of you have to make sure that you're self-sustained that you are the strong black woman who you don't need anybody else. You don't need to depend on anybody else."*- Imani, age 21

Additionally, another participant shared the specific messages she received and how they have impacted her:

> *"My mother was the same way. 'You don't need a man,' you know, she was married to my father for years, but she's telling me how 'you get your education, you don't need a man' and so, I did that. And she's, you know, again, 'You're strong, you can just take care of the world by yourself if you want to, you don't have any issue' and so of course I took on that, right? Until it like almost crushed me and when I got older. So she's, you know, instilling these values in me and these…what she considers values, and just making sure that I can provide for myself. But what I took from that was that attitude. So, when I met men and if they said one thing, like I'm not paying, 'I don't need you, I can do this on my own.' I just…and that was the persona I took on."*- Joy, age 59

Expectations from not only family, but also, broader society were described as contributors to intergenerational trauma. Some participants described the pressure and subsequent rejection of traditional gender roles or gender-specific messaging. Male-identified participants described more of the instructive messages and expectations from family about how to carry themselves in public. Female-identified participants on the other hand received messages about hyper-independence. This hyper-independence among women ultimately

leads to isolation and burnout especially considering organic collectivistic roots within African and African American culture. Again, we see these messages passed between generations as a strategy to self-preservation, however, these messages especially taken in their extremes may promote intergenerational trauma. This theme highlights the importance of considering the impact of socialization related to gender within the nexus of intergenerational trauma.

Instability

A theme of instability also emerged as a contributor to intergenerational trauma. Focused codes within this theme include financial instability, moving or fleeing environments, and relational volatility all of which participants described as a compromise to overall well-being.

Finances. When asked about the impacts of trauma within the family some participants described the financial hardships their families experienced and the lack of economic resource. For example, one participant shared the impacts of limited financial resources:

> *"I think for me the lack of financial support that we were able to receive like…there wasn't nothing left for us. You know, there wasn't any wealth that my family had built, that was passed on from generation to generation. Mothers and fathers, you know they would spend most of their time working because they didn't have another option. They had to work constantly, sometimes long hours, they didn't get much time to invest in their children, you know, and to see if…how well they were doing mentally, emotionally, you know, and I think that was something I noticed growing up because I seen my sister working constantly two jobs at times to make*

sure we were right and…but that didn't leave much time to help me as a young

person, to grow up and develop."- VMarie, age 44

Additionally, another participant emphasized the relationship between generational

financial hardship and generations of slavery and oppression:

"My paternal grandmother couldn't…just did, she did not have a formal

education. But my grandmother also didn't like have a formal education I think she

got enough education to, to get the basics but never had like a job and you know like

the legacy of slavery and oppression when it comes to like our economic power." -

Raven, age 44

Moving/Fleeing. Participants shared other aspects of trauma within the family as

demonstrated by instability as a result of abruptly moving due to danger. For example, one

participant shared her family history of fleeing from oppression, discrimination, and racism

of Jim Crow.

"I just, I'm thinking about my grandmother, who took her 5 children to um

California on a on a greyhound bus, you know, to escape uh Jim Crow South."-

Tabitha, age 48

Another participant shared the intergenerational impacts of uprooting a family:

"I mean my father's people came after an assault on the matriarch. And, you

know, got to Los Angeles, and I think it was 1948 or 49…I mean uprooting a family of

13 to 14, you know, in one night…I mean, so the trauma, it seems it goes from

generation to generation." -Shaka, age 62

Finally, another participant described the impact of moving and fleeing on familial

dynamics across generations:

"My grandmother used to tell a story and um, they lived on a farm in Arkansas, and her mom had just remarried, and her mom didn't feel comfortable with her new stepfather being around her, so she took her in the middle of night on a horse, I know it sounds dramatic, but to family members in another area, and that's predominantly where my grandmother grew up, not necessarily with her mom all the time, but with another family. So, she was an only child. My grandmother ended up having 9 children to build herself a family to have people around all the time, and I think that would be traumatic that's a lot of children to have to produce your own family. She felt lonely I believe."- Cheryl, age 51

Relationships. Some participants described the impacts of trauma across relationships and how these challenges perpetuated further trauma. For example, one participant shared the relational trauma shared between generations:

"I'll just speak for my family, I'm not trying to put all their dirt out there and everything, but, patterns, probably like, at least from some family members, broken homes, like broken homes as far as like not having parents or even parents that are toxic, or just emotional trauma, that they've been through it does seem like it has been passed down generations and it's not being dealt with."-Darian, age 33

Another participant highlighted the relational volatility:

"You know that goes within resentment, because my dad did a lot of messed up stuff to my mom, nothing physically, but it was very mentally, really messed her up mentally so most times that mother figure for me was the women that were in my dad's life since they were separated and that was unfortunate but that is also what they both learned in their families."- Mya, age 22

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Participants highlighted the role of relationships within the transmission of intergenerational trauma. Furthermore, these interpersonal challenges impacted not only individuals within a challenging dynamic, but also impacted entire family units.

Living in Survival Mode. A common theme expressed by participants related to intergenerational trauma is the experience of "living in survival mode." This experience is demarcated by a lack of rest by persisting through difficult times without respite. This experience is also accompanied by difficulty in focusing on a future that embodies safety, health, and thriving. For example, on participant shared the unsustainable nature of living in survival mode:

> *"Jill Scott in one of her songs, she said, 'I'm tired of being strong.' And you do get tired, like you feel like you gotta carry on the weight of the world and then still smile and walk like nothing is bothering you until you break down because eventually, you're gonna break down whether it's in your physical body or your mental state, because we weren't created to take on the cares of everyone."* Raven, age 44

Finally, another participant described the difficulty of moving beyond survival mode due to systemic oppression and violence:

> *"There was kind of already an inevitability about how things were gonna end for us, for certain people for standing up against a system that was born to annihilate you."* – Shaka, age 62

Without consistent or stable relationships, finances, or safe housing it is no wonder intergenerational trauma could be passed by these mechanisms. Additionally, this overall theme of instability is inextricably linked to what many participants describe as living in

survival mode. Without the safety and security of consistent housing, financial resources, and healthy relationships it is close to impossible to move beyond just surviving and struggling to meet basic needs let alone pursue more advanced needs like healing or self-actualization. Living in Survival Mode in particular really highlights the devastating effects of instability and intergenerational trauma. Living in survival mode speaks to the experience of just getting by and how this can lead to feelings of helplessness and burnout. Living in survival mode is a result of centuries of oppression and unhealed trauma.

Summary of Intergenerational Trauma

A total of five intergenerational trauma themes emerged from the focused groups. These themes include Familial Patterns of Mental Health (substance abuse, fear and anxiety, anger, and lack of explicit guidance to heal), Communication (lack of communication, dismissal of experience, and secrets), Aspects of Parenting (discipline, lack of displays of affection, colorism, and racial socialization), Societal and Familial Expectations (gendered experience and hyper-independence), and Instability (finances, moving/fleeing, relationships, and living in survival mode). There is significant complexity in these themes in that some themes related to intergenerational trauma transmission may also have proven to be adaptive and contributed to survival while also causing harm. Furthermore, each of these themes provide insight into how intergenerational trauma is transmitted and maintained within families but also provides opportunities for intervention to help disrupt cycles of intergenerational trauma and ameliorate its effects.

Intergenerational Healing Theoretical Codes and Focused Codes

The following table organizes these intergenerational healing themes, their respective focused codes, and a quote that exemplifies each overall theme. This section also details each individual theoretical code and the respective focused codes that inform each theme.

Table 3

Intergenerational Healing Theoretical Codes and Focused Codes

Theoretical Code	Focused Code	Quote Example
Communication	1. Affirmations 2. Recognition/Awareness 3. Openness 4. Accountability/Apology 5. Narratives 6. Emotional Expression	*"My family talks openly with me. Both my mom and my dad, they both are very open talking about…talking about anything, bringing up anything, having those deep conversations or those weird, like conversations that they weren't able to have with their parents."*- Grace age, 23
Family	1. Elders 2. Togetherness 3. Showing Up 4. Resilience	*"And like that sort of togetherness, and like how that's brought like sometimes, like a lot of healing, without any words and things of that like, sometimes just making a dish together and like having like a cookout, or having just like having just like fucking food and like that kind of setting and like that kind of environment being passed down if that makes sense."*-Paige, age 22
Coping Practices	1. Meditation 2. Alone Time 3. Creativity 4. Time in Nature 5. Therapy 6. Gratitude 7. Humor 8. Service 9. Movement 10. Productivity 11. Instructions for Survival	*"My aunt, she showed me how to heal and cope is going to therapy, you know."*- Angie, age 51
Positive Aspects of Parenting	1. Parenting the Next Generation 2. Intentional Change	*"[My dad] didn't have his father around. So for him showing up for all of his children still, to this day it's very important to him. And that helped him*

		heal because he didn't have a father present like that."- Cheryl, age 51
Faith	1. Organized Religion and God 2. Spirituality	*"And I wanna echo the role of the church and faith. It's been a huge, part of my family. I think that probably is like the go to when I think about the healing work in my family."*- Raven, age 44
Identity	1. Pride 2. Education	*"My daddy was a real advocate for black history… He made me read the Miseducation of the Negroes during the summer which I didn't appreciate at the time, but I appreciate it now. He made me and my friends memorize the Thirteenth, Fourteenth and Fifteenth Amendment, the Martin Luther King 'I Have a Dream Speech'…. He was just a real history buff when it came to that, and making sure that his daughter's knew, that and one thing that he did try to… which could have been just a mechanism of just defending us was the value of education, and he would tell us you know, 'The fact that we can read a book is a privilege, because we weren't allowed to know how to read,' he said 'get all the education that you can, because nobody can take it away from you'…. just him, making sure that we are aware of our history."* - Destiny, age 38

Communication

Just as communication was a part of transmitting intergenerational trauma, communication also emerged as a theme related to healing intergenerational trauma. Specifically, openness, affirmations, recognition and awareness, and accountability and apologies emerged as subthemes of communication important to healing.

Affirmations. Participants described messages or phrases shared or used to instill encouragement, hope, or guidance. For example, one participant shared an affirmation passed to her by her mother that helps guide healing:

> *"I feel like the phrase I've taken from my mom that has been the most helpful is 'Tomorrow's a new day,' and it's not necessarily like a, I guess it is a healing tactic. I think that has been like a really useful phrase in my most difficult moments of like, just get through to the next day, and it often is better from really small things to really, really massive like I can't imagine I'll move through these things. So that's like probably one of the mantras I do live by like sometimes I just like just needs to go to sleep and like make it through to the next day. And that's been helpful."* - Ruby, age 30

Another participant shared her use of self-affirmation after receiving affirmation from her mom during a difficult time:

> *"And so I was like pretty upset that day, even though I had gotten picked, which I should have been happy, so I had talked with my mom about it, and she just kinda told me that like, 'Hey, like people are gonna say, nasty ugly stuff and just ignore it,' and so that's been like a thing that we talk about like just ignore it, and just do like*

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self-affirmations every day just to make myself feel better about like things like that."- Kayla, age 20

Recognition and Awareness. Some participants reported healing through processes of self or others bringing awareness to legacy of trauma. For example, one participant noted how fostering awareness of lineage and what happened in previous generations served as healing:

"Just to add to that definitely agreein' with the idea of the elders in our family, that of...also just the history, you know, being aware of the history in family, being aware of lineage. That's something that my family, you know, holds dear is just ensuring, that we all are aware of where we come from, and what people in our family did before, whether it was their trade, what they did for work, as far as their faith, which is another strength, I think, within my family and others so just being aware of that history and that faith, I think that instills some strength within our family to sort of keep going, and knowing what folks before us went through and overcame. That sort of helps us keep going."- Destiny, age 38

Additionally, another participant described the importance of acknowledging issues in order to facilitate healing:

"Healing or coping would be acknowledging that there was a problem to begin with, and a lot of people don't talk about that. So, I would say, own it, take responsibility for whatever that problem was, and to heal it, you have to acknowledge it and move forward and do better, you know, and whatever that pain was acknowledge it, and learn how to heal from it."- Cheryl, age 51

Openness. Participants described the benefits of openly talking and sharing about experiences as part of healing. Furthermore, these open conversations do not necessarily need to discuss or share trauma to provide opportunities for healing. For example, one participant shared topics of open conversations that contribute to healing:

> *"Talking about our hair, talking about our blackness, and enjoying those conversations, and talking about that family history, and the laughing and all those things, I think, are, are used to…as a point of healing."*- Destiny, age 38

Another participant highlighted the support and healing of day-to-day open conversations:

> *"I also would say, like communication, just with our family, just like us talking and sitting down, and sharing how our day was, or just sharing things that happened in our day, or our week, is a form of strength because it's kind of therapeutic in a way, cause it gives us someone to talk to. And just someone to listen that's our family. So, I think it's like more comforting knowing that, we have that support group within the family and that's just like helping us with our everyday challenges."*- Kayla, age 20

Finally, another participant highlighted the shifts to more open conversations and the benefits of this shift:

> *"For me, I feel like recently it's been more communication, and so my family started talking more openly, just about like the struggles that we have where it used to be kind of like hush hush… And now we're definitely more open. And I can have more open conversations with my mother especially, and so, it just being able to have like conversations about my childhood and like things that I felt back in my childhood,*

even though that she may not have noticed it. But I can talk to her about it and be

honest and open, and I can also understand that she was doing the best that she

could. I think, like just having that conversation and understanding…that

communication has been definitely really great for us." – Cheyanne, age 22

Accountability and Apology. Some participants described the importance of

receiving an apology when they experienced harm from another family member.

Additionally, the process of family taking accountability was especially important to the

healing process. For example, one participant shared her father's process of taking

accountability and apologizing for harm he may have caused:

"My dad had kind of like this revelation where he realized just all the trauma he

had caused not only me, but the women that he was involved with, so he kind of

had…well the conversations he had, he kinda broke down everything that he did

within the years within whoever it was he was talking to, apologize for it, explain why

he was that way."- Mya, age 22

Another participant reflected on her process of accepting her father's apology:

"My dad, you know one day, I was just like on him. We would meetup for lunch

and I'm like, 'No, I'm not happy because you did this, and you beat my mom and blah

blah blah.' And finally, one day he was like, you know, 'I've said sorry I don't know

what else to say, but like, can we move on?' You know, I was in my early twenties at

the time, and something just hit me, and I was like, I guess, yeah, he got a point, like

what am I gonna do? Am I gonna keep just fussin at him and letting out all this hate,

rage? Or am I gonna move on and try to have a decent relationship and so that's kind

of what happened."- Angie, age 51

Finally, another participant shared how accountability can lead to healing:

"So, in recognizing these things, I feel that that's a that's a good thing, too. Because now, if you take accountability, you can start the healing and process and move forward."-Red, age 35

Narratives. Participants explain the role of storytelling, writing, or journaling within their families' healing processes. For example, one participant shared the healing role of storytelling and oral history:

"I think, building on, grieving like in my family, I think like storytelling is a big part of that, and like making sure, like we tell those stories. And so that's like something I've definitely noticed. It's like a way to cope with like grief is like people talking about like that person remembering that person, especially like that oral history." - Cheyanne, age 22

Additionally, another participant reflected on intergenerational journaling and writing practices and its benefit:

"And the last thing I'll add is maybe writing to a certain degree. So, whether that is journaling. I know my mom and my sisters and aunts, we, I thought I was weird because I have to make lists for everything like I have to get it out by head on some paper. I'm not talking about even typing it, I have to write it and that's something we all do." - Destiny, age 38

Emotional Expression. Some participants identified the healing benefits of emotions being permitted, allowed, and even encouraged. For example, one participant shared:

"And then as far as a person in my family, I do have an aunt, that's not blood related and, I mean her coping or just her healing was she, you know, went to church and she became like a, a mentor for some of the young people there and so, she just tried to convey how important it was for you to open up, not hold everything in because it has to come out one way or another. And so, she shared that with me too."- Joy, age 59

Additionally, another participant reflected on the healing nature of permitting, expressing, and communicating about emotions*:*

"I could just say like with again now having a family, all emotions are welcomed, you know. If I'm, you know, 'Mommy is crying cause she's sad today because she missed grandpa' or you know, I don't hide any emotion like we…it's okay, 'I'm gonna be okay, but right now I'm sad.' It's just important to express our emotions." - Angie, age 51

Just as a lack of communication emerged as a theme within intergenerational trauma, various types of communication were identified as relevant to intergenerational healing. Some intergenerational healing strategies include adopting or receiving affirmations to tell oneself when going through a difficult time. As a point of intervention, families may be able to index these types of phrases and affirmations unique to their lineage to contribute to continued intergenerational healing. Additionally, communication within relationships, including recognition and awareness of harm caused, as well as an openness to communicate were important factors that emerged in the context of intergenerational healing. Without these components of communication, it may be more difficult for some individuals to heal within different relational dynamics and thus may disrupt opportunities for intergenerational

healing. Additionally, consistent with historical methods of healing, narratives, oral history, and written communication also emerged as important aspects of intergenerational healing within families. It may be important to continue to promote these aspects of communication within families to further support efforts to disrupt intergenerational trauma. Intergenerational healing can also occur within the context of emotional expression and processing. Considering the adverse impacts that can result from emotional suppression, it makes sense that expressing and permitting emotions would play an important role in intergenerational healing. This can be another important point of intervention, specifically educating families on the importance of emotional expression and providing tools and resources to develop supportive environments for emotional expression.

Family

Various elements of family dynamics and interactions were revealed to contribute to intergenerational healing. Within this overall theme of family there are three focused codes including elders, togetherness, and showing up.

Elders. Participants shared healing experiences in caring for elder and describe a sense of closure they received in these relationships that contribute to healing and closure. For example, one participant described her experience of caring for an elder:

> *"I could chime in and say that I have not received any healing guidance directly.*
> *[But I did get more] indirectly, since I took care of the last [living] aunt…The one*
> *thing that she did say to me was 'Thank you.' And I didn't take it lightly…Taking care*
> *of her was hell and as I'm cleaning up stuff and just looking back at certain things*
> *that were in the home, it made a lot of sense. And again, I didn't take that thank you*

lightly. That was the main healing that I gained from that. And I just branched it off

into different things because it was a closure."- Briana, age 52

Another participant shared conversations shared between him and an elder:

> *"Towards the end, my, I sat with her for the last 3 or 4 days of her life, I can*
> *remember my grandmother saying, 'I knew you would make it,' you know. I think that*
> *was, since she had lost her two sons [to police and carceral violence], I think that*
> *was an achievement kind of for her, you know, and I think she saw the world*
> *differently after you know, she lost her son's, and so, like any male, I was the oldest*
> *male grandson. So it was, I think it was a point of emphasis for her to make sure that*
> *I didn't meet the same fate as her son's, and, and that was one of the few times that I*
> *saw her cry."* -Shaka, age 62

Finally, another participant shared her perspective on aspects of the healing mechanism within relationships with elders:

> *"I think in some ways what happens in our family is that as the elders get older,*
> *they're taken care of. So, it forces this level of like, dependency and closeness and*
> *way of being together that gives you the space to heal. Like you can't, you're not able*
> *to, like I think about like, grandmother, my mom's mom passed away October year*
> *before last, but she ended up having to live with my parents…And I just know that*
> *healing took place because now she's in the house and their relationship…they just*
> *had the space to do things that I just don't think would have happened, but that also*
> *just is what happens in our family as elders get older. They end up, unless they have*
> *to be like in a nursing home or what have you, they end up in somebody's house and I*
> *know there is healing there."* -Raven, age 44

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Togetherness. Spending time together either doing mundane tasks or celebrating together was central for many participants and their families to experience healing. Togetherness was described as intentionally gathering with family and friends to experience each other's company with an emphasis on not discussing trauma but rather spending time with one another. For example, one participant recounted her father's desire for spending time together to facilitate healing through closeness and time spent:

"[My father would] call and say, 'You comin over here?' you know, he always wanted us near him as he got older, not when he was younger because he was a military man too, served 22 years in the Navy so he was gone all the time then he worked for the shipyard and then when he retired… I think in his early sixties and then he always wanted us to come over the house on the weekend so I think that was part of, you know, maybe his way of healing from maybe things that you know, went down when we were younger." -Joy, age 59

Another participant shared that togetherness even in moments of conflict may contribute to healing:

"I think like when, like all the kids come together, like that's something that's really big, especially for like my mom, or like even my grandparents, like they just like wanna see like everyone together. And so, when everyone gets together like, there's just like something about it like we could still be arguing, but like they'll just be like smiling while we're arguing, or something like that, like just having everyone in the same room." -Cheyanne, age 22

Additionally, another participant shared the more mundane aspects of togetherness that contribute to healing:

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"I feel like within my like smaller nuclear family, like watching basketball together or watching movies and TV, like, I feel like me, my mom, my brother and my dad when he was alive were very heavy, like TV movie people. So, if I were to think about anything that would be like regular degular, everyday stuff, it would be like coming around to like, not necessarily talk, but like watch and do stuff together."- Ruby, age 30

Another participant shared the grander traditions and celebrations that contribute to togetherness and healing:

"I think our family reunions, I think it was a way to bring everybody together in a celebratory way, that wasn't like a funeral or something sad or somebody getting sick."- Raven, age 44

Finally, a participant shared the role of food in facilitating togetherness and healing:

"I'd say another sort of like a healing process for my family is Sunday night dinner. So like we all get together on Sunday night this is like not just my immediate family but like my aunts and my cousin and stuff we have a dinner and just kind of like, you know, have time to just mingle and just talk about our week and just things we've been going through, things that are stressing us out and …that like event gives us time to kind of distress, and, you know, find comfort not only in like our family, but also in food as well. So, like that's something we do as a healing process. It's doing our big Sunday night dinners."- Kayla, age 20

Showing Up. Some participants described the importance and healing experienced when family show up for one another. The act of "showing up" could simply represent presence or can be more active as demonstrated by advocating for another family member.

Showing up is being present and providing physical or emotional support and reassurance fostering security. For example, one participant shared:

"Showing up. You know, my dad didn't always have to, but he made sure that we spent equal time with him, and my mom, because they weren't together, but showing up, I think that was a big thing for him and for me."- Cheryl, age 51

Another participant described the healing experienced through her mother's advocacy:

"My mom advocated for me, in like a lot of ways like I think about when I was in elementary like, I was tested for the gifted program and I didn't pass and like she was like relentless on getting me in the gifted program like having them look at other assessments, questioning like their practices for how they thought about what gifted was like all those things."- Ruby, age 30

Additionally, another participant shared the willingness and support within showing up:

"Everybody is always willing to help out everybody when it comes to events when it comes to celebrations, or if someone's in need of anything."- Darian Focus Group 3

Finally, another participant reflected on the "it takes a village" aspect of showing up:

"And I think, for my family, especially on my dad's side, those men rallied around each other, rallied around all of us, and they stood strong for everything. And like I said, it may not one…may not be one person that could provide financial support, but as a group they would." - Cheryl, age 51

Resilience. When asked about strengths within the Black community many participants shared a similar acknowledgement of the presence of resilience and stoicism despite challenges with trauma. For example:

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"I think one that I would think about is resilience. In particular…just being in this

country and dealing with, you know things that are ancestors have dealt with the

constant fighting for equal rights and even after the fight of equal rights, you know

standing up and ensuring that those equal rights are honored I think the black

community, you know, shows resilient to that matter."- Destiny, age 38

Another participant reflected on how resilience was modeled within her family:

"And that's what I saw growing up. It was no matter what was going on, when my

father's mother died, when my grandmother passed a couple years ago, when he was

having a terrible time at work if I overheard arguments between him and my mom it

was 'I'm gonna get up and I'm gonna go to work the next day and I'm going to get

over it.' And that was a lot of the socialization that I had was that you know,

you...something happens you get up you get over it and that's what I saw."- Imani,

age 21.

Within the theme of family, elders, togetherness and family connectedness through

"showing up" were relevant aspects of intergenerational healing. Of particular note was the

significant emotionality related to discussing the role of elders in intergenerational healing.

Although many of these relationships with elders are ripe with tension and complexity, they

also seem to provide an unfathomable opportunity for deep and intense healing. This is

especially true in the context of aging where the role of elders shifts from providing ancestral

knowledge and support to one of dependence. This type of dependence calls on families to

come together and "show up" for one another as they do in many other instances that also

provide healing. Additionally, non-kin or chosen family are also important aspects of family

that can contribute to intergenerational healing. Finding ways of continuing to foster this type

of familial support and connectedness will remain important aspects to furthering intergenerational healing. Furthermore, resilience was a consistent factor across all focus groups which contributes to the overall ability to engage in intergenerational healing. Without the resilience embodied across generations within Black families, intergenerational healing would be inaccessible. Resilience and instructions for survival together serve as a foundation for intergenerational healing.

Coping Practices

A range of coping practices were shared that are utilized to support healing. Some coping practices were modeled by previous generations, some were explicitly encouraged, and some were adopted by the current generation as a result of a lack of adaptive coping strategies modeled by previous generations. Within this theme there are a total of nine coping strategies including meditation, spending time alone, creativity, spending time in nature, psychotherapy, gratitude, humor, service, and bodily movement.

Meditation. Participants described this healing practice that they observed in others or began practicing themselves as a mind and body practice focused on relaxation, deep thought, or becoming present either in the traditional sense of meditating or engaging in meditative tasks. For example, one participant shared meditative practices his family engages in:

> *"I agree with that my parents, my family, they did the same thing... you know, its cooking, its gardening, it's all that stuff that kinda eases your mind off it, and everything, something that like calms you and calms your nerves…I don't remember them, I haven't really had anybody really like put their arm over my shoulder and been like, 'Hey, everything's gonna be all right.'…or even like giving messages and*

stuff like that. It's just not how my family does it…That could be part because I don't

really like talk about a lot of my stuff like that. But like at the same time this is just

how I saw them handle things."- Darian, age 33

Additionally, another participant shared more traditionally meditative practices that was

passed between generations:

"Breathing exercises and the kind of zen kind of things my grandmother would

show me, you know, when I'd get totally exasperated, slow your breathing and you

know, kind of try to center yourself you know, get somewhere quiet, that came in

handy a lot actually you know, not to, you know lose yourself in what's happening at

the time you know. Yeah, just to be present in the moment. And that, yeah, that helped

a lot."- Shaka, age 62

Alone Time. Some participants identified that spending time alone was an important

part of their healing or recognized this was part of family processes in healing. Alone time is

the process of spending time independent of others to decompress or process emotions. For

example, one participant explained:

"I don't think I get to observe people heal in my family that frequently, so I think

to me that says, like the tradition, is to do it by yourself…I don't have a lot of

examples of like watching people heal per se. So, I guess, like I'm using that to say it's

happening individually…That's something I picked up, I guess, without even

realizing. I used to often cry in my room by myself, or like would prefer even now as

an adult like I'm married and there are instances where I have to shake out of my

default to go away and cry about it, cause that's what I do like, I go away, cry about

it, come back renewed, or like, ready to go again, but not really, but I like, go do the

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thing, and then like try and show up as my best self again. So that's probably what

*everybody else around me was doing too." -*Ruby, age 30

Another participant shared her observation of her grandfather's use of alone time:

"For my grandpa was definitely playing cards solitaire just probably being

*alone."-*Paige, age 22

Additionally, another participant reflected on his use of alone time as coping:

"For me, like I'm always around people, I'm very sociable, but like when I cope,

when I need to like, actually go through something, a majority of time, I will go do

something alone, because it eases my mind. So, I'll go fishing, I'll go see a movie by

myself."- Darian, age 33

Finally, another participant shared the intergenerational transmission of using alone time
to heal:

"I have one parent who is a man who shuts down is very quiet, which is more my

way of coping, which I learned from him kind of non-verbally, is that when he's upset,

he disappears and that's me if I'm…something that's bothering me if I'm going

through something, I disappear."- Imani, age 21

Many participants highlighted the utilization of spending time alone as a method of
healing and processing. Participants emphasized a variety to tasks that they engaged in alone
that contribute to their individual coping and or healing. Additionally, many participants
indicated that they may have learned this by inferring this is what others were doing to
cope/heal or observed other family members taking time to be alone to process or heal.

Time in Nature. Participants also reported healing practices included turning to nature. Specifically, healing by engaging with the elements to recenter or ground oneself. For example, one participant reflected on time spent fishing with family:

"Yeah, I know my family likes to go fishing sometimes. So that's always nice a way to bonding us and gathering us together."- VMarie, age 44

Another participant reflected on his observation of previous generations engaging with nature:

"I'd say my uncle's was definitely gardening, you can tell when he's out there like, like digging holes and everything, you can tell something's wrong, and even says it himself he's like, like, 'yeah, whenever somethings wrong, just leave me alone, I'm gonna go out there have me a beer and just do my gardening.'"- Darian, age 33

Another participant shared their healing experiences with nature:

"Getting out and get some sun for me as a kid, I always loved water so like we will go swimming at the beaches and the lakes. So, when it gets warmer here, I wanna do that because I know being, it's something about being in nature, that electrical charge you get hugging a tree, you know, bare feet on the ground. It all helps the process of healing."- Red, age 35

Participants shared that they experienced healing through spending time in nature. This time could be alone or in community with others but the process of connecting with the elements was the significant commonality that played a role in coping or healing.

Gratitude. Several participants described connecting to feelings of appreciation for family or receiving thanks or acknowledgement contribute to healing. One participant described the power of her gratitude for her family:

"I have a legit obsession with my parents which I think goes back to just that level of gratitude and thankfulness because I don't have any children and I can't imagine at my age now even having children, like parenting is some work. And so, the older I get and the more I see, I'm like I'm just grateful for all you've given and all that you all were going through. Raven, age 44

Another participant shared the healing properties within receiving gratitude from other generations:

"I would agree that there is something very powerful about gratefulness. So, it's not necessarily, I don't know if it's something I learned from my parents for healing. But it's something I can point out as being the primary way I heal… it's a 'Thank you', it's a hug, it's a 'I appreciate you.' I guess it goes back to Raven, talking about that productivity, that this thing that I did for you was helpful or even if it's not just saying I appreciate that you tried… I would say that that appreciation and gratefulness after I've had a productive day of work or after I've done something that's meaningful to me for another person knowing that they appreciate what I did is very healing"- Imani, age 21

Creativity. Participants described the reliance on resourcefulness and innovation as part of adaptation toward healing. For example, a participant reflected on the use of creativity toward survival and resiliency:

"So, it just goes to show that even in the darkest of circumstances, the resiliency in a people come through, you know, and I think the cultural and artistic development is one of the key ways that we've survived this long. I think the creative mind is part of the survival mechanism."- Shaka, age 62

Additionally, another participant shared the various ways previous generations utilize creativity to care for self and others:

> *"I think I come from some creative people that um, my aunts, an artist and my other aunt, had a little restaurant, and my dad grew vegetables in our backyard. So, I think those are, those are, you know, lessons about what it is to care for self."*- Tabitha, age 48

Humor. Some participants described the use of jokes to bring levity or a comedic perspective to the healing process. For example, one participant reflected on her family's use of humor as coping and healing:

> *"I don't know that I always have an appreciation for this, but it is a strength and that is levity, bring in laughter, bringing humor, when its the least ideal time if I'm being honest and sometimes, the most appropriate time right? Humor is central to my family and the older I get and the more we you know, process trauma deal with things or just as life happens, [laughs] knowing that there will be humor, laughter, levity…I'm appreciating it as a strength and seeing it more of the strength now than I think I have in the past."*- Raven, age 44

Additionally, another participant reflected on the use of humor in the face of difficulties:

> *"Jokes is a way that we try and move through stuff."*- Ruby, age 30

Humor was described by participants as way of processing painful or difficult material, to counteract the degree of suffering and bring levity back into an experience. This coping strategy was sometimes regarded as difficult to receive in the moment, but retrospectively, participants connected to the overall benefit of the use of humor.

Movement. Participants describe the use of exercise or body work as source of personal and collective healing. For example, one participant reflected on the importance of body work toward healing:

"I do just different things massages, all of that still helps me, because you know the body still, remembers the trauma, right? So even if rationally we're okay, the body will still react to things that you…it's 20 years ago. So, yeah, I really value my physical health and my emotional well-being."- Angie, age 51

Additionally, another participant reflected on physical movement in partnership with her grandmother:

"Okay, I would say, me and my grandma would go on like walks together. Whether that was going to like the post office, whether that was going to the nearby park or something. Cause we would, this was in San Francisco, so it would be like the hills and stuff like that. So just like even like enduring like up and down, like kind of there, just like the peacefulness."- Paige, age 22

Finally, another participant reflected on her use of physical activity to process emotions, cope, and heal:

"Growing up healing and my coping was sports and movement, like the first time I played a sport I just felt like empowered and like no one can tell me anything.... I remember in high school I was like the best defensive basketball player, I couldn't score very much, but I was on the court because I could guard the best player, and I was known for being this like aggressive, tenacious athlete, and that's how, even to this day you know, I value my workouts. I put everything into it because I feel like it

saved me from just what could have been, you know, chaos and craziness."- Angie, age 51

Service. Some participants shared personal healing experienced by engaging in volunteering or helping others. For example, one participant stated:

"Volunteering has been very healing for me."- Tabitha, age 48

Another participant shared the healing she experiences in helping others:

"I'll just do, you know, different things to keep my mind and my spirit feeling like I'm giving back, or like I'm helping other people break the curse, not the curse but, you know, the trauma and do better with their life by my example, or something."- Angie, age 51

Finally, another participant reflected on the importance of volunteering within Black communities:

"I also do a lot of stuff for my community here, so for the black community, I try to do as much as possible, because it just kind of fulfills me. So, it kind of really makes me happy to curate and facilitate and create spaces for black people that will make them happy. I just like seeing smiles on black people's faces out here, especially at a PWI."- Mya, age 22

Therapy. Some participants indicated that formal psychotherapy has been integral to their healing. For example, one participant reflected on her use of therapy and its impact on previous and future generations:

"I think I'm probably the only one in my immediate family, those who I talk to, who is in therapy open about it...I talk very openly about it. I normalize my therapist's name and the work that we do because I want to normalize it. But I also

know that that just puts me in a different light in my family. And that's...I gotta deal

with that, right? But that's a part of, you know, the healing that I'm having to take

ownership of. When I think about what that can do for generations that have come

before me and the generations to come after me." -Raven, age 44

Furthermore, some participants also shared that they were encouraged or guided by elders

to start therapy which they found to be very helpful and important.

Productivity. Participants identified productivity as a common form of distracting

from or even transmuting suffering into more effective output. For example, one participant

reflected on family use of productivity as healing and coping:

"Productivity is coping in my family. The more you do, go, staying busy, taking

on extra things, other people's stuff or problems is how we just cope with a lot of,

that's a part of coping and maybe even healing."- Raven, age 44

Another participant shared guidance from her mom to turn to productivity as a healing

process:

"If I was dealing with something that like triggered me or something is like

making...what my mom says is like, 'Turn that anger into productivity.' It's like, take

that, you know my anger, and put it towards something that's gonna be productive

towards you and that's gonna help you. So, I would say, just like channeling that

energy into something different. It's kinda like a healing process." – Kayla, age 20

Instructions for Survival. Many participants reflected on specific directions they

received from family often aimed at protecting and sustaining life. Specifically, instructions

for survival is protective ancestral knowledge about how to care for self, family and

community and without these instructions for survival we may not be able to access healing

and thriving. For example, one participant reflected on instructions for survival during police interactions:

"I think it was more pronounced with me, being a younger male at the time, because it seemed to be a life extending kind of advice. You know, you know, if you wanna make it past a certain point, or you get through a racist situation, this is how you behave, you know you don't look them directly in the eye. You say 'Yes, sir, you say no, sir.' Okay, and try to set an example of that you're harmless, you know, because if you become a threat in any kind of way, this what you get, you get shot on a terrace or shot at a podium or shot down in the you know, you can get shot down on a traffic stop." - Shaka, age 62

Another participant shared generational guidance on "toughing it out":

"Me, coming from a family with a bunch of older people, grew up with that mentality, you know, you don't, you don't share your feelings, you don't, like you're just gotta be, they teach you, you gotta tough out everything." - Darian, age 33

Finally, another participant shared:

"I feel like with my family and the other side of my family being from like South Carolina, like I was kind of taught like more so like, keep your head down a little bit like you just show through your merit why, you deserve to be there, and I think for that like it just it was like a kind of like mindset of like you just work hard, but I'm not." - Cheyanne, age 22

Although there was a resounding consensus that there was a lack of explicit guidance to heal, many participants were still able to identify coping strategies that they observed other family members engage in or strategies they implemented themselves to manage the effects

of intergenerational trauma. Productivity especially among female-identified participants was noted to be an important part of coping with and healing from intergenerational trauma. This was both modeled and encouraged by previous generations and many participants engaged in keeping busy as a form of distraction or avoidance. This productivity serves an important function of contributing to one's family or taking on tasks that can improve one's circumstances, thus it is more than just an avoidance strategy. Transmuting emotions or situations through productivity can be an extremely important form of intergenerational healing especially when paired with additional intergenerational healing strategies. Additionally, instructions for survival have provided necessary life preserving guidance for centuries. Some of these instructions for survival may also contribute to intergenerational trauma, however, this theme is categorized within intergenerational healing because in many contexts without these instructions, survival could be compromised thus intergenerational healing ceases to exist. It is important to highlight the adaptive function of these instructions for survival. This ancestral knowledge may need to be adapted to retain the life extending nature of these messages and forsake the components that contribute to intergenerational trauma.

These coping strategies are important to identify to understand specific strategies that are already being implemented to address the impacts of intergenerational trauma. It may be helpful to support families and individuals in identifying their own coping practices unique to their family and what those practices may contribute to intergenerational healing.

Positive Aspects of Parenting

Parenting received or experienced during development may have contributed to intergenerational trauma and as a result encouraged changes within personal parenting

practices. Within this theme of parenting there are two focused codes including parenting the next generation and intentional change. Both of these subthemes highlight behavioral changes in parenting that serve to disrupt intergenerational trauma as well as contributes to healing.

Parenting the Next Generation. Some participants discussed a focus on equipping the next generation with healthy values and skills to break previous unhelpful generational patterns as part of healing. For example:

"I've talked with some of my girlfriends at times, and we've all talked about, you know, things that we were lacking and missing during our childhoods that we try to make sure that we include in our children's childhood. I think for me, that is the healing, you know, it's making sure my child has better than what I started with. I think that is the best way. It's kind of like an unspoken, you know, healing journey that you just recognize that you just need to do better and, and put your best foot forward so that your lineage can start to succeed in a positive way."-VMarie, age 44

Another participant shared messages she received about parenting and how that impacted her parenting practices:

"I remember [my dad] telling me like, make sure like, no matter what Jamal does, that's our son, because he was very, he's still a vibrant kid, but he was like, 'Don't break his spirit, don't do what happened to me, like whatever you do, however, you discipline him, just make sure you don't break his spirit.' ...and so even though he was still very avoidant, and standoffish, he would kinda drop little hints of clearly, he was broken, and he didn't know how to resolve that and I remember just when he was passing I had so much compassion for him, because I'm like he, he could never

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forgive himself. Like it just hurt my heart that he couldn't forgive himself for all of

that, and never really was completely happy again, you know, but glad that he had his

grandbabies. And all they know is good, grandpa, they don't even know, you know

this part of him"- Angie, age 51

Intentional Change. Many participants described the healing experienced by noticing unhelpful patterns of behaviors and becoming intentional about not perpetuating those patterns further within their lives or families. For example, one participant shared:

"I'd say like, like the generations my parents are in, and the generation of like

family that I have that's around my age and stuff have been becoming a lot more open

to a lot of things they talk about today, and they still carry down the traditions left by

the older folks, but they kind of leave all of the stuff that isn't too good behind."-
Grace, age 23

Another participant reflected on intentionally discussing things with her children since this was not what she experienced growing up:

"And as far as the healing part of it, you just don't discuss anything. So, I was

totally different with my children. You know, you can tell me anything within reason. I

don't want you to hold anything in because it's gonna come out one way or another.

And so, we're very close, but then again I, you know, paved the path for them one way

and then they chose a different path because the environment. But my love for them is

unconditional. And they know that.."- Joy, age 59

Surprisingly, the negative impacts of the aspects of parenting that contribute to intergenerational trauma transmission also inspired parenting practices in subsequent generations that contribute to intergenerational healing. These intentional changes in

parenting serve as corrective emotional experiences breaking cycles of intergenerational trauma through the parents own healing as well as by providing new experiences to the child. Many of these intentional changes are implemented in direct opposition to what the participants perceived as trauma or harm they experienced in their own parent-child dynamics. Continuing to encourage critical reflection about how a new parent experienced their own parent in childhood provides a unique opportunity to make different choices in their approach to parenting that may provide healing and closure to themselves as well as disrupt the perpetuation of intergenerational trauma through parenting.

Faith

A primary theme of healing intergenerational trauma includes faith. Specifically, participants described the role of organized religion, God, and religious belief has contributed to intergenerational trauma and have been a significant aspect of healing modeled and encouraged by previous generations. Additionally, some participants highlight spirituality outside of organized religion as being central to healing.

Organized Religion and God. Many participants shared a primary form of familial healing related to believing and trusting in something greater than oneself or a higher power either speaking with God or attending church. For example, one participant discussed religion and God as a major part of healing for women in the family:

> *"As far as my mother, even grandmother and aunts, for healing, is they just really pour themselves into their faith, and not like just religion but you know those conversations with God that Grace was talking about."*- Destiny, age 38

Another participant reflected on her mother's conversations with God as a source of healing:

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"My mom was really adamant on talking to God. And not necessarily like praying, but kinda like anytime, just like when she's at her lowest when she just doesn't feel all the way good or she's just needs someone to talk to, sometime she'll just talk to God. That's like one of the things she kind of adapted over the years. It seems to work well for her, but I feel like this is a part of like her healing."- Grace, age 23

Spirituality. Participants shared personally engaging in practices and rituals outside of organized religion not necessarily shared with other family members. For example, one participant shared her spiritual practices related to chakras as part of her healing:

"And I also, I'm trying to look within my chakras a lot more. So, I try to connect to the spirits a lot more, not like in a scary way, but in the more spiritual aspect."- Mya, age 22

Additionally, another participant emphasized her spirituality as part of her healing outside of the context of religion:

"I think one of the biggest things like I said, I'm spiritual. I believe in God; I celebrate the universe. I talk, and I'm still blessed and divinely protected."- Red, age 35

Faith emerged as a central theme that contributes to intergenerational healing. This method of healing was modeled by many generations, and this was the most directly encouraged healing method by other family members. In terms of holistic and culturally informed healing approaches faith remains of paramount importance and this appears to be true for intergenerational healing as well.

Identity

Identity development and bolstering self-esteem were noted as contributing to intergenerational healing. This includes messages and practices instilling pride as well as an emphasis on education to foster a positive self-image.

Pride. Some participants described the value of a strong sense of self and honor within black identity often instilled by others especially despite hardship. For example, one participant reflected on ways family encouraged positive self-image development:

> *"Well, in my particular family, which wasn't necessarily the norm, there are a lot of, in the sixties there was a lot of Black Panther influence. My granny made me a big fan of Malcolm X and a lot of the other leaders at the time that gave me a positive self-image from early on, you know."*- Shaka, age 62

Another participant highlighted the importance of instilling black pride in her son:

> *"I try to share with my son now is that you know love, who you are, love yourself, you know. Like certain people have a lot to say about young black men, and so I always want to encourage him to look at yourself like you are the greatest thing, from your hair to your skin, to just everything about you. Embrace your blackness and be okay with it, whereas others may be uncomfortable with it, you know, you learn to love it, and I think that's important. I think that's a hard thing sometimes for black women or black men, you know. Where is it from our hair, how we wear our hair to, you know, just covering up parts of our identity, you know, that we feel is not as acceptable for other cultures, you know. So, I think that's important to understand who he is as a person."*-VMarie, age 44

Finally, another participant reflected on a lesson from her grandmother that helped empower her identity:

> *"My grandma bought me a really thick dictionary when I was kid and the way it described black, it was like 'Nigger,' which I'm like, 'Wow,' she was like, 'Yeah, I bought this because I want you to understand what they're telling you about you, because I don't want you to think that you are this.' That really made an impact on me."*- Red, age 35

Education. Participants reflected on the familial emphasis on pursuing a formal education or gaining knowledge as a way to heal. For example, one participant shared the importance and encouragement of formal education attainment:

> *"Me and my generation are all first generation, you know, beyond high school, college, graduate school. These weren't things necessarily discussed explicitly, but it clearly had an impact on me and you know decisions I made and some of my cousins, other folks in my generation. My paternal grandmother y'all, even though we never really talked about it, she would always prioritize education for us. 'Get your education baby, you have to go to school, you gotta get your education.' Making sure her kids finished high school, and her grandchildren. She was going to be at our college graduation early, she was at my bachelors, my awards like she was always there because there was a value in what she didn't have and what she wanted to make sure we had and so it's really an interesting, relationship.* - Raven, age 44

Finding ways to fortify one's identity and self-esteem emerged as another mechanism for healing intergenerational trauma. Specifically, connecting with a sense of pride as well as an emphasis on formal and informal education support intergenerational healing. Instilling

self-love and pride in one's identity helps facilitate resilience in a world that systemically devalues Black people. Furthermore, many families encourage the pursuit of education both formal and informal as another way of reinforcing resilience.

Summary of Intergenerational Healing

A total of six intergenerational healing themes emerged from the focused groups. These themes include Communication (openness, affirmations, recognition/awareness, accountability/apology, narratives, and emotional expression), Family (elders, togetherness, showing up, and resilience), Coping Practices (meditation, alone time, creativity, time in nature, therapy, gratitude, humor, service, movement, productivity, and instructions for survival), Positive Aspects of Parenting (parenting the next generation and intentional change), Faith (organized religion and God, and spirituality), and Identity (pride and education). Together these themes provide insight into methods of intergenerational healing that have been passed across generations as well as those currently employed to facilitate intergenerational healing. These themes highlight some of the strategies and approaches present day African American's are engaging in to disrupt the cycles of intergenerational trauma. By accessing what families are already doing to break cycles of intergenerational trauma and heal, we can inform the development of interventions to share with other families and healing professionals.

CHAPTER 5

Discussion

Despite the advances in intergenerational and historical trauma research there is a dearth of intergenerational trauma and healing research among African American communities. The current qualitative study explored patterns of intergenerational trauma and healing among Black Americans. Specifically, the present research extends the research of Henderson and colleagues (2021) by documenting present-day experiences of intergenerational trauma and healing. The aim of this project was to utilize the collective wisdom of the Black American community to better understand how trauma may be transmitted within families along with healing. These insights are important in disseminating ways African American families can continue to disrupt intergenerational trauma patterns and fostering insights for clinical interventions for intergenerational healing.

Intergenerational Trauma

Mental Health

Mental health challenges were discussed throughout focus groups including substance abuse, anxiety and fear, and rage. Participants discussed these mental health challenges as not only a symptom of intergenerational trauma, but also a maladaptive coping strategy for intergenerational trauma and a contributor to the cycle of intergenerational trauma. These reports are similar to findings among other populations including descendants of holocaust survivors, Native Americans, and descendants of refugee populations (Rakoff, 1966; Braveheart, 2003; Isobel et. al., 2019; Sangalang & Vang, 2017). Specifically, among Native American populations substance use as an attempt to self-medicate and avoid painful emotions was associated with intergenerational trauma (Rakoff, 1996). Additionally,

descendants of holocaust survivors and refugees demonstrates significant levels of anxiety and experienced challenges with emotion dysregulation even though it was their parents or grandparents that directly endured the atrocity (Rakoff, 1966; Rowland-Klein & Dunlop, 1997; Sangalang & Vang, 2017).

Substance use emerged as a subtheme for the mental health challenges associated with intergenerational trauma. Substance use, and substance abuse in particular, can facilitate as well as exacerbate intergenerational trauma by disrupting parent-child relationships, disrupting parental functioning, and increasing the odds of poverty (Isobel et al., 2019). Trauma and intergenerational trauma can impact the behaviors survivors engage in, such as self-medicating through substances (Weiss et al., 2020). Furthermore, experiences of structural discrimination have been linked to decreases in help-seeking behaviors which may explain the self-medication via substances (Kelly, et al., 2022). Given the experiences of ongoing oppression and discrimination, some research also suggests that the relationship between trauma and substance abuse can be more pronounced among marginalized communities including Black and Indigenous populations (Cross et al., 2015).

Anger also emerged as a subtheme within mental health related to intergenerational trauma. Anger is suggested to be an evolutionarily adaptive emotional response to threats and can mobilize a response to the threat, however, racial contexts have shifted the accessibility and acceptability of adaptive anger expression. This societal intolerance has led to greater overall internalized anger to maintain safety and simultaneously may have led to increases in externalized expressions of anger within families (Johnson & Greene, 1991). It is suggested that Black Rage is an adaptive transgenerational mental construct aimed to protect dignity and self-worth in the face of daily devaluation and degradation. However, if internalized and

not mobilized in an adaptive way toward social injustice, this rage can become dysfunctional. This can lead to depression, self-destructive behaviors, substance abuse, suicide, and violence (Stoute, 2022). Furthermore, within the context of Aboriginal populations, unresolved anger is a potential effect of intergenerational trauma, and the current study suggests this may be true among this sample of African American (Gaywsh & Mordoch, 2018).

Additionally, fear and anxiety emerged as a subtheme within the nexus of intergenerational trauma and mental health. Among mice studies, it is evident that there are biological determinants of trauma transmission especially central to fear conditioning (Dias & Ressler, 2014). This was even true across two generations removed from the threat exposed parent mouse. This biological transmission may help explain the intergenerational transmission of fear and anxiety described in the current study. Additionally, a recent study of African American mother-child dyads found that maternal trauma directly impacted a child's ability to modulate physiological fear responses independent of the child's own trauma history highlighting the biological legacy of fear among this population (Stenson et al., 2021).

An overwhelmingly consistent report from most participants when asked about messages related to healing was that they did not receive any explicit messages about healing. Given the foundational nature of this research, this is a new finding not directly supported by existing research. However, connections may be made between this lack of explicit guidance to heal and silencing communication as described by Dalgaard and Montgomery (2015). Silencing is the selective avoidance of communication related to trauma and has been found to temporarily mediate trauma transmission across multigenerational

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refugee families. This communication strategy of silencing is important to pair with modulated communication or the age-appropriate sharing of experiences as well as open communication unrelated to trauma (Dalgaard & Montgomery, 2015). Guidance to heal may occur independent of disclosing of personal trauma from a parent but may also be addressed through modulated disclosure or the age-appropriate sharing of a parents' lived experience. This may include sharing what someone has learned through their experience of trauma or what they wish they could have done differently. These conversations may reveal insight to the psychological and behavioral impacts of intergenerational trauma within families and provide an opportunity to discuss alternative ways of living for future generations.

Communication

This current study identified domains of communication that may serve as a transmitter of intergenerational trauma including lack of communication, dismissal of experience, and secrets. Specifically, participants highlighted the difficulty of navigating experiences when there is an explicit lack of communication related to trauma, this was especially true for keeping or encouraging family secrets. Furthermore, and possibly more painful, participants shared a significant degree of harm experienced intergenerationally through having their own experiences dismissed or minimized by elders. Although the communication strategy of minimizing or dismissing someone's experience may be an attempt at providing perspective or even an attempt at regulating one's own emotions if they are presented with a challenge they cannot change, it nevertheless causes harm and, in this context, has been identified as a contributor to intergenerational trauma.

Some of these communication patterns are consistent with communication style categories observed in trauma transmission among multigenerational refugee families.

Specifically, Dalgaard & Montgomery (2015) identified open communication, silencing (selective avoidance of communication), modulated disclosure, and unfiltered speech as central to effective intergenerational communication and conversely, a lack of communication contributes to intergenerational trauma. Furthermore, modulated disclosures focusing on age-appropriate sharing led to more well-adjusted descendants as compared to other forms of communication once again highlighting the deficits a lack of communication may promote. Among the current participants the reported lack of communication, dismissals, and secrets align with silencing or unfiltered speech patterns evident in intergenerational trauma transmission of refugees. This is another opportunity for intervention with mental health professionals and other community stake holders to facilitate more intergenerational communication to support intergenerational healing.

Aspects of Parenting

The current study generated four specific categories of parenting behaviors or interactions that may contribute to the transmission or maintenance of intergenerational trauma. Specifically, themes related to discipline (caregivers' use of physical punishment), lack of displays of affection (how love was shown within the family and the harm experienced by lack of emotional and physical intimacy), colorism (strain within family dynamics often due to internalized preference toward skin tone and features closer to whiteness), and racial socialization (challenges experienced related to racial socialization in relation to promotion of mistrust) emerged from various focus group discussions. It is important to acknowledge the context in which these parenting practices develop. Parenting practices have both individual and sociocultural determinants (Lewis, 2019). Within the context of sustained and continued historical and intergenerational trauma, effective

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parenting strategies aim to fight for the survival of their child. According to Lewis (2019; p. 46), "traumagenic protective parenting practices" may be triggered by stereotypes and biases, police, violence, and traditions. It is also important to note that while some parenting practices may have been reported to contribute to intergenerational trauma these same experiences encouraged changes in subsequent generations to actively avoid continuing cycles of harm.

These domains may help support more targeted interventions to ameliorate or prevent intergenerational trauma transmission. Furthermore, examining practices of physical discipline and how affection is expressed in black families may be specific targets for intervention as some participants articulated the particular harm these two aspects of parenting have on their functioning. This seems to be in line with preventative research that identifies resolving parental trauma as a mechanism to intervene in intergenerational trauma transmission (Isobel et al., 2017). Additionally, although most research points to racial socialization remaining a protective factor for many African Americans (Anderson & Stevenson, 2019), this study may support that promotion of mistrust and pressures by family and community to be "black enough" may also contribute to or be a symptom of intergenerational trauma. This may represent what Dr. William A. Smith (2023) defines as Afropenia or the micro and macro anti-Black psychological attacks that create perceived deficits in a person's Blackness or African American identity. This can lead to experiences of racial battle fatigue (the psychophysiological stress response to racial oppression), alien-self disorders (rejection of an individual's natural dispositions and denial of the reality of sociopolitical oppression), or anti-self disorders (in addition to alien-self disorder, actively maintains negative view of in-group) (Akbar, 1991; Smith, 2023). Among decedents of

holocaust survivors, parenting style was also a significant contributor to intergenerational

trauma. In this context, however, there was an emphasis specifically on "extreme over

protection." (Rowland-Klein & Dunlop, 1997, p.362). Additionally, descendants of holocaust

survivors also identified psychological impacts of promotion of mistrust specifically

translating into wariness and suspicion of the world (Rowland-Klein & Dunlop, 1997). This

ancestral knowledge of mistrusting White and non-Black counterparts has historically been

necessary for protection and survival yet has been described as stress inducing or challenging

to process and integrate into daily life. All of these aspects of parenting likely emerged as

adaptive strategies in attempts to ensure survival throughout history, however, these

strategies within parenting may no longer be fulfilling that same function but rather

contributing to harm and the perpetuation of intergenerational trauma. Furthermore, these

aspects of parenting may be important points of intervention to target in order to alleviate the

impacts of intergenerational trauma.

Societal and Familial Expectations

Societal and familial expectations by way of gender roles or the encouragement of

hyper-independence also emerged as relevant to the transmission of intergenerational trauma.

Participants in the current study identified aspects of messages of gender socialization

including the encouragement of hyper-independence among Black women and behavioral

expectations for Black men. Specifically, the expectations imposed on individuals through

their gendered experience whether it be expectations of Black men to assume particular

characteristics to survive police encounters or the encouragement of Black women to

maintain hyper-independence in relationships. The aim of both of these expectations is to

achieve self-preservation in a volatile environment and this nexus of Black identity and

gender may be linked to intergenerational trauma. According to Harris-Perry (2011) these gendered experiences for African American woman can be traced to the sexual, physical, and emotional systemic exploitation of enslaved Africans. Harris-Perry (2011) says that African American women are at the "nexus of racialized, gendered, and classed dis-privilege" (p. 16). This experience can be traced back to the systematic exploitation and the sexual, physical, and emotional victimization of African slaves. As such these domains of societal and familial gendered expectations may be transmitted across generations explicitly and implicitly as a result of trauma and may further perpetuate intergenerational trauma.

Instability

Themes of instability across relationships, finances, and/or marked by moving or fleeing also emerged as relevant to intergenerational trauma. Some participants described instability as a result of abruptly moving as a result of trauma as well as a contributor to trauma transmission. Some participants in the current study shared that their family had to move following a traumatic event. And while participants shared that these traumatic events alone were difficult to manage, they also described a persistent concern for safety and security resulting from the instability in this type of abrupt change or move. This trauma-related instability was also highlighted by lack of financial support and stability. Specifically, participants in the current study described the challenge of limited resources and the strain it put on parents and elders to provide financially limiting their physical presence in the home. Furthermore, full population tax and Census data supports long-standing evidence of greater rates of intergenerational downward mobility among African Americans with Black children falling below their parents' relative income position as compared to their White counterparts (Chetty et al., 2019). Bombay and colleagues 2009 write extensively about the enduring

impact of intergenerational trauma among Indigenous Peoples in Canada including its relationship to poverty, however, this relationship is complex and remains unclear. While the relationship may be unclear recent research has begun to explore the development of trauma-informed financial literacy as one way of combating the financial impacts of intergenerational trauma (Nur et al., 2022; Jorgenson, 2020).

Many participants in the current study identified elders as living in survival mode as well as some participants themselves living in survival mode. Furthermore, participants described the fatigue and burnout related to feeling as though they are just surviving and not thriving. Additionally, this state of living in survival mode was identified as a barrier to intergenerational healing as participants shared that the focus on surviving takes precedence to thriving and healing. A novel contribution of the current study is the documentation of the role of intergenerational trauma leading to individuals living in survival mode. According to Dr. Raquel Martin (2023), survival mode is a stress response in which your body is responding to chronic stress. By extension, this may also be true for intergenerational trauma. Manifestations of living in survival mode include low frustration tolerance, difficulty focusing on the future, elevated sense of urgency, constant exhaustion, and decline in executive functioning (Martin, 2023). This phenomenon of living in survival mode may be partially explained by intergenerational trauma transmission. For example, a recent metanalysis of intergenerational trauma among Holocaust survivors found greater cortisol levels among offspring of survivors and heightened vulnerability for stress in the face of actual danger or threat (Dashorst et al., 2019). This may be a similar experience among African Americans. The current study highlights the possible impact of intergenerational

trauma as preventing those that experience this sect of trauma from thriving and requiring them to remain in survival mode.

Intergenerational Healing

An important contribution of this study is the exploration of intergenerational healing. As it has been confirmed throughout research that trauma can in fact be transmitted across generations via genetic and psychosocial means, this research postulated that within the context of African American families, healing must also be transmitted across generations. Despite the insidious brutality of the oppression, discrimination, and racism African American families have been subjected to, this community has persisted, survived, and thrived. This current study defines intergenerational healing as the practices shared across generations to support healing from intergenerational trauma as well as practices adopted by an individual to facilitate healing from intergenerational trauma. The current study identified a total of six themes of intergenerational healing including Communication, Family, Coping Practices, Positive Aspects of Parenting, Faith, and Identity.

Communication

Several domains of communication emerged related to intergenerational healing. Specifically, affirmations, recognition/awareness, openness, accountability/apology, and narratives were discussed as contributors to intergenerational healing. Some participants shared affirmations they received from family or that they generated themselves to contribute to healing. The practice of employing affirmations has been used widely in healing practices especially within Eastern-Medicine practices (Levin, 2008). This practice may also fall within the scope of mindfulness practices. Additionally, family recognizing or acknowledging harm within the family was reported to contribute to healing across focus

groups. It makes sense that this would be a critical part of intergenerational healing as we cannot heal what we cannot acknowledge and as such healing requires recognition (Bryant-Davis, 2007). Beyond recognition and acknowledgement of harm, participants also identified accountability or apologies as healing. Furthermore, even a degree of openness in communication even if it is not related to discussing intergenerational trauma was regarded as a contributor to intergenerational healing.

The use of narratives was also identified as a collective and independent healing strategy. Some participants discussed the tradition of oral history or family storytelling about personal experiences or lineage while others shared they engaged in personal writing or journaling as healing. Barlow (2018) suggests there is significant value in personal narratives to reverse intergenerational trauma among African Americans. Furthermore, the development of racial narratives has also been suggested to support healing for racial trauma, historical trauma, and Posttraumatic Slave Syndrome (Tinsley-Jones, 2003; Gump, 2010; Hardy, 2013; Degruy, 2017). Narratives have also been identified as an aspect of holistic healing (Egnew, 2005). Additionally, narratives may also be considered part of original instructions. Specifically, among Indigenous and Native American communities, original instructions may be imbedded in narratives in the form of creation stories, tribal origin stories, and folk tales all of which may extend healing knowledge intergenerationally (Walters & Simoni, 2002).

Emotional expression was found to also potentially contribute to healing from intergenerational trauma. Some participants highlighted messages from elders that emphasized not holding in emotions and expressing emotions for better adjustment. Emotional releases or catharsis has been linked to many ancient healing practices of cleansing and purging (Jackson, 1994). Although catharsis and emotional expression has

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been central to many ancient cultural healing practices, there have been patterns of emotional suppression within African American communities that have proven physically and psychologically detrimental. This current study supports active emotional expression in safe relationships may serve to ameliorate intergenerational trauma. Additionally, African tradition has included bodily expression of emotional experiences such as ritual dance (Monteiro and Wall, 2011). Some research also suggests dance/movement therapy may support healing from trauma and the same may be true for emotional expression (Stanek, 2015). It may be important to continue to explore ways of fostering adaptive emotional expression within African American families in order to continue to foster intergenerational healing through emotional expression.

Family

Intergenerational healing domains within family included the importance of elders, togetherness, and showing up. Many participants described healing and closure experienced while caring for older generations as they aged. Elders are integral figures in many African American families often tasked with supporting nurturing the youth, supporting families persist through adversity, and transmitting survival knowledge (McCoy, 2011). Social support has been found to be essential to healing from trauma (Tinsley-Jones, 2003; Gump, 2010) and many participants identified spending time together and showing up for family were important aspects of familial social support that contribute to intergenerational healing. Similarly, social support is an integral part of healing within the Radical Healing framework (2020). The act of spending time together at family reunions, cooking, or just playing cards even without discussions of intergenerational trauma were regarded as healing. The concepts of togetherness and showing up identified by focus groups is supported by Indigenist Stress-

Coping Model for trauma healing as an emphasis on family and community are key moderators to substance use and other health related consequences of stress and trauma (Walters et al., 2002). Furthermore, Barlow (2018) also emphasizes collective practices as central to healing intergenerational trauma.

There was a similar consistent highlighting of resilience within African American families despite the transmission of intergenerational trauma. Resilience is the process of adapting to the internal and external demands presented by challenges in life (American Psychological Association, 2018) and this was highlighted by stories shared by participants about their elders as well as their own perseverance. This resilience does not serve to diminish the reality of the enduring effects of systemic oppression and trauma, but rather illuminates the strength, power, and beauty that has endured despite it. Furthermore, prolific liberation psychologists and researchers emphasize the role of resilience among African Americans as a key characteristic that has contributed to healing and wellness (Turner et al., 2022). Additionally, within the Radical Healing model resilience is suggested to be a key feature of healing racial trauma (French et., 2020). Similarly, resilience has been found to be an important moderator of parental trauma effects in intergenerational trauma transmission among children of Holocaust survivors (Lehrner & Yehuda, 2018). Furthermore, among African Americans resilience has ameliorated the impacts of trauma resulting from centuries of chattel slavery and subsequent discrimination and oppression. This type of sustained resiliency is known as protracted resilience which involves deep behavioral modifications and is associated with neurobiological and physicochemical changes (Jackson et al., 2018).

Coping Practices

A variety of coping practices were shared throughout focus groups including meditation, spending time alone, spending time in nature, attending therapy, practicing gratitude, exploring creativity, employing humor, engaging in physical movement and volunteering. Some of these practices like spending time alone, volunteering, and creativity were observed in other family members and adopted into the participants own coping practices. Additionally, some participants were encouraged by family to enroll in therapy while others were the first in their family to engage in therapy to facilitate their own intergenerational healing. Furthermore, some participants shared the strategies they have implemented themselves but have not necessarily received from previous generations as a strategy for healing like engaging in physical movement or practicing gratitude. These individual practices may also contribute to resilience and the ability to persist despite adversity. Furthermore, employing these practices, especially if they have not been a part of intergenerational healing before, may contribute to individuals serving as what Dr. Carlfred Broderick refers to as Transitional Characters or individuals who metabolize intergenerational trauma previous generations have been unable to and thus breaking maladaptive intergenerational patterns (Tanner & Duncan, 2018). This research begins to document the actual coping strategies folks have received from previous generations or are engaging in as the first in their family to facilitate intergenerational healing. It will be important to continue to identify these strategies and detail these strategies to share with other families these intergenerational healing strategies.

For enslaved Africans on southern plantations, instructions for survival or original instructions were imperative to share healing between generations (Henderson et al., 2021). Similarly, instructions for survival and self-preservation were described throughout focus

groups. In order to have the opportunity to heal, one must survive and persist through adversity. These instructions for survival included explicit behavioral and emotional guidance on how to endure and succeed in the face of racism, oppression, and discrimination. Furthermore, within the Indigenist Stress-Coping Model, these type of original instructions have been found to serve as a cultural buffer to the harm from historical trauma among Indigenous and Native American communities (Walters & Simoni, 2002).

Another prominent and repeated theme aimed toward intergenerational healing was the promotion of productivity as healing. Productivity has been found to be essential to fostering self-sufficiency, healing, and recovery among refugee populations and the same may be true related to African American intergenerational healing (Hess et al., 2019). Productivity not only includes work but also caring for others, getting out of the house, and interacting with others (Hess et al., 2019). Productivity may serve as a tool for healing, but this may also prove to be burdensome especially if engaging in hyper-productivity or toxic-productivity since productivity may serve as this double-edged sword, it is important that other coping practices are involved to avoid burnout (Burnett-Zeifler, 2021). It may be important for families to learn to monitor the use of this intergenerational healing strategy to ensure the use of productivity does not become a strategy of avoidance or lead to burnout.

Positive Aspects of Parenting

Although domains of parenting did emerge as contributors to intergenerational trauma, parenting also emerged as a contributor to intergenerational healing. Specifically, participants identified changing their own parenting practices from what their parents or caregivers embodied. This is another direct example of serving as a Transitional Character within one's family by actively disrupting traumagenic protective parenting patterns and

implementing new more adaptive approaches to parenting. This is one approach to metabolizing intergenerational trauma through positive aspects of parenting. This novel finding requires further exploration to better understand how parenting practices opposite to the parenting style someone received may support personal healing from intergenerational trauma.

Faith

Faith, religion, and spirituality have been central to healing among African American communities (Chatters et al., 2009; Smith, 2017). Participants reported this was the primary guidance toward healing. Most participants shared turning to God, faith, or religion was the only explicit direction to heal from intergenerational trauma. Similarly, the Indigenist Stress-Coping Model identifies spirituality as a key moderator for the mental health consequences of stress and trauma (Walters et al., 2002). Additionally, spirituality has been found to be a key aspect of holistic healing (Egnew, 2005). Some participants highlighted distinctions between religion and spirituality and research suggests there is significant overlap in these concepts (Marler & Hadaway, 2002). There is growing research exploring the role of religion and spirituality in trauma recovery (Bryant-Davis et al., 2012). Specifically, adolescents, children and adults alike benefit from the protective factors associated with religious and spiritual coping and often seek religion to find meaning in their traumatic experience. Additionally, spiritual and religious coping can include praying, seeking support from the congregation, pastoral care/guidance, or spiritual reframing of trauma to connect to a greater sense of hope, optimism, and meaning (Bryant-Davis et al., 2012). Healing through religion and spirituality may promote resilience and can provide individuals with support from improved social connection, a connection to a divine being, and support meaning making of

traumatic experiences (Van Dyke et al., 2009). Additionally, research suggests that African American trauma survivors are more likely to use positive religious and spiritual coping as compared to other ethnicities (Ahrens et al., 2010).

There is a complex relationship between African Americans and religiosity as the imposition of Christianity on enslaved Africans distanced them from traditional African spirituality/religion, led to the development of Black churches, and simultaneously led others to reject Christianity and formal religion (Johnson, 2015). Despite this complex history both religion and spirituality emerged as significant contributors to intergenerational healing. Anecdotally, case studies of three Indigenous Canadians described the healing power through Christianity and more specifically, Jesus Christ. Having a similarly complex cultural relationship to Christianity, these participants described ways building relationship with Jesus helped them heal intergenerational traumas (Mohammed, 2021). Some theologians for example have highlighted biblical messages that speak to hope and relief of intergenerational curses (Mohammed, 2021). For example, the book of Peter describes the role of God in breaking generational curses "For you know that God paid a ransom to save you from the empty life you inherited from your ancestors. And it was not paid with mere gold or silver, which lose their value." (New Living Translation Version Bible, 2024, Peter. 1:18-19). The church and spirituality remain an important source of healing for many African Americans and may continue to be a crucial partnership for mental health professionals to support holistic healing within the community.

Identity

Domains of identity, including pride and education, were shared as contributors to intergenerational healing. Specifically, participants described receiving messages instilling

pride in their racial identity as an important aspect of healing. Additionally, some participants that had children shared the importance of sharing with their children this sense of pride through fostering self-love. Racial socialization and specifically fostering strong racial identity among African Americans has been identified as a protective factor in the face of trauma (Degruy 2017; Anderson & Stevenson, 2019). French and colleagues' (2020) Radical Healing model also emphasize the role of self-concept and pride within healing.

Additionally, participants shared that family greatly encourage the pursuit of formal education or development of ancestorial lineage and knowledge as an important part of healing. Participants emphasized that these messages were especially important from elders who did not have the opportunity to obtain formal education or higher education. There was an especially significant emphasis on higher education as a way to heal and escape poverty. Participants shared these messages often pointed to education as something that could not be taken away from someone once they have obtained it. Education of one's personal lineage was also held as an important aspect of intergenerational healing through understanding the experience, strife, and success of elders. Some research suggest academic attainment may be especially important in breaking cycles of intergenerational trauma among African American men given the rapidly growing rates of Black women obtaining higher education (Glover, 2022).

Strengths and Limitations

This study has several notable strengths. The use of phenomenological qualitative design contributes significant nuance to the intergenerational trauma and healing literature among African Americans. Previous studies have examined trauma and healing among formerly enslaved African Americans and the study documents novel categories of trauma

and healing among present day African Americans. The study represented various regions across the U.S. and sampled across diverse ages as well. A remarkable strength of focus groups is the dynamic discussions that develop encouraging other participants to share and make personal connections they may not have shared in individual interviews.

As is true for all research studies, this study maintains limitations that are to be accounted for. Trauma is an incredibly vulnerable topic and sharing intimate details among others can be difficult. Although time was spent to build rapport, some participants may not have been comfortable to share in full transparency. Furthermore, some participants shared they experienced tension in sharing information about family which may also have contributed to reservation or reluctance to share family stories. Additionally, some participants were more verbose than others and may have made it more difficult for more reserved participants to share. The current study did not ascribe specific parameters for types of trauma since the study was exploratory in nature. As a result, the discussions related to trauma and healing were broad which was difficult for some participants to navigate and relate to. Future studies could benefit from exploring more narrow or specific aspects of intergenerational trauma. Furthermore, many participants displayed an understanding of healing as being a complete and final product with no deficits or challenges. Healing may be better understood as an ongoing process as compared to a final state of being. Additionally, having multi-generational family focus groups could provide more rich discussion about family specific strategies for healing intergenerational trauma. This could be a direction for future research. The study was primarily female, and most participants had at least some college experience which as may inform their responses and experiences. Given the small sample size and the qualitative nature of the study, results are not intended to be

generalizable. Additionally, this study did not gather data about religious affiliation and given the significant discussion about intergenerational healing related to faith this information could have been helpful in guiding the discussion. Despite these limitations this study offers a number of novel contributions to intergenerational trauma and healing literature among African American communities.

Conclusion

The current study used a phenomenological qualitative design to investigate the experiences of intergenerational trauma and intergenerational healing among African Americans. The current study aimed to authentically amplify the voices of the community to better understand how intergenerational trauma manifests within families and understand the process of intergenerational healing that is also occurring within families. This call to action resonates with the idea that we are responsible to "find the truth of your people and bring it forward" (Meyer, 2013, p.252). It was important for me to capture and distill this ancestral wisdom to support the community in continue efforts toward healing intergenerational trauma. This study produced novel themes that contribute important insight into experiences of intergenerational trauma and healing within African American families. This research sets a foundation for future exploration to support intergenerational healing with the African American community. Furthermore, these findings can guide mental health practitioners, healers, and families in supporting healing from intergenerational trauma. In efforts to continue to combat the pathologizing of Black American experiences, it is my hope that especially the domains of intergenerational healing can be used to support healing within African American families and provide guidance for individuals to engage in healing ancestors before them were not able to do.

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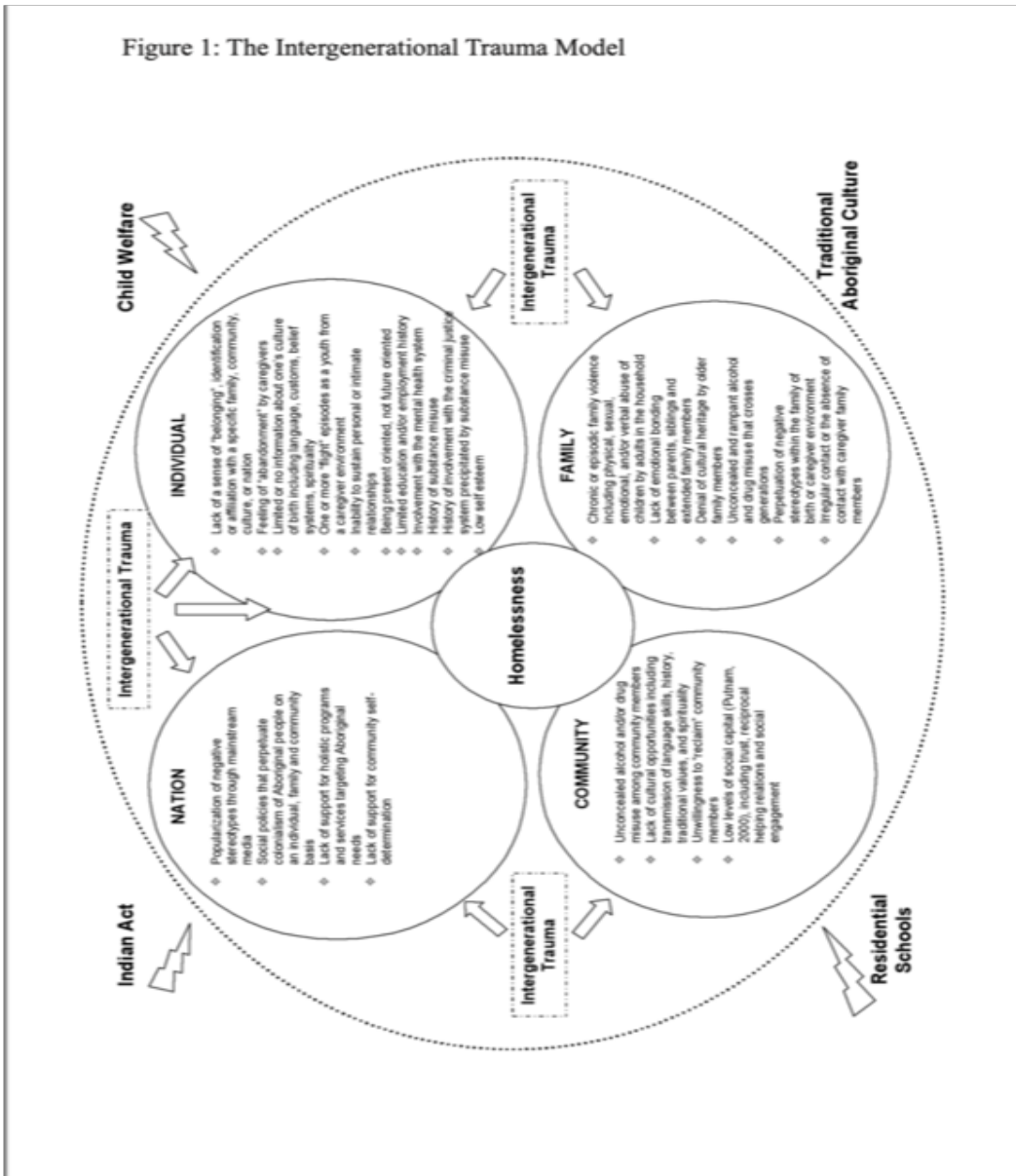
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Appendix A: Aboriginal Intergenerational Trauma Model

Figure 1: The Intergenerational Trauma Model

Child Welfare

Intergenerational Trauma

Traditional Aboriginal Culture

INDIVIDUAL
- Lack of a sense of "belonging", identification or affiliation with a specific family, community, culture, or nation
- Feeling of "abandonment" by caregivers
- Limited or no information about one's culture of birth including language, customs, belief systems, spirituality
- One or more "flight" episodes as a youth from a caregiver environment
- Inability to sustain personal or intimate relationships
- Being present oriented, not future oriented
- Limited education and/or employment history
- Involvement with the mental health system
- History of substance misuse
- History of involvement with the criminal justice system precipitated by substance misuse
- Low self esteem

FAMILY
- Chronic or episodic family violence including physical, sexual, emotional, and/or verbal abuse of children by adults in the household
- Lack of emotional bonding between parents, siblings and extended family members
- Denial of cultural heritage by older family members
- Unconcealed and rampant alcohol and drug misuse that crosses generations
- Perpetuation of negative stereotypes within the family of both or caregiver environment
- Irregular contact or the absence of contact with caregiver family members

Homelessness

Intergenerational Trauma

NATION
- Popularization of negative stereotypes through mainstream media
- Social policies that perpetuate colonialism of Aboriginal people on an individual, family and community basis
- Lack of support for holistic programs and services targeting Aboriginal needs
- Lack of support for community self-determination

COMMUNITY
- Unconcealed alcohol and/or drug misuse among community members
- Lack of cultural opportunities including transmission of language skills, history, traditional values, and spirituality
- Unwillingness to "reclaim" community members
- Low levels of social capital (Putnam, 2000), including trust, reciprocal helping relations and social engagement

Intergenerational Trauma

Indian Act

Residential Schools

Appendix B: Informed Consent Form

Informed Consent Information
Generational Soul Healing Project

Purpose: I am conducting a dissertation study to examine perceptions of the legacy of trauma and how healing may be transmitted within families. We anticipate that results from this study can help further our understanding of how ancestral trauma impacts present day African Americans and how healing is also shared between generations.

Below is the information you need to know to decide if you want to participate in the study or not. After reading this, you can say if you choose to participate or not at the end of this page. If you decide to participate now, but change your mind later, you can always stop participating in the study. Please email me if you have any questions.

Procedures: You will be asked to participate in an online focus group interview on Zoom with other African Americans adults. Your participation will last approximately 60-90 minutes with 1-3 other African American adults where you will be prompted to share about your perceptions of how the legacy of slavery and racism has impacted your family and how you and your family may have healed. The focus group interview will be led by Jazzmyn Ward and will be recorded to ensure accuracy of the information.

The participation will be in the following phases:

1. **Initial participant zoom briefing.** If you are interested in participating, I will schedule a brief phone call to tell you about the purpose, plan, and method of the study and informed consent. I will also gather your demographic information at this time. This session will take approximately 10-15 minutes and there will be time for you to ask any questions you may have.

2. **Focus group.** If you agree to participate, we will then schedule you for a focus group. The focus group session will range from 1-3 other African American participants. You will have an opportunity to talk about how the legacy of slavery and racism has impacted your family and how you all may have healed. The focus group will be recorded.

Potential Risks: There are minimal risks in this study. It is anticipated asking questions about an individual's traumatic or harmful life events may cause psychological distress and or cause participants to become upset or experience strong emotion. To decrease the impact of these risks, you may skip any question that you do not want to answer, end the interview at any time, or withdraw from the study at any time without penalty.

Confidentiality: Certain private information may be collected about you in this study. I will make the following effort to protect your private information. To ensure your privacy, only the principal researcher (Jazzmyn Ward) and the research faculty will have access to the raw data. A pseudonym and random identification number (e.g. 001, 002,003) will be used in place of your name to maintain your privacy. Analyzed data and anonymous quotes will be shared as a written presentation for educational purposes. All data including recordings will

be stored indefinitely on a password protected platform on a password protected computer. Third party platforms used to record the interview may have access to the recordings under their privacy policy.

The researcher will remind all participants to respect the privacy of other participants and refrain from sharing the content shared in the focus-group. However, we cannot ensure that participants will not disclose any information to others outside of this group setting.

I would like to request permission to use audio clips of your responses for educational purposes. If you do not consent to allowing your audio to be used while presenting the findings, it will not impact your ability to participate in the study.

Potential Benefits: If you decide to participate, there are no direct benefits to you. However, the potential benefits to others may include helping them overcome traumatic race-based events in addition to contributing important knowledge of how individuals can move towards healing intergenerational trauma in tangible ways.

Payment: There will be a $20 digital Amazon gift card provided for participation in a focus-group. The gift card will be sent via email following the completion of the focus-group.

Right to Refuse or Withdraw: Your participation is entirely voluntary. Your refusal to participate in this study will involve no penalty or loss of benefits to which you are otherwise entitled. In addition, you may stop or withdraw participation at any time.

Questions: If you have any questions about this research project or if you think you may have had a problem as a result of your participation, please contact Jazzmyn Ward, M.A., jazzmynward@ucsb.edu

If you have any questions regarding your rights and participation as a research participant, please contact the Human Subjects Committee at (805) 893-3807, orhsc@research.ucsb.edu. Or write to the University of California, Human Subjects Committee, Office of Research, Santa Barbara, CA 93106-2050.
By participating in this research, you are verifying that you are 18 years of age or older.

PARTICIPATION IN RESEARCH IS VOLUNTARY. BY CLICKING "I AGREE TO PARTICIPATE" BELOW YOU INDICATE THAT YOU HAVE DECIDED TO PARTICIPATE AS A RESEARCH PARTICIPANT IN THE STUDY.

☐ I AGREE TO PARTICIPATE.

☐ I **DO NOT** AGREE TO PARTICIPATE.

PARTICIPATION IN RESEARCH IS VOLUNTARY. BY CLICKING "I AGREE TO SHARING MY AUDIO CLIPS" BELOW YOU INDICATE THAT YOU HAVE DECIDED TO ALLOW THE RESEARCHER TO USE YOUR AUDIO CLIP WHEN PRESENTING THE RESEARCH.
☐ I AGREE TO SHARING MY AUDIO CLIPS.

☐ I **DO NOT** AGREE TO SHARING MY AUDIO CLIPS.

Appendix C: Qualtrics Interest Survey

Please complete the following demographic questions:

1. **Are you 18 years or older?**
   Yes
   No

2. **Do you identify as Black American or African American?**
   Yes
   No
   Other

3. **If other please specify:** _____

4. **Please provide best contact phone number and email if you would like to participate in the study:** _____

Appendix D: Recruitment Flyer

Appendix E: Phone Screen Demographic Questionnaire

Please complete the following demographic questions:
1. **Do you identify as:**
   African American
   Black American
   Multi-racial: (specify) _____

2. **Are you a first generation American?** _____

3. **What year were you born?** _____

4. **What is your gender identity?** _____

5. **What is your sexual orientation?** _____

6. **Are you currently working?** _____

7. **If working, what is your occupation?** _____

8. **What is your yearly household oncome?**
   Less than $20,000
   $20,000 to $34,999
   $35,000 to $49,999
   $50,000 to $74,999
   $75,000 to $99,999
   Over $100,000
9. **What is your highest degree or level of school completed?**
   No schooling completed
   High school diploma
   GED or alternative credential
   Some college, no degree
   Associates degree (for example: AA, AS)
   Bachelor's degree (for example: BA, BS)
   Master's degree (for example MA, MS, Meng, MEd, MSW, MBA)
   Professional degree beyond bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
   Doctorate degree (for example: PhD, EdD)
10. **Tell me what state or region your family started and where they live now.**
11. **What is your zip code?** _____

Appendix F: Pilot Focus Group Protocol

Include question in zoom chat.

Intro: Thank you very much for agreeing to participate in this focus group. I will share some information before I start recording and we get started. We have all spoken briefly during your zoom screen, but again my name is Jazzmyn Ward and I am a doctoral candidate in clinical psychology at UCSB. This is my research assistant ____ who will be helping me today. We will be spending approximately 60-90 minutes together talking about how trauma has impacted you and your family and also talk about ways you and your family may have worked toward healing from these experiences. Some examples of trauma can include loss of a loved one, addiction, assaults, violence exposure, abuse, or experiences with racism or oppression and you can share as much or as little as you feel comfortable. We are going to have different emotions that come up and that's okay.. we are all going to have different experiences and some commonalities, I really want to know what things you agree on and what you disagree about too. Important note, when we discuss family, it can be whoever family is to you, it does not only mean biological family. As you all are speaking, we will be jotting down notes to help facilitate the discussion. We also ask that everyone keep their video on to help keep the conversation going. Since we are audio recording if you can just say your name before sharing so that when we transcribe this we know who is talking. Do you have any questions before we start the recording? Okay, I will now be turning on the recording, *turn on recording* let's get started.

1. Let's first talk about strengths of the black community. How about within your own family?

2. When facing challenges or hardships related to oppression and racism what kinds of advice have you received?

3. How has the legacy of slavery, oppression, and/or racism been discussed or not discussed in your family? Can you tell me a story about when it was discussed with family?

4. How have other types of trauma been discussed or not discussed in your family?

5. In what ways have these experiences of trauma impacted you and your family?

6. Please describe messages you received about healing or coping? Who shared them with you? What about indirectly or how you saw other family members deal with trauma/oppression/racism?

7. Please describe any practices, rituals, and traditions you or your family use to help support healing from the trauma, racism, or oppression.

   What about even smaller things like behaviors and practices that families do on a regular basis or maybe have previously done?

   Thinking about the things from childhood what practices did you receive or did not receive?

8. What messages/practices do you do today to help with healing?

9. What message of healing would you want to share with others going forward or what would you have liked to hear yourself?

Appendix G: Recruitment Email Script

To: List Servs
From: Jazzmyn S Ward, MA
    Subject: Research Invitation: Focus Group – African American Generational Soul
Healing Project

Hello,

My name is Jazzmyn Ward. I am a doctoral candidate at the University of California, Santa Barbara, and I am conducting a dissertation study to examine perceptions of the legacy of slavery and racism and how healing may be transmitted in African Americans families. I am supervised in this research by Dr. Erika Felix, Ph.D.

I am inviting African American adults to participate in an online focus-group (small discussion with other participants) to learn more about your perceptions of the legacy of slavery and racism and how healing is transmitted in families. If you identify as Black American or African American, are over the age of 18, and would like to participate in a 5-10-minute phone call and 1-1.5 hour online focus group, please contact the researcher. Participants will receive a $20 Amazon gift card. You can also submit your interest through the following link:
https://qfreeaccountssjc1.az1.qualtrics.com/jfe/form/SV_e8OMIaSvQC7Xz5c.

If you would like additional information about this study, you can contact me, Jazzmyn Ward [jazzmynward@ucsb.edu], or Dr. Erika Felix [efelix@ucsb.edu].

Thank you for your consideration, and once again, please do not hesitate to contact us if you are interested in learning more about this Institutional Review Board approved project.

Jazzmyn S. Ward, M.A.
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