

The Impacts of Intergenerational Trauma on African Americans and their Perspectives on Seeking Mental Health Treatment

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Abstract

This qualitative ethnographic study addresses the negative impact of intergenerational trauma on African Americans' perspectives on seeking mental health treatment in the U.S. The objective was to understand how cultural norms and practices shape perspectives on mental health and to explore how the history of intergenerational trauma can reduce willingness to seek mental health support. The study focused on African American adults aged 21 and over, using purposive sampling to select 14 participants who understood cultural values, customs, or beliefs and could serve as representatives. Social learning theory served as the foundation for this research. Data was collected through semi-structured interviews to obtain information on the negative impacts of intergenerational trauma. A narrative analysis was utilized for this study to identify key themes in each participant's experience. The research findings revealed a variety of themes, including effects of intergenerational trauma on African American communities, how cultural norms and practices shape mental health perspectives, and the impact of the history of intergenerational trauma. The findings of this research study identified several barriers resulting from intergenerational trauma, including mistrust of healthcare systems, financial hardship, limited access to care, and a lack of culturally competent providers. The results also highlighted the complex and sometimes contradictory roles that cultural factors play in shaping mental health perspectives and behaviors within African American communities. Based on these findings, this study offers three recommendations for practice. First, for African Americans to develop trust in the healthcare system, resources must be accessible, affordable, and tailored to their needs. Second, to minimize stigma, silence, and secrecy around help-seeking and mental health discussions, additional community spaces should be established to facilitate dialogue about the benefits of mental health services. Third, African American communities should focus on reshaping their self-narrative, prioritizing self-perception over societal views.

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Chapter 1: Introduction

Trauma is defined by impactful events or experiences, including accidents, natural disasters, war, genocide, or displacement, that can significantly affect an individual (Isobel et al., 2021). Trauma can originate from a variety of sources, such as interpersonal relationships, human activities, environmental factors, or cultural contexts (Isobel et al., 2021). Regardless of its origins, trauma may lead to long-lasting effects on the brain, increasing individuals' vulnerability to further harm (Isobel et al., 2021). This can manifest as heightened stress levels, difficulties with personal development, and an escalation of mental health symptoms (Isobel et al., 2021). Furthermore, trauma can pose challenges in navigating one's relationship with oneself and with others (Isobel et al., 2021). The long-term effects on the brain involve changes that can arise at any level of analysis, including behavioral expression or cellular signaling (Laricchiuta et al., 2023). When people do not have the opportunity to heal authentically from their traumatic encounters, it can be passed down to others, resulting in the process of intergenerational trauma (Isobel et al., 2021).

Intergenerational trauma is a significant phenomenon that involves the transmission of trauma from parents to their children, leading the second generation to experience its effects despite not having directly endured the original traumatic events (Isobel et al., 2021). This type of trauma has the capacity to influence multiple generations within a cultural group and stands apart from vicarious or secondary exposure to trauma (Isobel et al., 2021). As a result of intergenerational trauma, children often unconsciously adopt behaviors and patterns that reflect their caregivers' responses to their own traumas (Isobel et al., 2021). Additionally, these multigenerational experiences substantially increase the likelihood of developing Post-Traumatic Stress Disorder (PTSD), a serious mental health condition that can arise after exposure to traumatic events (Mansour et al., 2023). Symptoms include reoccurring, distressing memories or dreams, dissociative reactions, avoidance of external reminders of the memory, negative alterations of one's mood and cognitive abilities, exaggerated startled responses, sleep

disturbances, and irritable behavior that lasts for more than one month. (APA, 2013). PTSD can significantly impair one's daily functioning with being able to maintain relationships, experiencing emotional numbness, or even a heightened state of arousal (Mansour et al., 2023). These symptoms are significant issues as they directly impair positive emotions and goal-directed behaviors, while also elevating the risk of suicidal thoughts (Wisco et al., 2020). Furthermore, it is important to recognize that African Americans experience a higher lifetime prevalence rate of PTSD, standing at 8.7%, compared to 7.4% in Whites, 7.0% in Latinx individuals, and 4.0% in Asians (Pumariega et al., 2022). The prevalence rates of trauma clearly vary according to risk levels and the specific nature of traumatic experiences. This variation must be recognized within the context of intergenerational trauma (Pumariega et al., 2022). Several key factors, including individual disposition, the characteristics of trauma, cognitive functioning, perceptions of trauma, accessibility to treatment, and sociocultural influences, significantly influence the impact of any traumatic event on a population (Feriante & Sharma, 2023). Understanding these factors is essential for addressing trauma effectively.

The central issue is that traumatic events can act as a vehicle for transmitting trauma across generations. Research shows that three distinct types of trauma—cultural trauma, intergenerational trauma, and social trauma—collectively impact communities of color (Vázquez et al., 2024). Cultural trauma is a physical or psychological assault that is ongoing and perpetrated by a dominant group on a cultural group that shares a specific affiliation or identity (Vázquez et al., 2024). Intergenerational trauma is defined as the transmission of psychological trauma from one generation to the next, with lasting effects on subsequent generations (Chou et al., 2023). In contrast, social trauma is the collective exclusion of a specific group that directly impacts emotional, behavioral, and cognitive responses, manifesting a distinct social identity (Abrutyn, 2023). The interplay of various types of trauma can profoundly affect social structures and the diverse institutions that shape family systems, language, personal guidelines, cultural memory, geographical context, economic resources, and means of cultural

healing (Vázquez et al., 2024). Intergenerational trauma has the potential to infiltrate all facets of a community, influencing belief systems, coping strategies, and levels of trust or distrust in institutions (Vázquez et al., 2024). In communities of color, cultural trauma can result in a fracturing of shared identity and a breakdown of established social structures (Vázquez et al., 2024). Furthermore, social trauma emerges from protracted abuses that compromise an individual's sense of belonging (Vázquez et al., 2024).

African Americans have faced significant and deeply troubling race-related traumas on both national and global levels (Vázquez et al., 2024). These experiences have impacted subsequent generations, instilling a sense of inferiority, powerlessness, and a fractured self-identity (Vázquez et al., 2024). As a result, African Americans are disproportionately impacted by mental health disorders, with 20% of members living in the U.S. with a mental illness (Pederson, 2023). However, accessing mental health care remains challenging due to stigma surrounding mental health, mistrust of healthcare systems and professionals, and minimal access to treatment (Pederson, 2023). Data has shown that only 56.6% of African Americans feel comfortable with seeking services from mental health professionals, compared to 80.5% of Caucasians (Pederson, 2023). Many African Americans actively seek out alternative therapies as a powerful means to address intergenerational trauma. It is essential to understand these factors to effectively tackle the impacts of trauma, recognize cultural responses, and foster the development of strong coping skills.

Statement of the Problem

The problem addressed in this study was the negative impact that the history of intergenerational trauma has on African Americans' perspectives on seeking mental health treatment (Hankerson et al., 2022; Lee et al., 2023). Regrettably, mental health disparities for African Americans have their origins in colonialism and slavery, where racist ideologies became entwined with the early development of psychology and psychiatry (Scott-Jones et al., 2020). In the 19th century, mental health professionals

regarded African Americans as biologically inferior and subjected them to prejudice (Smith, 2020). During the Abolitionist and Civil Rights movement, many African Americans were misdiagnosed as schizophrenic by mental health practitioners due to their unwavering pursuit of equality (Smith, 2020). This led to a high incidence of misdiagnosis and unnecessary treatment with antipsychotic medications, which can result in long-term side effects (Scott-Jones et al., 2020). Failing to address traumatic experiences stemming from intergenerational trauma properly can lead to changes in brain function; as a result, individuals may become more vulnerable to additional harm, face challenges in their relationships with themselves and others, and develop a negative self-image and view of others (Isobel et al., 2021).

Cultural factors play a crucial role in transmitting trauma, influenced by social stigmas, cultural norms—such as the importance of honoring family—and perceptions shaped by historical events (Kim et al., 2021; Ranjbar et al., 2020). According to Kim et al. (2021), an individual's cultural background significantly affects their understanding of trauma's impact and the healing process that follows. In some societies, mass trauma may arise from experiences such as genocide or war, fostering a shared sense of grief and loss. Consequently, trauma can become deeply embedded in the culture, community, or individual identity by the sharing of experiences and knowledge (Kim et al., 2021). Inheriting the memories and traumas of the past compels the next generation to confront the anger and emotional burdens accompanying historical loss. Within African American communities, this loss, rooted in the experiences of slavery and racism, has resulted in significant consequences, including diminished self-esteem, the erosion of cultural norms and values, the disintegration of family units, and weakened social cohesion (Davis, 2020). These effects powerfully shape cultural identity, disrupt community connections, and have a lasting impact on individuals who carry these legacies (Kim et al., 2021). Further research can enhance awareness of intergenerational trauma, investigate how cultural norms influence mental health perspectives, and assess the impact it has on one's perspective on seeking

treatment. This knowledge will better empower African Americans to break the cycle of intergenerational trauma.

Purpose of the Study

The purpose of this qualitative ethnography study was to gain insight into the negative impact that the history of intergenerational trauma has on African Americans' perspectives on seeking mental health treatment in the United States. The objective was to understand how cultural norms and practice shape their perspectives on mental health and explore how the history of intergenerational trauma can influence their perspectives on seeking mental health support. Intergenerational trauma refers to the process by which psychological trauma is transmitted from one generation to the next, leading to lasting impacts on subsequent generations (Chou et al., 2023). This study focused on African American adults aged 21 and older residing in the U.S. A purposive sampling method was used to select 14 participants who possessed significant cultural knowledge and could effectively serve as representatives. This number was adjusted according to the principle of saturation, which is reached when no new perspectives or information are forthcoming. Recruitment efforts concentrated on social media platforms. Data was collected through semi-structured interviews. This specific design and data collection method were chosen because they have the potential to provide detailed and comprehensive accounts of the various experiences associated with the negative impact of intergenerational trauma, using observation or textual analysis (Reeves et al., 2013; Webster & Rice, 2019). These interviews facilitated rapport building, conveyed the study's purpose and expectations, and ensured participant anonymity. All interviews were recorded to guarantee accurate transcription and reporting of the findings.

Introduction to Theoretical Framework

Social learning theory provided the foundation for this research. This theory elucidates how individuals acquire knowledge and behaviors by observing others, integrating principles from

behaviorism and cognitive learning theories. Developed in the 1950s by Albert Bandura, it emerged from his assertion that behaviorism alone could not adequately explain the nuances of human learning (Kretchmar, 2024). The key components of social learning theory include: (1) individuals learn by observing those around them and by experiencing the consequences of their actions, (2) people may acquire behaviors through observation even if they are unable to perform them, (3) reinforcements play a pivotal role in the learning process, and (4) cognitive functioning significantly influences learning (Kretchmar, 2024). Bandura also emphasized four key components of observational learning: attention, retention, motor reproduction, and motivation/reinforcement (Kretchmar, 2024).

This theory pertains to intergenerational trauma, which involves children learning to respond to their environment similarly to their caregivers. The transmission of trauma is systematic as stress responses are passed down from parents to their children. Parental trauma significantly increases the likelihood of children experiencing adverse childhood experiences (ACEs) and internalizing symptoms (Leslie et al., 2023). ACEs, which include neglect, abuse, or household dysfunction before the age of 18, are unfortunately more prevalent among African Americans due to their overrepresentation in communities with economic, health, and poverty disparities (Leslie et al., 2023). Research suggests that ACEs and other social factors contribute to juvenile delinquency among chronic offenders who admire others with similar behaviors (Hicks et al., 2020). This highlights the influence of social learning on negative behaviors, with a higher number of reported ACEs being associated with more significant long-term negative outcomes, including chronic stress, substance abuse, and engagement in high-risk behaviors (Hicks et al., 2020). Victimization and historical trauma in African American communities clearly serve as significant sources for social learning theory (Hicks et al., 2020). These communities often face exposure to, or witness, harmful actions and detrimental parental behaviors, influencing their socialization processes.

Social learning theory indicates that family systems are essential in shaping behavioral responses (Woollett & Thomson, 2016). When children observe their caregivers managing situations negatively, they may internalize these behaviors, viewing them as normal. This theory guided the research design and informed the development of the research problem, purpose, and questions. It offers valuable insight into how intergenerational patterns may reduce the likelihood of African Americans seeking mental health services. Culture is essential to social learning theory because it establishes the significance of observational learning, directly influences behavioral norms, shapes belief systems, and impacts social reinforcements. It also plays a crucial role in how we perceive and interpret the behaviors of those around us.

Introduction to Research Methodology and Design

This study employed qualitative research methods and an ethnographic design. This approach provided a deeper understanding of the negative impact that the history of intergenerational trauma has on African Americans' perspectives on seeking mental health treatment in the U.S. Qualitative methods offer and explore deeper meanings to real-life problems (Tenny et al., 2022). They allow researchers to explore these phenomena in their natural settings and examine their implications for those involved. According to Simonds et al. (2012), ethnography is primarily concerned with exploring individual behaviors, cultural artifacts, and social relations, rather than pursuing definitive cultural truths. This methodology emphasizes learning from participants instead of merely studying them, highlighting the importance of understanding individuals' subjective experiences and perspectives within their cultural contexts (Simonds et al., 2012). The qualitative approach is the best choice based on the research questions and the problem at hand, as it allows the inclusion of people from different backgrounds, values, beliefs, and social and cultural contexts (Mertens, 2014). The selected research design utilized an ethnographic approach, allowing for a deeper understanding of everyday experiences within African American culture and examining the connection of this concept to theory (Bartholomew & Brown,

2019). This design is particularly well-suited for researchers deeply immersed in the culture and experiences of the study participants. Researcher Duyilemi (2024) conducted a qualitative ethnography study on the effects of intergenerational trauma among African Americans. The study addressed the symptoms associated with PTSD, examined the various classifications of trauma, and deliberated on the diverse outcomes of intergenerational trauma within African American communities (Duyilemi, 2024). Additionally, the study analyzed how exposure to intergenerational trauma can engender health challenges, diminished self-esteem, and familial complexities. It also explored common responses and triggers and recommended suitable interventions to address these issues (Duyilemi, 2024).

Research Questions

RQ1

How has intergenerational trauma affected African American communities?

RQ2

How do cultural norms and practices within African American communities shape their perspective on mental health?

RQ3

How does the history of intergenerational trauma impact African Americans from seeking mental health services?

Significance of the Study

This study is significant as it raised awareness of the impact of intergenerational trauma on African Americans, explored how cultural norms and practices shape their perspective of mental health, and determined how the history of intergenerational trauma reduces willingness to seek mental health treatment. African American communities are known to experience traumatic events at a higher rate than other racial groups (Lee et al., 2023). The data suggest that African Americans have a PTSD prevalence rate of 8.7% in the context of historical and intergenerational trauma (Lee et al., 2023).

Previous studies show that intergenerational trauma within African American communities started with slavery and continues through experiencing racial discrimination. The historical marginalization of this community contributes to healthcare inequalities, limited safe places, unfair treatment, and mistrust of the government (Pumariega et al., 2022). The goal was to provide informed reasons for how intergenerational trauma affects African American communities and how cultural norms or practices shape this population's perspective of seeking mental health services, which will improve barriers and increase retention rates in mental health settings. The study is also significant as it is an extension of Bandura's Social Learning Theory, which posits that victimization or other historical traumatic experiences in African American communities are a potential source of learning (Hicks et al., 2020). This is due to exposure to or witnessing harm or negative parental behaviors. The findings of this study have provided information on the role of social learning theory in perceptions of African Americans struggling with the effects of intergenerational trauma. This awareness can help provide an understanding of why the intergenerational trauma cycle continues to exist and the role that history plays in the transmission.

Definitions of Key Terms

Cultural Trauma

Cultural trauma is a physical or psychological assault that is ongoing and perpetrated by a dominant group on a cultural group that shares a specific affiliation or identity (Vázquez et al., 2024).

Intergenerational Trauma

Intergenerational trauma is defined as the transmission of psychological trauma from one generation to the next, with lasting effects on subsequent generations (Chou et al., 2023).

Social Trauma

Social trauma is the collective exclusion of a specific group that directly impacts emotional, behavioral, and cognitive responses, leading to the manifestation of a distinct social identity (Abrutyn, 2023).

Summary

Intergenerational trauma is a multifaceted phenomenon encompassing the transmission of psychological distress from one generation to the next, thereby exerting a profound impact on subsequent familial cohorts (Chou et al., 2023). The perpetuation of trauma across generations is intricately intertwined with cultural influences shaped by prevailing social stigmas, historical events, and deeply ingrained cultural norms, such as reverence for familial values (Chou et al., 2023). Kim et al. (2021) asserted that an individual's cultural background significantly shapes their understanding of the repercussions of trauma and informs their subsequent therapeutic journey. A qualitative ethnographic study was conducted to gain deeper insights into the lived experiences of intergenerational trauma within the African American community in the United States. This endeavor sought to elucidate the conceptualization of intergenerational trauma within this demographic and explore how these perceptions engender coping mechanisms and influence their propensities to seek mental health interventions. A comprehensive data collection approach was adopted, leveraging semi-structured, virtual interviews to solicit the participants' perspectives. This study is underpinned by the social learning theory, providing crucial insights into the role this framework plays in shaping the perceptions of African Americans grappling with the ramifications of intergenerational trauma. By shedding light on this aspect, the research endeavored to unravel the pivotal role of cultural norms and practices in engendering the propagation of intergenerational trauma. The anticipated outcomes of this research encompass offering invaluable comprehension of suitable coping mechanisms within the African American community and delineating the barriers perpetuating the cycle of intergenerational trauma.

This study aspired to underscore the imperative nature of instigating systemic changes to effectively address intergenerational trauma, emphasizing the need to mitigate existing disparities, optimize access to resources, and equip mental health practitioners with a nuanced understanding of trauma's intricate familial, relational, and historical dimensions.

Chapter 2: Literature Review

The problem to be addressed in this study is the negative impact that the history of intergenerational trauma has on African Americans' perspectives on seeking mental health treatment (Hankerson et al., 2022; Lee et al., 2023). This trauma is deeply rooted in centuries of slavery, followed by persistent racism and discrimination, resulting in a collective psychological burden that continues to

affect African Americans today (Grayson, 2020). The psychological burden that African Americans endure refers to the shared emotional and mental health impacts that are experienced throughout several generations that often manifest as increased mental health symptoms or even difficulty with regulating emotions (Wilkins et al., 2022). The study aims to enhance awareness of these experiences and illustrate how cultural norms and practices influence perspectives on mental health. This chapter will provide an overview of the theoretical framework, historical context, the relationship between African Americans and mental health, barriers to accessing mental health treatment, and pertinent cultural norms and practices.

African Americans in the U.S. have been grappling with the enduring effects of trauma for centuries (Grayson et al., 2020). Their historical experiences have been marked by violence and trauma, which continue to impact the mental and emotional well-being of both youth and adults (Grayson et al., 2020). Consequently, mental health services are underutilized in this community. Douglas et al. (2023) reported that only 1 in 3 African Americans in need of mental health services received them. Furthermore, when compared to non-Hispanic Whites, African Americans are less likely to access care that adheres to evidence-based practices and are also significantly underrepresented in mental health research (Douglas et al., 2023). Halloran (2019) posited that the primary cause of intergenerational trauma dates back to the era of slavery from the 1700s-1860s. For instance, Dr. Samuel Cartwright, an American physician, argued that African Americans benefited from slavery and were incapable of taking care of themselves (Smith, 2020). This belief led to enslaved individuals who attempted to escape being diagnosed with a mental condition called "draeptomania" to explain their resistance to hard work. The prescribed treatment for this condition involved torture (Smith, 2020).

The severe conditions that African Americans faced during slavery were not confronted in earnest until the 1960s. At that time, various legislations and court cases aimed to address discrimination, illuminating the deep societal inequalities that existed (Smith, 2020). These cases

demonstrated that, although individuals with mental illnesses faced considerable hardships, the situations for most marginalized groups—especially African American men, women, and children—were even more dire (Smith, 2020). Many institutions upheld the belief that segregation was justified for treating both physical and mental health conditions (Smith, 2020). In response, the Community Mental Health Centers Construction Act (CMHA) was enacted to reform the treatment of individuals with mental illnesses. The CMHA acknowledged that, for an extended period, hospitals functioned more as custodial institutions than as environments conducive to care. This realization prompted President John F. Kennedy to mandate that states reduce the capacity of their existing psychiatric hospitals, while simultaneously providing federal funding for the establishment of new community-based mental health services (Smith, 2021). Following the passing of the CMHA, The Civil Rights Act made it illegal for federally funded institutions to discriminate based on race in 1964 (Smith, 2020). Consequently, many states faced the risk of losing funding due to their continuation of racial segregation practices. Rather than embracing the rulings and working towards ending discrimination, certain states pursued legal action against the federal government, asserting their right to maintain segregated facilities for African American and Caucasian psychiatric patients (Smith, 2021). This assertion, however, was rooted in a longstanding history of racist ideologies within the field of psychiatry, which did not end with these cases but merely shifted focus in the 1970s.

While there has been an increase in research funding to address the disparities in access to treatment and care, further investigation is vital. It is particularly important to examine the effects of intergenerational trauma on African American communities and how this ongoing issue influences their reluctance to pursue mental health treatment. Generations affected by trauma often show persistent symptoms, including reduced abilities, emotional instability, and overall declining physical health and well-being (Reese et al., 2022). The impact of trauma on health and emotional well-being can be enduring, which increases the likelihood of developing conditions such as depression, anxiety, and post-

traumatic stress disorder (Jensen et al., 2021). Even after the threat of intergenerational trauma has passed, the body does not return to an unstressed state, leading to psychological and physical struggles in future generations (Ullah et al., 2023). More research is necessary to increase understanding of the cultural norms and practices that influence African Americans' views on mental health. It is also essential to understand the barriers created by intergenerational trauma that obstruct their access to services, thus perpetuating the cycle.

To further explore the history, culture, and politics of intergenerational trauma affecting African Americans, resources were obtained from the Northcentral University Library website. The following search engines were utilized EBSCOHost, Sage Publications, and Google Scholar to obtain peer-reviewed articles. The search engines resulted in identifying articles from ScienceDirect, Pub Med, Academic Search, APA Psych Article, and Springer. The articles within these databases were synthesized to create the foundation of this study. The keywords included *intergenerational trauma*, *African American communities*, *slavery*, *slave syndrome*, *African Americans and mental health therapy*. Additional search criteria included *therapy*, *racial socialization*, *social learning theory*, *cultural norms*, *trauma*, *treatment barriers*, *racism*, and *oppression*.

Theoretical Framework

Albert Bandura developed social learning theory to gain a deeper understanding of human behavior. In the 1960s, Bandura conducted the well-known Bobo doll experiment to test the hypothesis that providing reinforcements to models can influence their performance (Bandura, 1965). This experiment eventually led to the publication of social learning theory in the 1970s (Ozer, 2022). Social learning theory comprises principles from behaviorism and cognitive theories of learning. However, its focus is to explain how people learn from observing the behaviors of those around them (Kretchman, 2024). Bandura suggested that human functioning is socially situated, and that freedom is not just the absence of limitations, but also an exercise of self-influence when pursuing specific goals and outcomes

(Bandura, 2006). Bandura's theory posited that individuals are both products and producers of their life circumstances, shaping their present reality and future experiences (Bandura, 2006).

According to Bandura, individuals perceive themselves as impacting their functioning and the events around them, yet they may not fully comprehend their lack of direct control over their environment and the factors that influence their lives (Bandura, 2006). He emphasized the reciprocal interaction between external and internal influences in shaping human behavior. The theory's most significant contribution to understanding human behavior lies in observational learning (Wulfert, 2024). Bandura stressed that human behavioral capabilities can be improved through modeling. This process offers opportunities to translate behavioral concepts into positive actions and to make necessary adjustments to refine one's skills (Bandura, 1977). Social learning theory provides insight into the impacts of intergenerational trauma, as it explains how individuals learn behavioral and emotional responses by observing those around them, particularly within their family units. Additionally, individuals draw on social learning theory to acquire cultural norms (van den Berg et al., 2024). Culture plays a crucial role in shaping behaviors and values, influenced by the models' individuals encounter, which can lead to the adaptation of cultural responses to navigate the challenges associated with intergenerational trauma.

The study by Byrd et al. (2024) delved into the application of social learning theory in understanding how African American and Latino young adult males cope with community violence. By employing Bandura's theory, the study aimed to discern their perceptions and behaviors following exposure to violent events (Byrd et al., 2024). Interview questions focused on self-efficacy, observational learning, and behavioral capabilities to gain insights into managing stressors and perceived threats (Byrd et al., 2024). The findings revealed that these individuals adopted a variety of positive and health-risk strategies following exposure to violence (Byrd et al., 2024). The findings of this study corroborate Bandura's social learning theory, indicating that aggressive behaviors can be

acquired through observational learning. Furthermore, observing negative behaviors may facilitate the development of positive behaviors in children, a concept known as achievement motivation (Kretchman, 2024). In addition, this study reveals several themes concerning participants' experiences in witnessing both direct and indirect exposure to violence, as well as their strategies for coping with such experiences. These themes are consistent with Bandura's four components of observational learning: attention, retention, reproduction, and motivation.

Attention

Bandura (1977) posited that individuals are unable to learn effectively through observational means unless they attentively identify the fundamental attributes of a model's behavior. Thus, to engage in meaningful learning from their environment, individuals must focus not only on the model itself, but also on the behaviors that it exhibits (Stone, 2024). Various factors, such as illness, distraction, or fatigue, can impair a person's ability to concentrate, making it difficult for them to replicate observed behaviors later (Stone, 2024). Bandura also suggested that people are more inclined to emulate models who are physically attractive, similar to themselves, or receive rewards for positive actions (Stone, 2024). Nonetheless, this modeling type can sometimes negatively affect an individual's well-being (Stone, 2024). Hicks et al. (2021) found that victimized African American youth and children are correlated with the emergence of delinquent behaviors later in life. Modeling may result in either the replication of imitative behaviors or the exhibition of behaviors by the learner that diverge from those observed (Asakura et al., 2020). Within any social group, certain members often garner more attention than others (Bandura, 1977). This attention affects learning opportunities among group members and subgroups. This differential attention can significantly influence the learning processes within the group dynamics. The values associated with different role models are important in deciding which behaviors are overlooked or closely observed (Bandura, 1977). This indicates that individuals are more likely to focus on and imitate the behaviors of those whose values align closely with their own.

Retention

The second essential element of observational learning is the ability to remember the behaviors that have been observed. If an individual is unable to recall a behavior, the likelihood of imitation diminishes (Stone, 2024). To reproduce modeled behavior in the absence of the model, individuals must rely on their memory (Bandura, 1977). This form of learning significantly contributes to the higher rates of PTSD and severe symptoms experienced by African Americans compared to other ethnic groups (Sibrava et al., 2019). For instance, ongoing stressors—including limited access to resources, increased exposure to violence, cultural disparities, over-representation in negative societal narratives, victim blaming, and systemic racism—substantially contribute to the persistence of PTSD-like symptoms within African American communities (Sibrava et al., 2019). The response to these stressors whether new or old is from the memory of learned behavior. This can be corroborated by Bandura’s notion that events previously witnessed can trigger vivid mental imagery of absent physical stimuli (Bandura, 1977). This indicates that the traumatic experiences endured by African Americans can continue to evoke mental imagery, even when the actual physical stimuli are not present.

Reproduction

The third critical component of observational learning is the ability of individuals to replicate and apply the behaviors they have observed (Asakura et al., 2020). This can be particularly challenging when individuals feel unprepared to act or lack opportunities to do so (Asakura et al., 2020). When individuals possess or develop the necessary component skills, they can integrate them to form new patterns and behaviors (Bandura, 1977). An illustrative example of this can be found in African American communities through the practice of racial socialization. Racial socialization plays an important role in parenting within these communities, often involving cultural education and preparation for bias (Tang et al., 2016). Bandura emphasized that guiding actions that are not easily observable is particularly challenging, as is determining how to adjust these actions to achieve a close alignment with

symbolic modeling (Bandura, 1977). This indicates that the extent of observational learning an adolescent receives during the racial socialization process depends on whether they have developed the necessary component skills (Bandura, 1977). Additionally, effective racial socialization is associated with fostering a sense of racial pride and cultural knowledge (Tang et al., 2016).

Motivation

The final requirement for observational learning is the necessity of motivation to imitate behaviors. Without motivation, individuals cannot effectively engage in reproduction, attention, or retention (Stone, 2024). A person's level of motivation is shaped by personal factors, including the desire to learn new skills and the types of reinforcements or punishments experienced by the model (Asakura et al., 2020). For example, African Americans often face stigma surrounding mental health and may harbor a distrust of healthcare systems. This skepticism can lead to limited engagement with mental health services, influenced by both historical and ongoing social and economic injustices and inequities (Pederson, 2023). According to Bandura (1977), when a model consistently exhibits desired behaviors, it encourages others to replicate those actions. However, in light of the distrust towards the healthcare system, a lack of imitation following exposure to modeled behavior may result from the failure to observe, inadequate coding of the behavior, lapses in retention, motoric deficiencies, or insufficient reinforcement conditions (Bandura, 1977).

An alternative to Bandura's social learning theory is family systems theory, which asserts that family members are interdependent. This interdependence implies that the well-being of one member can directly and indirectly affect the functioning and well-being of others within the family unit (Fitzgerald et al., 2020). For example, a couple's positive and negative characteristics may influence a child's internalizing and externalizing symptoms. This theoretical framework provides insight into how a maternal history of trauma can shape a couple's strengths and weaknesses, as well as how their parenting behaviors can impact a child's overall well-being (Fitzgerald et al., 2020). From a systemic

perspective, individuals with a history of trauma are more likely to experience unhealthy romantic relationships and dysfunctional parenting behaviors, which can, in turn, affect children's development (Fitzgerald et al., 2020). Nevertheless, social learning theory remains the most appropriate framework for exploring the research problem, question, and design. It is frequently utilized in the literature concerning the intergenerational transmission of violence, where such behaviors are internalized and replicated, fostering a belief that the external world is threatening or unsafe (Bowe et al., 2025). Moreover, social learning theory emphasizes how the social and cultural acceptability of specific practices or behaviors supports and normalizes learned behaviors from the early family environment (Bowe et al., 2025).

The Effects of Intergenerational Trauma

African Americans are confronted with intergenerational trauma, which often results in significant health challenges that affect both individuals and the broader community. A key consequence of this trauma is the deterioration of health outcomes (Duyilemi, 2024). Research revealed that many African Americans experience racial battle fatigue, leading to various physiological, psychological, and emotional strains stemming from race-related stressors (Duyilemi, 2024). The continuous exposure to such traumatic experiences can contribute to premature mortality. The healthcare disparities that exist in the United States disproportionately impact African Americans, underscoring the necessity of addressing the root causes of intergenerational trauma, particularly the lingering effects of slavery (Duyilemi, 2024). It is essential to identify and implement solutions that target these foundational issues to improve health outcomes within the community.

The enduring impact of slavery on African Americans is widely recognized as a fundamental cause of intergenerational trauma, further intensified by persistent social prejudices and economic challenges (Duyilemi, 2024). The ongoing effects of trauma, subject African Americans to continuous psychological, social, and physical hardships (Duyilemi, 2024). Research showed that the psychological

and social consequences of historical enslavement have persisted across generations, profoundly influencing the identities of African Americans (Halloran, 2019). As a result, this community has inherited a variety of dysfunctional behaviors, patterns, and attitudes stemming from the era of slavery (Halloran, 2019). These dysfunctional behaviors, patterns, and attitudes are characterized by low self-esteem, chronic anger, and a socialization process influenced by racial prejudice. Throughout the slavery period, the value of African Americans was often reduced to their capacity for labor or reproduction, leading to lives that lacked intrinsic meaning. Their owners dictated their identities, with little psychological significance attached to their independence or existence as individuals or a cultural group (Halloran, 2019). The symptoms of cultural trauma were evident during slavery, leading to the concept of post-traumatic slave syndrome, which continues to affect African Americans through social processes within their families, communities, and society at large (Halloran, 2019).

Post-Traumatic Slave Syndrome

The enduring impact of enslavement has been widely acknowledged in literature as Post-traumatic Slave Disorder (PTSD). PTSD elucidates the roots of many survival behaviors prevalent in African American communities throughout the U.S. (Halloran, 2019). It is a persistent condition stemming from the multi-generational oppression of Africans and their descendants (Scott-Jones et al., 2020). PTSD encompasses intricate mechanisms and can be transmitted through social processes within the community, family, and society (Halloran, 2019). Research has identified three key patterns of PTSD behaviors displayed by African Americans. These include: (1) vacant esteem, indicative of insufficient self-esteem development leading to feelings of hopelessness; (2) a marked propensity for anger, characterized by extreme suspicion and perceived negative connotations towards others and (3) racial socialization and racism, encompassing behaviors such as distorted self-perception, learned helplessness, and the potential idealization of white norms and values (Scott-Jones et al., 2020).

Researchers Wilkins et al. (2022) delved into the lasting impacts of slavery on African American communities. Their findings assert that the residual effects of slavery can manifest differently among African Americans and can have a profound, multigenerational impact, even in the absence of direct exposure. The study demonstrates that these residual effects can significantly affect psychological functioning, the construction of gender roles, relationship dynamics, and the overall African American community and culture. Employing the Delphi model, Wilkins et al. (2022) selected 14 panelists, including social workers, therapists, and psychologists, all renowned for their expertise in the psychological residuals of slavery and their experience working with African Americans. These panelists underwent a rigorous process involving three sets of Delphi questionnaires followed by in-depth, semi-structured interviews (Wilkins et al., 2022).

Wilken's et al., (2022) study identified three key themes. Firstly, it highlighted the detrimental impacts of RES, emphasizing that being labeled as genetically "inferior" has resulted in profound psychological and emotional damage, leading to pervasive feelings of shame and humiliation. Secondly, it underscored the resilience demonstrated by African Americans in the face of RES, showcasing their remarkable ability to persevere despite adverse conditions and treatment (Wilkins et al., 2022). Lastly, it emphasized the clinical implications, stressing the importance of training healthcare providers on RES to support African Americans in their therapeutic journey effectively (Wilkins et al., 2022). The findings of Wilkins et al. (2022) substantiate Halloran's (2019) assertion that the social and psychological ramifications of enslavement persist across generations. Furthermore, these findings suggest that post-traumatic stress symptoms are perpetuated by ongoing oppression and systemic racism. These findings underscore the urgent need for systemic changes, reparations, and the reduction of health disparities.

Self-Esteem

A notable consequence of slavery in African American communities is the prevalence of low self-esteem, which can result in feelings of hopelessness or depression (Asare, 2022). The racial

stereotypes endured by African Americans throughout history have often been internalized and passed down through generations. Many African American youth raised in under-resourced communities face deprivation that contributes to a phenomenon known as learned helplessness, a consequence of intergenerational trauma (Asare, 2022). Learned helplessness refers to the belief that one cannot change their circumstances, regardless of their efforts (Asare, 2022). For many African Americans, this belief can act as a coping mechanism, which may overshadow their willingness to seek mental health treatment. Recognizing and addressing these issues is essential for fostering resilience and empowering individuals in these communities.

Self-esteem plays a significant role in how individuals interact with others. However, when a person's social self is threatened, it can lead to a decrease in self-esteem and provoke feelings of shame. This phenomenon is supported by a study conducted by Johnson (2020), which explored the relationships between racism, shame, and self-esteem among African Americans. The study included a sample of 203 college students who identified as African American or Black. Participants completed the Schedule of Racist Events and the Internalized Shame Scale (Johnson, 2020). The findings revealed that experiences of racism throughout their lives were linked to feelings of internalized shame (Johnson, 2020). This correlation underscores a deeper narrative; African American individuals often carry the heavy burden of shame not just from their personal experiences, but also from the widespread effects of intergenerational trauma. This type of trauma engenders pervasive feelings of fear and a profound sense of inferiority, which can permeate and disrupt their daily lives (Duyilemi, 2024). Intergenerational trauma can undermine the self-esteem of African Americans, creating negative self-perceptions, fostering hopelessness, limiting aspirations, and heightening fears about the future (Duyilemi, 2024). In the words of bell hooks from her book **Rock My Soul**:

“African Americans have collectively grappled with the issue of self-esteem from slavery to the present day” (Hooks, 2003).

She adds, “We black folks have been unwilling to break through our denial and deal with the truth that crippling low self-esteem has reached epidemic proportions in our lives because it seems like it’s just not a deep enough diagnosis” (Hooks, 2003).

Body Memories

Individuals often derive pleasure from experiences that provide physical comfort, such as hugs, hand-holding, or massages. Conversely, they may also grapple with internalized negative bodily sensations rooted in fear and anxiety (Gentsch & Kuehn, 2022). Body memory is conceptualized as the repository of all past bodily experiences stored in memory, which can significantly influence behaviors (Gentsch & Kuehn, 2022). These memories encompass both explicit and implicit perceptual and behavioral dispositions. However, accessing implicit memories can present challenges in the context of conscious reflection. Such memories can be hard to express and may influence one’s physiological states in emotional situations (Gentsch & Kuehn, 2022). Historically, memories of painful, stressful, or traumatic bodily experiences have been associated with various mental health conditions (Gentsch & Kuehn, 2022).

Trauma memory refers to how the body remembers traumatic events. It includes both dysfunctional memories and how past traumas are stored in our minds (Gentsch & Kuehn, 2022). It encompasses past traumatic life events characterized by death, fear, or significant bodily threats, which leave lasting and profound impressions on body memory (Gentsch & Kuehn, 2022). African Americans, have encountered multifaceted forms of trauma, frequently experiencing these dimensions simultaneously (Range et al., 2018). The cumulative trauma endured by African Americans often elicits feelings of grief, loss, and sorrow, in addition to intense sentiments of injustice. As their sense of safety and security continues to diminish, they may develop an acute fear of death, a prominent characteristic of post-traumatic stress disorder (Range et al., 2018). Ultimately, these traumatic life experiences for African Americans can cause unsettling and persistent impressions on body memory.

A critical aspect of traumatic memory is the concept of reenactment, which posits that traumatic experiences—such as slavery or other forms of collective trauma—are not only recalled through visual or verbal means but are also reenacted at a somatic level, manifesting through physical sensations and behavioral responses (Gentsch & Kuehn, 2022). For many African Americans, these trauma memories are believed to be stored and experienced through the sensory modalities that initially facilitated their perception (Gentsch & Kuehn, 2022). The implications of these memories for psychological well-being are profound, highlighting a significant area of inquiry within the field of trauma studies.

Mental Health

Mental illnesses disproportionately affect African Americans and can often stem from intergenerational trauma. The primary factors contributing to the deterioration of mental health within this community include delayed treatment, inadequate access to mental health services, and the stigma associated with mental illness (Pederson, 2023). Currently, African Americans represent 13% of the U.S. population, with 20% experiencing mental health issues (Pederson, 2023). The risk of developing mental health problems is heightened for African Americans due to their overrepresentation in marginalized groups, such as those in foster care, the prison system, homelessness, and child welfare (Kawaii-Bogue et al., 2017). Research by Scribner et al., (2020) showed that treatment rates for African Americans with major depression are 33-50% lower than those for white individuals with similar diagnoses. A substantial number of individuals in this community tend to seek mental health support from religious institutions rather than from mental health professionals. This underutilization of mental health services often results in African Americans relying on emergency rooms for behavioral health needs when their conditions worsen (Scribner et al., 2020). It is crucial to explore strategies to enhance the utilization of mental health services to overcome the various barriers faced by this community.

Depression

Depression can be referred to as a condition or a symptom that impacts individuals across all ethnicities, genders, and races. Depression is recognized as a mood that can range from sadness to severe depression (Moon et al., 2018). It is diagnosed when five or more symptoms have been present in a two-week span that include: depressed mood, diminished interest, weight loss, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue, feelings of worthlessness, inability to think or concentrate or recurrent suicidal ideation (APA, 2013). It is shaped by three primary risk factors: genetics, environmental circumstances, and adverse experiences (Bailey et al., 2019).

When examining the disparities in depression rates among different racial and ethnic groups, it is crucial to consider predisposing factors, the presentation of the condition, and the barriers to effective treatment. In the United States, African Americans frequently bear a disproportionately heavy burden of depression compared to Caucasians, leading to a greater degree of functional impairment (Bailey et al., 2019). Some critics contend that African Americans may report lower rates of depression than other ethnic groups due to the community's resilience and strong religious support. However, they also recognize that individuals within this community often face misdiagnosis or underdiagnosis (Bailey et al., 2019). Research on the risk factors for depression among African Americans has primarily focused on the impact of discrimination as a significant contributor to major depression (Bailey et al., 2019). Racial discrimination is strongly associated with poorer mental and physical health outcomes for members of this community (Bailey et al., 2019). In contrast, possessing a strong sense of ethnic identity has been identified as a protective factor against mental illness (Bailey et al., 2019).

Post Traumatic Stress Disorder

Post-traumatic stress disorder (PTSD) is a prevalent and debilitating mental health condition, affecting approximately one in fifteen adults throughout their lifetime in the United States (Jones et al., 2022). PTSD is diagnosed when a person is exposed to, or threatened with, death, injury, or sexual violence. This exposure can happen in several ways: directly experiencing the traumatic event,

witnessing it, learning that it happened to a loved one, or experiencing repeated exposure to traumatic details (APA, 2013). These experiences can lead to various symptoms, including intrusive memories, distressing dreams, flashbacks, persistent avoidance of reminders, and significant changes in mood or cognition (APA, 2013). The prevalence of PTSD is particularly high among African Americans (1 in 10%), especially Black women (1 in 8%) when compared to their white counterparts (Jones et al., 2022). For many in the African American community, PTSD often manifests in chronic and severe forms, frequently going untreated. If left unaddressed, PTSD is associated with an increased risk of various medical conditions, including hypertension, heart disease, stroke, and diabetes (Jones et al., 2022).

Additionally, PTSD commonly co-occurs with other psychiatric disorders, such as major depressive disorder and substance use disorders, leading to chronic health issues and diminished health outcomes. Numerous factors contribute to the development of PTSD, including maltreatment, abuse, and assault (Jones et al., 2022). In addition, specific traumatic experiences, cumulative exposure to trauma, and limited access to necessary resources significantly heighten PTSD symptoms. Furthermore, research has demonstrated a correlation between racial discrimination, PTSD, and negative health outcomes (Jones et al., 2022). This can be corroborated by the study conducted by Bird et al., (2021) who explored the correlation between racial discrimination and PTSD among African Americans. The findings suggest that experiences of racial discrimination add additional risks to the development of PTSD symptoms (Bird et al., 2021). Ultimately, exposure to racial discrimination can lead to psychological changes that hinder emotional regulation, thereby exacerbating the severity of PTSD.

Anxiety

Research conducted by Nguyen et al., (2023) indicated that one in five adult African Americans has encountered at least one anxiety disorder during their lifetime. Approximately half of those diagnosed with an anxiety disorder experience a persistent form of the condition (Nguyen et al., 2023). Anxiety is diagnosed when a person experiences excessive worry that is difficult to control regarding

several events or activities over a period of six months (APA, 2013). Many individuals facing anxiety also struggle with functional impairments that affect various aspects of their lives. These impairments can include: restlessness, fatigue, difficulty concentrating, irritability, muscle tension, or sleep disturbances (APA, 2013).

Individuals with an anxiety disorder may report experiencing at least one other psychiatric condition, such as major depression, which often co-occurs with anxiety (Nguyen et al., 2023). There is evidence that anxiety disorders represent a critical mental health issue for African Americans, influencing numerous facets of their lives. Additionally, research highlights a correlation between racial discrimination and anxiety within African American communities (Nguyen et al., 2023). Recognized as a social stressor, racial discrimination poses a threat to the well-being of many individuals in this community. Continuous and repeated experiences of discrimination can lead to psychological dysregulation, undermining a person's self-worth and sense of social belonging, and ultimately manifesting as heightened fear and anxiety (Nguyen et al., 2023).

Nguyen et al. (2023) conducted a study exploring the relationship between anxiety and racial discrimination within the African American community. The sample was taken from the National Survey of American Life. The findings revealed that racial discrimination is correlated with an increased likelihood of lifetime anxiety disorders (Nguyen et al., 2023). Notably, the study also highlighted that African American men and women are affected by racial discrimination in distinct ways (Nguyen et al., 2023). The evidence indicated that across various mental health diagnoses that impact African American communities, racial discrimination—which is a significant element of intergenerational trauma—plays a crucial role in the severity of symptoms. Additionally, it serves as a significant barrier to individuals' willingness to seek mental health services.

Barriers to Seeking Mental Health Treatment

Mental illness disproportionately affects African Americans, and the mental health disorders experienced by this community are often more severe and persistent (Alang, 2019). Additionally, African Americans are generally less likely to engage with psychiatric services, and when they do, they often receive a lower quality of care compared to their Caucasian counterparts (Alang, 2019). Black individuals, Latinos, and those with low incomes are more likely to face barriers to receiving timely medical care that are not solely related to costs. These barriers can include long wait times, inconvenient appointment hours, and a lack of available transportation (Caraballo et al., 2022). As a result of these challenges, they are at a heightened risk of encountering unmet mental health needs. Data indicates that the utilization of mental health services among African Americans is significantly low, with only 32% of individuals who meet the criteria for a mental health diagnosis in the past twelve months seeking treatment (Jimenez et al., 2022). Factors such as structural inequalities and cultural values may impact this underutilization. These factors include being uninsured, preferring alternative treatment methods, and having limited access to providers who offer culturally relevant or informed practices (Jimenez et al., 2022). According to Moore et al., (2023), African Americans tend to prefer providers who share their race or ethnicity, a phenomenon known as race concordance. This preference is linked to better outcomes, including increased satisfaction and enhanced quality of care within the health care system (Moore et al., 2023). However, only 5.8% of active psychologists in the U.S. are African American (APA, 2022). Consequently, those seeking care and wishing to work with an African American provider often face significant difficulties in finding qualified professionals in key mental health specialties.

Access to Mental Health Care

Research by Shim (2021) revealed that in 2018, only 69% of African Americans received treatment for mental health conditions. While many critics may attribute this to cultural factors, lack of awareness, or pervasive stigma, the primary barrier is often the cost of accessing services (Shim, 2021).

Unfortunately, opposition to universal health care remains significant, and individuals with mental health or substance use disorders encounter systemic inequalities that restrict their access to services compared to white populations (Shim, 2021). The current mental health system is inadequate, with many psychiatrists and psychologists unwilling to accept certain insurance plans due to various factors. Consequently, marginalized populations find it challenging to afford high-quality mental health care, perpetuating a cycle of discrimination (Shim, 2021).

Planey et al., (2019) indicated that even among insured African American families, the demand for mental health services far exceeds their actual utilization when compared to white counterparts. Delays in accessing mental health services for African American youth can lead to significant consequences, including academic struggles, family conflicts, suicidal ideation, and exacerbated symptoms (Planey et al., 2019). Indeed, the likelihood of experiencing adverse health outcomes in adulthood due to unmet needs during youth is 13-52% higher than for those without such unmet needs (Planey et al., 2019). In a study conducted by Planey et al. (2019), researchers explored the barriers and facilitators that African American youth and their families face when accessing mental health services. This examination involved a systematic review of both qualitative and quantitative studies. They identified seven primary themes related to barriers: child-related factors, stigma, religious beliefs, clinician and therapeutic influences, affordability and accessibility, service availability, the school system, and social networks (Planey et al., 2019). These themes indicate that the process of seeking help is multifaceted, contextual, and relational for African American youth and their families. The findings highlight a pressing need to address and reduce barriers to accessing mental health treatment for populations whose needs frequently surpass the level of services available.

Discrimination

When racism is deeply ingrained in individuals and institutions, it results in persistent discrimination. This discrimination is a deliberate action perpetuated by both individuals and

institutions, which can be systematically harmful to socially marginalized populations, thereby reinforcing existing systems of privilege and power (Evans & Sheu, 2019). While some forms of discrimination may be subtle, certain groups in the U.S. endure chronic exposure to it (Evans & Sheu, 2019). Research indicated that this chronic exposure has significant negative implications for mental and behavioral health outcomes. For example, African Americans are adversely affected in terms of mental health due to experiences of discrimination, which in turn makes them less likely to seek mental health treatment (Evans & Sheu, 2019).

Data revealed a clear connection between perceived discrimination and elevated levels of anxiety and depression among African Americans (Evans & Sheu, 2019). In a study conducted by Evans & Sheu (2019), researchers investigated the relationship between perceived discrimination and the utilization of mental health services among African Americans, Black Caribbeans, and Caucasians. The findings demonstrated that both African Americans and Black Caribbeans are less likely to utilize mental health services compared to their Caucasian counterparts. Specifically, 58% of Caucasians access mental health services, while only 27.9% of African Americans and 18.6% of Black Caribbeans do so (Evans & Sheu, 2019). It is crucial to understand that racial and ethnic groups such as African Americans and Black Caribbeans tend to have a heightened awareness of racism and continue to experience persistent prejudice and discrimination (Evans & Sheu, 2019).

Racism

The institutional, structural, and individual forms of racism that have historically oppressed and dehumanized African Americans have fostered a profound distrust of the healthcare system (Grayson et al., 2020). These various manifestations of racism are deeply ingrained in laws, policies, systems, and societal beliefs, contributing to the ongoing unfair treatment of people of color (Braveman et al., 2022). Since the 1500s, African Americans in the United States have been grappling with the long-term effects of mental and emotional trauma linked to slavery and racism (Grayson et al., 2020). For centuries, the

psychological impact of racism has disproportionately affected African Americans. Even after the end of slavery, they have remained targets of structural racism, which continues to exert a debilitating influence to this day (Grayson et al., 2020).

Structural racism occurs when policies, practices, and cultural representations work collectively to sustain inequity among racial groups (Shim, 2021). This form of racism is evident throughout history, where privileged members of society have been associated with "whiteness," while marginalized individuals have been categorized as being of "color" (Shim, 2021). Unfortunately, this perspective within the field of psychology has resulted in misdiagnosis, overdiagnosis, and inadequate treatment for African Americans dealing with mental health and substance use disorders (Shim, 2021). The impact of structural racism has led to significant mental health disparities, contributing to an unjust distribution of opportunities for African Americans. Consequently, this produces a range of social determinants related to mental health, including adverse childhood experiences (ACEs), low educational attainment, discrimination, exposure to violence, and other risk factors (Shim, 2021). It is essential to understand that reluctance to seek mental health treatment within this community often stems from experiences of racism and negative interactions with medical professionals who may lack cultural competence (Grayson et al., 2020).

Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) encompass traumatic events that children and adolescents under the age of 18 may face. These events include neglect, abuse, mental health challenges, exposure to domestic violence, substance use, family separation, and incarceration (Tzouvara et al., 2023). Various familial, individual, and community factors can influence a child's likelihood of experiencing ACEs. Factors such as an unstable living environment, guardians with their own histories of trauma, and residing in communities characterized by high levels of social and environmental dysfunction can significantly increase this risk (Tzouvara et al., 2023). Research by Tzouvara et al.,

(2023) revealed that there is a strong correlation between ACEs and poor mental health outcomes. Individuals who have experienced ACEs are at an elevated risk for a range of mental health disorders, including depression, bipolar disorder, and substance misuse (Tzouvara et al., 2023). Furthermore, those who have faced ACEs often struggle to form healthy relationships due to underdeveloped coping skills, difficulties with emotional regulation, and challenges in establishing trust (Tzouvara et al., 2023).

Research by Lowe-Graham et al., (2021) demonstrated that African Americans in the United States are at a heightened risk of experiencing multiple Adverse Childhood Experiences (ACEs), primarily due to disparities in health, housing, and socioeconomic conditions. Additionally, institutional racism and discrimination contribute to the disproportionate experience of ACEs, increasing vulnerability among this population (Lowe-Graham et al., 2021). In their study, Leslie et al. (2023) explored the connection between ACEs and negative mental health outcomes within marginalized communities, with a particular focus on African Americans. Their findings revealed a significant intergenerational association between a caregiver's exposure to ACEs and an elevated risk of mental health issues in their children. Specifically, the results indicated that ACEs experienced by caregivers are strongly linked to a child's likelihood of developing Post-Traumatic Stress Disorder (PTSD), although this association does not extend to depressive symptoms in African American children (Leslie et al., 2023). These findings emphasized the importance of implementing ACE screenings during medical appointments, as they are essential for informing and shaping effective clinical interventions (Leslie et al., 2023). Furthermore, it is vital to recognize that the impact of ACEs can deter African Americans from seeking mental health treatment. Factors such as mistrust of medical systems and the stigma of internalized shame often led individuals to dismiss their experiences as not serious enough to warrant professional help.

Stigma

Discussions about mental health within African American communities are often constrained by historical trauma and the stigma surrounding the disclosure of mental health issues (Craddock et al., 2023). This stigma manifests in three distinct ways: internalized, anticipated, and experienced stigma (Rivera et al., 2021). For many African Americans, these stigmas are expressed through prejudice or discrimination from others, the expectation of encountering future stereotyping, and the internalization of negative stereotypes about themselves (Rivera et al., 2021). Furthermore, African Americans are more likely to view individuals with mental illness as dangerous, which can lead to social distancing from those individuals. When seeking mental health services, they are often more inclined to consult their primary care provider rather than a psychiatrist. Additionally, they may seek support through faith-based organizations or community resources (Rivera et al., 2021). This preference for alternative avenues is largely rooted in a mistrust of the healthcare system, influenced by experiences of discrimination or racism, which can exacerbate the stigma surrounding mental illness (Rivera et al., 2021).

Mantovani et al., (2016) suggested that stigma can manifest at three interconnected levels: self, social, and structural. Self-stigma refers to the negative perceptions and experiences that individuals with stigmatized attributes may hold, often resulting in harmful feelings about themselves and the adoption of maladaptive behaviors (Mantovani et al., 2016). Social stigma encompasses the judgments made by community members that contradict societal norms, leading to detrimental actions against individuals with devalued characteristics (Mantovani et al., 2016). This form of social stigma can further contribute to structural stigma, which involves the unjust treatment of marginalized groups, particularly those experiencing mental health and substance use disorders (Mantovani et al., 2016). For example, the misconception that individuals with mental health challenges are inherently dangerous can inhibit genuine social connections, exacerbating self-stigma and fostering coercive interventions. The study conducted by Mantovani et al. (2016) explored the strong association between stigma and help-seeking

behavior for mental health issues within African-descended populations. Their findings highlighted that the primary barriers to seeking assistance stem from stigmas related to perceptions of mental illness causes, the silencing of mental health discussions, and the reinforcement of stigma at the community level. Additionally, individuals diagnosed with mental illnesses often encounter compounded stigma (Mantovani et al., 2016). To effectively address these challenges, it is crucial for mental health services and interventions to involve community members, thereby reducing barriers to accessing care.

Mental Health Literacy

In many African American communities, discussing mental health challenges is often deemed taboo. There is a prevailing belief that “what goes on within the house stays within the house,” and a fear that “we don’t need other people thinking that we’re crazy” (Grayson et al., 2020). These cultural barriers lead to limited open dialogue about mental health, resulting in community members possessing little knowledge about their diagnoses and available treatment options. This contributes to a significant lack of mental health literacy (Grayson et al., 2020). Mental health literacy is crucial for seeking mental health services and enhancing overall well-being, as it encompasses understanding diagnoses, recognizing risk factors, identifying self-help strategies, and accessing information related to mental health (Craddock et al., 2023). African American communities often lack awareness regarding risk factors and symptomatology associated with mental health conditions. As a result, few individuals in these communities report discussing their mental health concerns with family, friends, or mental health professionals (Craddock et al., 2023).

Mistrust in healthcare systems significantly impedes the development of health literacy, affecting interactions with providers, access to resources, and decision-making related to health (Muvuka et al., 2020). African Americans are particularly likely to distrust the healthcare system due to negative past experiences, which perpetuate existing disparities in health literacy. A prominent example is the Tuskegee Study of Untreated Syphilis, conducted from 1932 to 1972, during which treatment was

deliberately withheld from hundreds of African American men to study the effects of untreated syphilis (Muvuka et al., 2020). Healthcare systems have frequently failed to meet the preferences and needs of minoritized populations in the delivery of services and health information (Muvuka et al., 2020). In this context, the church has emerged as a vital source of health literacy for African American communities.

Cultural Norms and Practices

African Americans exhibit protective capacities that encompass values, support systems, beliefs, adaptability, cohesion, problem-solving abilities, and effective communication strategies, which collectively enable them to recover from adversity (Carlo et al., 2022). The cultural elements present within African American communities can bolster resilience and facilitate healing from the impacts of trauma. Deep connections to spiritual or church traditions often serve as a protective buffer against traumatic experiences, though they may also act as barriers to seeking mental health treatment (Ranjbar et al., 2020). Furthermore, African American families frequently emphasize the importance of preparing their children for a racialized society, instilling a strong sense of pride in their racial identity. Both racial socialization and a well-defined racial identity are recognized as significant cultural assets within these communities (Carlo et al., 2022). Another vital cultural norm is the cultivation of supportive and positive relationships with extended family members. Strong familial ties and close connections with neighbors promote mutual investment, leading to collective socialization and efficacy. These protective factors empower African Americans to navigate stressors in a constructive and adaptive manner (Carlo et al., 2022).

Religion and Spirituality

In the absence of discussing mental health challenges, African Americans have relied on informal means of support that include prayer and religion to help cope with mental health (Craddock et al., 2023). Historically the black church has been utilized as a social, cultural, political, and educational institution that is pivotal to African American communities (Nguyen, 2020). Bolger et al., (2024)

suggested that African Americans prefer to consult with religious leaders rather than mental health professionals as they are the first professional persons of contact to help address personal problems. Leaning on one's faith and spirituality to cope, has been linked to the idea of staying strong (Craddock et al., 2023). Engaging in religious activities has helped promote positive emotions and a sense of wellbeing (Nguyen, 2020). Individuals tend to seek spiritual guidance because they see mental health as a product of religious causes. Certain religious traditions have socialized congregants into believing that mental health conditions are a punishment from God or a spiritual trial. This perception can also explain the racial disparities in the use of mental health services within African American communities (Bolger et al., 2024).

Historically, Black churches have created community engaged, and fostered positive change. In traumatic circumstances, the church has been a source of safety, a source of education, and social capital for African Americans when there were no other resources available (Davenport & McClintock, 2021). Black churches have been utilized to address a myriad of issues that may be psychological in nature. Church-based programs may offer assessments, knowledge, and interventions to help combat mental health issues (Davenport & McClintock, 2021). African Americans may perceive care of mental health conditions as being a part of their religious experience rather than a part of professional mental health services (Davenport & McClintock, 2021). According to Davenport & McClintock (2021) religion can be a protective factor against psychological conditions as it is composed of many dimensions that can have a direct influence on outcomes and behaviors.

Researchers Davenport & McClintock (2022) conducted a study on the connection between religion and attitudes towards mental health treatment among black church attendees in the U.S. Four Hundred and Thirty-five participants were recruited from Christian and Protestant churches in Pennsylvania and New Jersey (Davenport & McClintock, 2021). Criteria for the study were that participants had to be 18 years or older, attend church, identify as African American, and be religiously

affiliated with either domination. Participants were given a self-administered survey to complete (Davenport & McClintock, 2021). The research indicated that those who have a stronger connection to their high power endorsed fewer positive attitudes toward seeking professional mental health services. However, those who had a lower subjective religiosity endorsed a more positive attitude toward mental health treatment (Davenport & McClintock, 2021). The results suggest that religious engagement does influence attitudes toward engagement in mental health treatment. Some conflicting research will indicate that the higher one's subjective religiosity, the more they are likely to engage in mental health treatment. The samples of these conflicting findings did not include members of African American communities (Davenport & McClintock, 2021).

Racial Socialization

Racial socialization (RS) is the process by which African American parents impart a variety of messages to their children, including those that foster pride, address racial barriers, and highlight societal challenges (Griffin et al., 2024). The manner in which these messages are communicated varies based on several factors, including demographics, characteristics, and personal experiences (Griffin et al., 2024). However, when these messages are conveyed negatively, they can have detrimental effects. While certain components of RS can act as protective factors against the adverse mental health consequences of racial discrimination, research shows that factors such as the type, severity, and source of RS can significantly moderate these effects (Anderson et al., 2024).

Furthermore, studies revealed that African American mothers who engage in RS practices with their children tend to experience a higher incidence of racial discrimination and discuss race more frequently during their children's upbringing compared to those who do not engage in such practices (Griffin et al., 2024). Despite the potential negative outcomes associated with RS, it is regarded as a vital and common practice (Anderson et al., 2024). African American families must navigate various aspects of a child's intersectional identity during socialization. Parents face the complex challenge of

raising their children to take pride in their identity, comprehend the society they inhabit, and effectively navigate experiences of discrimination all at once (Anderson et al., 2024).

RS can be understood as a developmental process that thrives within the context of the Black family (Charity-Parker & Adams-Bass, 2023). The presence and significance of interdependent, multigenerational families in African American communities is well documented. These households often include a mix of extended and immediate family members, as well as fictive kin (Charity-Parker & Adams-Bass, 2023). In light of the oppressive challenges faced by these communities, intergenerational kinship provides a vital support system for individuals, children, and families. For African American youth, extended family members frequently act as natural mentors (Charity-Parker & Adams-Bass, 2023). These relatives offer essential support, guidance, and assistance in making important life decisions. The strong connections that develop through these natural mentorships foster trust and psychological well-being, helping to alleviate the negative impacts of stress while also imparting coping strategies for dealing with race-based threats (Charity-Parker & Adams-Bass, 2023). While familial support can be instrumental in navigating stressors and building resilience, it can also perpetuate negative beliefs about seeking mental health services. Within Black culture, there is often a pronounced emphasis on the importance of family, making them the primary resource for individuals in need of support.

Family

Family social support is a vital component of daily life for many Americans. Family networks can serve as both protective and risk factors that influence various aspects of well-being, including physical, psychological, and economic health (Cross et al., 2018). A dependable family network is associated with higher levels of life satisfaction, while an unreliable one can undermine a person's sense of autonomy, heighten stress, lead to psychological difficulties, and increase conflict within the family unit (Cross et al., 2018). In the African American community, the focus of family networks revolves

around the exchange of support among adult relatives. This exchange encompasses both emotional and instrumental support, which is crucial for managing stressors and addressing daily challenges (Cross et al., 2018). According to Cross et al., (2018) 70% of African Americans provide some form of emotional support to family members, and virtually all engage in various types of instrumental support.

Research conducted by Cross et al., (2018) has demonstrated that social support from family serves as a crucial moderator of psychological distress, well-being, and socioeconomic adjustment among African Americans. Family members offer significant levels of closeness, affection, assistance, and discipline. Notably, African American youth report experiencing higher levels of closeness, parental supervision, and control compared to their white counterparts (Cross et al., 2018). A study conducted by Eley et al. (2019) explored the social and cultural influences on health-seeking behaviors among African American men. This research identified various barriers and facilitators impacting their decisions to seek medical care, emphasizing both structural and historical factors that shape these behaviors. Additionally, it highlighted the importance of interpersonal influences in health-seeking decisions (Eley et al., 2019).

The study uncovered several key themes: (1) having a female partner encouraged help-seeking behavior; (2) children acted as a significant motivator for seeking assistance; (3) parental guidance was perceived as a motivational influence; (4) awareness of relatives' medical histories increased the likelihood of seeking help; (5) many men indicated that they would only seek help if incapacitated by their symptoms or illness, often opting for self-medication instead; (6) a belief that seeking help contradicted traditional male gender norms; and (7) community and peer influences also played a role in their decisions to seek assistance (Eley et al., 2019). The findings of this analysis confirm that social relationships significantly shape health-seeking behavior, while also highlighting how cultural factors can affect an individual's willingness to seek help.

Resilience

Throughout history, resilience has emerged as a crucial response for African Americans, shaped by the influences of family, community, and religion. This resilience is a reaction to the intergenerational trauma inflicted by 250 years of slavery and 150 years of discrimination (Jackson et al., 2018). Resilience refers to the capacity of individuals to recover from adversity following exposure to stressful or traumatic events. While encountering trauma can foster resilience, a deficiency in this trait may lead to persistent psychological distress (Jackson et al., 2018). In the case of African Americans, the collective trauma and oppression experienced over the last two centuries have reinforced a shared cultural identity, which has provided a pathway toward liberation for members of the community. However, in situations where resilience has not been cultivated, the phenomenon known as post-traumatic slave syndrome has been identified (Jackson et al., 2018).

Woods et al. (2023) conducted a study examining the concept of resilience among African American women. The participants indicated that resilience is fostered in two main ways: by overcoming adversity and through the support of family. The findings suggest that social support, particularly from friends and family, is essential in preventing thoughts and behaviors related to suicide (Woods et al., 2023). In contrast, research by Murry et al. (2023) posits that the foundational belief guiding generations of resilience among African Americans is the notion that individuals can bend rather than break when faced with adversity. What may initially seem to be resilience could actually be individuals stretching themselves to navigate their circumstances—an idea that may present a misleading view of authentic resilience (Murry et al., 2023). The research further notes that as individuals stretch, bend, or adapt to toxic environments, societal forces often impede their efforts, exacerbating negative effects on their development and health outcomes (Murry et al., 2023). While resilience might promote temporary positive adaptations for community members, ongoing exposure to systemic inequalities may lead to more significant long-term vulnerabilities (Murry et al., 2023).

Summary

There is a significant gap in the literature in understanding how intergenerational trauma affects the willingness of African Americans to seek and engage with mental health services. For centuries, African Americans in the United States have endured a unique and profound legacy of trauma, rooted in experiences of slavery, systemic oppression, and ongoing racial violence. These historical events have left scars that continue to influence the mental and emotional well-being of both adolescents and adults within this community (Grayson et al., 2020). The collective impact of such trauma manifests in various persistent psychological symptoms, including but not limited to depersonalization, anxiety, depression, post-traumatic stress disorder (PTSD), diminished life skills, and emotional numbness (Ullah et al., 2023). The concept of cultural trauma, particularly through the lens of post-traumatic slave syndrome, exemplifies how these experiences are not simply individual but have been passed down through generations, perpetuating a cycle of psychological distress. As a result, African Americans often grapple with a shared history that frames their present experiences and outlook. It is essential to address these root causes of trauma to move forward effectively, as doing so is critical for improving overall health outcomes and fostering resilience within the community.

Bandura's social learning theory serves as a beneficial framework for understanding the transmission of intergenerational trauma among African Americans. This theory posits that individuals acquire behaviors and emotional responses by observing and imitating those around them, particularly influential figures like parents and caregivers. Consequently, children raised in environments affected by trauma are likely to mirror their caregivers' responses to stress and adversity. This systematic transmission of trauma reveals that when parents experience traumatic events, there is a substantial increase in the likelihood that their children will face adverse childhood experiences (ACEs) and subsequently develop internalizing symptoms, such as anxiety and depression (Leslie et al., 2023). This observation emphasizes the critical role of environment and learned behaviors in the perpetuation of

trauma across generations. Bandura's theory highlighted that individuals are both shaped by and shape their circumstances, directly influencing their current realities and future experiences (Bandura, 2006).

In many African American communities, conversations surrounding mental health challenges are often stigmatized and considered taboo. This stigma, coupled with direct experiences of discrimination and systemic racism, can contribute to the internalization of negative stereotypes about mental health. Such ingrained mistrust of healthcare systems severely hinders the development of health literacy, resulting in detrimental effects on interactions with healthcare providers, restricted access to vital resources, and challenges in making informed health-related decisions (Muvuka et al., 2020). Rather than seeking assistance from mental health professionals, many individuals turn to religious institutions for support, which can often lead to reliance on emergency rooms when their conditions become critical. The strong connections within spiritual and church traditions, coupled with familial support structures and engagement in racial socialization practices, frequently act as protective factors against the adverse effects of traumatic experiences. Nevertheless, these same practices can also create barriers to accessing formal mental health treatment (Ranjbar et al., 2020). To effectively tackle the myriad challenges that African Americans face when trying to access mental health services, a multifaceted and comprehensive approach is essential. This strategy must acknowledge the complex historical context, cultural dynamics, and the current socioeconomic realities that shape the lived experiences of African Americans, ultimately working toward reducing stigma and improving access to mental health resources.

Chapter 3: Research Method

The problem addressed in this study was the negative impact that the history of intergenerational trauma has on African Americans' perspectives on seeking mental health treatment (Hankerson et al., 2022; Lee et al., 2023). Regrettably, mental health disparities for African Americans have their origins in colonialism and slavery, where racist ideologies became entwined with the early development of psychology and psychiatry (Scott-Jones et al., 2020). In addition, cultural factors play a significant role in the transmission of trauma, as they are shaped by social stigmas, cultural norms such as honoring the family, and perceptions rooted in historical events. According to Kim et al. (2021), an individual's cultural background deeply influences understanding of the impact of trauma and the subsequent healing process. In some societies, mass trauma can be the result of genocide or war, leading to a shared sense of grief and loss. This can lead to trauma becoming an integral part of a culture, community, or even an individual's identity through the sharing of experiences and knowledge (Kim et al., 2021). Additional research can raise awareness of the impact of intergenerational trauma, explore how cultural norms and practices shape their perspective of mental health, and determine how the history of intergenerational trauma reduces willingness to seek mental health treatment.

The purpose of this qualitative ethnography study was to gain insight into intergenerational trauma and the negative impact it has on African Americans and their experiences in the U.S. The objective was to understand how cultural norms and practice shape their perspectives on mental health and explore how the history of intergenerational trauma can reduce their willingness to seek mental health support. Intergenerational trauma is defined as the transmission of psychological trauma from one generation to the next, with lasting effects on subsequent generations (Chou et al., 2023). The study focused on African American adults over the age of 21, and a purposive sampling approach was used to select fourteen participants who understood cultural values, customs, or beliefs and could serve as representatives. Data was gathered through semi-structured interviews, which provided an opportunity

to establish rapport, communicate the study's purpose and expectations, and ensure participant anonymity. All interviews were recorded for accurate transcription and reporting of results (Mertens, 2014).

Research Methodology and Design

This study employed qualitative research methods and an ethnographic design. This approach supported a deeper understanding of the intergenerational trauma experienced by African Americans in the U.S. Qualitative methods offer and explore deeper meanings to real-life problems (Tenny et al., 2022). They allow researchers to investigate phenomena in their natural settings and examine the implications for those involved. The ethnographic approach helps characterize specific cultural groups' behavior and understand how their culture has evolved (Privitera, 2020). Quantitative research was considered as it can predict expected relationships among variables. This approach can be used to describe the behaviors of a population concerning one or more variables or it can be used to discover differences between groups (Barroga & Matanguihan, 2022). While quantitative research can reveal relationships between variables, it often overlooks the nuances behind observed phenomena due to its reliance on numerical data. However, a qualitative approach is the best choice based on the research questions and the problem statement, as it can help understand the subjective experiences and meanings that African Americans attach to intergenerational trauma. Qualitative research methods can highlight the values, beliefs, and social and cultural contexts of a specific group of people (Mertens, 2014).

The chosen research design was an ethnographic approach. Ethnography is primarily concerned with exploring individual behaviors, cultural artifacts, and social relations, rather than pursuing definitive cultural truths (Simonds et al., 2012). This methodology emphasizes learning from participants instead of merely studying them, highlighting the importance of understanding individuals' subjective experiences and perspectives within their cultural contexts (Simonds et al., 2012). The objective of ethnographic research is to gain contextual understanding through active listening during

interviews and an iterative process, which facilitates a rich comprehension of social beliefs and interactions (Reeves et al., 2013). The data captured from this design relies on the participants' views and experiences. Ethnography aims to paint a story or create a new narrative and understanding of the group (Creswell & Porth, 2018). Of the two types of ethnography, the critical approach stands out as the most effective, as it explicitly seeks to critique oppression and power dynamics to promote positive change (Palmer & Caldas, 2015). The phenomenological approach was also considered; it examines individual narratives to uncover shared experiences. This method aims to offer alternative perspectives on how and where the meaning of these experiences originates and unfolds (van Manen, 2014). However, this study did not intend to explore the essence of these lived experiences, or the meanings participants attach to them. Instead, it focused on understanding the culture and common patterns within the African American community, particularly in relation to intergenerational trauma and the impact it has on their perspective on seeking mental health treatment.

Population and Sample

The targeted population for this research study focused on African American adults over the age of 21 who reside in the U.S and have been negatively impacted by the history of intergenerational trauma. The sample size included fourteen African American adults. This population was deemed appropriate for the problem statement, purpose statement, and research questions because additional research was needed on how intergenerational trauma impacts African American communities, how cultural norms and practices shape their perspectives on mental health, and how intergenerational trauma impacts their perspectives on seeking mental health treatment. As noted previously, intergenerational trauma refers to the transfer of trauma from parents to their offspring, leading the second generation to endure the effects without direct exposure to the original traumatic events or experiences (Isobel et al., 2021). This form of trauma has the potential to impact numerous generations within a cultural group. Research suggests that impacted generations have signs and symptoms of long-lasting effects such as

depersonalization, mental health conditions, diminished life skills, and emotional numbness (Ullah et al., 2023). Even after the threat of intergenerational trauma has passed, the body does not return to an unstressed state, causing future generations to struggle with psychological and physical problems (Ullah et al., 2023). Not only that, but African Americans are also known to be less likely to engage in psychiatric services, and if they do engage, they are receiving a lower quality of care compared to Caucasians (Alang, 2019). The targeted population is an appropriate fit to address the gaps found within the literature.

The sample for this study comprised fourteen African American adults who had been affected by intergenerational trauma. This form of trauma may manifest through experiences of systemic oppression, racism, and post-slavery discrimination, as well as their impacts on personal identity and the transmission of cultural values. This sample was appropriate to the problem statement because additional research is needed to show one's experience relating to intergenerational trauma and barriers to seeking mental health treatment. The initial sample size was set at 25 participants because literature indicates that for qualitative research with an ethnographic design, an adequate sample size typically ranges from 20 to 30 interviews focused on a single cultural topic. This range allows for a thorough understanding and description of that topic (Wutich et al., 2024). Recruitment efforts targeted social media platforms, specifically via Facebook and Instagram. Using both platforms helped reach a wider audience and provided timely responses. Data was gathered through semi-structured interviews, which provided an opportunity to establish rapport, communicate the study's purpose and expectations, and ensure participant anonymity. All interviews were recorded for accurate transcription and reporting of results. A purposive sampling was used to select participants who possessed extensive cultural knowledge and could serve as representatives (Moser & Korstjens, 2018). The inclusion criteria were African American adults, 21 years and older, who have been negatively impacted by the negative history of intergenerational trauma (i.e., experiences of microaggressions, systemic inequality, and oppression

related to race, victimization that is often overlooked, as well as restricted access to vital resources and certain sociocultural spaces) and could provide insight on the barriers they have faced with seeking mental health treatment. The goal was that additional research on this population would provide insight into their experiences and bridge the gap in the literature about the reasons why African Americans have limited engagement in mental health services.

Materials

Data was collected through semi-structured interviews using a researcher-developed interview guide (see Appendix A). These virtual interviews provided in-depth insights to answer the research questions. The interview questions encouraged participants to share their experiences (Creswell & Porth, 2018). Each interview consisted of open-ended questions and typically lasted between 30 and 60 minutes. The guide included eight questions designed to gently direct the conversation toward the research topics. This guide ensured that all participants were asked the same questions, allowing for a better understanding of their experiences regarding the impacts of intergenerational trauma, as well as the cultural norms and practices that shape their perceptions of mental health. It also explored how the history of intergenerational trauma affects their willingness to seek mental health services. Research indicates that intergenerational trauma has had lasting effects on African Americans, fostering feelings of inferiority, powerlessness, and a fractured self-identity (Vázquez et al., 2024). The semi-structured interview approach helped shed light on the severity of the impact caused by intergenerational trauma and highlight the barriers that African Americans face in accessing mental health services.

Study Procedures

Prior to collecting data, the researcher obtained approval from the Institutional Review Board (IRB) at National University (NU). After receiving this approval, an invitation flyer was posted on social media platforms, primarily Facebook and Instagram (see Appendix B). Permission to access these platforms was not necessary, as specific groups within these platforms were not targeted. The flyer was

shared in the story feature and as a post on the researcher's personal accounts on both platforms. Each participant interested in engaging in the study was screened upon contact. The screening tool was demographic in nature, inquiring about age, race, gender, and residency (see Appendix C). Selected participants who met the eligibility criteria were instructed to contact the researcher via telephone or email (see Appendix D). After clarifying and addressing any questions, interested individuals who agreed to participate were given an informed consent form via email requiring e-signatures (see Appendix E). Once the signed consent forms were returned, the researcher scheduled interviews. The interviews were conducted via Zoom, using an interview guide with each participant. Each interview lasted between 30 and 60 minutes, allowing participants to share their experiences with intergenerational trauma and the barriers they faced in seeking mental health treatment. Barriers that individuals may encounter include stigma, discrimination, or racism, as well as challenges related to mental health literacy and accessibility. The interviews were recorded and transcribed by the researcher. To ensure the reliability of the data collected, the finished transcriptions were cross-checked with each participant to confirm that the researcher's interpretation aligned with the participant's responses (Ruslin et al., 2022).

Data Analysis

The transcribed data for each participant was uploaded and coded using NVivo software. The identified themes or topics provided a better understanding of the impacts of intergenerational trauma on African Americans and how this history may affect their willingness to seek mental health services. A narrative analysis was utilized for this study. Narrative analysis engages with storied data, emphasizing that an individual's story does more than merely recount experiences; it holds significant value in people's lives (Smith & Monforte, 2020). Narrative analysis is especially relevant for ethnographic studies, as it is crucial to explore cultural experiences embedded within narratives (Saint Arnault & Sinko, 2021). This approach allowed for an examination of how culture influences the creation of narratives and how sociocultural contexts impact the production of these stories (Saint Arnault & Sinko,

2021). This method was used to reformulate participants' narratives about their experiences with intergenerational trauma and how these experiences have shaped their perspectives on seeking mental health treatment. The approach included coding the interview data, identifying key themes, refining these themes through ongoing review, and ultimately reporting the findings (Naeem et al., 2023). NVivo was employed to facilitate the coding process and theme identification, as it effectively organizes and visualizes data, enabling researchers to contextualize coded sections (Moncada, 2025). All narrative analysis data were collected from the interview process and transcribed.

Assumptions

This research study operated under the assumption that participants would honestly represent their eligibility in terms of demographics and experiences. It is also assumed that participants comprehended the purpose of the study, understood the reasons for their involvement, and recognized that their participation is entirely voluntary. Informed consent articulated that participants are under no obligation to engage in the research study and retained the right to withdraw at any time without consequence (Heider et al., 2020). During the interview process, participants were expected to respond truthfully to questions regarding their experiences with intergenerational trauma. To accomplish this objective, it was essential to cultivate rapport with participants by exhibiting both confidence and respect (Negrin et al., 2022). Considering the sensitivity of the subject matter, it was imperative to recognize participants' potential for re-traumatization, equipped them with effective grounding techniques, and provide additional resources for their utilization (Silverio et al., 2022).

Limitations

The limitations of this study include research bias, a small sample size, and the participants' ability to recall their experiences accurately. Research bias can arise at any stage of the research process. In qualitative studies, the researcher serves as the data collector and the interpreter of the collected data (Florczak, 2022). In this case, research bias may be present because the participants shared the same

race as the researcher and had similar experiences of intergenerational trauma. They have also witnessed the effects of this trauma when seeking treatment in the healthcare system. However, conducting a thorough critical analysis helped mitigate the influence of bias (Florczak, 2022). The small sample size was another limitation of this study. Literature suggests that for qualitative research and ethnographic design, an adequate sample size should range from 20 to 30 interviews focused on a single cultural topic to understand and describe that topic fully (Wutich et al., 2024). In this study, only fourteen participants were utilized to allow for accurate results within a limited timeframe managed by a single researcher. Despite this limitation, future research could replicate the study with a larger sample size. Another challenge is that participants may have struggled to recall their experiences accurately. The aim was to ensure that each participant's input was as accurate as possible to enhance the reliability of the data analysis and outcomes (van Berkel et al., 2019). To address this concern, member checking was implemented, allowing participants to review and confirm the accuracy of the information they provided (Ahmed, 2024).

Delimitations

This qualitative ethnographic study has two key delimitations. The first is that the study gathered data from participants who are African American, over the age of 21, and residing in the U.S. Most research typically focuses either on the impact of intergenerational trauma on African American men or on African American women. However, this study aimed to encompass African Americans as a whole, highlighting the effects of intergenerational trauma and how this history may affect the willingness of individuals in this population to seek treatment. The second delimitation pertains specifically to the experiences that African Americans face in relation to intergenerational trauma and the cultural practices or norms they utilize to cope with these experiences. Participants were recruited based on their experiences with intergenerational trauma without considering other demographic factors such as education or socioeconomic status. This approach allowed for the focus to be on shared experiences

among African Americans impacted by intergenerational trauma rather than segmenting the data by additional demographics.

Ethical Assurances

This study's proposal was submitted for approval to the Institutional Review Board (IRB) at National University before the commencement of data collection. Recognizing potential ethical dilemmas in research is essential. A primary concern was the risk of bias, which can compromise individual studies and entire bodies of research alike. Given the significant detrimental effects that bias can impose, it was vital to implement effective strategies to address it (Yarborough, 2021). This was accomplished by ensuring that all participants received the same interview questions and by accurately recording and transcribing the interviews. The primary themes derived from the transcribed and analyzed data formed the basis for the study's findings.

Given that the selected participants may have experienced various forms of trauma and its effects, it is essential to take measures to minimize the risk of re-traumatization, especially when it can be anticipated (APA, 2017). This study aimed to understand the impact of intergenerational trauma, which is distinct from individual traumatic events. It is important to recognize that intergenerational trauma is caused not only by individual actions but also by systemic factors that perpetuate tension and hinder the healing process. The IRB determined that the anticipated risk for participants is minimal. Informed consent was provided to all participants, outlining the purpose of the study and including the researcher's contact information. The informed consent document was written in clear, easily understandable language. The aim was to minimize any potential coercion and allow participants ample time to consider their participation in the study (Manti & Licari, 2018). The informed consent also informed participants about how confidentiality and privacy would be maintained. Participants were encouraged to ask any questions related to the study and reminded them that their participation was voluntary; they could withdraw from the study at any time.

Ensuring the privacy and confidentiality of research participants is a fundamental ethical requirement for any research endeavor (Adarmouch et al., 2020). To uphold this ethical obligation, participants were assigned pseudonyms to safeguard their personal information. Additionally, participants were informed about the methods used for data collection, storage, and disposal. Interview recordings were securely stored on a password-protected personal laptop, and transcription was conducted using NVivo software. No physical copies of the data were maintained. These practices and procedures were designed to protect participants' confidentiality and privacy, in full compliance with the guidelines set forth by the National University Institutional Review Board.

Participants were informed about the research process. If necessary, additional online resources were provided to help participants manage any adverse reactions from engaging in the study. All participants received the same interview questions and conducted their interviews via Zoom. Upon completion and acceptance of the study, all information was discarded in accordance with the requirements of the National University's IRB. The researcher's role was to interview participants to collect data promoting awareness of intergenerational trauma among African Americans. I hold a master's degree in Clinical Mental Health Counseling and am a Licensed Professional Counselor.

Summary

This chapter presents the proposed methodology for conducting a qualitative ethnographic study. The research aimed to investigate the negative impact of intergenerational trauma on African Americans' perspectives on seeking mental health treatment in the U.S. (Hankerson et al., 2022; Lee et al., 2023). The primary goal of this study was to gain a deeper understanding of intergenerational trauma and its effects on African Americans and their experiences in the U.S. Specifically, it sought to explore how cultural norms and practices shape their perceptions of mental health and how the legacy of intergenerational trauma may diminish their willingness to seek mental health support. The study involved a sample of fourteen African American adults who had been influenced by the repercussions of

intergenerational trauma. Recruitment efforts concentrated on social media platforms, particularly Facebook and Instagram. Data was gathered through semi-structured interviews conducted via Zoom, which facilitated rapport-building, clarified the study's objectives and expectations, and ensured participant anonymity. The interviews were recorded, and the resulting data were transcribed, uploaded, and coded using NVivo software. To reduce bias, increase reliability, and uphold ethical considerations, the researcher used the same interview questions for each participant and relied solely on the information obtained during these interviews for the study. All collected data was securely stored with password protection and was disposed of upon the completion and approval of the study.

Chapter 4: Findings

The problem addressed in this study was the negative impact that the history of intergenerational trauma has on African Americans' perspectives on seeking mental health treatment (Hankerson et al., 2022; Lee et al., 2023). Regrettably, mental health disparities for African Americans have their origins in colonialism and slavery, where racist ideologies became entwined with the early development of psychology and psychiatry (Scott-Jones et al., 2020). In addition, cultural factors play a significant role in the transmission of trauma, as they are shaped by social stigmas, cultural norms such as honoring the family, and perceptions rooted in historical events. According to Kim et al. (2021), an individual's cultural background deeply influences understanding of the impact of trauma and the subsequent healing process. In some societies, mass trauma can be the result of genocide or war, leading to a shared sense of grief and loss. This can lead to trauma becoming an integral part of a culture, community, or even an

individual's identity through the sharing of experiences and knowledge (Kim et al., 2021). Additional research has raised awareness of the impact of intergenerational trauma, explored how cultural norms and practices shape their perspective of mental health, and determined how the history of intergenerational trauma reduces willingness to seek mental health treatment.

The purpose of this qualitative ethnography study was to gain insight into intergenerational trauma and the negative impact it has on African Americans and their experiences in the U.S. The objective was to understand how cultural norms and practice shape their perspectives on mental health and explore how the history of intergenerational trauma can reduce their willingness to seek mental health support. Intergenerational trauma is defined as the transmission of psychological trauma from one generation to the next, with lasting effects on subsequent generations (Chou et al., 2023). The study focused on African American adults aged 21 and over, and a purposive sampling approach was utilized to select 14 participants who understood cultural values, customs, or beliefs and could serve as representatives. Data was gathered through semi-structured interviews, which provided an opportunity to establish rapport, communicate the study's purpose and expectations, and ensure participant anonymity. All interviews were recorded for accurate transcription and reporting of results (Mertens, 2014).

Recruitment efforts targeted Facebook and Instagram to reach a wider audience with timely responses. Participants completed a demographic screening tool to ensure they met eligibility criteria including being an African American adult, 21 years and older, residing in the U.S, who have been negatively impacted by the history of intergenerational trauma (i.e., experiences of microaggressions, systemic inequality, and oppression related to race, victimization that is often overlooked, as well as restricted access to vital resources and certain sociocultural spaces) and could provide insight on the barriers they have faced with seeking mental health treatment.

Trustworthiness of the Data

The trustworthiness of this qualitative research study was established through several rigorous procedures. Participants were purposively sampled from Facebook and Instagram. This recruitment strategy, alongside rigorous analytical procedures, enhanced the study's overall trustworthiness by fostering transparency through direct communication and cultivating community rapport through the engagement of individuals and organizations. The sample consisted of 14 participants, aged 23 to 70, who resided in Connecticut, Florida, Georgia, and North Carolina. Each participant engaged in semi-structured interviews on Zoom, with their informed consent obtained prior to recording. Participants were encouraged to respond candidly about their experiences and were assured of privacy and confidentiality throughout the research process. All interviews were recorded and transcribed via Zoom, and the transcripts were then reviewed collaboratively with each participant to ensure accuracy. This verification process, specifically member checking, enhanced the credibility of the findings by ensuring data accuracy, consistency, and validation. Employing this approach mitigated the potential for errors and researcher bias. The interview transcripts were subsequently uploaded to NVivo for data analysis, facilitating systematic coding, organization, and narrative analysis.

Dependability in qualitative research is associated with the stability and consistency of findings over time (Kocaman, 2024). In this study, dependability was ensured through a standardized interview guide, in which each participant answered the same set of eight questions. Interviews, conducted via Zoom, ranged from 30 to 60 minutes. The methodological rigor and consistent interview protocols support the potential for the study to be replicated in other regions of the United States, given the similarity of participants' experiences across geographic locations. Transferability refers to the extent to which research findings may be applied to other contexts or populations (Ahmed, 2024). In the present study, transferability is demonstrated by the consistency in participant responses and the recurrent themes related to intergenerational trauma. Transferability is established through detailed descriptions

and supporting evidence, enabling readers to assess the applicability of the findings to other contexts. It is important to note that, although the study included only fourteen African American participants, the findings are considered transferable—rather than generalizable—based on the depth and richness of the data collected. Credibility is defined as the degree to which the findings are accurate and trustworthy (Kocaman, 2024). This was achieved through the establishment of trust and rapport with participants and by maintaining reflexivity regarding the researcher’s own potential biases throughout the research process. The researcher's expertise and competence in the subject of intergenerational trauma, shared racial background, and positive engagement with participants further facilitated the development of strong research relationships. Confirmability pertains to the objectivity and neutrality of the research findings (Ahmed, 2024). This was addressed through member checking, whereby participants reviewed their interview transcripts to verify the accuracy and authenticity of their reported experiences.

Results

This study examined the negative impact of intergenerational trauma on African Americans' perspectives regarding mental health treatment in the United States. It also investigated the cultural norms and practices influencing these perspectives and assessed the broader effects of intergenerational trauma within African American communities. Of the 27 individuals who initially expressed interest, 14 completed the demographic screening tool and signed the consent letter within a reasonable timeframe. The demographic screening tool, distributed via email before each interview, confirmed eligibility based on self-identification as African American, age over 21 years, having been negatively impacted by the history of intergenerational trauma, and residing in the United States. Data collection occurred between July 2nd and August 4th.

Participant ages ranged from 23 to 70 years (see Table 1). Among the participants, 14% were Baby Boomers, 21% were Generation X, 57% were Millennials, and 7% were Generation Z. Baby Boomer participants (P1 and P8) discussed their parents' experiences in the Silent Generation, and the

resulting effects of intergenerational trauma. Generation X participants (P9, P10, and P11), who also identified as having Caribbean descent, reflected on their initial unawareness of intergenerational trauma and the transmission of parental practices. Millennial participants (P1, P4, P5, P6, P7, P12, P13, and P14) described the influence of limited emotional intelligence in previous generations and their efforts to disrupt cycles of trauma. The Generation Z participant (P2) emphasized experiences of judgment and discrimination when seeking mental health services (see Appendix F). The sample included 29% male and 71% female participants, residing in Connecticut, Florida, Georgia, and North Carolina. To ensure anonymity and confidentiality, no names were collected during the open-ended interviews, and participants were assigned unique identification numbers.

Table 1

Participant General Information (n=14)

Count of Participants	ID#	Location	Connecticut	Florida	Georgia	North Carolina	Grand Total
<input type="checkbox"/> Female	23					1	1
	35		1				1
	36		1				1
	39		2				2
	42		1				1
	43					1	1
	44		1				1
	53			1			1
	70		1				1
Female Total		7	1	1		1	10
<input type="checkbox"/> Male	34					1	1
	47		1				1
	54			1			1
	61		1				1
Male Total		2	1			1	4
Grand Total		9	2	1		2	14

The coding process began by uploading each Zoom transcript into NVivo and categorizing each interview guide statement according to the three research questions. For example, statements regarding participants' perceptions of intergenerational trauma or its effects on themselves or family members were categorized under research question one. This process led to the identification of several themes relevant to the research questions. To maintain participant anonymity, only age, gender, and location were recorded. Each participant was assigned a unique number to distinguish them from others. A total

of 112 text segments were coded and used to identify themes in the data. Themes were identified by quantifying the frequency of their mention in each participant's transcript. Themes with the highest frequency were designated as high priority by the researcher. Each of the eight interview questions was assigned an alphanumeric code, which enabled linking responses to specific research questions and the exporting of the data in Excel format for further analysis. Eleven codes were developed based on the data. The themes are presented in order, from the most to the least frequently discussed, for each research question. These themes include societal and internal perceptions of intergenerational trauma, misconceptions, barriers related to accessibility to resources, increased awareness of mental health, the influence of religion in shaping mental health perspectives, and the concept of generational curses originating from intergenerational trauma. The themes identified from coding and analysis of transcripts for research questions one through three are presented in Table 2.

Table 2

Themes of the Research Questions

<i>Research Questions</i>	<i>Themes</i>
RQ1: How has intergenerational trauma affected African American communities?	<ul style="list-style-type: none"> • Societal Perception and Internal Perceptions • Mental Health Literacy • Misconceptions/Barriers • Racial Socialization
RQ2: How do cultural norms and practices within African American communities shape their perspective on mental health?	<ul style="list-style-type: none"> • Education <ul style="list-style-type: none"> ○ Enhance awareness • Family & Friends <ul style="list-style-type: none"> ○ Are supportive ○ Sign of weakness • Resilience <ul style="list-style-type: none"> ○ No such thing as resilience ○ I have to rely on myself • Religion <ul style="list-style-type: none"> ○ Take things up to a higher power ○ Religion cannot be the only thing used to cope with mental health

<p>RQ3: How does the history of intergenerational trauma impact African Americans from seeking mental health services?</p>	<ul style="list-style-type: none"> • Intergenerational Trauma and the Burden of Its Cycle <ul style="list-style-type: none"> ○ Not considered human ○ Have to be the “strong black” man/woman. ○ Lack of trust and inability to form healthy relationships ○ Generational curses • Lack of Understanding <ul style="list-style-type: none"> ○ True impact is unknown • Barriers <ul style="list-style-type: none"> ○ Financial/Job constraints ○ Limited access to services ○ Therapy is a white person’s luxury.
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Research Question #1

Research question one examined the impact of intergenerational trauma on African American communities. Individual interview responses were organized and coded using NVivo. Interview questions 1 to 3, focusing on the perception of intergenerational trauma and community effects, were analyzed with common phrases and words related to the impact of intergenerational trauma identified. This analysis yielded 93 relevant words and phrases, ranked from most frequent to least: (1) assistance, (2) finances, (3) barriers, (4) understanding, and (5) frustration. A subsequent refinement search in NVivo was conducted to categorize these prevalent terms. This process resulted in the identification of four primary themes ranked from the most frequent to least: (1) societal and internal perception, (2) mental health literacy, (3) misconceptions and barriers, and (4) racial socialization. Further refinement was performed to identify synonyms for the most prevalent phrases and words identified.

Theme 1.1: Societal and Internal Perceptions. Societal and internal perceptions emerged as the top key theme from the word frequency analysis. Each interview included a question about participants’ views on intergenerational trauma and its impact on the community. Responses varied: 14% thought that African Americans are perceived as angry and intimidating, which discourages provider engagement.

Participant P3 reported, “Being an intelligent black man, I find a lot of people are intimidated when I speak or when I walk down hallways. It's continued this oppressive labeling that I'm always an angry man, I'm always upset, or you look angry.” 36% felt they must prove their humanity to access resources. The statement from participant P5 corroborated this: “intergenerational trauma really has an impact on how we move about within society, and how we present ourselves. As a person of color, we didn't have the luxury of rolling out of bed and just showing up as is. We always had to prove our humanity.” Additionally, 36% reported that racism and discrimination from the majority population contribute to internalized colorism within African American communities. Participant P4 noted that, “I definitely saw colorism in my family. I felt that I was often sometimes treated differently because I was a little darker than my cousins or one of my brothers, who my aunt treated better.”

Theme 1.2: Mental Health Literacy. Mental health literacy was identified as the second key theme in the word frequency analysis. All interviews included questions regarding participants' perspectives on intergenerational trauma and its effects on the community. Responses indicated that 7% believed the effects of intergenerational trauma are not quantifiable. Participant P10 reported, “How does intergenerational trauma affect me? The thing is, we don't always recognize how it affects us, so it's hard to know what the effects are.” 43% perceived a lack of mental health understanding within the community and reported being misunderstood by non-black providers. This statement was corroborated by participant P7 by stating, “My first experience with therapy, I felt like nobody understood me and didn't give me the right treatment. Seeking mental health in my older life, and it took a black therapist to finally get me.” Additionally, 14% of participants attributed a lack of emotional intelligence among African Americans to the consequences of intergenerational trauma.

Theme 1.3: Misconceptions and Barriers. Misconceptions and barriers emerged as the third key theme in the word frequency analysis. Interview questions focused on participants' perspectives regarding intergenerational trauma and its impact on the community. Among respondents, 36% reported

that seeking help is perceived as a sign of weakness within African American communities. Participant P6 noted that, “I would say for most of the time for us, talking to a therapist or getting help when there are mental problems, is shown as a sign of weakness in our culture instead of actually dealing with the issues at hand.” 21% cited financial constraints as a barrier to accessing help, and 7% indicated that they were denied promotions at work, which limited their ability to seek mental health services. Participant P3 cited, “I remember how my mother struggled. She had the same skill set as any other person. She was always frustrated with the limited amount of progress or even promotions. A lot of it was based on the fact that she was a black woman.”

Theme 1.4: Racial Socialization. Racial socialization was identified as the fourth prominent theme in the word frequency analysis. The interview protocol explored participants’ views on intergenerational trauma and its effects within the community. Twenty-one percent of participants attributed Adverse Childhood Experiences (ACEs) to their perceptions of intergenerational trauma and its influence on the African American community. Additionally, 57 percent of participants reported a prevailing sense of secrecy and silence surrounding mental health issues. Several participants expressed the belief that individuals are expected to persist without seeking assistance. Participant P1 reported, “To deal with certain issues or even talk about certain issues, there is a secrecy and silence around certain things like sexual abuse, drugs, or other addictions. Anything detrimental, talking about certain things you just don’t do, and I recognize that comes from holding slave masters' secrets.”

Research Question #2

Research question two examined the influence of cultural norms and practices within African American communities on perceptions of mental health. Analysis of responses to interview questions 4, 5, 6, and 8, which addressed coping strategies and their impact on mental health perspectives, identified 274 relevant words and phrases. The most frequent categories included negative, supportive, judgment, and awareness. The analysis further indicated that education, social support from friends and family,

resilience, and religion were perceived as either supportive or unsupportive factors in seeking mental health services.

Theme 2.1: Education. The theme of education was identified as a significant factor influencing cultural norms and practices related to mental health perspectives. Analysis of interview transcripts revealed that 50% of participants referenced education in relation to mental health. Participants P3, P4, P5, P8, P10, P11 & P12 indicated that educational attainment contributed to a more informed understanding of mental health issues. Many participants were employed in sectors such as mental health (P3, P4, P6, P7 & P12), healthcare (P11), education (P5 & P8), finance (P10), construction (P1), law enforcement (P13), information technology (P9), or were students (P2 & P14). Several participants, such as P9, P10, P11, and P12, noted that prior to receiving formal education, their knowledge of mental health was limited. Additionally, participants observed that increased openness in discussing mental health has reduced its status as a taboo subject compared to previous generations.

Theme 2.2: Family & Friends. Family and friends emerged as a second significant influence on cultural norms and practices related to mental health. Interview analysis indicated that 79% of participants perceived their family and friends as positively shaping their mental health perspectives by providing a safe environment and support. Participant P8 highlighted, “It’s my social connections, like friendships are where my support comes from.” Or participant P5 reported, “I lean heavily on my tribe as they are my first line of defense.” In contrast, 27% reported reluctance to seek support from family or friends due to concerns about judgment or being perceived as weak. This is corroborated by the following remarks from participant P4 “Um, I think for a long time, um, based on how I was treated or how mental health is seen in my family, I just wasn’t strong enough. Um, it was, like, um, only if you’re weak or crazy, basically, you go.”

Theme 2.3: Resiliency. Resiliency was identified as the third significant factor shaping cultural norms and practices related to mental health across all data sources. Interview analysis indicated that

29% of participants (P8, P12, P13, & P14) believed resilience strongly influenced their perceptions of mental health. These participants reported that, in the absence of external support, they relied on cultivating hope and a sense of control to proactively manage stressors that might otherwise contribute to mental health disorders. In contrast, 7% of participants questioned the validity of resilience as a concept, noting that it was not originally coined by African Americans and suggesting that its emphasis may perpetuate intergenerational trauma. Participant P7 commented that, “Resiliency is some BS, so I am not asking other black people to be resilient. It is a word that society puts on black people, so I don’t put it on black people.”

Theme 2.4: Religion. Religion emerged as the fourth significant factor influencing participants’ perspectives on mental health. Analysis of interview transcripts indicated that 86% of participants relied on prayer, faith, or ancestor altars both to inform their understanding of mental health and to cope with daily stressors. However, 25% of participants (P1, P13, & P9) reported that, despite the centrality of religion in their lives, it sometimes perpetuated the belief that medical or psychological interventions are unnecessary, as attending church is considered sufficient. This group also observed that religion alone is not a practical strategy for managing mental health symptoms and may be misused as a form of pacification. They emphasized the need to integrate additional approaches, such as mindfulness, to address mental health concerns effectively. Participant P1 corroborated this with the following statement, “You have to do things after that. Praying is not enough. Prayer can’t be the final answer to things. You need other tools.”

Research Question #3

Research question three investigated how the history of intergenerational trauma influences African Americans' utilization of mental health services. Analysis of interview question 7 focused on the effects of the history of intergenerational trauma on mental health service engagement, identified 408 relevant words and phrases. The most frequently occurring terms, ranked from greatest to least, were (1)

trauma, (3) understanding, (4) barriers, and (5) cycle. These terms were subsequently grouped into categories, resulting in three primary themes: body trauma, lack of understanding, and barriers.

Theme 3.1: Intergenerational Trauma and the Burden of Its Cycle. Intergenerational trauma, perpetuated by cultural expectations of strength, has contributed to barriers to emotional vulnerability and mental health help-seeking behaviors among African Americans. The detrimental effects of this cycle were evident in participant accounts, with 14% referring to it as a generational curse. Participant P7 made note that, “it is necessary for black people to start breaking some of the generational curses that we are passing down and recognize that things could look differently for us right now.” Additionally, 14% indicated that a history of intergenerational trauma has contributed to African Americans being perceived as less than human, reducing the need to seek mental health services. Participant P1 noted that “Us black people never had the tools to deal with intergenerational trauma, because we were never really considered as human to begin with. We have never been seen on the same playing field.” A substantial proportion, 43%, emphasized the perceived necessity to embody the role of a 'strong black man or woman' as a response to this history. This identity was described as the capacity to persist without expressing vulnerability or discussing personal challenges. Conversely, 17% of participants believed that this mentality has limited the ways African Americans support one another, resulting in challenges with forming healthy relationships and establishing trust.

Theme 3.2: Lack of Understanding. Lack of understanding of how to break the cycle of intergenerational trauma emerged as the second significant aspect of intergenerational trauma and its influence on seeking mental health services. Analysis of interview transcripts indicated that 21% of participants perceive the effects of intergenerational trauma as tangible and impactful. Additionally, 43% recognize intergenerational trauma as a persistent cycle, although they express uncertainty regarding effective strategies to disrupt this pattern. Participant P11 reported, “Instead of breaking the cycle, I don’t think we make a conscious decision to repeat the same patterns. But because it's instilled

in us, we think that's how things should be handled, and we behave in the same way." Notably, 36% of participants believe that the full extent of the consequences of intergenerational trauma remains unclear. Participant P10 reports, "it's first recognizing that we have a generational issue. Then it is trying to figure out how to begin to unravel this when it's stuff that you didn't even create. You don't know where it started or where it came from."

Theme 3.3: Barriers. The history of intergenerational trauma continues to shape how African Americans access mental health services. Barriers such as systemic oppression, effects on identity, discrimination after slavery, and cultural transmission all play a role. In the interviews, 7% of participants said they experienced employment discrimination because of their race, which made it harder for them to use mental health resources. Participant P3 noted, "We see who they hire and how they hire, and it impacts everything. I notice most of the time that the faces that I see and have always seen have always been white." Furthermore, 21% identified inadequate financial resources as a primary obstacle to seeking treatment. Participant P4 reported, "The major thing for me has been the financial part." Or participant P5 reported, "Most people don't take insurance, so not only could I not find someone that was accepting new clients, but also nobody took insurance. Everyone wanted me to pay out of pocket, which was not feasible for me." Another 21% described therapy as a service predominantly accessible to white individuals, perceiving it as culturally distant from African American communities. Participant P3 reported, "the platforms and systems in place, I felt, have been for mostly white people and for their use and access," or Participant P5 noted, "I think for me, the idea of therapy was something foreign. It was like a white person's luxury, like that's not what we do, you know."

Evaluation of the Findings

The findings of this research study identify several barriers resulting from intergenerational trauma, including mistrust of healthcare systems, financial hardship, limited access to care, and a lack of culturally competent providers. These barriers are supported by both participant accounts and relevant

literature (e.g., Muvuka et al., 2020). The results also underscore the complex and sometimes contradictory roles that cultural factors play in shaping mental health perspectives and behaviors within African American communities. Intergenerational trauma continues to influence attitudes toward mental health and access to treatment, with cultural, historical, and systemic factors shaping these experiences. The persistent effects of intergenerational trauma further restrict access to resources necessary for addressing mental health challenges.

Research Question One Evaluation

The analysis of research question one, based on data from individual interviews and the researcher's reflection, revealed that participants (P2, P3 & P7) frequently encountered negative societal perceptions, such as being viewed as angry or intimidating, which discouraged engagement with mental health providers. Participants P5 & P8 described a perceived need to demonstrate their humanity to access resources and identified the impact of racism, including internalized colorism. These findings elucidate that both negative societal and internalized perceptions have substantially hindered participants' ability to engage in mental health services, further eroding trust in the healthcare system and, ultimately, among community members. This is consistent with Shim's (2021) findings, which indicated that the impact of structural racism has led to significant mental health disparities, contributing to an unjust distribution of opportunities for African Americans.

Many (P2, P7, P8, & P12) reported low mental health literacy within the community, frequent misunderstandings by non-Black providers, and a belief that intergenerational trauma has diminished emotional intelligence. These findings suggest that insufficient mental health education, limited access to culturally concordant providers, and a lack of understanding of the unique challenges facing African Americans have collectively reduced the capacity to manage emotions and recognize the impact of these emotions on others. This is consistent with Craddock et al. (2023), whose research indicated that African

American communities frequently lack awareness of risk factors and symptomatology associated with mental health conditions.

Respondents (P1, P3, P4, P5, & P12) indicated that seeking mental health support is often stigmatized as a sign of weakness, while financial barriers and workplace discrimination further limit access to care. These findings indicate the presence of multiple barriers that exacerbate the impact of intergenerational trauma within African American communities. The persistent silence and stigma surrounding help-seeking behaviors perpetuate the cycle of intergenerational trauma, and, when coupled with financial barriers and discrimination, further impede efforts to address the root causes of mental health challenges. This observation aligns with Rivera et al. (2021), who found that African Americans are more likely to perceive individuals with mental illness as dangerous, contributing to increased social distancing from these individuals.

Interviewees (P9, P10, P11) emphasized that Adverse Childhood Experiences (ACEs) influence perceptions of trauma, and that secrecy and silence regarding mental health are widespread. This finding indicates that while participants recognize the impact of intergenerational trauma on their parents, its normalization has facilitated the perpetuation of these patterns across successive generations. Observational and participatory insights reveal that many African Americans may remain unaware of the full ramifications of intergenerational trauma until significant negative outcomes have already manifested. This observation is consistent with the research of Lowe-Graham et al. (2021) and Leslie et al. (2023), which demonstrates that African Americans are at an elevated risk for multiple ACEs and that caregivers' exposure to ACEs increases the likelihood of adverse mental health outcomes among children. There was a common perception that individuals are expected to endure adversity without seeking assistance. Collectively, these findings demonstrate that external and internalized perceptions, limited understanding, cultural barriers, and silence significantly impede efforts to address intergenerational trauma in African American communities.

Research Question Two Evaluation

Analysis of research question two, drawing on individual interviews and the researcher's reflection, identified education as a central factor in enhancing understanding and openness regarding mental health. Approximately half of the participants (P3, P4, P5, P8, P11, P12, & P13) indicated that formal education contributed to increased mental health awareness, reduced stigma, and greater willingness to discuss mental health issues. This finding is particularly noteworthy given the pervasive stigma and limited mental health literacy historically observed within African American communities. Furthermore, the role of formal education in shaping attitudes toward mental health was consistent across generational cohorts—including Baby Boomers, Generation X, and Millennials—spanning periods of both pronounced social injustice and subsequent progress for African Americans.

Additionally, support from family and friends also significantly influenced participants' perspectives, although some individuals hesitated to seek help due to concerns about judgment or stigma. The findings indicate that while participants relied on familial and social networks for emotional support, seeking assistance beyond these circles was frequently perceived as taboo. This observation is congruent with the findings of Mantovani et al. (2016), which identified primary barriers to help-seeking as stigma associated with perceived causes of mental illness, the silencing of mental health discourse, and the reinforcement of stigma at the community level.

Resilience was frequently cited as important for managing mental health challenges by participants P3, P5, P8, P12, P13, and P14, particularly in the absence of external support. Nevertheless, one participant, P7, questioned whether the concept of resilience, which does not originate in African American cultural traditions, might reinforce intergenerational trauma. While literature often highlights resilience as an adaptive trait facilitating transformation in the face of adversity, few studies address how the internalization of resilience may function as a barrier and inadvertently sustain cycles of trauma. This observation accords with the findings of Murry et al. (2023), which suggest that the foundational

belief underlying generational resilience among African Americans is the conviction that individuals can bend rather than break when confronted with adversity.

Additionally, religion emerged as a major influence, with most participants employing faith-based practices to cope with stress and interpret mental health experiences. Some participants (P1, P7, & P9) warned that exclusive reliance on religion could discourage seeking medical or psychological assistance and recommended integrating additional strategies such as mindfulness. These findings suggest that, while religion plays a central role in shaping mental health perceptions within African American communities, it alone may be insufficient for comprehensive coping, necessitating the adoption of supplementary approaches. Notably, the recommendation to balance religious coping with alternative strategies was expressed not only by millennial participants—who are typically characterized by skepticism toward traditional institutions—but also by a member of Generation X. This observation aligns with Bolger et al. (2024), who found that African Americans often prefer to consult religious leaders rather than mental health professionals, as religious leaders frequently serve as the initial point of professional contact for addressing personal concerns. In summary, the findings indicate that education, social support, resilience, and religion collectively shape mental health norms, each presenting both advantages and potential limitations.

Research Question Three Evaluation

Analysis of research question three, based on individual interviews and the researcher's reflection, reveals that two participants (P6 and P7) conceptualized intergenerational trauma as a generational curse. This perception contributes to the dehumanization of African Americans and discourages engagement with mental health services. Gentsch & Kuehn (2022) supported this notion by indicating that the cumulative trauma endured by African Americans often elicits feelings of grief, loss, and sorrow, in addition to intense sentiments of injustice. The cultural expectation to embody the 'strong black man or woman' identity often inhibits vulnerability and trust, thereby undermining relationships

and support systems within the community. Hall et al. (2025) support this finding, demonstrating that the strong Black woman (SBW) and angry Black woman (ABW) stereotypes negatively influence perceptions and treatment of African American women. These stereotypes affecting both African American women and men originate from socio-political and historical contexts rooted in slavery.

While three participants (P9, P10, & P11) recognized the concrete impacts of intergenerational trauma, they expressed uncertainty regarding effective strategies to disrupt this cycle. Additionally, the same three participants reported ambiguity about the full scope of these consequences and confusion about addressing issues rooted in previous generations. As noted previously, African Americans may remain unaware of the full ramifications of intergenerational trauma until significant negative outcomes have already manifested. The following participants (P1, P3, P4, P5, & P12) noted that structural barriers, including employment discrimination, limited financial resources, and the perception that therapy is primarily intended for white individuals, further restrict access to mental health care. These findings indicate that African Americans encounter multifaceted barriers rooted in the legacy of intergenerational trauma.

Furthermore, therapy has historically not been perceived as a viable resource within this community, owing to entrenched historical biases, systemic racism, cultural stigma, and insufficient representation within the mental health profession. This observation is consistent with Shim (2021), who reported that marginalized populations face substantial challenges in accessing high-quality mental health care, thereby perpetuating cycles of discrimination. Financial limitations and cultural disconnection from mainstream mental health services are consistently identified as major obstacles. Collectively, these findings underscore the multifaceted influence of historical and systemic factors on mental health service utilization in African American communities.

Evaluation of Findings Related to the Theoretical Framework

The current research findings support Bandura's Social Learning Theory, which explains how individuals acquire behaviors through observation of others (Kretchman, 2024). This theoretical framework is relevant to intergenerational trauma, as children often adopt behavioral responses modeled by their caregivers. Trauma transmission occurs systematically, with stress responses being transferred from parents to children. Parental trauma is associated with an increased risk of adverse childhood experiences (ACEs) and internalizing symptoms in offspring (Leslie et al., 2023). Participants reported that a lack of awareness regarding intergenerational trauma contributed to its perpetuation across generations, often without recognition of its full impact. Several participants noted that traumatic behaviors exhibited by parents were normalized within the family context, which limited efforts to disrupt these patterns. Additionally, some participants described how family perceptions of mental health and the stigma surrounding help-seeking discouraged engagement with mental health services. Social Learning Theory posits that family systems are instrumental in shaping behavioral responses (Woollett & Thomson, 2016). When children observe caregivers managing situations negatively, these behaviors may be internalized as normative. The findings suggest that African Americans are affected by intergenerational trauma and that cultural norms and practices influence perceptions of mental health, aligning with Bandura's principles of Social Learning Theory.

Summary

This qualitative ethnography investigated the effects of intergenerational trauma on fourteen African Americans and examined how cultural norms influence their perspectives on mental health in the United States. The study sought to understand how historical trauma affects individuals' willingness to seek mental health support. Findings indicate that intergenerational trauma, intensified by cultural norms and structural racism, contributes to negative perceptions and stigmatization of mental health care within African American communities. Participants identified barriers such as financial hardship, workplace discrimination, limited mental health literacy, and social stigma, all of which restrict access

to mental health resources. The study also found that education, social support, resilience, and religion shape mental health norms, each providing both advantages and potential drawbacks, particularly when resilience or faith discourages professional intervention. Intergenerational trauma is frequently perceived as a generational curse, reinforcing stereotypes and deterring engagement with mental health services. Participants also emphasized structural barriers and historical injustices that further limit access to care, and many expressed uncertainties about how to disrupt the cycle of trauma. The research supports Social Learning Theory by demonstrating that trauma and coping behaviors are learned and transmitted across generations within families. In summary, the study underscores the complex interplay of historical, cultural, and systemic factors that shape mental health perceptions and service utilization among African Americans.

Chapter 5: Implications, Recommendations, and Conclusions

The problem addressed in this study was the negative impact that the history of intergenerational trauma has on African Americans' perspectives on seeking mental health treatment (Hankerson et al., 2022; Lee et al., 2023). Regrettably, mental health disparities for African Americans have their origins in colonialism and slavery, where racist ideologies became entwined with the early development of psychology and psychiatry (Scott-Jones et al., 2020). In addition, cultural factors play a significant role in the transmission of trauma, as they are shaped by social stigmas, cultural norms (such as honoring the family), and perceptions rooted in historical events. According to Kim et al. (2021), an individual's cultural background deeply influences understanding of the impact of trauma and the subsequent healing process. In some societies, mass trauma can be the result of genocide or war, leading to a shared sense of grief and loss. This can lead to trauma becoming an integral part of a culture, community, or even an individual's identity through the sharing of experiences and knowledge (Kim et al., 2021). Additional research raised awareness of the impact of intergenerational trauma, explored how cultural norms and practices shape their perspective of mental health, and determined how the history of intergenerational trauma reduces willingness to seek mental health treatment.

The purpose of this qualitative ethnography study was to gain insight into intergenerational trauma and the negative impact it has on African Americans and their experiences in the U.S. The objective was to understand how cultural norms and practices shaped their perspectives on mental health and explore how the history of intergenerational trauma could reduce their willingness to seek mental health support. Intergenerational trauma is defined as the transmission of psychological trauma from one generation to the next, with lasting effects on subsequent generations (Chou et al., 2023). The study focused on African American adults over the age of 21, and a purposive sampling approach was used to select 14 participants who understood cultural values, customs, or beliefs and could serve as representatives. Data was gathered through semi-structured interviews, which provided an opportunity

to establish rapport, communicate the study's purpose and expectations, and ensure participant anonymity. All interviews were recorded for accurate transcription and reporting of results (Mertens, 2014).

Recruitment efforts targeted Facebook and Instagram. Using these platforms helped reach a wider audience and provided timely responses. Participants were required to meet the following eligibility criteria of being an African American adult, 21 years and older, residing in the U.S, were negatively impacted by the negative history of intergenerational trauma (i.e., experiences of microaggressions, systemic inequality, and oppression related to race, victimization that is often overlooked, as well as restricted access to vital resources and certain sociocultural spaces) and could provide insight on the barriers they have faced with seeking mental health treatment. To ensure eligibility criteria, participants were required to complete a demographic screening tool.

Overall, the study findings indicated that intergenerational trauma, intensified by cultural norms and structural racism, contributes to negative perceptions and stigmatization of mental health care within African American communities. Participants identified barriers such as financial hardship, workplace discrimination, limited mental health literacy, and social stigma, all of which restrict access to mental health resources. The study also found that education, social support, resilience, and religion shape mental health norms, each providing both advantages and potential drawbacks, particularly when resilience or faith discourages professional intervention. Intergenerational trauma is frequently perceived as a generational curse, reinforcing stereotypes and deterring engagement with mental health services. Participants also emphasized structural barriers and historical injustices that further limit access to care, and many expressed uncertainties about how to disrupt the cycle of trauma.

This study is subject to several limitations, including potential research bias, a small sample size, and challenges related to participants' recall accuracy. Research bias can occur at any stage of the research process. In qualitative studies, the researcher acts as both data collector and interpreter

(Florczak, 2022). In this context, bias may have arisen due to the shared racial background and similar experiences of intergenerational trauma between the researcher and participants. To mitigate this, the researcher standardized responses and avoided providing cues that could influence participants' answers. The small sample size also limits the study. Existing literature recommends a sample of 20 to 30 interviews for qualitative ethnographic research focused on a single cultural topic (Wutich et al., 2024). This study included only fourteen participants, reflecting constraints on time and resources. Nevertheless, the findings may be transferable to other African Americans affected by intergenerational trauma. Additionally, participants' ability to recall experiences accurately posed a challenge. To address this, member checking was conducted after each interview to confirm the accuracy of the data collected (Ahmed, 2024). The following sections discuss the study's implications, recommendations, and conclusions.

Implications

The findings of this study demonstrate how intergenerational trauma influences African Americans' attitudes toward seeking mental health treatment. Specifically, the results identify barriers to care, evaluate the effectiveness of support systems, and examine coping strategies used in response to intergenerational trauma. By analyzing interview data from fourteen participants, the study provides insight into the negative effects of historical trauma and contributes to the understanding of social learning theory in this context.

The study's findings addressed gaps in existing research concerning the effects of intergenerational trauma on African Americans' attitudes toward mental health treatment (Hankerson et al., 2022; Lee et al., 2023). Hicks et al. (2020) identified victimization and historical trauma within African American communities as significant contributors to social learning theory. These communities are frequently exposed to harmful behaviors and adverse parental practices, which shape socialization. The study revealed that intergenerational trauma is often viewed as a generational curse, reinforcing

stereotypes and discouraging the use of mental health services. Additionally, participants linked Adverse Childhood Experiences (ACEs) to their understanding of intergenerational trauma and its impact on the African American community. The present study is consistent with Hicks et al. (2020) regarding the enduring negative effects of intergenerational trauma on African Americans.

Research Question 1

The first research question examined the impact of intergenerational trauma on African American communities. The study investigated both the effects of intergenerational trauma and perspectives on seeking mental health treatment. Findings indicated that participants (P2, P3, and P7) frequently encountered negative stereotypes, such as being perceived as angry or intimidating, which discouraged engagement with mental health services. Some participants (P5 and P8) reported feeling compelled to prove their humanity to access care and emphasized the influence of racism and colorism. This is consistent with Shim's (2021) findings that structural racism contributes to mental health disparities and unequal opportunities. Many participants (P2, P7, P8, and P12) described low mental health awareness within the community, misunderstandings by non-Black providers, and the detrimental effects of intergenerational trauma on emotional well-being. Craddock et al. (2023) similarly observed that African American communities often lack awareness of mental health risks and symptoms. Several respondents (P1, P3, P4, P5, and P12) identified stigma associated with seeking help, as well as financial and workplace barriers that further restrict access. Rivera et al. (2021) found that mental illness is frequently perceived as dangerous, resulting in social distancing. Interviewees (P9, P10, and P11) highlighted the role of Adverse Childhood Experiences (ACEs) in shaping trauma perceptions and noted a pervasive silence regarding mental health. Lowe-Graham et al. (2021) and Leslie et al. (2023) reported that African Americans are at increased risk for multiple ACEs and that caregivers' trauma can elevate mental health risks for children. Many participants described a prevailing expectation to endure hardship without seeking assistance.

These findings yield several key implications. First, both external and internalized biases influence the effects of intergenerational trauma within African American communities, as established in prior research (Duyilemi, 2024; Halloran, 2019; Johnson, 2020; Scott-Jones et al., 2020; Wilkins et al., 2022). Second, there is a general lack of knowledge regarding mental health and the consequences of intergenerational trauma, which may result from limited access to mental health services and persistent healthcare disparities. This observation aligns with previous studies (Craddock et al., 2023; Grayson et al., 2020; Muvuka et al., 2020; Pederson, 2023; Shim, 2021). Third, stigma and silence surrounding mental health treatment present significant barriers to addressing intergenerational trauma in African American communities, a finding that is consistent with the existing literature (Craddock et al., 2023; Leslie et al., 2023; Lowe-Graham et al., 2021; Mantovani et al., 2016; Rivera et al., 2021; Tzouvara et al., 2023).

Research Question 2

The second research question evaluated the cultural norms and practices within African American communities that shape their perspective on mental health. The findings of the study indicated that education is key to improving understanding and openness about mental health. About half of the participants (P3, P4, P5, P8, P11, P12, & P13) said formal education increased awareness, reduced stigma, and made it easier to talk about mental health. Support from family and friends also helped, but some still hesitated to seek help due to fear of judgment or stigma. Research (Mantovani et al., 2016) confirms that stigma, silence, and community attitudes are major barriers. Many participants (P3, P5, P8, P12, P13, and P14) said resilience is important, especially if they lack outside support. However, one participant (P7) questioned if the idea of resilience—rooted outside African American traditions—might worsen trauma. Murry et al. (2023) found that resilience in African Americans is often about enduring adversity. Religion was another major factor, with most using faith-based practices to cope. Some participants (P1, P7, & P9) warned that relying only on religion can stop people from seeking medical or

psychological help and suggested adding strategies like mindfulness. Bolger et al. (2024) found that African Americans often turn to religious leaders before mental health professionals.

These findings have several important implications. First, formal education and informal awareness, such as information disseminated through word of mouth, appear to reduce stigma associated with mental health within African American communities. This finding was not initially anticipated as a cultural norm or practice in the literature review, yet it aligns with existing research emphasizing the need for improved mental health education (Grayson et al., 2020; Craddock et al., 2023; Muvuka et al., 2020). One possible explanation for this result is that a significant proportion of participants were either healthcare professionals or had previous engagement with mental health services. Second, social support emerged as a complex cultural norm, functioning both as a facilitator and a barrier to mental health treatment. Families are often regarded as the primary source of support, yet familial stigma can also deter individuals from seeking professional care, consistent with prior research (Cross et al., 2018; Eley et al., 2019; Mantovani et al., 2016). Third, resilience was identified as a salient cultural norm influencing perceptions of mental health, particularly among those with limited access to resources, corroborating earlier studies (Jackson et al., 2018; Woods et al., 2023). Some participants questioned whether the emphasis on resilience could exacerbate traumatic experiences, reflecting concerns raised in recent literature (Murry et al., 2023). Fourth, religion functioned as a significant cultural norm and coping strategy, deeply shaping attitudes toward mental health care. While many participants relied on religious practices to manage symptoms, several cautioned that exclusive reliance on faith could hinder engagement with medical or psychological interventions, a trend supported by previous research (Bolger et al., 2024; Craddock et al., 2023; Davenport & McClintock, 2021; Nguyen, 2020).

Research Question 3

The third research question evaluated how the history of intergenerational trauma impacts African Americans from seeking mental health services. The findings of the study indicated that two

participants (P6 and P7) view intergenerational trauma as a generational curse. This view adds to the dehumanization of African Americans and discourages them from seeking mental health services. Gentsch & Kuehn (2022) found that the ongoing trauma faced by African Americans often leads to grief, loss, sorrow, and strong feelings of injustice. The cultural pressure to appear as the 'strong black man or woman' can make it hard to be vulnerable or trust others, which hurts relationships and support within the community. Hall et al. (2025) also found that stereotypes like the strong Black woman (SBW) and angry Black woman (ABW) negatively affect how African American women are seen and treated. These stereotypes for both women and men have roots in the history and politics of slavery. Three participants (P9, P10, and P11) recognized the real impacts of intergenerational trauma but were unsure how to break the cycle. They also felt unclear about the full effects and how to address problems passed down from earlier generations. Barriers like job discrimination, lack of money, and the idea that therapy is mostly for white people make it even harder to get mental health care. Shim (2021) also found that marginalized groups struggle to afford good mental health care, which keeps the cycle of discrimination going. Money problems and feeling disconnected from mainstream mental health services are major obstacles.

These findings yield several noteworthy implications. First, the historical impacts of intergenerational trauma—including systemic oppression, effects on identity formation, post-slavery discrimination, and cultural transmission—significantly influence the propensity of individuals in African American communities to seek mental health services, which is consistent with previous research (Duyilemi, 2024; Gentsch & Kuehn, 2022; Halloran, 2019). Second, the persistent cultural expectation to embody the 'strong Black man or woman' stereotype further dissuades engagement with mental health care. Although this expectation was not initially conceptualized as a historical impact, it aligns with the framework of post-traumatic slave syndrome, which elucidates the origins of prevalent survival behaviors in African American communities and is well-documented in the literature (Halloran,

2019; Scott-Jones et al., 2020; Wilkins et al., 2022). Third, systemic factors—including stigma, discrimination, mistrust, and barriers to access and affordability—emerged as salient determinants in the pursuit of mental health care among African Americans. These systemic challenges identified by participants are consistent with existing research (Alang, 2019; Caraballo et al., 2022; Evans & Sheu, 2019; Grayson et al., 2020; Jimenez et al., 2022; Moore et al., 2023; Shim, 2021).

Implications for Social Learning Theory

The present findings expand upon Bandura's social learning theory by elucidating the effects of intergenerational trauma, specifically how individuals acquire behavioral and emotional responses through observation within family contexts. Social learning theory also provides a framework for understanding the acquisition of cultural norms (van den Berg et al., 2024). Culture significantly shapes behaviors and values, as individuals adapt responses based on the models they encounter, which may influence their strategies for addressing intergenerational trauma. Participants reported that cultural norms and traditions either encouraged or discouraged help-seeking behaviors. They also indicated that certain parental behaviors were perceived as normative, leading to their continuation due to a lack of perceived consequences. Bandura's theory identifies four components of observational learning: attention, retention, reproduction, and motivation. The study results demonstrate that participants are more likely to emulate models with whom they share similarities, consistent with existing research (Asakura et al. 2020; Stone, 2024). Participants were interviewed about the barriers related to intergenerational trauma, and their responses were influenced by their memories of behaviors learned from previous generations. Essentially, their responses suggest that they express and experience challenges shaped by behaviors and experiences passed down from their ancestors, which continue to exert a significant impact on their lives. Observed behaviors are readily replicated, and the ability to adopt new skills or behaviors to address intergenerational trauma depends on the types of reinforcement or punishment experienced (Asakura et al. 2020; Stone, 2024). These findings indicate that, across

generations, the effects and management of intergenerational trauma are rooted in learned behaviors, aligning with Bandura's social learning theory (Bandura, 1977). Addressing the cycle of intergenerational trauma among African Americans requires societal change and the introduction of new cultural models that exemplify positive strategies for breaking this cycle.

Recommendations for Practice

Based on the findings, this qualitative ethnographic study has identified the impacts of intergenerational trauma on African Americans and offers three recommendations for practice. The first recommendation emphasizes that, for African Americans to develop trust in the healthcare system, resources must be accessible, affordable, and tailored to their specific needs. Ensuring the integration of these three principles will make resources not only available but also practically usable, equitable, and effective for all community members. This objective can be achieved by establishing clinics in predominantly African American neighborhoods that provide low- or no-cost services, staffed by providers who reflect the community and are equipped to address prevalent health disparities. Additionally, training healthcare providers in cultural competence can improve health outcomes and strengthen patient-provider relationships. Establishing community centers to increase awareness of mental health and available resources further supports these goals. Implementing these measures may reduce the barriers African Americans face when seeking services and foster greater trust in the healthcare system. This perspective aligns with Muvuka et al. (2020), who noted that mistrust in healthcare systems significantly impedes the development of health literacy, affecting interactions with providers, access to resources, and health-related decision-making. African Americans are particularly likely to distrust the healthcare system due to negative historical experiences, which perpetuate disparities in health literacy. Participants in this study highlighted challenges in accessing services, including a lack of representation, inadequate cultural competency, financial instability, and limited availability of services in inner-city neighborhoods. Enhancing accessibility and affordability of

resources, while ensuring providers are culturally informed and practice cultural humility, may reduce the likelihood of African Americans avoiding healthcare services as a result of past negative experiences.

The second recommendation is to minimize stigma, silence, and secrecy surrounding help-seeking and mental health discussions by establishing additional community spaces that facilitate dialogue about the benefits of mental health services. Mantovani et al. (2016) identified a strong association between stigma and help-seeking behavior for mental health issues among African-descended populations. The study found that primary barriers to seeking assistance include stigmatizing beliefs about the causes of mental illness, the suppression of mental health discussions, and the reinforcement of stigma at the community level. Participants in this research study reported challenges such as experiencing judgment, being unable to discuss mental health, being encouraged to rely solely on prayer, or being told to resolve issues independently, all of which discouraged them from seeking treatment. Expanding dialogue in community spaces frequented by African Americans may increase mental health literacy and reduce shame and stigma within the community.

The third recommendation is for African American communities to focus on reshaping their self-narrative, prioritizing self-perception over societal views. This transformation can be achieved by delving into their history and culture, practicing self-affirmation to counteract negative stereotypes, and participating in community-based healing initiatives to foster collective empowerment and challenge societal structures. Without this commitment to reshaping their narratives, intergenerational trauma may undermine self-esteem, foster negative self-perceptions, limit aspirations, and increase fears about the future (Duyilemi, 2024). Participants in this study described challenges related to internalized racism, the need to prove their humanity, enforced resilience, and being stereotyped as the “angry black man” or “angry black woman.” These challenges perpetuate intergenerational trauma and hinder community

growth. Shifting self-perception within African American communities is likely to promote positive identity development and enhance self-esteem.

Recommendations for Future Research

Future research should further examine the effects of intergenerational trauma on African Americans' attitudes toward mental health treatment. This study offered a deep dive into the impacts of intergenerational trauma on African American communities, the cultural norms and practices that shape perspectives on mental health, and the influence of historical trauma on help-seeking behaviors. The findings address a gap in the literature regarding the longstanding barriers and challenges faced by African Americans across generations in relation to intergenerational trauma (Alang, 2019; Bolger et al., 2024; Caraballo et al., 2022; Craddock et al., 2023; Davenport & McClintock, 2021; Evans & Sheu, 2019; Grayson et al., 2020; Jimenez et al., 2022; Leslie et al., 2023; Lowe-Graham et al., 2021; Moore et al., 2023; Nguyen, 2020; Rivera et al., 2021; Shim, 2021; Tzouvara et al., 2023). The results found that intergenerational trauma, compounded by cultural norms and structural racism, contributes to negative perceptions and stigmatization of mental health care within African American communities. Identified barriers include financial hardship, workplace discrimination, limited mental health literacy, and social stigma, all of which restrict access to mental health resources. Additionally, education, social support, resilience, and religion shape mental health norms, each offering both benefits and potential limitations, particularly when resilience or faith discourages professional intervention. Both external and internalized biases influence the effects of intergenerational trauma, and a general lack of knowledge regarding mental health and its consequences may result from limited access to services and persistent healthcare disparities. Stigma and silence surrounding mental health treatment remain significant barriers to addressing intergenerational trauma. The findings support Bandura's Social Learning Theory, which posits that individuals acquire behaviors through observation of others (Kretchman, 2024). This framework is relevant to intergenerational trauma, as children often adopt behavioral responses modeled

by caregivers. Overall, the results provide insight into the negative impact of intergenerational trauma on African Americans' experiences in the United States, the role of cultural norms in shaping mental health perspectives, and the ways in which historical trauma reduces willingness to seek mental health support.

Given the limitation of a small sample size of fourteen participants, future research should employ a larger and more representative sample to enhance the transferability of findings, particularly for African Americans not included in this study. Although fourteen participants were sufficient for the current analysis, existing literature indicates that qualitative and ethnographic research typically requires 20 to 30 interviews focused on a single cultural topic to achieve a comprehensive understanding (Wutich et al., 2024). Furthermore, quantitative studies could elucidate the relationship between parental experiences of intergenerational trauma and children's outcomes. A correlational study examining the impacts of intergenerational trauma on African American men and women could reveal gender-based trends in coping mechanisms. Findings from this study suggest that men tend to rely on peers or extracurricular activities, while women utilize faith, family, or personal resilience to cope with intergenerational trauma. Such research would build upon current findings and provide a more focused analysis of gender differences in coping with intergenerational trauma.

This study did not differentiate between U.S.-born and non-U.S.-born men and women of African heritage. Future research should replicate the study with explicit identification of these groups as subunits. Including such subunits would enhance the generalizability of findings related to the impacts of intergenerational trauma. For instance, Longman-Mills et al. (2019) observed that the experience of slavery in the Caribbean differed from that outside the Americas, leading to unique patterns of internalized inferiority among African-Caribbeans. Further research could deepen understanding of how historical trauma, cultural norms, and practices influence perspectives on mental health treatment and the ability to seek mental health services among U.S.-born and non-U.S.-born

individuals of African heritage. This approach would clarify both differences and similarities in experiences and provide additional insight into barriers to mental health treatment.

Conclusions

This qualitative ethnographic study explores how intergenerational trauma affects African Americans' perspectives on and willingness to seek mental health treatment. The research highlights that historical injustices, such as slavery and systemic racism, have created lasting trauma that is transmitted across generations. Cultural factors—including social stigma, the expectation to be resilient, and reliance on religion—also shape attitudes toward mental health care. Through interviews with fourteen African American adults, the study identifies key barriers to accessing mental health services: mistrust of healthcare systems, financial hardship, lack of culturally competent providers, limited mental health literacy, and social stigma. Participants commonly described trauma as a “generational curse” and emphasized how stereotypes and internalized racism hinder help-seeking behaviors. Social support, education, and faith were found to influence coping strategies, with both benefits and drawbacks. The study's recommendations call for making mental health resources more accessible and culturally tailored, fostering open community dialogue to reduce stigma, and encouraging positive self-narratives within African American communities. Limitations include the small sample size and potential research bias. Future research should use larger, more diverse samples and further examine gender and cultural subgroup differences. Findings are interpreted within Bandura's social learning theory, highlighting how learned behaviors perpetuate trauma and influence mental health outcomes.

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Appendix A

Interview Guide

Researcher: Good Morning/Afternoon, and thank you for participating in this study. The interview process can take up to 30-60 minutes and will be recorded when you are ready. The resulting data will be transcribed, uploaded, and coded using NVivo software.

Researcher: You will be asked eight interview questions to gain a better understanding of your experience regarding intergenerational trauma, barriers that you have faced with seeking mental health treatment, and cultural norms and practices utilized that shape your perspectives on seeking mental health treatment.

Researcher: Just to give you some clarity, I will provide the definition of intergenerational trauma, which refers to the process by which psychological trauma is transmitted from one generation to the next, leading to lasting impacts on subsequent generations (Chou et al., 2023).

Researcher: Do you have any questions or concerns before we begin?

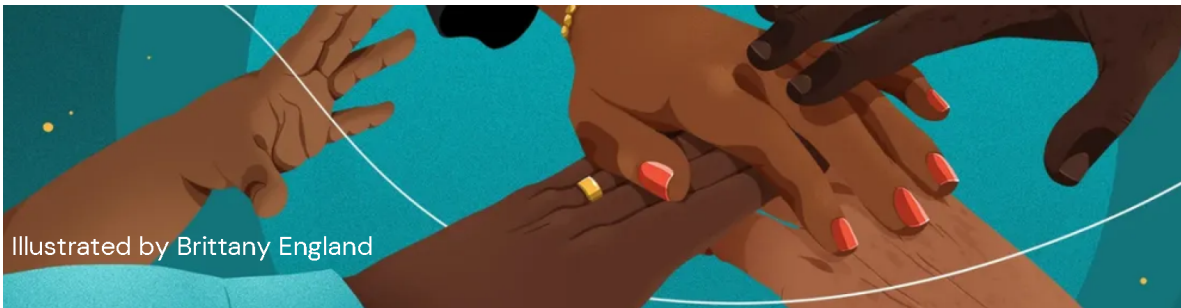
1. What is your perception (thoughts, feelings, or judgments) of intergenerational trauma?
2. How has intergenerational trauma (i.e., systemic oppression, slavery, abuse, poverty or racism) impacted you or your family members?
3. What are some of the barriers (i.e., stigma, discrimination/racism, mental health literacy, or accessibility issues) you faced when seeking mental health treatment?
4. What cultural norms or practices (i.e., religion, family, or resiliency) do you engage in to cope with mental health challenges?
5. How do these cultural norms or practices shape your perspective on mental health?
6. What misconceptions (stigmas, false understandings) have you heard about mental health within your family? What misconceptions (stigmas, false understandings) do you have about mental health?
7. How has the history of intergenerational trauma (i.e., systemic oppression, impact on identity, post-slavery discrimination, or cultural transmission) impacted you from seeking mental health services?
8. What or who do you turn to in place of seeking mental health services?

Conclusion: Thank you for taking the time to meet with me today and to share your perspectives/experiences on intergenerational trauma, the barriers you have faced with seeking mental health treatment and identifying cultural norms and practices that you utilize.

Do you have any questions or concerns? And is there anything that you would like to add or clarify regarding your experience with intergenerational trauma?

Appendix B

Social Media Flyer



Illustrated by Brittany England

My name is Jodi-Kae Joseph, and I am a doctoral student at National University (NU). I am asking you to participate in a research study about the impacts of intergenerational trauma on African Americans and how it shapes their perspectives on seeking mental health services.

You meet the criteria to participate in this study if you:

Are 21 years or older and reside in the USA.

Identify as African American

Have you experienced systemic oppression, microaggressions, impact on identity, post-slavery discrimination, or cultural transmission (intergenerational trauma)?

Can discuss barriers to seeking mental health treatment (i.e., stigma, discrimination/racism, mental health literacy, or accessibility issues).

Can discuss cultural practices or norms that may be utilized in place of mental health treatment (i.e., religion, family, or resiliency).

If you agree to participate in this study, you will be asked to do the following activities:

- Participate in an online interview via Zoom for 30-60 minutes
- Review the interview summary via email for 10-15 minutes
- Discuss personal demographics questions

Participation in this study is **completely voluntary**. You may quit at any time.

If you are interested in participating, please direct message me on Instagram or Facebook or email me at j.joseph3542@o365.ncu.edu .

Appendix C

Demographic Screening Tool

Each participant interested in engaging in the study will be screened following their direct message on Instagram or Facebook or via email. Each participant will be asked the following:

1. Name:
2. Date of Birth:
3. Age:
4. Race:
5. Location of where you reside (Town/State)
6. Gender:
7. Have you experienced systemic oppression, microaggression, impact on identity, post-slavery discrimination, or cultural transmission (intergenerational trauma)?

Appendix D

Eligibility Criteria

You meet the criteria to participate in this study if you are:

1. Are 21 years or older and reside in the U.S.
2. Identify as an African American
3. Has been impacted by the history of intergenerational trauma (i.e., systemic oppression, impact on identity, post-slavery discrimination, or cultural transmission).
4. Can discuss barriers (i.e., stigma, discrimination/racism, mental health literacy, or accessibility issues) to seeking mental health treatment.
5. Can discuss cultural practices or norms (i.e., religion, family, or resiliency) that may be utilized in place of mental health treatment.

Appendix E

Consent Letter

Introduction

My name is Jodi-Kae Joseph, and I am a doctoral student at National University (NU). I am asking you to participate in a research study about the impacts of intergenerational trauma on African Americans and how it shapes their perspectives on seeking mental health services. The study's title is “The Impacts of Intergenerational Trauma on African Americans and their Perspectives on Seeking Mental Health Treatment.” I am seeking consent for you to engage in this study and to inform you that your participation is completely voluntary. I am here to address any questions or concerns that may arise through the course of this process.

Eligibility

You may participate in this research if you meet all of the following criteria:

1. Are 21 years or older and reside in the U.S.
2. Identify as an African American
3. Has systemic oppression, microaggression, impact on identity, post-slavery discrimination, or cultural transmission (intergenerational trauma)?
4. Can discuss barriers to seeking mental health treatment
5. Can discuss cultural practices or norms that may be utilized in place of mental health treatment.

I hope to include 14 people in this research.

Please read this form carefully and ask any questions you may have before agreeing to take part in this study.

What you will be asked to do:

If you agree to participate in this study, you will be asked to do the following activities:

1. Participate in an online interview via Zoom for 30-60 minutes
2. Review the interview summary via email for 10-15 minutes
3. Discuss personal demographics questions

During these activities, you will be asked questions about:

1. How does intergenerational trauma impact you
2. Barriers faced to seeking mental health treatment
3. Discuss cultural norms and practices that you engage in
4. Disclose misconceptions that you have about mental health
5. Review how the history of intergenerational trauma has impacted you from seeking mental health services

Risks: There are foreseeable risks or discomforts associated with this study. If you have experienced various forms of trauma and its effects, there is a possibility of re-traumatization. You can skip any question you do not wish to answer, skip any activity, or stop participating. If you are feeling triggered at any point in the process, feel free to utilize the following resources [NAMI | National Alliance on Mental Illness](#) or [SAMHSA - Substance Abuse and Mental Health Services Administration](#). For the

crisis text line, you can do the following: Text HOME to 741741 or reach out to the National Suicide and Crisis Lifeline at 988.

Benefits: If you participate, there are no direct benefits to you. This research may increase the body of knowledge in the subject area of this study.

Recording: I would like to audio record your responses via Zoom during the interview. You can disable the video function of the online meeting platform at any time.

Confidentiality: I will keep records of this study private and take reasonable measures to protect the security of all your personal information. You will be assigned pseudonyms to safeguard your personal information. Interview recordings will be securely stored on a password-protected personal laptop, and transcription will be conducted using NVivo software. In any report I make public, I will not include any information that will make it possible to identify you. I will securely store your data for 3 years. Then, I will delete electronic data and destroy paper data.

Taking part is voluntary: Participation in this study is completely voluntary. You may quit at any time.

If you have questions: Please ask any questions you have now. If you have questions later, you may contact me at j.joseph3542@o365.ncu.edu or (860) 938-1264. My dissertation chair's name is Dr. Linda Salvucci. She currently works at the National University and will be supervising me on the research. She can be contacted at lsalvucci@nu.edu.

If you have any questions or concerns regarding your rights as a subject in this study, you may contact the Institutional Review Board (IRB) via email at irb@nu.edu

Appendix F

Participant General Information by Generation

Participant ID#	Generations by Age							
	Baby Boomer		Generation X		Generation Z		Millennials	
Row Labels	Female	Male	Female	Male	Female	Female	Male	
P1								43
P10				47				
P11				53				
P12								39
P13								34
P14								35
P2						23		
P3		61						
P4								39
P5								42
P6								44
P7								36
P8		70						
P9				54				