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Generations of Pain: A Transgenerational Examination of Trauma, Parenting Styles, and Attachment of Black Women

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Generations of Pain: A Transgenerational Examination of Trauma, Parenting Styles, and
Attachment of Black Women

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A Clinical Research Project submitted to the Faculty of the Florida School of Professional Psychology at National Louis University in partial fulfillment of the requirements for the degree of Doctor of Psychology in Clinical Psychology.

Tampa, Florida
July, 2021

The Doctorate Program in Clinical Psychology
Florida School of Professional Psychology
at National Louis University

CERTIFICATE OF APPROVAL

Clinical Research Project

This is to certify that the Clinical Research Project of

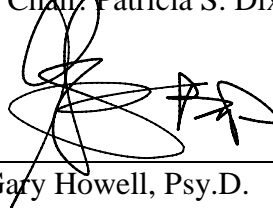
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has been approved by the
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as satisfactory for the CRP requirement
for the Doctorate of Psychology degree
with a major in Clinical Psychology

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Abstract

Historically, Black women have experienced horrendous acts of violence throughout the centuries and generations. The transmission of transgenerational trauma has impacted this community's mental health, physical well-being, educational performance, and interpersonal interactions. Prior research has focused on general trauma and its effect on Black women; however, this review sought to explore transgenerational trauma and the implications of attachment and parenting styles of Black women. Previous studies have examined the majority population's attachment, trauma, and parenting styles consecutively, though not simultaneously. With limitations found in the research of diverse populations, it is imperative that clinicians are culturally competent to implement effective therapeutic interventions and psychological assessments that acknowledge cultural differences. The current review sought to find gaps in the literature regarding Black women to provide contributions to diverse research.

**GENERATIONS OF PAIN: A TRANSGENERATIONAL EXAMINATION OF
TRAUMA, PARENTING STYLES, AND ATTACHMENT OF
BLACK WOMEN**

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DEDICATION

To my village, you have supported, prayed, and guided me through this entire process. I am forever thankful for each of you! To my children, Kairon and Keilan, this is all for you! May you forever dream and live in your authenticity! I love you beyond words! To my amazing husband Jabari who has sacrificed things that I would never know, thank you! To my favorite girl, Hazel Upton, thank you for loving this little brown girl! I miss you dearly! Finally, to all the phenomenal Black women who have raised me up and let me stand on your shoulders . . .

“Unafanya moyo wangu utabasamu (Swahili)” (You make my heart smile)!

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CHAPTER 1: INTRODUCTION

African Diaspora

Black women, a cluster of individuals often seen as homogenous, though actually, they are a heterogenous racial group comprised of people from various cultural backgrounds (i.e., descendants of slavery living in the United States or Caribbean islands and Africans currently residing in the United States). Although Black women appear to have similar physical traits as their peers, the identity of everyone varies greatly. Due to geographical locations, colonialization, and other cultural influences, Blacks practice an assorted array of traditions, religious or spiritual beliefs (e.g., Christianity, Shamanism, Buddhism) and obtain diverse worldviews. Carter (1995) stated that racial identity is developed through an individual's socioracial environment and their experiences as a minority and that identity differences among races are due to the systematic differences of their experiences. Blacks with an ancestral history of the slave trade have suffered greatly as the American slave trade is "a case of human trauma incomparable in scope, duration, and consequence to any other incidence of human enslavement" (DeGruy, 2005, p.73). It is estimated that 10 to 15 million Africans were killed during that time (DeGruy, 2009) and those who survived were subjected to horrendous acts of torture and abuse, including living in inhuman conditions, being held in bondage, and kidnapping. Although collectively, Blacks may experience racism, prejudice, and systematic oppression, the occurrence and reaction is different for each person. Due to past traumatic experiences and continued systematic oppression, Black identity development is a struggle as individuals find great difficulty establishing their place in America. However, despite the battle, Black identity is continually evolving as individuals seek to find the cultural foundation lost through social and historical events (Worrell & Gardner-Kitt, 2006).

Culturally, Black women have been disproportionately abused and mistreated since their kidnapping during the slave trade. Violent acts such as rape, physical assault, sexual harassment, and verbal micro or macro aggressions have impacted the Black women's ability to feel safe in a world that has taken possession of her body as its own. Exploitation of the Black woman's body has been used to control and manipulate the psyche of both the Black woman and man. Since the establishment of slavery, the bodies of the Black women have been used for sexual pleasure, entertainment, research, and economic power by White society. Black women were often raped and abused in the presence of family members and husbands as a way for slaveowners to exert dominance and fear. This atrocity was further supported socially and politically, as laws allowed slave owners to own the offspring of their abused slaves. In doing so, the bodies of Black women were used to demoralize the victim while advancing the slave owner's economic power. A widespread practice throughout slavery was to barter Black women as chattel to purchase cattle and other items from neighboring slave owners (McGuire, 2004).

After the dissolution of slavery, the mistreatment of Black individuals continued as both legalized and unspoken forms of racism and racial suppression established through the use of "Black codes, peonage, the convict lease system, chain gangs, Jim Crow laws, poll taxes, redlining, Klu Klux Klan terrorism, medical experimentation (i.e., Tuskegee Syphilis Study and other medical exploitation), police brutality, and mass incarceration" (DeGruy, 2009, p. 244). Throughout the Jim Crow era and during Reconstruction, Black women's bodies were used as a symbol to maintain racial order, and the constant rumors of Black men raping White women reminded Blacks that their bodies did not belong to them. The use of lynching and physical assault against Black men after rumors of harming or disrespecting White women served as a statement that White women's bodies were sacred; however, the bodies of Black women were up

for grabs. Rape became so prevalent throughout the United States that many Black women feared for their lives and their daughters daily as police officers and other White men continually harassed them and exerted dominance over their bodies. Black women have fully understood that their bodies never belonged to them, which was evident by forced hysterectomies, unwarranted imprisonment, and brutal beatings endured simply for the sin of existing (McGuire, 2004).

For most Black women, the act of maintaining employment was often a dangerous task, as their employment by White men and women for domestic work often resulted in brutalization and abuse (Neville & Pugh, 1997). Sexual assault by White employers was also committed against Black women. During the 2011 movie *The Help*, a scene starring Minnie Jackson (a Black domestic worker) depicted how mothers would warn their daughters of the dangers associated with working for White families. Throughout the scene, Minnie discussed with her 14-year-old daughter ways to stay safe and employed. Minnie cautiously educated her daughter that her mere existence in an employer's home caused concern as she would be viewed as carrying disease, violent, and dishonest ("The Help," 2011). Due to systematic oppression and other racial injustices, when compared to their White counterparts, Black women experience greater rates of trauma and symptoms of posttraumatic stress disorder (PTSD; Alegría et al., 2013). Additionally, undergoing a lifetime of trauma has shown that Blacks are more likely to experience a higher risk of PTSD, depression, suicidal thoughts, and attempts than Latinx, Asian American, and European women (Kilpatrick et al., 2007). Experiences such as those previously mentioned greatly impact the mental and physical well-being of Black women as they attempt to establish themselves in a country that does not value them.

As Blacks were fighting to heal from and end the years of trauma, they were also seeking to gain the same rights as other humans living in the United States. Though Blacks were not

provided the same privileges as other Americans, they fought for the right to vote and continue to struggle for equal housing, education, and employment opportunities (DeGruy, 2009). The constant internal and external battle to exist equally in the United States dehumanizes Blacks and may create a sense of aloneness as other cultures may not understand the population's struggles. Alexander et al. (2004) discovered, "cultural trauma occurs when members of a collectivity feel they have been subjected to a horrendous event that leaves indelible marks upon their group consciousness, marking their memories forever and changing their future identity in fundamental and irrevocable ways" (p. 1).

When discussing the sociocultural context, the U.S. Census Bureau (2010) estimated that 15.5% of American women are living at or below the poverty level, with about 50% of the population being made up of women; however, 25% of Black women are living within the poverty level. Furthermore, women who live in poverty-stricken areas have a greater risk of experiencing trauma than those in higher-income areas (Byrne et al., 1999).

A significant part of the limited living resources is due to oppressive practices such as redlining. Redlining is the practice created by the government-sponsored New Deal initiative that reviewed 239 of the U.S.'s largest cities to designate neighborhoods by color (i.e., blue, green, yellow, and red) to reduce home foreclosures. This program labeled neighborhoods of people of color as high risk and gave permission to lenders to decline mortgages to these residents (Gordon, 2005). This resulted in significant declines in neighborhoods of color, resulting in poorly funded schools and a lack of resources such as healthcare facilities or grocery stores. Due to this practice and other segregation policies, people of color were unable to live in neighborhoods of abundant resources, therefore, were forced to reside in areas of high crime and poverty.

When trauma is combined with low income, homelessness, substance abuse, or incarceration, the risk of posttraumatic stress and other mental health symptoms increases (Campbell et al., 2008; Rayburn et al., 2013; Thombs et al., 2007; Trestman et al., 2007). The simple experience of being a minority in America increases the probability that Black women will suffer some form of trauma or violence (Acierno et al., 1999). Experiencing complex trauma for so many years has significantly impacted the Black community in several ways. Poor mental health can lead to many physical and psychological disorders such as heart attacks, strokes, migraines, anxiety, and depression. Black women are the leading class of women who suffer from high blood pressure (Bond et al., 2019), a prominent cause of heart attacks and strokes. Parental, socioeconomic, and interpersonal stressors may be exacerbated due to prolonged experiences or suppressed trauma.

Transgenerational Trauma

Transgenerational trauma is defined as trauma passed down to offspring, either indirectly or directly (Dass-Brailsford, 2007). The method of transmission may vary and can consist of “learned cognitive schemas, learned behaviors, clinical symptoms from caregivers (i.e., hypervigilance), or disruption in attachment to primary caregivers or resulting disruptions in development, biology, genetic or epigenetic changes, values, myths, stories, or beliefs” (Coleman, 2016, p.562). Due to the spectrum of traumas (i.e., one-time or reoccurring), repetition of these events throughout a lifetime can affect individuals, families, and communities. The transmission of transgenerational trauma has been reviewed by family systems theories, which indicated that individuals are best understood by their experiences within their families (Coleman, 2016). The family systems theory proposed by Bowen (1976) stated that issues such as anxiety are passed down through multigenerational transmission (Bowen, 1976).

Transgenerational trauma may also be seen as “generational curses” within the Black community, for example, history of incest or sexual assault from family members, teenage pregnancy, poverty. Domestic violence may occur throughout several generations leaving Blacks feeling powerless and unable to enable change. Feelings of despair may increase as Blacks are systematically contained in improvised neighborhoods filled with dangerous conditions and violence (Borre & Kliwer, 2014). The lack of knowledge of mental health symptoms, poor coping strategies, and minimal to no psychological and medical resources may prohibit generations of Blacks from effectively progressing forward. Additionally, the fear and mistrust of the medical community is a barrier to Blacks receiving needed care. Historically, Blacks have been used for experimental procedures (i.e., the Tuskegee syphilis experiment, the discovery of gynecological tools and procedures, and the fraudulent cloning of Henrietta Lacks’ cells). Furthermore, Western mental health practices often do not include the cultural beliefs and traditions of Blacks, which may cause individuals to feel more disenfranchised than their White counterparts.

The historical and present traumas of Blacks affect cognitive development and formation of neurological connections. Traumas that cause attachment dysfunction have been found to decrease intellectual capacity and increase discrepancies between index scores on cognitive testing (Kira et al., 2012). The rewiring of neurological connections may increase symptoms of PTSD, anxiety, and depression. Mental health symptoms may directly affect the cognitive and functional decline of Blacks resulting in transgenerational trauma transmission throughout generations.

Traumas such as sexual, physical, verbal, and other near-death experiences can impact the person experiencing them and affect the parent-child relationship. Research has shown that

the child's relationship with their primary caregiver creates the foundation on which the child will manage future relationships (Bowlby, 1956). Attachment, a critical component to one's ability to manage interpersonal relationships, can vary greatly and is solely based on an individual's perceived attachment to their primary caregiver. According to Bowlby (1956), attachment applies to basic needs being met and the child's ability to create a secure base. Dysfunction occurs when a secure base is not formed due to the caregiver's inability to meet the child's needs. A secure attachment occurs when a child experiences an internal working model of a loving and responsive caregiver. This attachment aids in creating a sense of self that is worthy of love and attention. The child uses this working model as a means by which all interpersonal interactions are created. However, when the needs are not met accordingly, a child develops an insecure attachment that may cause them to view the world as a dangerous place that requires caution and creates a self-view of being unworthy of love (Bowlby, 1956).

Traumatic experiences from attachment figures in childhood can affect a mother's mental health and her ability to parent her children (Brazeau et al., 2018). Attachment can also be connected to parenting styles as needs are met by the parent's ability to effectively provide affection and love using disciplinary acts. Parenting styles may confirm self-perceptions and can influence the family system and the child's development. For example, an authoritative parent is demanding, however, responsive to the needs of the child. They are assertive and have clear standards about how the child should conduct themselves. They discipline their child in a supportive manner and desire for the child to be socially responsible. However, the authoritarian parent is demanding and unresponsive. They are guided by the expectation of obedience and provide rules without explanation.

In contrast, the permissive parent is responsive rather than demanding. They are seen as lenient and nontraditional. Finally, the rejecting/neglecting parent is neither demanding nor attentive. They lack structure and are non-responsive. They are not supportive and may reject or neglect their responsibilities as a parent (Baumrind, 1991). Children who receive positive and nurturing parenting styles appear to have a more secure attachment and emotionally satisfying interpersonal interactions with others. However, dissatisfying parenting styles may evoke dysfunctional interpersonal interactions (Bowlby, 1956).

Adult attachment styles such as secure, anxious/preoccupied, dismissive/avoidant, and fearful/avoidant are related to childhood attachment and directly affect interpersonal relationships. Research has shown that interpersonal difficulties may be due to an individual's inability to modulate their emotions. Reiner and Spangler (2013) showed that negative childhood experiences can lead to an individual's incapacity to regulate their emotions during childhood and throughout their lifespan. Secure adulthood attachment has been linked to the capacity to parent children effectively, sufficient mental health, satisfying romantic relationships, and overall social functioning (Main et al., 1985). Whereas avoidant adult attachment has been linked to individuals' use of immature defense mechanisms such as splitting, repression, avoidance of close interpersonal relationships, and incapacity to seek assistance from others (Fraley & Shaver, 1997; Mikulincer & Shaver, 2003; Prunas et al., 2019).

The lives of Black women have been affected by decades of traumatic experiences. Slavery, rape, physical abuse, racism, and systematic oppression can cause depression and anxiety. A woman's ability to effectively parent her children and securely attach to her primary caregiver may be reduced by past traumas. Furthermore, despite years of abuse, threats, and murder for speaking out against their attackers and the oppression of White supremacy, Black

women have attempted to empower themselves by refusing to hide in the shadows through continual reports of abuse regardless of the likelihood of retaliation. After the formation of local and national groups, the plight of the Black woman was used as a tool to ignite social justice movements (McGuire, 2004). Throughout the South, many influential leaders (e.g., Rosa Parks, E. D. Nixon, Reverend Seay) mobilized together to fight against White dominance of Black bodies with the creation of groups such as the Interdenominational Ministerial Alliance, the Negro Improvement League, Women's Political Council, and the National Association for the Advancement of Colored People. Though the Montgomery bus boycott of 1955 was not established to protect Rosa Parks after a reported rape, it was a prominent example of the power of Black assembly to regain control of their Black bodies (McGuire, 2004). Despite several attempts by organizations such as the White Citizens' Councils to maintain the social order of oppression, verdicts such as *Brown v. Board of Education* gave the Black community hope that the use of scare tactics such as violence could no longer inhibit the evolution of social justice (McGuire, 2004).

Researchers continue to discuss trauma's effect on physical and mental health, interpersonal relationships, and parenting abilities. Although trauma and its effect on attachment and parenting styles have been explored previously, the examination of transgenerational trauma, attachment styles, and parenting styles of Black women have not been explored conjointly. It is imperative that diverse populations are included in research to increase awareness of the needs of specific groups and to improve therapeutic modalities for optimal care of minority individuals.

Purpose of Literature Review

The purpose of this literature review was to investigate previous literature to increase knowledge around the topic of transgenerational trauma and its effects on perceived attachment

and parenting styles on Black women. The current broad-based review of the body of literature was intended to find gaps regarding the topic of transgenerational trauma. The hope was to create a body of work that would help create an informative understanding to promote more research and effective interventions for the comprehensive treatment of Black women.

Research Questions

This current literature sought to determine if transgenerational trauma affects parenting styles and attachment of Black women. Through a critical review of the literature, this project sought to answer the following research questions:

1. What are the patterns of transgenerational trauma on Black women?
2. What is the relationship between transgenerational trauma and parenting styles?
3. How does transgenerational trauma impact childhood and adult attachment?

The current literature review was used to determine how transgenerational trauma affects Black women's lives. It was the hope of the examiner to find significant impacts of transgenerational trauma and to provide comprehensive ways in which clinicians, educators, and policyholders could help to implement positive change in the lives of Black women.

Research Procedure

The research for this project included a comprehensive review of articles and books through ProQuest, EBSCO, Google Scholar, and other original sources from other literary works. Key terms used in this search process included *transgenerational trauma*, *childhood attachment*, *adult romantic attachment*, *trauma*, *Black women*, *Black children*, *Black families*, *intergenerational trauma*, and *parenting styles*. To explore and integrate both past and current research for this project, search parameters included research from 1967-2021.

CHAPTER II: PATTERNS OF TRANSGENERATIONAL TRAUMA AMONG BLACK WOMEN

Before discussing the topic of transgenerational trauma, we must first explore what it means to be a Black woman. The term *diaspora* has historical and cultural contexts, mostly within Jewish and Greek communities. Diaspora is rooted in the Greek word *dispersal*, which is commonly used to describe the migration of Jews throughout the West. The term *African diaspora* arose during the 1950s and 1960s to describe Black people who were dispersed by the slave trade, and it serves as a scholarly term allowing for discussion of African descendants across national borders (Patterson & Kelley, 2000). The African diaspora includes individuals of African descent, including those currently living in Africa and those residing within other continents throughout the world. These individuals may reside in the United States, Jamaica, Spain, Brazil, Japan, and many other countries. While the focus of the African diaspora is narrow and usually consists of the migration to Western Europe and the Americas, individuals who traveled across the Indian Ocean should also be considered. For many Black individuals of African descent, migration to other continents was through the slave trade with maltreatment that continued well after abolition (Byfield, 2000). It is also important to note that diverse African populations were stolen from their homelands and migrated throughout the African continent, especially during Europe's postmedieval period. As Europeans sought global wealth and political power, many Africans were removed from their original land, the homeland of their culture and traditions. The richness and variety of African culture are often overlooked outside of Africa, with ideology beginning during the Pan-African slave trade (Orser, 1998). However, African descendants are multinational from multiethnic Black communities with similar and competing interests and the commonality of transforming new cultures and institutions across the globe

(Byfield, 2000; Patterson & Kelley, 2000). Some individuals identify with their African roots, while others self-identify by their country of origin; however, according to majority populations, skin color determines culture, not a geographical location. The idea of “Blackness” describes a community with shared experiences of racism based on prior ideology of Black inferiority. The colonial view of the African diaspora is used as a political tool to present people of African descent as ignorant and lazy. The use of the word “negroid” was created as a debilitating term to show Black people as racially inferior and uncivilized (Gordon & Anderson, 1999). Historically, the intentional deterioration of African culture through racial colonialism, imperialism, and capitalism (Patterson & Kelley, 2000) has allowed policies and laws to enslave, murder, and obstruct the economic and educational progress of many African decedents. Currently, many political obstacles remain as Black people continue to persevere despite constant resistance from those of the majority race. Although individuals of the African diaspora fight an uphill battle for equality, Black women endure the difficulty of existing as the “double negative,” as both a woman and a person of color. The inequalities within health, educational, economic, and housing opportunities disproportionately impact Black women compared to women of other races.

Despite the continued fight against trauma and oppression, the impact of transgenerational trauma continues and disproportionately affects Black women and their communities. For the purpose of this study, transgenerational trauma is defined as trauma passed down throughout generations either indirectly or directly (Dass-Brailsford, 2007).

Transgenerational trauma was created during a 1960s study of the generational effects of Holocaust survivors and their families (Abrams, 1999; Eaton et al., 1982; Segal et al., 1976). The transmission of such trauma could be the result of learned behaviors or cognitive schemas; inability to securely attach to caregivers; or resulting disruptions in development, biology,

genetic, or epigenetic changes and values, or through passed down beliefs and stories (Danieli, 1982; Daud et al., 2005; Yahyavi et al., 2014). The foundation of trauma may disrupt memory formation during traumatic events and trigger the development of traumatic memories that include sensory and emotional information about the incident. During this process, cognitive data are absent; although, the survivor can still create a narrative memory around the event (Rothschild, 2000). The memories formulated can impact an individual throughout various aspects of their developmental lifespan. Research of second-generation Holocaust survivors showed maladaptive thinking and behaviors, including personality changes, negative worldviews, difficulty differentiating between separation and individualization, and inability to manage stress under pressure (Brom et al., 2001; Freyberg, 1980; Levav et al., 1998). Additionally, transgenerational trauma can impact interpersonal relationships within all stages, including individual, family, and community, with trauma symptoms occurring and causing dysfunction at any level (Evans-Campbell, 2008). Considering the longevity of trauma experienced by Black women, this study intended to define and review the monumental impact of transgenerational trauma on Black women.

The trauma history of Black women is unique when compared to other ethnicities as they are forced to process the painful past of being stolen from their homeland, enslaved, and abused in a world that has marginalized and penalized them for the simple act of existing. For example, after enjoying a wonderful night at their university's orange and green ball on May 3, 1959, four Black students of Florida A&M University in Tallahassee, Florida, were approached and attacked by four White men (McGuire, 2004). The two Black men were ordered out of their vehicles at gunpoint while the two Black women were escorted out of the vehicle at knifepoint. After taking possession of the two Black females, the Black men were ordered to drive off. As

the Black men drove away, Betty Jean Owens was slapped and told to “shut up [or she] could never get back home.” During the chaos, Betty Jean’s friend, Edna Richardson, was able to run free while Betty Jean was left alone with the four White men. The perpetrators held a knife to Betty Jean’s neck while physically assaulting her and pushing her into the backseat of their blue Chevrolet used to drive to a quiet part of town where they raped Betty Jean seven times. The incident was premeditated, as evident by statements from the four White men who reported they decided to “go out and get a nigger girl” for an “all-night party.” The brave Betty Jean survived and pressed charges against her four attackers. The court case was revolutionary as an all-White jury found the men guilty and sentenced the perpetrators to life in prison. The impact was tremendous as this was one of the few times when White men were held accountable for violating the human rights of a Black individual (McGuire, 2004).

The sexual exploitation of Black women’s bodies, unfortunately, is a longstanding act of terror that is rooted in slavery. During slavery, women were used for financial and pleasurable gains as slave owners would share their slaves with other slave owners as a symbol of friendship or barter for other property types (i.e., cattle, farm equipment, and materials). To exert dominance over Black men, Black women, and their children, Black women were often beaten, raped, and murdered in front of their family and friends (Apel, 2004; Talty, 2003). Additionally, husbands and children would be forced to watch their mothers and wives become brutally attacked and forced to give up the very baby that was conceived in horror. Cultural lineage has forever been obliterated as Black family members were constantly sold into slavery to the highest bidder across the United States. Tera Hunter (1997) stated, “Freedom . . . was meaningless without ownership and control over one’s own body” (p. 34), an echo from the graves of the many slaves who finally experienced such liberation. Only by the event of death

have enslaved bodies received freedom from White society to be present and safe without fear of brutality or imprisonment.

In addition to trauma experienced during slavery, Black people continue to suffer from institutionalized legal slavery. The impact of imprisonment is felt throughout generations and is often repeated by multiple families within the Black community. Disproportionately, Black people have been targeted with post-slavery tactics to imprison the marginalized community. Laws created during the Reconstruction Era, including vagrancy laws, convict leasing, and three-strike laws, continually imprison Black people at rates far higher than their White counterparts (Hinton et al., 2018). Vagrancy laws allowed the arrest of Black people who were unable to prove employment status (Blackmon, 2009; Lichtenstein, 1996; Oshinsky, 1997). The use of such laws allowed for the creation of the Industrial Prison Complex that allows the lease of incarcerated individuals to provide mandatory free or nearly free labor (i.e., inmates paid approximately 35 cents daily) to large companies that write much larger checks to the prison (Blackmon, 2009). Projection shows that 1 in 18 Black women born in 2001 is likely to be jailed during her lifetime, compared to 1 in 45 Latina women and one in 111 White women (Nellis, 2016). Black women make up only 13% of women in the United States but represent 30% of the women's prison population and 44% of women in jail (Swavola et al., 2016; U.S. Census Bureau, 2012-2016).

Despite the idea of the justice system being blind, often, Black women are punished more severely than their White counterparts. The unjust imprisonment of Black women not only affects them but their entire families and communities. The impact of imprisonment is significant and can create communities of motherless children leaving a void that may never be filled. There have been many incidents in which Black women were punished more severely than other ethnic

groups. For example, on July 31, 2010, Marissa Alexander, a single mother of three, who was recovering from giving birth nine days prior to her premature daughter, arrived at the former home that she shared with her estranged husband, Rico Gary, to collect a few personal items. Arrested three times for domestic violence, Gray arrived unexpectedly with his two sons from a previous relationship. He immediately became angry with Marissa after reading text messages on her phone. The text messages in question were pictures that Marissa sent to her ex-husband to share the announcement of the baby's arrival with her older brothers who were spending the weekend visiting their father at Disney World. As Marisa attempted to flee, she arrived at her truck to find a malfunctioning garage door that would not allow her to exit. Feeling trapped with Gray on her heels, she retrieved her licensed gun from her vehicle, pointed it in the air, and fired a warning shot. Gray fled the scene, called 911, and reported that Marissa aimed and fired the gun at him and his children. Marissa was arrested and charged with three counts of felony aggravated assault. Despite Gray's admittance of physically assaulting Marissa and other women from previous relationships, Marissa's charges remained. During the trial, Gray recanted his story of committing previous abuse, and after 15 minutes of deliberating, Marissa was found guilty by jurors and sentenced to 20 years in prison. Marissa spent the first two years of her daughter's life behind bars. Her trial caused a national outcry that highlighted the lack of compassion toward survivors of domestic abuse. After several months of protest from national organizations, protesters, and lawmakers, Marissa's ruling was reversed, and she was sent home to complete two years of house arrest. She has since concluded her sentence and is free; however, the charge of aggravated assault remains (Amber, 2015).

Although she is no longer in prison, Marissa is still a convicted felon and will feel the effects of her imprisonment and felony charge for the rest of her life. Criminal convictions

impede obtaining employment for 76% of released individuals due to most companies' use of questioning an applicant's criminal history (Ella Baker Center for Human Rights, 2015). As Marissa attempts to restore her life. She will continue to face hardships as the business sector, and government policies (i.e., voting restrictions and financial aid limitations) prevent individuals from successfully reintegrating into society (Ajunwa & Onwuachi-Willig, 2018). Judicial practices that severely punish Black women can cause increased levels of depression, PTSD, and anxiety. When families are separated unjustly through imprisonment, children lack parental support. The parents may be subjected to abuse and other forms of maltreatment while imprisoned. These experiences can be harmful to everyone involved, and without awareness and mental health intervention, they could significantly pass down transgenerational trauma for many generations that follow. Unjust imprisonment is another example of how the societal perspective of Black individuals is deeply rooted in oppressive systematic strategies and continues to limit their safety and survival in both covert and overt methods. These limits are detrimental and continue the pervasive cycle of transgenerational trauma.

The Black community's mistrust of the justice system is only one example of individuals feeling violated and invisible. Since slavery, the unauthorized possession of Black women's bodies has been documented within various institutions and systems, including medical health. During slavery, doctors used Black people to research the effects of medications and develop medical instruments due to their perception that Black people have high pain tolerance. The technical advancement of medical instruments for vaginal examinations was used on Black female slaves without anesthesia. The enslaved women were taken to Dr. J. Marion Sims by their masters to fix vesicovaginal fistulas. Although modern gynecology was not yet developed and no cure for the fistula was found, Dr. Sims would operate on enslaved women because they were

seen as invaluable if they could not perform their slave duties and if the surgery were unsuccessful, the loss of Black women was seen as far less harmful than the loss of a White woman. Since the slaves were considered property and had no decision-making abilities, the only consent needed to perform the procedure came from the women's masters (Ojanuga, 1993). These women often suffered from infections, infertility, deformities, and death (Ojanuga, 1993) as they were forced to endure life as human lab rats. The mistrust of Black individuals toward the medical field is based on real experiences of doctors and other medical professionals coaxing the Black community to participate in medical research without their knowledge.

The continual misuse of Black bodies for White society's economical gain is a realistic fear that currently prevents Black individuals from receiving proper healthcare when needed. On February 1, 1951, 30-year-old Henrietta Lacks arrived at John Hopkins Gynecology Clinic in Baltimore, Maryland, with complaints of spotting between her periods. After a thorough examination and a biopsy of her cervical tissue, Henrietta was diagnosed with cervical cancer. The previous year, Henrietta had delivered a baby, and her postpartum examination was normal. Tissue from Henrietta's biopsy was sent to the laboratory at Johns Hopkins, where physicians were looking to improve the technology of tissue exploration. Although most cells died within hours of being outside of the body, Henrietta's cells did something that no other sample could do; their quantity doubled within 24 hours. The staff members were amazed, and without Henrietta or her family's consent, her cells were reproduced millions of times and sold as the world-famous HeLa cells to pharmaceutical companies, academic settings, and other hospitals to advance the field of medical research. Unfortunately, Henrietta died eight months later, still unaware of her contribution to the field of medicine. Henrietta's family struggled financially and emotionally to care for her children after her death. Twenty years later, the revelation that HeLa

cells were stolen from Henrietta Lacks was documented with admission from the hospital. Just a small percentage of the profit made from her cells could have ensured that her children were cared for properly. Henrietta's family was never compensated nor credited for the many cures, medical procedures, and surgeries made safe by the intentional robbery of Henrietta's tissue (Lucey et al., 2009). "My family has had no control of the family story, no control of Henrietta's body, no control of Henrietta's cells, which are still living and will make some more tomorrow," stated Ron Lacks Henrietta's grandson (Brown, 2018, paragraph 39).

In addition to overt and covert assault suffered by Black women within the judicial and health systems, cultural representations such as the Mammy and Jezebel archetypes rob Black women of their rich heritage while keeping them subservient to the White oppression. The Mammy role portrayed a nonthreatening, submissive, nurturing, and selfless (Abdullah, 1998) ideal of the Black women to control the narrative and reduce the threat that Black women were multifaceted and impressive. Cultural images of the Mammy were used to "define, describe, disgrace, embarrass, humble, humiliate, ignore, reject, and shame women of African descent" (Jewell, 1993, p. 237). Not only was the fictional figure widely accepted by White society, but it was also glorified within some Black communities. Implied expectations of the Mammy were to view the slave owner/employer's family as her own to protect, motivate, and provide physical and emotional care while neglecting the needs of herself and her family. These behaviors caused dissonance as the caregiver's self-preservation laws were ignored (Abdullah, 1998). As the maternal patriarch of her home, the primal instinct is to ensure that her family continues to advance; however, the self-abandonment and inability to provide social, psychological, and emotional care for loved ones jeopardized the existence of the Black family.

Additionally, media, advertisements, and business owners used the fictional image as a form of realism to uphold the myth that White men did not find Black women attractive and to mediate the relationship between the Black help and her White female employer. The Mammy was viewed as an asexual, obese, dark-skinned, unattractive woman with a permanent smile fulfilling her purpose to care for White families. Though the image was invasive and detrimental to the self-acceptance of Blackness, it was a survival tool that allowed Black women to feed their families (with “scraps”) and to be protected from anger (Abdullah, 1998) from the slaveowner or employer. The simple notion that Black women have the right to protect themselves and their families and control what happens to their Black bodies is a preposterous concept to White society. As the image of the Mammy was circulated, the European beauty standard of straight hair, light skin tones, and lighter-colored eyes were expectations that suppressed the self-acceptance of Black women’s natural kinky/curly hair and sun-kissed skin. Physical transformations supporting European beauty standards were mandatory within the occupational industry and encouraged by Black cosmetic and hair care companies (Abdullah, 1998; Green, 1994).

Despite some societal advances and cultural acceptances, the expectation for Black women to embody the Mammy archetype resulted in Abdullah’s (1998) “Mammy-ism” theory. Her theory explained the perceived behavior of Black women within occupational settings. The idea of resilience, strength, and knowledge on a multitude of topics combined with humility and the expectation to protect her co-workers and her employer’s business are the foundational characteristics of “Mammy-ism.” Black women who adopt this theory return home exhausted and unable to care for themselves or their family and perceive themselves as powerless as their enslaved ancestors. They comply with unspoken professional behavior with fear that wearing

ethnic clothing, condoning the cultural dialect of Blacks, and challenging racist jokes or tactics may damage her career. Though it may feel counterproductive to some Black women, the ability to maintain their cultural identity may decrease the sting of societal oppression (Mays, 1985).

Additionally, the Jezebel archetype also has altered the authentic identity of Black women. The image of the Jezebel can be traced to slavery as the bodies of Black women were designated for pleasure and business uses by both Black and White men (West, 1995). Black women were used for breeding babies to finance the slave trade. They were also forced to engage in sexual activities with the slave owner and other males who requested their presence. The Jezebel image was created to excuse the rapist behavior of men by placing blame on the woman. Historically, the Jezebel was a fair-skinned, straight haired, usually biracial woman who exhibited more European facial features (West, 1995), though this criterion was not always required. A Jezebel is inaccurately depicted as a sexually promiscuous, seductive, “bad girl” opposite to the virginal portrayal of White women (Davis, 1983; Jewell, 1993; West, 1995). The societal acceptance of Black women as sexual beings historically and currently portrays rape and childhood sexual abuse survivors as willing participants, not victims. Adultification of young Black girls creates a dangerous world where the domination of their bodies is often encouraged, though easily excused if presented as abuse. The decreased imprisonment of both human trafficking and date rape perpetrators when the victim is Black continues to support the notion that Black women’s bodies are not valued (LaFree et al., 1985; West, 1995; Willis, 1992).

Although previous research found that some Black women may acknowledge and behave in ways consistent with the destructive archetypes such as the Mammy or Jezebel, the majority view of these archetypes is seen as harmful barriers to the existence and growth of Black women. When asked about the Jezebel depiction, young Black women endorsed the archetype more than

older women (55 or older), though both groups were more likely to reject the sexualized stereotype for Black women (Brown et al., 2013). Cultural connection mediates recognition of the archetypes as women with positive racial identity are less likely to approve of the stereotype. Though none of the aspects of racial-ethnic esteem predicted the attitudes of middle-aged women, positive gender identity or social identities may prevent acceptance of gendered, ethnic stereotypes. Additionally, education levels also interceded the endorsement of the Jezebel image as those with reported higher levels of education refused to accept the depiction as a positive image (Brown et al., 2013).

While Black women battle the archetype of the Mammy or Jezebel, the stereotype of the strong Black woman also adds levels of stress due to the societal pressure to “do it all” and to display the “adequate” amount of sex appeal. Self-silencing and the externalized self-perception that Black women embody the strong Black woman schema evident by her demonstration of perceived strength could lead to depression and anxiety. The use of self-silencing as a coping mechanism can especially be detrimental to Black women. Overwhelmed Black women interpret asking for help as a deficiency that refutes the cultural idea of strong Black woman (Abrams et al., 2019). Maladaptive coping strategies could lead to somatic symptoms of headaches, upset stomach, sleep concerns, and emotional disorders.

Depression, a leading cause of emotional disturbance, may present as psychological, cognitive, behavioral, motivational, or a combination of symptoms (American Psychiatric Association, 2013), included but not limited to sadness, difficulty concentrating, sleep disturbances, lack of motivation, appetite fluctuations, anhedonia, changes in sexual functioning, and memory loss. Moreover, depression may present as the somatic symptoms previously mentioned and should be considered a possible emotional disturbance when reported by Black

women. Although depression etiology has not been fully determined, several schools of thought name biological markers, organic factors, neurotransmitter deficiencies, social, environmental, and learned factors as contributors of the condition (Koszycki et al., 2010). Additionally, experiences of early childhood traumas (e.g., death of caregiver, sexual or physical abuse) and the age of the trauma may impact adulthood psychopathology (Briere, 1996; Maercker et al., 2004). The prevalence is alarming as approximately 12 million women (about twice the population of Arizona) in the U.S. are diagnosed with clinical depression, with the highest percentage found in those aged 18-25. The consideration that self-silencing occurs within large numbers should prompt healthcare officials to normalize depression and offer psychological services often. Furthermore, women are twice as likely to suffer from co-morbidities of general anxiety disorder and major depressive disorder, which future shows the need for mental health resources. Women lead the statistic of depression and PTSD co-morbidity at 5.2% compared to men at 1.8% (Lawson & Carrington, 2003; National Institute of Mental Health, 2017).

Historically, race has significantly impeded the diagnosis and treatment of Black women. The majority race has the privilege to escape unique social experiences that interfere with the emotional wellbeing of minorities. Code-switching (an identity-altering strategy used to reduce an individual's culture of origin to blend in; Apugo, 2019) is essential for minority individuals' success and survival. Modified cultural behaviors may include changing the original dialect to emphasize the full pronunciation of words, adjusting tone and volume, reducing the use of slang, and adaptations of wardrobe and hairstyling. The use of code-switching behaviors reduces the perception of minorities as threats within environments of White society. Disbelieving attempts to mute or unintentional dismissal of Black women's stories, culture, and experiences within educational systems is a form of oppression that continues the act of White supremacy (Matias et

al., 2019). Systematic oppressive policies that have redlined home buyers, rejected bank loan applications, supported the prison industrial complex, rallied for the war on drugs, and reduced educational or economic advancement of minority populations have increased exposure to higher levels of violence and abuse. Frequent or reoccurring community or domestic violence subjects Black women to an increased possibility to suffer from mental health conditions (Hill et al., 1995). Studies show that 91.6% of Latina and Black women report trauma, 92.2% report that their children have been exposed to trauma, and 54.3% met criteria for PTSD or depression, with half meeting criteria for both PTSD and depression (Chemtob et al., 2011).

Despite the increased exposure to trauma, most women of color do not receive services (Chemtob et al., 2011). The lack of resources, culturally incompetent practitioners, transportation concerns, inflexible work schedules, and shortage of childcare services are just some of the barriers that inhibit women from seeking treatment. Deficiency of adequate coping strategies can result in maladaptive coping mechanisms that further hinder emotional stability. Age of childhood sexual assault survivors positively correlated to substance misuse in women (Marcenko et al., 2000), supporting the increased need for appropriate psychological services for people of color at all ages of development. The myth “time will heal all wounds” is usually used as a form of comfort to those who are suffering; however, it often dismisses the pain felt from loss. When individuals are not equipped with effective coping skills, the patterns of trauma may reoccur throughout their lifespan. Individuals attempting to maintain their sobriety may relate to this notion more than others. Studies found that the constant fear of revictimization of interpersonal violence lingers throughout the lifespan and can create concerns of relapse in older women who struggle to maintain their sobriety (Bowland, 2015). Female survivors of domestic violence have poorer emotional awareness, insufficient skills to process feelings, and increased

interpersonal conflict when compared to control groups (Tsirigotis & Luczak, 2016). Difficulties with emotional regulation and internal working models caused by adverse childhood experiences increase hopelessness in women, which prevents them from developing positive views of themselves and others (George, 1996).

There are significant consequences to untreated trauma. Suicide rates are highest among White males (84 deaths per day) when compared to adults who culturally identify as persons of color or biracial (7 deaths per day); although it is suspected that suicide rates among Black women are disproportionately underreported (Esposito & Clum, 2002; Spates et al., 2019). Previous research on suicide was completed with groups with the highest risk; however, suicide rates have increased by 83% from 1981 to 1994 within the Black community. The trend continues with an increase in suicide attempts by 25% among Blacks between 2001 and 2013 (American Foundation for Suicide Prevention, 2015). The upward shift of suicide attempts and death by suicide of people of color shows the increased need for inclusive research that does not just focus on White populations. Emotional dysregulation disorders, including depression, anxiety, and bipolar, may increase suicidal ideations and reduce hope within people of color. It is important to note that self-injurious behaviors or lack of effective coping mechanisms can increase doctor visits and emergency room utilization if depression is left untreated (Greenberg & Rosenbeck, 2003). Additionally, undertreatment due to misdiagnosis and underdiagnosis of women increases substance use, occupational impairment, lost days of work, and workplace disruptions (Boyd, 1993; Brooks, 1997; Wells et al., 2004). The severity of unrecognized transgenerational trauma could impair Black women's lives and prematurely end their lives if left untreated.

Several studies show that cultural connection and community support reduce psychopathology's impact among Black women (Abdullah, 1998; Brazeau et al., 2018; Browman, 1997). Black women who have lost their cultural, familial, and spiritual identity suppress their own values and embrace the "White is right" ideology. Those who remain in contact with their cultural roots may find difficulties maneuvering in a White world. To remedy dissonance from cultural insufficiency, Black women must remove the mask of compliance to decipher between reality and fantasy to understand their own behavior through self-awareness of oppressive tactics and policies that prohibit social justice (Abdullah, 1998). The racial hatred of Black individuals is experienced throughout the developmental lifespan. The infamous racial identity study conducted by Clark and Clark (1950) reported that dark-skinned children were more likely to reject their skin color as brown, although the response was found throughout other skin-color groups of all ages. When asked to color themselves with a colored crayon representing their actual skin color, 5% of Black children colored themselves White, and 7% colored themselves a non-flesh hue (e.g., blue, green). Of the children, 36% vocalized a preference for a White doll, and 16% of children colored their preferred doll a non-flesh color. Racial construct is present in Black children by age five, in which they are aware of racial differences, cultural ideas, and the value of race. The awareness that being Black in America is not preferred by society is a societal construct understood early by young Black children (Clark & Clark, 1950). The inability for Black children to embrace their skin color is problematic and indicative of higher societal concern.

Seventy years later, White society continues to ask Black children to decrease or completely ignore their racial heritage. Children are suspended, expelled, and prohibited from attending graduation ceremonies or other school events due to their resistance to straighten or cut

off their natural hair. This displays the rooted belief in White supremacy in America. Although notable gains of inclusion have been found in private and public sectors, the lack of cultural diversity within media, toys and video games, high-performing schools, affluent neighborhoods, prestigious colleges, and high-end stores continue to perpetuate that Blackness is a flaw rather than an attribute. Negative views of Blackness within Black individuals lead to psychological dissonance that may present as other psychological disorders (Azibo, 1989).

Thomas and Thomas (1971) developed the theory *Negromachy*, the lack of awareness of self-worth and dependence on the White social construct for self-identification. These individuals believe “White is right,” resulting in unexpressed self-rage, obligation to the majority race, and heightened sensitivity to racial concerns. Like Thomas and Thomas (1971) explained, cognitive transformations are experienced by the Black community during the journey of self-exploration. The Nigrescence model of African American identity (Cross Black identity model) consists of five stages of Black discovery. The first stage, *Pre-encounter*, is based on a worldview dominated by Euro-American guidelines, in agreement with the ideology that “White is right” and “Black is wrong.” Individuals may resist their own racial group’s identity and are unaware of racial injustices or race concerns. The second stage, *Encounter*, is an awakening period. A personal or shocking event occurs that temporarily displaces the person from their previous worldview and causes them to challenge their personal identity. The awareness that they cannot be White forces them to recognize that they are members of a targeted group of racism. Although they do not consider themselves Black during that time, they are moving toward accepting their Blackness. During the third stage, *Immersion/Emersion*, the level of Blackness is high, though the identity is minimal. A new worldview as a Black individual has been accepted, along with an appreciation of African heritage. There is a rebellion against White

culture and White people combined with a celebration of Black culture and Black people. The act of intentionally seeking out opportunities to increase knowledge of Black/African history and gaining support from the Black community is essential. The fourth stage, *Internalization*, is the mediation between their old and new worldview. The individual's prior heightened emotions around racism are replaced by a sense of calmness. Pro-Blackness is coupled with established important relationships with White people who are supportive of the individual's racial background. The final stage, *Internalization-Commitment*, requires the individual to find new ways to process their sense of Blackness into focused action and a sense of loyalty to their own racial group. The identity transformation is stable over time, and there is a newfound comfort with other races, especially their own (Cross, 1971; Cross, 1978).

The challenge of existing as a Black woman far exceeds establishing cultural identity and consists of learning survival modes. Black women are especially familiar with traumatic experiences as they have been subjected to racism, systematic oppression, and sexism for centuries. Research found that Black women have a 65% rate of exposure to trauma throughout a lifetime (Alim et al., 2006) and that women with low levels of spiritual well-being, social support, and self-esteem (Arnette et al., 2007; Meadows et al., 2005) may exhibit decreased psychological health (Neville et al., 2004; Ozer et al., 2003). Despite difficulties of managing individual and collective identities, community support and the Black church are coping strategies that have assisted Black women in developing adapted strategies, traditions, and other practices to improve their survival (Browman, 1997).

When dissecting transgenerational trauma, the use of family system theories is required as individuals are better understood by their experiences within their familial unit (Coleman, 2016). As family systems research continues, theorists unravel the mystery of trauma

transmission. The family systems theory proposed by Bowen (1976) stated that mental health symptoms can be transmitted throughout generations. Bowen's family system theory consists of core ideas including forces of individuality (or separateness) and togetherness (or fusion); unresolved emotional attachment; differentiation of self; triangles and triangling; and chronic anxiety. The forces of individuality and togetherness component explained that family members participate in a relationship that seeks acceptance, approval, and closeness. However, a balance of independence and dependence is required to execute a successful family system. Bowen (1978) termed the parent-child relationship as the "nuclear family system" and stated that in times of crisis, individuals must be able to place their individuality aside to come together for the common purpose (Bowen, 1978; Kerr & Bowen, 1988). The unresolved emotional attachment element suggests that dysfunctional relationships within the parent-child dyad may result in the child's dependency on the approval of others and the inability to assess and manage real or perceived changes and stressors in relationships.

Anxiety is often an effect of maladaptive parent-child interactions, which may decrease the child's overall physical and psychological functioning. The differentiation self-explores the emotional maturity that is the prime factor in a person's ability to function effectively during times of stress. Individuals with elevated levels of emotional maturity are expected to manage life on one end of a continuum, as those with severe symptomology function poorly on the other end. A person with a prominent level of emotional maturity usually has a more defined sense of self and, therefore, a higher level of differentiation that guides them to use their values and beliefs to manage stress and anxiety appropriately. Triangles or triangling, Bowen's fourth component consists of three-person relationships or two people who direct their focus on another person instead of managing the interpersonal difficulty between themselves. This can occur

when parents focus solely on the child, ignoring the conflict within the parental dyad. Anxiety or depressive symptoms may emerge in the child if the practice is extended over time. Bowen's final element of the family systems theory, chronic anxiety, can occur as each person has unique needs for togetherness and separateness. Physiological and emotional responses occur when anxiety is triggered, significantly impacting the nervous system. Conflict, disapproval, or rejection can trigger anxiety and cause individuals to avoid conflict by ignoring their own discrepancies. Bowen's theory can be used to explain or assist an individual who struggles to unpack previous trauma and those who maintain the symptoms long after the experience has occurred (Bowen, 1978; Kerr & Bowen, 1988; MacKay, 2012).

Previous research has found links between transgenerational trauma and insecure attachment (Bowen, 1978), decreased psychological health (Neville et al., 2004; Ozer et al., 2003), helplessness (Brazeau et al., 2018), and parenting styles. Systematic oppression and racism faced by Blacks reduce medical and mental health resources and further perpetuate stereotypical assumptions of inferiority within the Black community. The transmission of generational trauma is a barrier to good mental health practices, secure attachments, overall physical health, and effective parenting styles. Parenting styles are ways in which parents respond to their children. Some styles are supportive or flexible, while others can be demanding or neglectful (Baumrind, 1978). These reactions to their children can affect the parent-child dyad, attachment, and the family as a functioning system.

Despite research on trauma and its influence on parenting styles, no studies were found that examined transgenerational trauma and its effect on the parenting styles of Black women. A similar study regarding Black women and the effect of substance abuse on parenting (Marcenko et al., 2000) indicated a need to address the topic of this review. Upon completion of the current

literature review, anticipated findings should include gaps in the literature and an explanation of the importance of continued research. Through this thoughtful review, the examiner intended to use the following chapters to show that transgenerational trauma negatively impacts the parenting styles of Black women.

CHAPTER III: PARENTING STYLES AND BLACK WOMEN

As previously discussed, transgenerational trauma has been found to significantly influence the psychological and physical well-being of Black women. A Black woman's ability to parent her child is directly influenced by her own life experiences. The current chapter discusses transgenerational trauma and its effect on parenting styles of Black women. Despite previous research on trauma and its influence on parenting, no studies were found that examined transgenerational trauma of Black women and its effect on parenting styles. Black women are challenged as a double minority and face prejudice and sexism as they attempt to maneuver in a racially and gender oppressive system. As stated in previous chapters, generational trauma can be crippling and an almost impossible mountain to climb. Effective and healthy parenting practices require the mother to exhibit emotional and developmental maturity. Transgenerational trauma can be a challenge that impedes growth in all of those areas. Previous studies found that parents with abusive discipline tactics were found to have elevated risk factors of parental stress, childhood violence, single-parent households, low poverty levels, and experiences of domestic violence (Dufour et al., 2011). Contrarily, women who suffered sexual abuse showed more empathy and ability to reverse roles on parenting scales, indicating that coping with their past experience helped create more empathy, especially with their children (Marcenko et al., 2000). However, past research does not directly evaluate the topic of the current review, which further indicated a need to address this matter. Upon completing the current literature review, anticipated findings included gaps in the literature and explaining the importance of continued research of people of color, especially Black women. Through thoughtful review, the examiner intended to show that Black women who experienced transgenerational trauma were more likely to exhibit ineffective and maladaptive parenting styles.

To fully examine parenting styles, it is important to investigate family systems theories and how they impact the child-parent dyad. Doherty and McDaniel's (2010) systems theory seeks to understand events by dividing them into smaller parts and focusing on interpersonal situations, including larger structures and family dynamics. The central concept of system theory is to understand and change interpersonal interactions to assist with managing difficulties between individuals (Doherty & McDaniel, 2010). In addition to systems theory, Kerr and Bowen (1988) reported an emotional systems theory that helps humans receive and integrate information, then respond. The reactions can be instinctual or learned, including acquiring food, initiating a flight, fight, or freeze response, reproducing young, and raising offspring (Kerr & Bowen, 1988).

The functioning concepts found in family systems are reciprocity, differentiation of self, anxiety, triangles, boundaries, and adaptability. Reciprocity occurs within interactions among everyone in the family unit. For instance, the baby smiles and coos at a caregiver, and in return, the caregiver smiles back at the baby. Additionally, the caregivers support each other as they care for the baby. These actions represent the reciprocal pattern that occurs between everyone involved. However, if difficulties occur within one individual of the family, the entire system is affected. For example, if a child is engaged in substance use and exhibits erratic behaviors, the emotional challenges occur within the child and inside the family system.

Another concept of family systems is the differentiation of self. Instinctively, people seek to become individuals and differentiate themselves from others. When there is a safe, interdependent relationship between an infant and its mother, a secure attachment is cultivated and encourages autonomy. The greater the differentiation, the higher the level of independence in functioning is found. Contrarily, in low levels of differentiation, low amounts of individuality

are found. An individual with low levels of differentiation has little to no ability to function autonomously. Emotionally mature people are seen as individuals who have the capacity to separate from their family of origin while staying emotionally connected to the group. Self-differentiation is also impacted by anxiety. Anxiety is experienced by all individuals as it is a natural response to a real or perceived threat. However, the lower the amount of differentiation found in an individual, the less they will be able to adapt to stress. For example, securely attached toddlers feel safe exploring their environment because they view their caregiver as a secure base. Though an anxiously attached child will experience anxiety surrounding exploring their environment because they are not sure that their caregiver will protect them if danger appears (Kerr & Bowen, 1988).

Triangles are the foundation of the emotional aspect of the family system. Attachment is formed within the interlocking components of the triangle (i.e., parent-parent-child, parent-grandparent-child, child-nanny-parent). Anxiety influences the triangle, and when it is present between two people, the third person also feels the tension. For example, if there is a conflict between the parent and the grandparent, focusing on the child diverts the attention of the struggle and therefore spreads the tension between all three individuals involved. In addition, boundaries are used to separate all living things from their environment, and internal boundaries separate subsystems. Boundaries are used as rules within the family system to teach individuals how and who will operate within the given roles (Kerr & Bowen, 1988). When boundaries are enmeshed, individuals lack autonomy (Barber & Buehler, 1996) and depend on the other members to guide and make decisions for them. Disengaged boundaries indicate poor communication of members and result in conflict (Doherty & McDaniel, 2010; Kerr & Bowen, 1988). For the family members to interact and healthily relate to one another, boundaries must be clear and allow for

autonomy (Minuchin, 1974). The final concept of family systems is adaptability. As developmental changes and challenges occur, families must be able to adapt their beliefs and patterns. During challenges, families that remain flexible and connected appear to exhibit better psychosocial functioning (Doherty & McDaniel, 2010; Kerr & Bowen, 1988).

Parenting styles may confirm self-perceptions and can influence the family system and the child's development. For example, an authoritative parent is demanding, however responsive to the needs of the child. They are assertive and have clear standards about how the child should conduct themselves. They discipline their child in a supportive manner and desire for the child to be socially responsible. However, the authoritarian parent is demanding and unresponsive. They are guided by the expectation of obedience and provide rules without explanation (Baumrind, 1991). Parents raised with maladaptive parenting styles (i.e., controlling or vindictive) may express hostility and anger toward their own children (Daggett et al., 2000; Lesnik-Oberstein et al., 1995). In contrast, the permissive parent is responsive rather than demanding. They are seen as lenient and nontraditional. Finally, the rejecting/neglecting parent is neither demanding nor attentive. They lack structure and are non-responsive. They are not supportive and may reject or neglect their responsibilities as a parent (Baumrind, 1991).

Children who receive positive and nurturing parenting styles appear to have a more secure attachment and emotionally satisfying interpersonal interactions with others. However, dissatisfying parenting styles may evoke dysfunctional interpersonal interactions (Bowlby, 1956). Additionally, role assignments such as "the hero," "the invisible one," and "the baby" may become the blueprint about how the child expects others to treat them. Disruptions in the parent-child relationship can negatively impact both the parent-child and child-sibling relationships. Furthermore, familial interactions may shape peer and other extra-familial

relationships. A child may choose peers based on commonalities and how the interactions play into previous ideas of their sense of self. If dysfunction is present, it may linger into other interpersonal relationships throughout childhood and into adulthood (Shewark & Neiderhiser, 2019).

External factors and the emotional stability of the child may affect the parent-child dyad. Socioeconomic status, child-specific behaviors, and maternal trauma significantly affect child abuse potential; however, child self-control and internalizing had the greatest effects (Espinosa et al., 2017). Trauma has been found to significantly impact the relationship between mother and child. Mothers who have experienced trauma may present feelings of helplessness due to past events in which they could not protect themselves or were not protected by caregivers or other influential individuals (Brazeau et al., 2018). These symptoms may inhibit the mother from effectively parenting their children (Ferrari, 2002) and vicariously passing down trauma throughout generations. Parents who endorsed their own childhood violence and considerable amounts of parental stress reported harsher discipline practices than parents who did not experience these contributing factors (Dufour et al., 2011).

Furthermore, experiences of traumatic events decreased women's ability to parent their children effectively and healthily. Traumatic events reduced self-confidence in mothers (Leerkes & Crockenberg, 2002) and when those traumatic experiences involved attachment, mothers exhibited decreased maternal self-efficacy with higher rates of postpartum depression (Brazeau et al., 2018). Denial or avoidance of traumatic experiences also had a significant impact. Women who exhibited difficulty acknowledging their negative emotions struggled to appropriately fulfill their child's needs and were found to commit abuse at higher rates (Butterfield, 1993; Kropp &

Haynes, 1987). Maternal trauma and PTSD may also affect parental distress and increase child abuse potential and PTSD in children (Smith et al., 2014).

Furthermore, witnessed or experienced violence and episodes of discrimination increased depressive symptoms and aggression of mothers, which resulted in harsher disciplinary practices (Mitchell et al., 2010). Although correlations have been found between parental stress and child abuse, incidents of occurrences were not reported. However, Black mothers who have experienced trauma may struggle to effectively connect to their children, which could lead to attachment disruptions and other effects of trauma exposure. Contrarily, Black parents who did not report past trauma were more consciously aware of maltreatment of children during case studies and scored higher on the nurturance scale than Hispanic parents (Cross et al., 2018).

Other external forces that also affect parenting abilities include mental health challenges or diagnostic considerations. Parents who exhibited lower income levels increased comorbidities, inefficient coping skills, and medication nonadherence reported increased rates of depression (Hall, 2015), and Black mothers with severe depression and low self-efficacy reported more hyperactivity in their preschool children as the school year increased (Carpenter & Mendez, 2013). Although many factors may contribute to depressive symptoms and other emotional difficulties of mothers, research continues to support the negative impact of the disorder on mothers and their children. Low-income Black adolescents with mothers who lack parental warmth and supervision reported decreased emotional well-being (Pittman & Chase-Lansdale, 1999). The inability to meet the needs of their children and exhibit a positive role model of how to manage emotions may affect the child throughout all stages of development. Allen and Land (1999) found that children learned their attachment styles from how the parents managed their emotions, especially when they managed difficult emotions or interacted with their offspring.

Additionally, parental sensitivity reported by those with avoidant attachment styles was decreased by emotional distress and parental strain (Mills-Koonce et al., 2011).

In addition to diagnostic considerations, mothers who have experienced trauma lack effective coping or used maladaptive parenting techniques showed difficulty establishing a healthy connection with their children. These challenges were discussed through Reva Rubin's (1984) theory on maternal identity. Rubin described maternal identity as an inseparable integration into the whole personality that is more than a role that could be worn or taken off as one would with a garment (Rubin, 1984). Her theory discussed the importance of tasks during pregnancy that helped to establish important attributes of maternal behavior. Characteristics of maternal behavior include ensuring safe passage for mother and baby, seeking acceptance of and support for herself and the baby, "binding-in" (another word for attachment) to her infant, and giving of herself (Rubin, 1984). Ramona Mercer, a former student of Rubin's, expanded Rubin's theory and coined it maternal role attachment (MRA) and described MRA as "a process in which the mother achieves competence in the role and integrates the mothering behaviors into her established role set so that she is comfortable with her role as a mother" (Mercer, 1985, p. 198). The four components of MRA include: (a) mother's self-identity is composed of the ideal self, self-image, and her body image; (b) there is a reciprocal relationship between the mother's self-identity and her infant; (c) role strain; (d) the mother's perceived value of her role (Mercer, 1985).

In addition to the components and etiology of MRA, other factors such as age, personality, and self-esteem were also explored. Although the mother's age can be an asset for childcaring behaviors, it did not predict the women's feelings about her child or impact their child's growth and development (Mercer, 1986). Mercer (1986) also found that when compared

to adolescent mothers, older mothers exhibited increased “personality integration and flexibility” as their infants aged. However, it should be noted that life contributors such as trauma, racial oppression, family and social structures, and lack of other resources may have impacted the above findings and may have not been attributed for. Emotional and cognitive maturation may have also impacted the results of MRA. Other positive indicators for MRA included self-esteem (Mercer & Ferketich, 1990), and mothers who exhibited positive maternal-fetal attachment appeared to participate in healthy practices during pregnancy, which resulted in babies who were born healthier than those with negative maternal-fetal attachment (Alhusen et al., 2012). However, Koniak-Griffin (1988) found no correlation between self-esteem and maternal-fetal attachment.

When factors of ethnicity were considered, the transition into motherhood was impacted by the community. Motherhood is a life-changing event that impacts the mother and child and affects the immediate relatives and other familial members. Within Black communities, the idea of family is not just those with blood relations but those extended individuals who provided support and encouragement. Because community is such a salient component of Black heritage, transgenerational transmission of values shared through oral stories and support by community “mothers” assists in transitioning into motherhood (Fouquier, 2011). Additionally, when race is considered, White women scored higher on the MRA index, which may indicate that people of color may not receive positive feedback as they are developing self-concept and that MRA scales may be biased toward White women (Hall, 2015). Therefore, it is important for Black mothers to have a “village” of supporting members to help facilitate healthy mother-to-child connections.

Emotional health and the child’s overall well-being are significantly impacted by parenting practices. Aunola and Nurmi (2004) found that psychological control that lacked

elevated levels of affection was harmful to child development and caused mixed messages of maternal approval and admiration of the child (Barber & Buehler, 1996; Baumrind, 1966). Prominent levels of parental control also decreased self-confidence and academic success in children. These findings were significant in challenging topics such as mathematics (Aunola & Nurmi, 2004). Parents who lacked parental confidence were directly correlated to worse academic outcomes in their children and poor maternal functioning (Oyserman et al., 2005). As previously mentioned, neglectful parenting styles can cause disruptions in several areas of the child's overall functioning. Neglectful parenting resulted in low self-esteem, lack of obedience, being easily defensive to criticism, and low levels of emotional stability in children (Mandara & Murray, 2002). Parenting practices differ greatly and may be dramatically impacted by cultural differences. Black children of authoritative parents had positive attitudes toward reading, while authoritarian parents discouraged reading happiness, permissive parents had a moderate and encouraging influence on their children's reading habits, and uninvolved parenting resulted in an aversive influence on childhood reading (Echedom et al., 2018).

Additionally, authoritative Black families reported overall child academic success, child obedience, high levels of family functioning, and higher child educational expectations and self-esteem (Mandara & Murray, 2002). Parental attitudes were also societally influenced, with parents who lived in authoritarian societies still being able to show "loving control, rational parenting, and acceptance" to their children (Dwairy et al., 2013, p. 10). Studies also showed that having at least one authoritative parent yielded more positive outcomes than not having any and uninvolved parenting resulted in decreased emotional stability of the child when the uninvolved parent was the mother (Simons, & Conger, 2007).

Although minimal, several studies found cultural differences regarding parenting practices. Some of those studies found significant distinctions regarding the impact of mental health and parenting practices of Black and White individuals. Finkelstein et al. (2001) found that firm maternal control decreased depressive symptoms in Black girls even when culture was moderated compared to White adolescent girls. It is also impossible to discuss parenting without considering Baumrind's (1966) parenting styles. Although authoritative parents exhibited demanding and obedient driven behaviors, when compared to White children, Black children exhibited more positive results (Sorkhabi & Mandara, 2013). For example, authoritarian attitudes resulted in better compliance of Black children; but White children were more obedient with less authoritarian mothers (LeCuyer et al., 2011). Regarding confidence, Black girls with authoritarian parents were more assertive and independent than White girls with the same parenting style (Baumrind, 1991). Although White parents reported more compliance than non-authoritative parents (Baumrind, 1991), Black authoritarian parents reported better child behaviors and mental health.

Various discipline practices were also found in all parenting styles. Differences were found in Black parenting that reported the use of corporal punishment regardless of the reported parenting type. The use of corporal punishment in addition to parental responsiveness and demandingness had an insignificant impact on the child's academic success or their emotional stability. Responsiveness and demandingness promoted school engagement, but results showed that corporal punishment did not increase or prohibit school engagement (Simons et al., 2013). Additionally, spanking was a good deterrent to reduce delinquent behavior in dangerous neighborhoods and when used often in neighborhoods where spanking was condoned; however, negative effects were found in neighborhoods where spanking was used sparingly (Simons et al.,

2002). Contrarily, LeCuyer et al. (2011) found more child compliance in Black and White children with less physical discipline, careful use of high-power verbal commands, and neutral verbal limit-setting tactics.

The subject of spanking has caused many debates throughout all ethnic backgrounds, not just in Black communities. Spanking in Black populations has been both welcomed and discouraged; however, many generations sought it as a way to provide discipline and to protect their children from a society that could harm them at any moment. Along with preparing their children for adulthood, Black mothers also have the challenge of facing and teaching their children racial socialization to mediate prejudice and racism (Fouquier, 2011). It appears that the use of spanking combined with consistency and flexibility had the best results to minimize maladaptive emotional stability.

Parenting practices varied among diverse populations, with authoritative and authoritarian parenting styles being the most dominant among people of color. For example, Israeli children of authoritative parents reported better coping and adapting strategies (Mayseless et al., 2003). Authoritative parenting also resulted in adolescent-family closeness in Arabian families (Dwairy et al., 2006a; Dwairy et al., 2006b), while low support, rejecting, and controlling parenting patterns in Portuguese parents resulted in more externalizing behaviors than with supportive parents (Pereira et al., 2009). Additionally, Greek parents reported more authoritative parenting, Australian parents were more permissive, and Indian parents were found to be more authoritarian (Rose et al., 2003). In addition to Baumrind's parenting styles, other methods of parenting were considered in communities of color. When studied, Mexican American women reported using "low power-assertive methods," including verbal commands, which were more effective than cognitive strategies such as reasoning (Livas-Dlott et al., 2010).

Although most ethnic populations reported use of authoritative and authoritarian parenting practices, some adverse results were found with Asian, Latino, Black, and White adolescents such as lower grade point averages (GPAs) with authoritarian parents, though the lowest GPAs were found in White adolescents (Dornbusch et al., 1987). When effects were reviewed by examining specific ethnicities, Black adolescents had the least negative effect (Dornbusch et al., 1987). Although many factors may affect parenting patterns of diverse populations, cultural attitudes and practices appeared to have the most impact.

It is important to note that societal pressures may also influence how children are parented. Due to systemic racism and other oppressive policies, Black parents are forced to raise their children in ways that prepare them for the world. This may be especially difficult for Black mothers raising Black children. Due to racism and sexism, Black mothers must teach their daughters effective coping strategies to tackle concerns not present in other cultures (Hall, 2015). Furthermore, negative media representations of Black women create barriers for the mothers to socialize their children positively and negate negative stereotypes of Black women (Fouquier, 2011). Family connectedness and cultural appreciation appear to mediate racism suffered in Black communities. Black adolescents taught by their parents to manage racism learned the history of how Blacks were treated in America, and stories of how the family combated racism exhibited a better ability to cope with racism (Hall, 2015). Although Baumrind's parenting styles are a great way to differentiate parenting patterns, it should be considered that due to racial injustice and other oppressive experiences, Black parents were forced to find other ways to parent their children effectively. Moreover, cultural pride is important to Black families, and when parents use authoritarian parenting combined with high warmth, connectiveness, goal-oriented, independence, and encouragement, they find better behavioral control than parents who

use other Baumrind's parenting styles. Overall, cultural pride and self-reliance were found to help overcome barriers (Mandara & Murray, 2002) and increase overall self-efficacy.

The gender of the child also impacted results of parenting styles. Authoritativeness in girls yielded high hope, although girls' hope declined faster when compared to boys (Heaven, & Ciarrochi, 2008). Furthermore, authoritarianism correlated to low self-esteem, with girls having the lowest self-esteem compared to boys (Heaven & Ciarrochi, 2008). Although parenting styles mediated self-esteem, age also had a significant impact. Girls' self-esteem was lower than boys during grades 8-10, though those with higher levels of hope and self-esteem had less of a decline over time (Heaven & Ciarrochi, 2008). Boys who perceive parents as authoritative exhibited lower levels of psychoticism, though no link was found with girls (Heaven & Ciarrochi, 2008). Australian parents used authoritative parenting more with boys than girls, although the parenting style was believed to increase the girls' self-esteem and academics compared to boys (Kashahu et al., 2014). Parenting styles were also found to influence coping behaviors. Positive parenting was found to increase active and support-seeking coping in adolescents (Hall, 2015), while the maternal authoritarian style was linked to internalizing and externalizing behaviors (Braza et al., 2015). Additionally, authoritarian and permissive styles combined were linked to internalizing behaviors in boys and aggression in both girls and boys (Braza et al., 2015). Contrarily, the permissive maternal style was linked to aggression in girls only (Braza et al., 2015). Parenting styles also influenced physical health as permissive and authoritarian parenting resulted in child weight gain due to less healthy home environments (Johnson et al., 2012).

Other factors that influenced parenting styles included parental age and the parental view of their child. Parents under 34 years old appeared to be more authoritarian or negligent, while parents 45 and older had a 1 in 2 or 3 chance of being an authoritarian parent (Kashahu et al.,

2014). When parents feared the possibility of being publicly scrutinized due to their child's behavior, they reported shame and not guilt when their children were found to do something wrong. Furthermore, parents who perceived their child to be a danger to someone felt guilt instead of shame due to their lack of controlling their child's behavior (Scarnier et al., 2009). Additionally, when mothers used guilt-inducing and manipulative parenting practices combined with elevated levels of attention, they caused enmeshment of the parent-child dyad (Aunola & Nurmi, 2004).

As previously discussed, transgenerational trauma is passed down through generations and can adversely impact emotional functioning. When a mother has experienced trauma, her ability to connect with her child is severely impacted, leading to insecure attachment, maladaptive family boundaries, ineffective coping strategies, and emotional instability. The mother may unintentionally pass down feelings of inferiority to her children, continuing the tradition throughout generations (Abdullah, 1998). However, when children are provided with consistent parenting practices of emotionally healthy mothers, they exhibit more connection to their families than those with controlling or inflexible parents (Dwairy et al., 2006a; Dwairy et al., 2006b). When Baumrind's parenting is considered with White families, authoritative and authoritarian parenting found no difference in adolescents' well-being; however, in communities of color, authoritarian parenting was mediated by cultural and environmental aspects that resulted in the same positive effects as authoritative parenting in White children (Pittman & Chase-Lansdale, 1999). Parenting practices that appeared harsher in White populations appeared more positive in communities of color. For example, authoritarian parenting styles appeared to help children better adjust to settings with strict boundaries such as the military (Mayseless et al., 2003), and firm maternal control decreased depressive symptoms by using the cultural

importance of family and community (Boyd-Franklin, 1989). Parenting differences found in White communities and people of color were significant and showed that increased experiences of racism may cause Black girls to perceive firm control as caring (Finkelstein et al., 2001), which may better equip her to enter the world. These findings show that cultural practices may help alleviate the effects of transgenerational trauma and parenting practices that appear harsh in White communities.

Although studies have found links regarding harsher parenting practices and adverse child behaviors, especially when mothers were considered (Chang et al., 2003), many others reported that when culture and warmth were included, children flourished with authoritative and authoritarian parents (Pittman & Chase-Lansdale, 1999). Additionally, trauma experiences resulted in feelings of hopelessness (Brazeau et al., 2018), aggression, and harsher disciplinary practices in Black mothers (Mitchell et al., 2010). However, some experiences of adverse events resulted in higher nurturance (Cross et al., 2018). Overall, it appears that although transgenerational trauma may cause harsher parenting practices, when equipped with support and cultural understanding, Black mothers can mediate the maladaptive functioning of their children.

Previous studies were able to discuss the effects of parenting of Black women. However, they failed to link transgenerational trauma when considering implications. Additionally, many studies focused on White populations and harsher parenting practices. However, important contributing factors such as systemic racial practices, cultural differences, and generational traumas that occurred during and after slavery were not considered. Black people have a unique history that is not shared with any other ethnic group. When studies examine parenting practices of Black women, they must consider the loss of cultural heritage that includes important parenting traditions that were stolen from Black people. Black people were forced to try to hold

on to cultural traditions that were often lost after several generations of being forced to assimilate into White society. Although several studies reported that harsher parenting practices were harmful to the emotional development of children (Lamborn et al., 1991). Other studies found that Black children exhibited positive self-esteem and academic performance when their parents used nurturance combined with firm parenting styles. It also should be noted that Baumrind's (1966) parenting styles were formed by researching mostly White, Western families. Therefore, cultural considerations and traditions were not considered. While Black women must parent their children safely and lovingly, they must also navigate ways to prepare their children for life.

The current literature review found that a combination of Baumrind's authoritative and authoritarian parenting styles that were combined with affection and support appeared to yield the best results (Manyama & Lema, 2017). Additionally, the hypothesis stated that Black women who experienced transgenerational trauma would use harsher disciplinary parenting styles. Although the literature supported these findings, the examiner's hypothesis did not consider the cultural impact, community involvement, and incorporation of love and support that would mediate the negative effects of parenting styles. The findings further support the need for future research to examine parenting styles of Black women who could allow for cross-cultural consideration for a complete understanding of mediating factors.

CHAPTER IV: ATTACHMENT

As previously discussed, transgenerational trauma has been found to significantly influence the psychological and physical well-being of Black women. Self-identity and attachment are dramatically impacted by interpersonal interactions between the child and their primary caregiver. The current chapter discusses transgenerational trauma and its effect on perceived childhood and adult attachment. Despite research on trauma and its influence on childhood attachment, no studies were found that examined transgenerational trauma and its effect on the perceived childhood attachment of Black women. Similar studies included low-income, suicidal Black women, and the mediation of childhood abuse and managing daily stress (Santorelli et al., 2012). Another study focused on Black women with reported maternal childhood multitype maltreatment and the relationship of adult romantic attachment of their children who had also experienced childhood maltreatment (Cort et al., 2011). However, current research does not directly evaluate the topic of the current review, which further indicates a need to address this matter. Upon completing the current literature review, anticipated findings should include gaps in the literature and explain the importance of continued research of ethnic minority groups. Through thoughtful exploration, the examiner intends to show that Black women who experience transgenerational trauma are more likely to have insecure childhood attachment that matures into anxious/avoidant adult romantic attachment styles.

Self-discovery, explained by Sullivan (1953), indicated that three primary phases construct the self-system. During the first phase, the caregiver is identified, and behaviors are modeled or imitated. At that time, the child may initiate facial expressions, language, and body movements. The second phase occurs as the caregiver is internalized as a model that guides the child's expectations for how others will treat them. The child learns the behaviors that cause a

pleasant interaction with the caregiver and stays away from unapproved actions. Last, the final phase may cause anxiety as the child attempts to establish accepted behaviors. When deeds are not approved by the caregiver, the child may feel a sense of distress, causing them to avoid those actions and therefore reduce anxiety. Additionally, during this phase, early interpersonal interactions are important and may cause the child to internalize how others may treat them and can become the basis of how the individual views themselves (Sullivan, 1953).

Like Sullivan's theory, object relations are the belief that repetitive interactions with caregivers help develop a sense of self. The sense of self is cultivated from the caregiver's response to the child's basic needs. The term *object* refers to how individuals relate to significant others, such as a primary caregiver. Object relations are the internalized relationship that occurs between the individual and significant others (objects). It involves mental representations of three primary ideas: how the object is perceived by the individual, the individual concerning the object, and the relationship between the individual and the object. For instance, when a mother is responsive to a child's needs, they are considered "good." However, when the child's needs are not met, the mother is seen as "bad." During this time, the idea of splitting occurs. Splitting is the central theme to object relations and refers to the individual separating the good and bad parts of their caregiver and manipulating it to symbolize the good and bad parts of themselves. When the individual can merge the good and bad aspects of the caregiver, they form an idea of "good enough," which becomes a view of themselves to be a whole person. Yet, when the child's needs are not met, they may extend the bad representation of the caregiver onto themselves (Klein, 1946). The formation of mental representations of themselves concerning others heavily influences interpersonal relationships in the future as conscious or unconscious templates of reference (Houts & Treisman, 2011; Klein, 1946). When development is healthy, the mental

representations progress; however, in unhealthy development, they remain stagnant (Klein, 1946).

In 1956, Bowlby formulated an attachment theory that integrated concepts from cognitive psychology, developmental psychology, and the study of human behavior (Bowlby, 1956). His theory discussed the relationship between babies and their caregivers (Del Giudice & Belsky, 2012). He proposed that attachment behaviors were instinctive and could be impacted when barriers such as separation, insecurity, or fear prevented the child from establishing close proximity to the caregiver (McLeod, 2017). Babies are innately attached to their mother as she is the source of safety and affection. Although most children will allow another familiar caregiver to provide for them, in times of sickness, fatigue, or hunger, usually only the mother will relieve the distress. Verbal and nonverbal communication such as crying and smiling binds the infant to its mother as the mother is expected to respond appropriately to each signal. Attachment applies to basic needs being met and the child's ability to create a secure base. A child who can depend on their mother for their first three years usually will begin to assert some independence as they have reached the maturation level to allow them to explore their environment. A secure attachment occurs when a child experiences an internal working model of a loving and responsive caregiver. This attachment aids in creating a sense of self that is worthy of love and attention. Within this view of thinking, individuals are more open and able to collaborate in relationships. Contrarily, dysfunction occurs when a secure base is not formed due to the caregiver's inability to meet the child's needs. If desires are not met accordingly, a child develops a worldview of imminent danger that requires caution with an additional self-view of being unworthy of love. Children of mothers with mental illness may experience rejection with little to no affection to buffer. If rejection or hostility is shown for prolonged periods, the child

may lose trust in their parents, resulting in restraint of their emotions and inability to share their feelings with others.

Attachment can greatly affect future interpersonal relationships and interactions as the child will use this working model as a blueprint in which all interpersonal interactions are created (Bowlby, 1956). Bowlby's internal working models (IWMs) resemble the psychoanalytic concept of mental representations created by other object theorists with some variations noticed. Bowlby theorized that IWMs evolve while psychoanalytic theories see them as stable constructs. Contrary, Klein (1948) saw IWMs as distorted representations while Bowlby considered them realistic cognitive portrayals of interactions. Like Bowlby, Blatt (1974) considered IWMs as cognitive depictions while Kernberg's (1976) object relation dyad and Bowlby's IWMs discuss the importance of representations of self and others. Additionally, Bowlby and Kernberg's theories discuss unconscious and emotional parts of experience, which further intertwine the two theories (Houts & Treisman, 2011; Kernberg, 1976). In alignment with attachment and object relations theories, cognitive schemas and cognitive-affective personality system models are similar with few differences that focus on structural and enriching components of representation (Houts & Treisman, 2011; Mischel & Shoda, 1995).

Originally theorized by Salter Ainsworth and Bell (1970), childhood attachment styles generated three primary attachment categories: secure, insecure-avoidant, and insecure ambivalent/resistant attachment. Secure attachment occurs when the child is confident that their needs will be met by their caregiver. The child uses the relationship with their caregiver as a safe foundation to explore their environment, and they seek comfort during times of concern. Avoidant attachment is developed when the child is often rejected, neglected, or the caregiver is insensitive to their needs. The child does not feel valued nor accepted and does not pursue their

caregiver during times of discomfort. The ambivalent/resistant child endures inconsistent responses from the primary caregiver. They will become dependent on their caregiver; however, other times, they may ignore or reject interactions with the caregiver (Ainsworth & Bell, 1970). The final and fourth attachment style, disorganized/disoriented, was created later by Main and Solomon (1990). The disorganized/disoriented child lacks a clear attachment behavior. The child may respond to their caregiver with both avoidance and opposition. When the child is both frightened and comforted by the caregiver, they may appear confused or hesitant during interactions with the caregiver.

A child's ultimate goal is to establish secure relational ties with their caregiver. Caregivers who provide protection and love to the child build a safe foundation for the child to internalize the emotional response and use it to provide security when the caregiver is away. This creates a functional way for the child to regulate their emotions effectively during times of distress or emotional need. However, when the child does not establish a secure emotional connection from their caregiver, they inherit unresolved symptoms of distress and anxiety. Maladaptive coping strategies are developed when the need to reduce anxiety is combined with the absence of a secure emotional tie. The ineffective coping strategies may resemble the individual pushing others away or other forms of insecurities within relationships (Teyber & Holmes McClure, 2011).

Moreover, the concept of complementarity may continue to explain the basis of interpersonal psychopathology. Complementarity is the workings in which interpersonal interactions fit into an individual's anticipated experience of connecting with others. Complementarity assumes that every behavior conveys information about how individuals should respond and their ability to draw or restrict behaviors from others. Through interpersonal

interactions, beliefs of behaviors are reinforced. For example, individuals may learn to be friendly and that others are friendly through the act of others exhibiting friendliness. The interaction of a friendly individual will confirm the child's view of others. However, if a child enters an interaction with distorted thinking, they may respond to people in a dysfunctional manner resulting in negative interactions with others and thus confirming their negative view of others (Tracey, 1994).

Although each case varies, research has proven that trauma can significantly affect the parent-child dyad. Research has found that children with a trauma history may prompt an adverse PTSD response in their parents if they also have a previous trauma history (Chemtob et al., 2011). Previous research has found links between transgenerational trauma and children's attachment styles with mothers diagnosed with psychosis (Özcan et al., 2016) and predicted trauma resolution and infant attachment from maternal childhood trauma history (Lichtenstein, 2004). Mothers who experienced parents who ignored their emotional needs as a child were found to misread their infant's distress as positive emotions (Leerkes & Crockenberg, 2002). Though toddlers' attachment security was not directly correlated with maternal acceptance and warmth (Ispa et al., 2007), young children who suffered attachment disruptions with mother-figures exhibited difficulty with establishing meaningful relationships during adulthood due to excessive demands on others and the inability to modulate emotions when needs were not met (Sayers, 2019). Difficulties managing emotions may continue throughout the lifespan if connections are not mended.

Additionally, institutionalized adolescents with preoccupied attachment were diagnosed with personality disorders due to highly emotional and attention-seeking disorders (Rosenstein & Horowitz, 1996). Developmentally, poor attachment may decrease cognitive resources in

children, including perceptual reasoning, processing speed, and working memory. These deficits may inhibit developmental milestones and modulation of behavior (Chemtob et al., 2011), resulting in difficulties with academic achievement (Kira et al., 2012).

During adolescence, the child experiences events that are both challenging and gratifying as they transition into adulthood. Attachment theories are essential in developing a thorough conceptualization of events surrounding puberty, reducing parental dependence, and establishing meaningful relationships. Despite previous beliefs, attachment is not stable from infancy to adulthood; it is shaped through experiences (Bowlby, 1982; Hazan & Shaver, 1994a). During adolescence, the child creates an integrated working system in which they dissect attachment relationships to guide future behaviors in new attachment connections (Steel et al., 1996). The formation of formal operational thinking allows adolescents to compare relationships with prominent attachments to assist in determining ideal relationship desires (Collins, 1990; Hill & Holmbeck, 1986), for example, being able to understand that some individuals can meet the adolescent's needs while others cannot prompt adolescents to be selective when creating meaningful connections.

Peer relationships formed during mid-adolescence establish a baseline for intimacy and social behavior and provide information for social interactions (Fuligni & Eccles, 1993; Gavin & Furman, 1989; Ainsworth, 1989). Studies have shown that adolescents with insecure attachment evolve into adults who exhibit maladaptive coping strategies. Throughout a longitudinal study, adults who presented insecure attachment as adolescence reported externalizing behaviors, and those with preoccupied attachment reported that they had peers with externalizing behaviors when asked eight years later (Dawson et al., 2014). An essential component of developing autonomy requires adolescents to decrease their dependence on parents for social, emotional, and

cognitive support (Collins, 1990; Hill & Holmbeck, 1986). During late adolescence, the primary attachment figure transitions from the primary caregiver onto romantic partners or close friends (Buhrmester, 1992). During this time, hierarchical attachments evolve from the adolescent receiving care from the caregiver to peer attachment, requiring the adolescent to offer care and support to their friends or romantic interest (Allen & Land, 1999). One of the last caregiving tasks of parents is to assist their adolescents in developing healthy adaptive coping skills. The ability to manage intense emotions prepares them for adulthood and the possibility of parenthood (Allen & Land, 1999). Formulation of effective coping strategies during childhood and adolescence could decrease maladaptive behaviors found in adulthood.

Adult Attachment and Romantic Relationships

The adult attachment interview introduced by George et al. (1985) originally separated adult attachment types into secure, preoccupied, and dismissing; the category of unresolved/disorganized was added much later. According to the assessment, individuals with secure attachment can manage difficult feelings about their past or future experiences due to their positive view of relationships. Those with preoccupied attachment exhibit difficulty processing negative emotions from their past attachment experiences. Individuals with dismissing attachment resist painful feelings related to previous attachment relationships and often misrepresent their independence and dismiss the value of relationships. Individuals with unresolved/disorganized attachment exhibit difficulty with communication and inability to process traumatic experiences, thus creating the failure to examine past relationships.

As a way to explain avoidant and resistant behavior within adult relationships, Bartholomew (1990) discussed the relationship of self and others. This model was fashioned after Bowlby's theory of IWMs and reconstructed to dissect adult attachment by separating

avoidant attachment into two types (Muller et al., 2001). As stated in previous theories, children rejected by caregivers have an unloving self-view and generalize others as inconsistent and occupied. These children mature into adults with fearful-avoidant attachment. They seek social contact and intimate relationships; however, their past experiences with caregivers cause hesitancy and distrust of people. These adults are often distressed during social interactions as they seek approval from others. These behaviors support evocative interactions indicated by avoidant working models in which individuals do not communicate anxiety or need of support from partners, which later confirms their prior perception that people are not dependable (Caspi & Bem, 1990; Simpson et al., 1992). Contrarily, to reduce the possibility of rejection, they evade close relationships that could rewire their past interpersonal experiences for more positive ones. These individuals may consider themselves adequate and self-sufficient, therefore void of needing others for assistance. This stance is fully embraced as it validates the individual belief systems while protecting them from the rejection previously experienced by their caregiver (Bartholomew, 1990). Behaviors such as this support the reactive interaction (mental representation of self and others) confirmed through specific attention and interpretation (Caspi & Bem, 1990; Markus, 1977).

From an evolutionary perspective, Belsky et al. (1991) proposed life history theory to supplement attachment theory that seeks to explain how early childhood evolves into adulthood attachment through life course experiences. The two prototypical life history strategies explain both secure and insecure attachment. Within secure attachment, there is a slow life history developmental trajectory. The maturation process is steady, delayed sexual activity with compatible mate selection and appropriate levels of parental involvement. Those with insecure attachment experience rapid developmental growth, including early adulthood development,

premature participation in sexual activity, short-term romantic relationships with unhealthy mate coupling, and deficient parental involvement. Similar to other attachment theories, individuals with secure attachment appear to have higher rates of healthy emotional and social coping strategies; however, when compared to insecure attachment, no differences were found in spiritual/philosophical aspects, cognitive resources, or health-related symptoms (Myers & Vetere, 2002).

Transgenerational trauma is shared throughout several generations and can affect various aspects of development, including cognitive and emotional performance. Systematic oppression and racism faced by Blacks reduce medical and mental health resources and further perpetuate stereotypical assumptions of inferiority within the Black community. The transmission of generational trauma is a barrier to good mental health practices, secure attachments, overall physical health, and effective parenting styles. Deficits in parental care may result from previous trauma and not the lack of interest in the child. Adults who suffer from neglect by their primary caregivers may exhibit difficulties recognizing the needs of their own children.

Additionally, adults who suffered abuse during childhood inaccurately describe the emotions of others, a condition that may continue throughout their lifespan (Camras et al., 1996). Other studies showed that childhood abuse or neglect may reduce empathy and sympathy in victims (Feshbach, 1987; Leerkes & Crockenberg, 2002; Letourneau, 1981); however, positive parenting practices have been found to increase sympathy and empathy in children well into adulthood (Eisenberg et al., 1991; Eisenberg & McNally, 1993; Koestner et al., 1990). When parent and adult child dyads were assessed, Black adult daughters and their mothers had ideas similar to their White counterparts regarding gender roles. Strong family ties and the expectation to adhere to family norms may be the driving force for this finding (Cichy et al., 2007).

Adult attachment styles significantly impact romantic and other interpersonal relationships. While perceived childhood attachment styles are determined through the parent-child dyad, resolution can occur through other positive interactions if dysfunctional adult attachment continues (Fraley, 2002). The traumatic history of Black women throughout generations created a disenfranchised population of individuals who suffer from various mental and physical health symptoms. Although researchers have studied the effects of adult attachment styles on diverse topics, the exploration of adult romantic attachment and Black women is greatly needed. Adult attachment patterns developed by Hazan and Shaver (1987) sought to increase Salter Ainsworth et al.'s (1978) attachment theories. Prior to previous beliefs, attachments can be linked to multiple people or inanimate objects; the person an individual depends on most shapes their worldview and determines others are perceived as safe (Hazan & Shaver, 1994a). The three adult attachment types (i.e., secure, avoidant, and anxious-ambivalent) are formed by person-environment interactions. Secure adult attachment is presented through positive representations of self and others and is the most stable attachment pattern (Hazan & Shaver, 1987; Hazan & Shaver, 1994a). Secure attachment may decrease depressive symptoms (Carnelley et al., 1994; Hankin et al., 2005), increase levels of self-esteem (Bartholomew & Horowitz, 1991), and encourage effective ways to cope with stressors (Berant et al., 2008). These individuals often enjoy work without fear of failure. They value their work but appear to value relationships more. Additionally, they can separate relationships from work and do not use work to fulfill unmet needs. Individuals with secure attachment have a greater sense of overall well-being and fewer physical illnesses (i.e., colds and flu) than those with insecure attachment (Hazan & Shaver, 1990). Anxious-ambivalent or preoccupied individuals have a negative image of self and a positive depiction of others. These individuals seek appraisal from employers,

which often results in “slacking off” behaviors immediately after approval or if a task is not praise-oriented. Additionally, they have difficulties with interpersonal relationships that intrude with work responsibilities. Compared to other attachment groups, these individuals earned the lowest income when education was controlled (Hazan & Shaver, 1990). Individuals with high levels of anxiety require more time, warmth, and self-expression from others to feel secure within relationships and reported less intimacy in vignettes when compared to individuals with secure attachment (Hudson & Fraley, 2017). Additionally, anxious attachment styles also have a strong need for intimacy and report disappointment in their inability to acquire the type of relationship they desire (Birnbaum, 2007). Those with anxious attachment may have a neutral relationship with their employer rather than a negative or positive one (Towler & Stuhlmacher, 2013). Adults with avoidant adult attachment style have positive representations of themselves and negative images of others (Bartholomew, 1990). They report not having time from relationships outside of work and are less satisfied with work despite having an income equivalent to a secure group (Hazan & Shaver, 1990). Additionally, dismissive/avoidant individuals request less time, decreased emotional connection, and seek minimal self-disclosures from others to establish closeness in relationships; however, they were more aware of intimacy in vignettes than individuals with secure attachment (Hudson & Fraley, 2017). Conversely, individuals with fearful adult attachment have a negative view of themselves and others and avoid closeness due to fear of betrayal. Despite current attachment styles, insecure attachment can evolve into secure attachment if one experiences a relationship that invalidates initial attachment experiences in early childhood, adolescence, or early adulthood. The attachment-altering relationships can be romantic or platonic involving non-caregivers (Hazan & Hutt, 1991; Hazan & Shaver, 1994b). Childhood trauma significantly affects adult romantic attachment and

may lead to maladaptive behavioral patterns (Bernstein et al., 1994; Bowlby, 1982; Minzenberg et al., 2006; Scher et al., 2001; Toth et al., 1997; Wright et al., 2001). Survivors of childhood abuse are at greater risk for poor empathy, poor self-esteem, lack of self-efficacy, and partner violence perpetration in adulthood (Alexander, 2009; Alexander et al., 1998; Baer & Martinez, 2006; Drapeau & Perry, 2004; Toth & Cicchetti, 1996; Toth et al., 1997; Whitfield et al., 2003). External shame may contribute to depressive symptoms (Gilbert & Miles, 2000; Kadir et al., 2017), resulting in feelings of unworthiness, unattractiveness, and being unlovable. Studies also show that individuals with low physical symptoms report increased relationship connection, though the lack of physical symptoms did not increase relationship happiness (Towler & Stuhlmacher, 2013). Like other interactions, proactive reactions are created by people who create their environment by choosing partners that confirm their working models (Simpson et al., 1992); although, other studies report that partner selection is due to personality continuity, not preexisting working models (Caspi & Herbener, 1990). Adult attachment styles are also responsible for emotional regulation and interpersonal interactions. Additionally, Bowlby's IWMs could be distorted when connected to personality disorders, especially borderline personality disorder (Houts & Treisman, 2011). Black women who experienced childhood abuse are more likely to have difficulty seeking support from family and friends due to poor attachment security. These difficulties may be due to varying depictions that change and are managed through "defensive exclusions" that mirror Kernberg's theory of splitting (Houts & Treisman, 2011). The inability to trust others may create a sense of hopelessness that can increase suicidal ideations (Allbaugh et al., 2018), evident by Black childhood abuse survivors who previously attempted suicide reported poor attachment behaviors (i.e., enmeshment and emotional resistance; Twomey et al., 2000). Individuals with secure attachment have been found to have

more gratifying interpersonal relationships, positive self-esteem, and manage emotions effectively when faced with stressors. In contrast, individuals who exhibit the anxious-ambivalent attachment pattern need validation and support from others to maintain emotional stability (Bylsma et al., 1997). Insecure attachments such as dismissive or fearful attachment have also been correlated with poor emotional modulation, resulting in ineffective coping strategies such as substance misuse and suicidal ideations (D'Orion et al., 2015; Kassel et al., 2007). Attachment disruptions are common denominators linking personality disorders, although etiology varies. Poor relationships have been linked to schizoid, antisocial, narcissistic, and avoidant personality disorders. Although individuals with dependent personality disorders may struggle to modulate feelings of abandonment and loneliness (Levy, 2005), emotional regulation does not confirm personality disorders.

The prevalence data within the United States showed secure attachment at 59%, avoidant attachment at 25%, and anxious attachment at 11% (Mickelson et al., 1997). When insecure attachments are separated into four categories, 50% of the population have secure attachment, 25.3% are dismissing, 15.8% are fearful, and 8.2% are preoccupied (Diehl et al., 1998). Exploration of older (age 55 and up) White and Black individuals in romantic relationships reported 22% had secure attachment, 78% had dismissing attachment, with no reports of fearful-ambivalent attachment (Magai et al., 2001); compared to 33% reported secure attachment, 24% dismissive attachment, 24% ambivalent attachment, and 19% avoidant attachment of inpatient detox patients with unknown racial identity or relationship status (Wedekind et al., 2013).

Culturally, individuals exhibit different adult attachment styles. Compared to European Americans, Blacks appear to have lower views of others and rate higher on the avoidance scale; nonetheless, both groups reported comparable views of themselves (Cooley & Garcia, 2012;

Lopez et al., 2000; Wei et al., 2004). Secure attachment has been found to be more in European Americans than their Black peers (Montague et al., 2003). Regarding relationship rejection, Blacks expected to be rejected more and reported avoidance of interpersonal interactions than European Americans (Lopez et al., 2000; Wei et al., 2004). However, the traumatic past of Blacks may justify the avoidance exhibited as they have historically and currently experience abuse and other traumas at higher rates than their White counterparts. The previous results show the importance of cultural competence when interpreting data from minority communities, as traditional assessments may not consider the experience and lived traumas of individuals from all ethnic backgrounds. When gender is considered under the attachment framework, societal stereotypes such as women appearing anxious/ambivalent (clingy) and men as evading emotional connection were false with all humans seeking safety and security (Bowlby, 1956; Hazan & Shaver, 1994b).

Moreover, another study found that females were more caregiving, though men were driven by sex when gay male and lesbian relationships were explored (Peplau & Gordon, 1983). Suicidal and previously abused Black women with insecure attachment styles were less likely to participate in group therapy than those with secure attachment styles (Ilardi & Kaslow, 2009). Women with avoidance attachment reported less satisfaction and connection to their intimate partner. Although there was no significance between cohesion and anxious attachment in women, less happiness with one's romantic partner was reported, though the result was minimal. Comparably, women with secure attachment reported higher levels of relationships satisfaction with employers, and those with reported job satisfaction also admitted to happiness and positive connection with their partners. Effective communication skills may be a source for high relationship quality in women with secure attachment (Towler & Stuhlmacher, 2013). Compared

to men, women were found to display more preoccupied attachment, and slow life history reports from both genders showed low levels of dismissive attachment in men with higher levels in women. Additionally, women with slow life history denied preoccupied romantic attachment, while levels were high in men (Dunkel et al., 2016). Men classified with anxious attachment rated their romantic relationships poorly, although the opposite was found in women during a longitudinal study (Kirkpatrick & Davis, 1994).

Although some studies have discussed childhood and adulthood attachment and trauma, little research discussed the specific effects of transgenerational trauma and attachment of Black children and women. One of those limited studies was by Graff (2014), who reported that Black parents exhibited a sense of shame that has been present throughout several generations. Since slavery, Black individuals have been subjected to abuse, forced labor, separation of families, and many other racist policies. During slavery, White masters exhibited anger and violence toward their slaves. These practices were embedded in many slaves and permeated many relationships; parent-child, marriage, and employee-employer. The lack of empathy caused shame and affected how parents responded to their children. The transmission of such shame was born out of attachment and resulted in insecure attachment styles of Black children (Gump, 2000; Graff, 2011).

Although research on childhood attachment and transgenerational trauma was limited. Some research focused on links between transgenerational trauma and adult attachment during emigrational events in which the impact of violence and forced separation from parents (De Haene et al., 2010) resulted in trauma-related disorders and disorganized adult attachment (Liotti, 2004). However, there appear to be gaps in the literature as most research has focused on general trauma rather than transgenerational trauma. The transmission of generational trauma

continues to affect the Black community. It acts as a barrier for good mental health practices, secure attachments, overall physical health, and effective parenting styles.

Additionally, despite research on trauma and its influence on adult romantic attachment, no studies were found that examined transgenerational trauma and its effect on adult romantic attachment of Black women. However, previous studies did discuss the effects of trauma on the attachment of women. Like other animals, humans adapt their life course to improve the chances of reproductive longevity. Unlike previous studies that reported gender differences in depressed married couples (Rohde et al., 2013), both men and women reported high levels of depression (Kadir et al., 2017). Wives who reported higher anxiety attachment or avoidance attachment had a higher chance of depression symptoms than their husbands. Additionally, wives with anxious attachment may be more emotionally sensitive to avoidant husbands, which could lead to depressive symptoms (Kadir et al., 2017) and emotional distance.

Furthermore, sexual gratification is found in people who appear to meet sexual value and vulnerability. Physical attractiveness can be cross-cultural and ageless and is initiated by the desire to have a healthy or youthful mate (Hazan & Shaver, 1990). From an attachment perspective, close relationships are created from the need for proximity. Like infants' desire to feel secure with caregivers, adults seek responsive partners who can elicit feelings of joy and protection while unresponsiveness creates anxiety and emotional instability (Hazan & Shaver, 1994b). The goal is to formulate a physical bond that will last long enough to create an emotional connection (Salter Ainsworth et al., 1978; Hazan & Shaver, 1994b; Tennov, 1979). Minimal reports of avoidant or anxious attachment were found with individuals involved in romantic relationships (seven months or longer), and no avoidant-avoidant or anxious-anxious relationship pairs were found.

Additionally, both partners negatively rated their relationship when the women were reported as anxious (Kirkpatrick & Davis, 1994). When seeking partners, individuals use verbal and nonverbal communication (i.e., smiling, make us smile versus unresponsive people) to find others who are warm and safe. Attachment is the guiding force leading individuals to find a partner who will fulfill the needs of caregiving, affection, and sexual desires. The caregiving system of children has infantile features of vulnerability and distress that are similar to adult concerns such as self-disclosures, fear, or weakness (Hazan & Shaver, 1990). Individuals with anxious-ambivalent attachment have little to no confidence that their partner will be responsive to their needs. These insecurities may cause them to fall in love easily and work hard to keep their partner close, resulting in intense anger or frustration when needs are not met (Collins & Reed, 1990; Feeney & Noller, 1990; Hazan & Shaver, 1994b; Kuncz & Shaver, 1991). Individuals with insecure attachment are oblivious to their partner's needs or desires and assert their needs before their partners (Daniels & Shaver, 1991). Despite their lack of awareness of their partner's concerns, insecure attachment can cause extreme concern of dissolution of the relationship (Hazan & Shaver, 1987). Individuals with avoidant attachment are acclimated to experiences of constant neglect; therefore, they avoid closeness of others even when involved in romantic relationships. Additionally, these individuals exhibit increased fear of relationship termination and have glamorized ideas about parental relationships, although they are unable to give examples and will become visibly embarrassed when pressed for more information (Dozier & Kobak, 1992; Hazan & Shaver, 1994b; Hazan & Shaver, 1987; Main et al., 1985). Other characteristics of avoidant attachment are easy conversion of religion (Kirkpatrick & Shaver, 1990), participation in non-committed sexual experiences (Hazan & Shaver, 1990), avoidance of

self-disclosure (Mikulincer & Nachshon, 1991), and use substances to reduce anxiety (Brennan et al., 1991).

The research found that Black women experience higher levels of trauma when compared to other ethnic groups. Previous trauma reduces maternal warmth and effective emotional modulation. These findings suggest that insecure attachment is due to the caregiver's inability to meet the needs of the child. As the child matures, their self-perception and worldview become distorted and negatively impact interpersonal interactions. Developmentally, adults seek close relationships, both romantic and platonic; however, maladaptive attachment impedes healthy connections and decreases overall quality of life.

CHAPTER V: Clinical Implications and Future Directions

Societal Implications

Recent media and social media exposure have highlighted the need to end racist practices and remove oppressive policies from government organizations. Lawmakers have felt pressure from local and national communities to make changes. As policymakers institute laws to combat racism, knowledge surrounding trauma suffered within Black communities can assist in the creation of inclusive systems. The use of human-centered interviews and analysis can help to determine the needs in communities of color. Resources provided should include opportunities for personal and communal growth; investment in education, career training, affordable housing, and nutritious food options can help provide safe and healthy environments (Bowland, 2015) and fulfill the community's needs. Program developers should also be aware of oppressive health and legal and employment systems that affect access to appropriate care and not consider the community's resistance as a form of disinterest (Carter & Carolina, 1988).

Although policy changes must occur within government and local agencies, everyday citizens can also participate in reducing the impact of transgenerational trauma by implementing anti-racist behaviors. To understand how policies, decisions, and attitudes impact Black women; White individuals may benefit from attending webinars, conferences, and workshops that focus on racist ideologies and practices (Matias et al., 2019). Furthermore, policies should be implemented to hold those who commit racially destructive behaviors accountable. When acts of racism occur, the survivor should be taken seriously, and proper corrective action should occur. Additionally, to decrease policies that support White supremacy, people of color should be afforded the opportunity to fill leadership roles that actively create inclusive and supportive policies.

As welcoming environments are created for all individuals to enjoy. It should be noted that women of color need a safe, nonjudgmental space in which they can share stories of ill-treatment without others responding in a defensive manner (Brown et al., 2013). Additionally, the Black woman's ability to overcome challenges should not be graded using mainstream goalposts as Black women encounter intersectionality (e.g., cultural, gender, economic status, trauma) that women of other ethnicities may not experience (Schilling, 2008). The life of Black women is not just one of strife and suffering. The magic of being a Black woman brings joy, societal advancement, support, and nurturance. She should be able to celebrate and be celebrated without others feeling that her moments are taking away from their life experiences. Therefore, societal changes should include education and consideration for the unique experience of being a Black woman.

Academic Implications

Due to the uniqueness of the Black woman experience, educators should become familiar with difficulties faced and create systems to support and prepare students as they plan to enter professional settings. As Black students may face incidents of racism and sexism, these events should be combated with a collaborative approach. Additionally, when ill-treatment occurs, and coping strategies are suggested, they should be created from a strengths perspective rather than a deficit. This approach can help the student receive holistic assistance that should be implemented and encouraged by program development models. Furthermore, when academic settings are being established, systems should be aware of oppressive policies and practices so that academic staff can create inclusive environments for all students (Ramos & Yi, 2020).

As Black students continue to pursue degrees in mental health, program directors should be cognizant of the Black experience and train their future clinicians to be aware of incidents of

overidentification and overinvolvement that may occur when Black therapists are working with Black clients. Training programs should include strategies to assist the student in maneuvering through challenges faced when working in same-race dyads (Goode-Cross, 2011). Often, Black therapists understand the specific challenges of their clients, which can improve their connection and could further lead the therapist to want to protect the client. Though most therapists want to protect clients, overidentification could lead to dependency on the client (Bell-Tolliver et al., 2009). Teaching students ways to reduce burnout and overinvestment may help prevent possible negative outcomes for the client and themselves. Students who do not receive this type of training may feel ill-prepared when working with clients of similar religion, socioeconomic status, racial identity, and other demographic factors (Goode-Cross, 2011).

Additionally, as students transition into therapists, knowledge of residual effects of slavery enhances the therapist's understanding of trauma and prepares them for difficulties within the therapeutic relationship (Wilkins et al., 2013). Residual effects of slavery are unique because Black individuals were forced to adapt behaviors in response to the horrendous acts of slavery and its aftermath. They did so without the assistance of mental health services. Immediately after slavery, Black people continued to be exploited, abused, raped and lynched. The effects of these traumatic experiences were then passed down throughout generations with behaviors associated with low self-esteem, anger, and feelings of inferiority (Crawford et al., 2003; Wilkins et al., 2013). Most clients will not be aware of residual effects of slavery when they are exhibited in the therapeutic process. Therefore, the clinician's awareness of this phenomenon is required to help build trust and facilitate the process of recalling transgenerational trauma.

Additionally, regardless of the race of the therapist, acknowledgment and management of the self-of-therapist are crucial when working with Black clients who have experienced transgenerational trauma (Allen, 1996). The self-of-therapist requires the therapist to resolve concerns with their family of origin to heal and prepare themselves as a therapist. If the therapist has not worked through their own personal challenges, they may react to the client's problem through avoidance, misunderstanding of information, or becoming distracted (Lum, 2002). Therefore, when working with Black clients, therapists must be educated on their clients' experiences and have also processed their own difficulties to help build a solid therapeutic alliance and help progress their clients along their journey.

Clinical Implications for Individual Treatment

Despite the difficulties faced throughout generations, Black women have and continue to find ways to persevere. Just as Black women are not a monolith culturally, they also cope with life's challenges in diverse ways. Although research shows that many Black women seek spirituality as their primary source of strength (Taylor et al., 2000), not all Black individuals use religion or spirituality as a coping mechanism. However, Black women who reported a belief in God or a higher power also reported fewer symptoms of depression and PTSD (Watlington & Murphy, 2006). They view their spiritual life or higher power connection as essential to their self-view and guiding compass (Blakey, 2016; Runnels et al., 2018). Social networks such as congregations and community groups offer a place where Black women can relate to individuals who share their same values and beliefs. In these relationships, they find support and assistance in developing a sense of self. They gain an understanding of their power and purpose and learn ways to adapt and transform various traumatic experiences while maintaining their faith in God (Blakey, 2016). It is also within these groups that Black women gain the awareness and

confidence to step into their own authenticity. The members' commonality helps women explore and strengthen themselves while learning ways to coexist with a higher power. The fundamental beliefs can help women make decisions regarding their own lives, including health-related topics seeking help, eating healthily, and adhering to medication regimens. Therefore, understanding the importance of spiritual or religious beliefs is essential for clinicians and other helper professions to connect with their clients on a deeper, more effective level (Runnels et al., 2018).

In addition to spiritual or religious beliefs, Black women seek guidance and comfort from friends, family, and community members (Browman, 1997; Hall, 2018). Emotional support has been found to decrease maternal postpartum depression (Brazeau et al., 2018) and was vital for maintaining emotional well-being and coping with life. Though familial and community connection is important, age affected how Black women communicated with loved ones. Young participants (under 40 years old) reported using text, Snapchat, Instagram, or Facebook to communicate, while women 40 and up used face-to-face, telephone, and/or email. Black women also reported that their strength came from being a part of an extended family and that the best coping strategy that they learned from their mothers was to rely on their grandmothers. They also received life lessons from their mothers about coping with daily stressors (Hall, 2018; Hill, 1999).

Additionally, to combat racism and sexism, they used the coping techniques of their mothers and adapted them to fit with their own personalities. These results gave important insight into intergenerational dyads and the impact they have on the coping skills of Black women (Hall, 2018). As clinicians prepare to work with Black women, they should consider the importance of familial ties and find ways to incorporate preferred communication methods and beliefs about family into therapeutic interventions. These factors should also be considered when

attachment is explored. As previously stated, the familial intergenerational connection of Black families is important to the survival of Black women. Quickly blaming the mother for the challenges of the Black client could rupture the therapeutic alliance and cause other barriers to treatment (Green, 1994). Therefore, the therapist should allow the client to fully disclose their thoughts around their mother's participation in their internal and interpersonal challenges before assuming that the client views the mother as the catalyst.

Resilience should also be considered when working with Black women. Despite living in single-parent households, enduring racism, sexism, and violence, Black women reported increased levels of self-esteem (DeFrancisco & Chatham-Carpenter, 2000). When viewed in specific terms of adversity and competence, resilience can be used to develop protective factors and individual characteristics that may result in positive outcomes (Schilling, 2008). Strength-based interventions can empower and encourage Black women to work through past difficulties despite fear or environmental restraints. Clinicians can exhibit more culturally competent treatment by assisting Black clients in exploring strengths and ways to decrease depressive symptomology (Abrams et al., 2019; Stevens-Watkins et al., 2014). Embracing their nurturance abilities by caring for themselves and learning healthy ways to communicate can build self-confidence and stop the exploitation of their talents by others. Recognition of strengths can help Black women escape the feelings of physical and cognitive restraints while teaching them ways to survive the pressures of assimilation (Abdullah, 1998).

The use of traditional Western modalities such as cognitive-behavioral therapy may not be as effective with Black women due to its inability to address societal, cultural, and gender requirements placed on Black women. Additionally, Black women appear to respond better to strength-focused treatments rather than the primary focus being on symptom reduction.

Treatment should also include community resources and consider all of the Black women's intersecting identities. Other effective treatment models should include perspectives such as the womanism model. It encourages Black women to use coping such as spiritual assistance and social support to develop effective coping strategies. Therefore, the empowerment of women of color increases autonomy, which could reduce harmful internalized archetypes such as the strong Black woman (Abrams et al., 2019).

As clinicians are exploring other treatment modalities, culturally appropriate and considerate assessments are greatly needed to effectively uncover the symptomology of Black women. For example, Jackson et al.'s (2005) contextualized stress measure, a measurement of racial and gendered stress, is a measure of 71-items divided into 6 subscales: 4 stressor scales: race/racism, burden, work (stressors), personal history; 1 measure of stress mediators: support and coping; and a subscale capturing stress. Using this measure, clinicians can better become aware of the disparities that affect Black women with the hopes of creating and utilizing race and gender-specific interventions.

In addition to developing and using culturally appropriate assessment tools, the creation and implementation of mental health, social services, and suicide prevention services should consider attachment theory to increase social support-seeking behaviors. These programs should also include evaluating childhood abuse, maltreatment, attachment disruption, and social support to further explore the therapeutic environment (Allbaugh et al., 2018). Other useful assessments may include those that examine self-esteem and a sense of purpose that could help determine how Black women manage daily stressors. These areas have significantly affected how Black women manage the coping of daily stressors (Stevens-Watkins et al., 2014). Additionally, when substance abuse programs are considered, they should include assessments that explore the

possibility of childhood sexual abuse and provide early interventions for young girls. The use of such interventions can deliver ongoing therapy that can be used during pivotal developmental stages and may reduce ineffective coping and improve mental health throughout their life span (Marcenko et al., 2000).

Furthermore, substance use programs that include emotional support and low levels of stress resulted in increased problem solving and confidence with a successful reduction in alcohol usage in clients (Tamis-LeMonda et al., 2008). Similar to other mental health challenges experienced by Black women, a relationship with a higher power appeared to progress them on their road to recovery (Blakey, 2016). Another way to improve sobriety among Black women is for the clinician to pay attention to race and culture while educating the client on the harmful effects of alcohol use. A lack of understanding of Black concerns and the economic forces that cause drinking behaviors can significantly impede the progress of Black clients that may suffer from substance abuse (Carter & Carolina, 1988).

Awareness of the historical context of race and oppression should always be considered when clinicians are working with Black women. Clinicians should encourage their Black clients to explore their heritage through food, music, clothing, and other traditions (Marcenko et al., 2000). A deeper connection to culture has been found to reduce self-sacrificing behaviors that aided in survival in exchange for implementing positive characteristics such as flexibility, creativity, initiative, and intelligence. Although it is important that clinicians are aware of racial oppression, it is not the client's responsibility to educate the clinician on their culture. Clinicians can expand their knowledge by attending cultural events, webinars, conferences, or reading African-focused literature (Abdullah, 1998).

Additionally, therapeutic interventions that include self-searching to increase awareness and self-confidence in Black women can assist them in expressing their needs and feelings appropriately. Regarding symptomology, clinicians should be aware that depressive symptoms can look different in Black women. Some individuals may experience isolated sleep paralysis (Bell et al., 1986), unexpected dizziness, difficulty, or inability to recount traumatic events, which may mirror psychotic features and other forms of somatization (Heurtin-Roberts et al., 2001). Knowledge of cultural aspects of Black women can aid in treatment and prevent over-psychopathologizing by clinicians.

To increase understanding of culture and how it could impact Black clients, therapists must consider their own conscious or unconscious biases held toward Black individuals. The inability to recognize these areas could lead to over-pathologizing and disregarding the client's strengths. Although, some therapists may think of color blindness as a way to see individuals equally, the idea of everyone having equal footing can be harmful both inside and outside of the therapeutic room. Color blindness prevents the therapist from fully seeing the client and recognizing their different experiences and the impact on their overall functioning. It erases the lived events and could cause barriers to treatment. Furthermore, the fear of invalidation of incidents of racial discrimination could cause the Black clients to create a series of "tests" that the therapist must complete to prove or disprove the thoughts of suspicions, ill-intent, or their ability to help the client.

Additionally, as White therapists are becoming aware of their own biases, it is important that they are careful not to only blame society and consider the client's thoughts and behaviors that could impact their daily experiences. The understanding that clients do not require saving can strengthen the therapeutic relationship and prevent dependency (Greene, 1985).

Additionally, therapists must explore their feelings of White guilt and internalized superiority to ease the challenge of understanding the etiology of Black clients' concerns (Wilkins et al., 2013). Working with Black individuals could be tricky for White therapists as it requires open-mindedness, patience, and willingness to challenge deeply embedded views of culture, gender, and race.

Regarding trauma-specific considerations, clinicians must be aware of the impact of trauma on the physical and psychological well-being of Black women. Although the effects of trauma impact cognitive functioning, it is important to recognize that it is a part of the entire body, a biophysical concern. At the time of the traumatic event, the body can become trapped by the experience and may relive it repeatedly. While always on guard, the body may attempt to protect itself from an attack that may never happen. However, since the attack on the body is internalized, whether it occurs externally does not matter. This experience can cause the body to remove, confine, or defend itself from internal thoughts and external stimuli. Recognition of the body's role in carrying the trauma can help the clinician to use effective modalities consciously and mindfully to allow the trauma to be processed, told, and retold as it is in the past rather than the present, can significantly facilitate healing (Baum, 2013; Culbertson, 1995; Simonds, 1994).

As clinicians attempt to move their clients through traumatic experiences, various modalities may be useful. Due to its biophysical effect, interventions that include art (Burstow, 2003), mediation, yoga, eye-movement desensitization and reprocessing, neurofeedback, and play can help aid the client into a healthy sense of well-being (Ray, 2015). Individual and group treatments that include mindfulness can help the client recognize the relationship among thoughts, feelings, and physical experiences. Incorporating these interventions with body awareness such as sensations, movement, and the five senses encourages a sense of

empowerment and competency as the client is more aware and able to manage their physical and mental state (Langmuir et al., 2012).

Clinical Implications for Parenting Practices

Early interventions could be key to reducing harsh parenting practices and equipping parents with needed support. Screenings that focus on the overall well-being of both the parent and child are crucial. Mental health providers should be trained to assess trauma to identify the need for holistic services (Chemtob et al., 2011). Additionally, assessments may be helpful to identify the trauma of the parent that may impact their ability to form a strong parental alliance with their children. When trauma is unresolved in the mother, anxiety may form around the child's treatment, which could result in the mother's unconscious sabotaging of treatment because she has been unknowingly triggered. If the clinician is aware of parental trauma, they could intervene and provide resources to reduce feelings of isolation, mistrust, or loneliness, decreasing current and future symptomology (Frazier et al., 2009).

Additionally, services such as anger management combined with cognitive approaches may reduce maladaptive parenting practices by educating the parent on healthy ways to increase awareness of body cues while teaching them effective ways to discipline. Child-focused interventions such as child-centered play therapy may be an effective treatment for children who have survived adverse childhood experiences. Child-centered play therapy can include a combination of individual and group therapy as its focus is to reduce the child's intrusive thought patterns, disruptive behaviors, and their general worry. Child-centered play therapy can also assist in developing protective factors such as positive family, peer, school, and community social support. As previously noted, resilience can have a significant impact on the child's overall well-being. Therefore, using child-centered play therapy and other strength-based

interventions can increase and strengthen protective factors already in place (Wlodarczyk et al., 2017). Similar to consideration for individual therapy, the use of a cultural and strength-focused lens can help to facilitate healing in both the parents and children of transgenerational trauma.

Limitations

Although many studies have been conducted to address trauma and adverse childhood experiences of Black individuals, few or no studies have addressed the transgenerational trauma effects of Black women. Due to the lack of available research, the current examiner was unable to fully determine the effect of transgenerational trauma on childhood and adult attachment styles of Black women. Additionally, research options that highlight Black researchers were extremely limited, further exacerbating the difficulty in locating appropriate content.

Future Directions

Further research of ethnic populations is greatly needed. Although cultural factors and their impact on mediating transgenerational trauma (Arafat et al., 2020) were discussed, only one study specifically addressed concerns of childhood attachment, and no research was found concerning its effects on adult attachment. Therefore, further exploration of the topic could increase awareness and help to facilitate effective interventions to reduce interpersonal challenges. Moreover, future research regarding attachment and parenting styles and the impact of transgenerational trauma should address how both men and women are affected to create a comprehensive view of Black individuals and the family systems theory. Additionally, as we are aware, there are significant differences among ethnic populations. However, most assessments that measure trauma-related factors and parental practice styles were normed on middle-class White individuals; therefore, more socially and ethnically inclusive questionnaires are needed. Also noted, parental practices of Black women were considered harsher when compared to

White parents; however, the parenting styles appeared to be created by the observation of White parents. As culture affects all aspects of one's life, the creation of ethnically appropriate parenting scales may provide a better understanding of the parenting practices of Black individuals.

As the mental health field is becoming more destigmatized and culturally diverse populations are seeking services, it is important that mental health professionals are aware of the experiences faced by their clients. The current literature review found several gaps within previous studies regarding transgenerational trauma and its impact on Black women. Due to the lack of resources that address this topic, it may be possible that a large sector of the population is not fully understood by clinicians, which may cause harm and create barriers to effective and comprehensive treatment. The hope of the current writer is that more research will be conducted to include and address the needs of marginalized populations and increase awareness of the societal impact of past and current oppressive practices that continue the detrimental behavioral patterns of transgenerational trauma.

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