WHAT ARE THE LIVED EXPERIENCES OF AFRICAN AMERICAN MEN WHO

HAVE DEMONSTRATED A HIGH LEVEL OF RESILIENCE WHILE LIVING IN A

HIGH-RISK AREA DURING CHILDHOOD AND OR ADOLESCENCE?

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LaConyer Davis

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LaConyer Davis

Dissertation Project

Approved:

Patricia Robey
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Dissertation Chair
Patricia Robey, EdD.

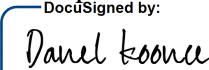*Shirlyn Garrett-Wilson*
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Dissertation Co-Chair
Shirlyn Garrett-Wilson, EdD.
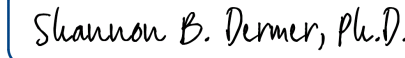
Joseph H. Campbell EdD
8327C95C9C9645E...

Committee Member
Joseph H. Campbell, EdD

Accepted:

Danel koonce
A2328D8D8AD34A0...

Chair, Division of Psychology and
Counseling
Danel Koonce, Ph.D.

Shannon B. Dermer, Ph.D.
562AAAAA87C1423...

Dean, College of Education
Shannon B. Dermer, Ph.D.

Ahmet Can
92CFBEBE0E53472...

Committee Member
Ahmet Can, Ph.D.

Abstract

This study is a qualitative research study which explores the lived experiences of fourteen African American males who were raised in Chicago during their childhood and/or adolescence. Concepts such as Minority Stress, Historical Traumas and Ethnic Identity/coping styles were explored. The Resilience Theory is used to guide study. Semi-structured, qualitative interviews were used, and this study utilized the Colaizzi process for phenomenological data analysis. There were three themes that arose from this qualitative analysis, namely (a) influences that contribute to stress, (b) perceptions of coping, and (c) personal coping methods. Each theme encompassed several subthemes and codes. The analysis of the data gained from the semi-structured interviews that the study conducted with African American men who grew up in Chicago's urban communities and who had demonstrated resilience revealed multiple themes that were related to the overarching research question for this study. The first theme (i.e., the influences that contribute to stress), included participant reports of experiences that they had had growing up in different neighborhoods across Chicago. There were three subthemes that composed this theme, namely personal experiences with racialized stress, experiences in neighborhoods, and the effect of Historical Trauma. As part of these findings, participants shared their exposures to different risks and beneficial events in their neighborhoods while growing up and described how those experiences influenced them. Participants also commented on the effect that Historical Trauma, such as slavery, had on their own development and coping skills.

Dedication

I dedicate this dissertation to my son, "Marty Party." I raised him as a single mother while writing this work, and he served as my muse and catalyst for change. Marty, Mom loves you!

Acknowledgments

I take this time to thank and acknowledge my entire Dissertation Committee. Special thanks is reserved for my Dissertation Chair, mentor, and friend Dr. Shirlyn Garrett. When others gave up on me and turned their backs, Dr. Garrett always had faith in my abilities and talents. In addition, Dr. Joseph Campbell and I started as classmates and now Dr. Campbell serves as a composed and competent professor and a strong member on my Dissertation Committee. I also acknowledge Joe Mardis, LCPC, who has supervised me in the field of counseling and offered support throughout this journey.

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CHAPTER 1: INTRODUCTION

This study seeks to understand the lived experiences of African American men who have demonstrated a high level of resilience while living in a high-risk area during childhood and/or adolescence. These men experienced living in neighborhoods in their childhood or adolescence where there is gang violence and violence that stems from racism. Furthermore, living in a nation where they are dehumanized collectively because of the color of their skin (Sue & Sue, 2016). Because of Historical Trauma, some may develop internalized racism and Learned Helplessness (Sue & Sue, 2016). Despite the Minority Stress and adversities they experience, some are resilient and have the ability to overcome. Some of these men were able to unlearn the conditioning that marginalized others. One of the reasons why it is important to study this phenomenon is because others need to know how to overcome and protect their mental health. This is important to the field of counseling because awareness is needed on the connection between Historical Trauma, Minority Stress and other mental health problems. There is lack of research on this topic and this study will help to fill the gaps in literature. This study will also promote the need for awareness and help promote appropriate mental health interventions that will prevent other African American men from being affected and marginalized.

Background

According to DeGruy-Leary (2005) and Sue et al. (2016), Historical Trauma, such as the institution of slavery in America, has caused long-term, devastating effects on the

African American population that still manifests in the form of Learned Helplessness and Minority Stress. Minority Stress has been defined as chronically high levels of stress encountered by members of stigmatized minority groups (Meyer, 2003). This type of stress is generally caused by poor social support and low social economic status (Meyer, 2003), however, the most frequent form of Minority Stress stems from interpersonal prejudice and discrimination (Meyer, 2003). Both Historical Trauma and Minority Stress can cause symptoms of, among others, chronic post-traumatic stress disorder (PTSD) and other mental health problems if the individuals exposed thereto are not taught effective coping mechanisms (Sue et al., 2016).

Learned Helplessness

Learned Helplessness has been described as the result of extreme oppression, with both Collins (2008) and Sue et al. (2016) having indicated that the institution of slavery in America did not solely separate African American families but became one the most influential factors that shaped this population group's socio-psychological functioning even into the present day. As support, Reidy (1987) described the transition for newly emancipated slaves in America after the Civil War. Reidy's example followed Jim Parks, who was an African American slave born sometime in 1843 into the Custis-Lee family on their Arlington plantation.

In 1848, when Parks was 18 years old, he witnessed his master, Confederate General Robert E. Lee, surrender to the Union Army and forced from his home due to losing the Civil War. Parks also witnessed the Arlington Plantations' transformation into the Freedman's Village for newly emancipated slave men and women in 1862. During this time, emancipated slaves and the US Government created a community with homes,

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a hospital, schools, banks, and several businesses to help emancipated slaves transition from slavery to independence and freedom (Reidy,1987). In 1865, the US Government, after noting the Arlington location's close proximity to Washington DC, the White House, and its aesthetics, designated a portion of the old Arlington Plantation for burying the dead from the Civil War; thereby enabling it to become the Arlington Cemetery, as it stands today (Reidy, 1987).

A further part of the chronological account presented by Reidy (1987) detailed that, in 1865, Jim Parks was hired as the Arlington Cemetery caretaker—which was his first paid job. In 1925, Mr. Parks died and was buried in Arlington Cemetery with honors. Despite Mr. Parks' being buried with honors and given a 21-gun salute, there remains controversy surrounding his life. For example, some have debated whether or not he had an honorable life worthy of the type of burial he received, while others have claimed that he was a victim of Learned Helplessness and suffered from Historical Traumas and Minority Stress, as presented within the American context.

By extension, Sue et al. (2016) have contended that African Americans like Jim Parks have been significantly affected by their experiences of conquest, dislocation, cultural genocide, segregation, and coerced assimilation. Such experiences have devastated African American communities during the institution of slavery in America as well as at other key times. The devastation of slavery, in particular, can still be witnessed in present day behaviors of some African Americans, which is evident in behavioral expressions of Learned Helplessness and Minority Stress (DeGruy-Leary, 2005). The argument of Jim Parks' (and others like him) Learned Helplessness can be seen in how although with the dismantling of both the Freedman's Bureau and Freedman's Village by

1900 he had witnessed a culture shift towards intolerance for the institution of slavery, he never at any point during his life explored beyond Arlington.

This kind of reality of many African Americans is further distinguished by Collins (2008), who made a connection thereto with respect to controlling images for African American men and women that have evolved from slavery to modern day. The author argued that the entire African American "family" was broken because of the systemic institution of slavery in America. Both Collins and Belgrave and Allison (2014) have further contended that race, class, and gender oppression could not continue without powerful ideological justifications in order to validate and confirm their existence.

Learned Helplessness, then, could be argued as causing victims to appear to enjoy their own exploitation and promoting an oppressive lifestyle as "glamorous" or "privileged," yet, in reality it is the result this façade of acceptance is really internalized racism (Sue et al., 2016). The tenets of Learned Helplessness also state that once a human or animal has exhausted all their efforts of coping with a negative stimulus to no avail, if there is no support or intervention, that person or animal will, the majority of the time, fall into a state of hopelessness, which leads to Learned Helplessness (Seligman, 1974). In this way, Learned Helplessness occurs when an individual learns to merely "survive" within a toxic and/or dangerous situation or environment. It could be argued, then, that Learned Helplessness stems from the tenets of classical conditioning, which were originated by behavioral scientist and theorist Ivan Pavlov. The theory of Conditioning proposed that any living being (or animal) can be habituated into behaving in certain ways after being manipulated or taught to associate a conditioned stimulus to an unrelated, unconditioned stimulus.

Multigenerational Transmission of Trauma

An extended example of Conditioning can be seen in Bowenian therapy, which proposed that trauma could be transmitted from one generation to the next during what is known as the Multigenerational Transmission of Trauma (Corsini & Wedding, 2010). Corsini and Wedding (2010) described one of the tenets of Bowenian therapy as relating to behaviors that are passed down from one generation to the next via both or either the Multigenerational Transmission Process (MGTP) and the Family Projection Process (FPP). A genogram, which is one of the tools created by Bowen to make a client aware of their MGTP and FPP, offers a behavioral map for the client that is similar to a family tree but which, rather than capturing lineages, details common familial behaviors of three to four generations. The client is then asked questions about their parents, grandparents, and great grandparents (if the client can recall them). Such questioning can extend to the client themselves, and, in cases where they have children, about their children's behavior as well.

During a Masters-level counseling internship, Davis (2012) utilized a genogram with a client who was receiving domestic violence intervention. The client was an African American male who had been sent to therapy for physically fighting with his wife at work. As the client was the perpetrator of domestic violence, Davis wanted him to become aware of how his behavior (i.e., committing domestic violence) had been passed down to him through his witnessing his father behave aggressively to not only his wife (i.e., the client's mother), but his girlfriend as well.

After probing more information for the purpose of completing the genogram, it was discovered that the client's grandfather had behaved in a similar manner—having

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both a wife and girlfriend who bore him children and treating both in physically and verbally abusive ways. The genogram also allowed the client to see how his own behaviors were manifesting within his young children, whom he, too, had fathered with his wife and a girlfriend. Specifically, the client noted that his children often physically and aggressively fought with each other.

Based on what has been presented in this section, it was determined that the aim and purpose of the current phenomenological research should be to help break the conditioned responses of Learned Helplessness in African American males. Furthermore, the purpose of the phenomenological research presented in this study is to determine ways of potentially breaking, disrupting, and undoing the conditioned response of the Learned Helplessness found in African American males that stems from generational Historical Traumas, Minority Stress, institutional and systemic racism, oppression, and discrimination. These responses were seen to stem from generations of Historical Traumas, Minority Stress, both institutional and systemic racism, oppression, and discrimination. The study also sought to provide interventions and coping strategies for, specifically, African Americans men.

These aims were based in how the evolved stereotypes that originated during the institution of American slavery (e.g., African American women as "Mammies," the asexual house servant, and so forth) all portray extreme internalized racism (DeGruy-Leary, 2005). For example, the Mammy of the plantation has evolved into a present-day "Matriarch," where both provide exploitive and cheap labor to the dominant class (Collins, 2008). These two stereotypes differ, however, in that the Mammy is viewed primarily as asexual while the Matriarch is a sexual being. Both stereotypes also form

part of a generalized ideology of domination (i.e., the ideology of White (male) superiority). Establishing the African American woman as the objectified, abnormal other, and by applying stereotypical and controlling labels to her, allows racism, sexism, and poverty to appear natural, and an inevitable part of everyday life.

Objectification is, thus, central to creating oppositional differences. The True Cult of Womanhood, for example, perpetuates the oppositional differences needed for sustained oppression, which relate to four virtues, namely piety, purity, submissiveness, and domesticity (Collins, 2008). During the institution of slavery, a slave woman could never live up to these virtues due to her oppressive state as slave; therefore, she could never be a "true woman" or "feminine," only the oppositional other who needs fixing.

The True Cult of Womanhood was also prescribed for White women, however, unlike their African American counterparts, they were given a sexual ideology for which to strive. Although the slave Mammy could have a few children, oftentimes she had none due to sex being frowned upon for women like her. The "sexual Mammy," however, was still important to oppressive culture because, thanks to her own internalized racism, she taught what children she did have (both males and females alike) to be inferior and to "stay in their place" in society. By comparison, the "asexual Mammy" was useful in that in her state of internalized racism, she cared and nurtured the children of her master while neglecting her own.

The African American Matriarch, conversely, evolved the Mammy stereotype into an established sexual being who works outside of the home, competing with men for work, and is oftentimes the head of her household. The Matriarch has been stereotyped as aggressive and an emasculator of males due to her lack of submissiveness and piety.

According to the True Cult of Womanhood, then, she could never achieve true womanhood, just as the previous version of herself (i.e., the Mammy).

It should be noted that both the Mammy and the Matriarch have been stereotyped as bad mothers because the former neglects her children due to internalized racism while the latter neglects her children because she works to improve her own social economic status outside of the home (Collins, 2008). The Matriarch also teaches her children, both male and female, to be suspicious and cautious of people from the dominant oppressive culture and to, instead, become educated to avoid working domestic jobs, or other similar jobs that entail oppressive working conditions. In most portrayals of the Matriarch, she is unwed and/or abandoned by potential mates due to her perceived aggressiveness that emasculates men, which, in turn, promotes gender role confusion. Sue et al. (2016) further indicated that the institution of slavery ravished African American male and female gender roles, which is currently reflected in the lack of African American marriages seen today.

As with the noted female stereotypes, African American male stereotypes and images also exist and have evolved over time, such as the "Slave Buck" and the "Brute" portrayals. According to both Foster (2011) and Smiley and Fakunle (2016), the images of the Slave Buck and the Brute have morphed from one to the other. Similar to the female evolution from the Mammy to the Matriarch, the African American male image of the Slave Buck, who was initially forced to breed with enslaved women who possessed similar qualities in order to create a genetically stronger and better slave, has evolved over time (White, 1999).

Both Foster (2011) and Smiley and Fakunle (2016) have reported that sexual abuse in the Slave Buck form denied enslaved males to live up to the True Cult of Manhood, which is the opposite of the True Cult of Womanhood. For example, the True Cult of Manhood includes protecting and providing for a woman and his offspring. The Slave Buck, although unwillingly forced to engage sexually with women, was stereotyped as hypersexual by both the Planter community and the enslaved women community. Due to Learned Helplessness, some of these sexually exploited African American men no longer resisted and surrendered to the sexual abuse and exploitation. Many African American men were also not only exploited by male Planters for the purpose of breeding but were often raped by white males and females alike (Foster, 2011).

The noted sexually orientated stereotypes of Black men resulted in panic-stricken White people and collective group think that caused, for example, the murder of Emmitt Till (History Channel, n.d.). Emmitt Till was a young teenaged boy from Chicago who had been visiting relatives in rural Mississippi before he was brutally murdered for allegedly (a) whistling at a White woman and (b) being "hypersexual." The White woman, who later recanted her statement while on her death bed, received no punishment or consequence related to her role in Emmitt's death.

These sexually abused men were also often denied the right to be fathers and husbands, which caused a further trauma not only for themselves but for their offspring as well. During the institution of slavery in America, all offspring were taken away; thereby never allowing African American males to develop normal bonds with their children. Such trauma was compounded by how, in the post-Slavery era after

Emancipation, once enslaved women would often deny these men, calling them promiscuous and/or accusing them of avoiding parental duties.

The previously enslaved women were similarly affected by internalized racism, which caused even more separation and destruction to the general African American familial network (Foster, 2011; Smiley & Fakunle, 2016; White, 1999). In addition to the ostracizing from their own women, the Planter community also began to lynch and castrate Black men as a means to prevent and control their alleged hypersexual behavior. Both Foster (2011) and Smiley and Fakunle (2016) have, furthermore, made a connection with the World War I poster that depicted a gorilla holding a White woman with the title, "Destroy this mad 'Brute'" to the image of LeBron James holding super model Giselle Bundchen on the cover of Times Magazine.

These authors argument was that these types of images, which are permeated throughout culture, hold subliminal and hidden messages that reinforce the criminalization and mass incarceration of African American men. The morphing of the alleged hypersexual Slave Buck and Brute have, in more recent times, further evolved to the present-day "Thug." Smiley and Fakunle (2016) contended that the depiction of the Thug carries, at its core, the same connotation as the Slave Buck and the Brute.

In the dominant society, the Thug is a type of code language or "micro aggression." Micro aggressions and insults tend to be brief, regular, and daily verbal or behavioral indignities that can be either intentional or unintentional in nature (Sue et al., 2016). These aggressions communicate hostile, derogatory, or negative racial (or other) smears and insults that can be potentially harmful or unpleasant to the targeted individual

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or group's psychology. Micro aggressions can also span the gambit of the culturally

intolerable through to the blatantly racist (Foster, 2011; Smiley & Fakunle, 2016).

In evolution, the Slave Buck evolved into the stereotype of the Brute, with both

ultimately combining into the current day Thug stereotype, which is witnessed daily in

society via the media, entertainment, and popular culture (DeGruy-Leary, 2005). The

media has a tremendous role to play with the negative labeling of African American

males, as often these media outlets, when reporting the death of an African American

male, perpetuate victim blaming or the dehumanization process of African American

males in order to justify their killing. For example, the young man, Botham Jean, who

was killed in his home by a policewoman, Amber Guyger, was dehumanized by the

media through their reporting that marijuana was found in his apartment. In actuality,

however, the policewoman who shot and killed him should have had her home searched,

with these findings being reported on the media channels.

A further example can be seen in the killing of Eric Garner by a New York City

police officer, where the media dehumanized Mr. Garner by reporting that he was an

extremely large man who had a preexisting medical condition (Smiley & Fakunle, 2016).

Such reporting was used to shift blame away from the officer who killed him. One final

current-event example relates to Ahmaud Arbery, who was hunted down and killed by

two White men for jogging in a predominately all-White neighborhood. As of the writing

of this study, media outlets such as CNN have been attempting to dehumanize Mr.

Arbery by stating that he was running because he had committed a burglary, which

coincides with the aforementioned perpetuation of the Thug stereotype.

Adverse Childhood Experiences Study

The Adverse Childhood Experiences (ACEs) study conducted at Keiser Fermeniti was one of the largest research projects ever to research the outcomes of people exposed to chronic or prolonged stress (Wade et al., 2016). Seventeen thousand individuals were tested by being asked to complete a questionnaire on various ACEs, including child abuse, sexual abuse, and emotional abuse. Some of these questions asked research participants to state whether or not they had been raised in an environment that had an absent parent, or whether one of their parents had a mental illness or battled substance abuse. If a participant answered "yes" to four or more of the questionnaire items, it was determined that their probability of encountering health problems such as asthma, addiction, heart disease, and diabetes would increase exponentially.

Exposure to ACEs was also found to lead to behavioral and mental health disorders such as promiscuity, suicidal and/or homicidal ideation, PTSD, and Major Depressive Disorder. Dr. Roy Wade and colleagues conducted the ACE study in Philadelphia in a bid to fill a gap in the literature regarding urban populations. Based on the chosen location, Dr. Wade and colleagues included additional adversities to be measured, including whether or not a parent had been incarcerated, the presence of familial separation resultant from divorce, living in unsafe neighborhoods, living in foster care, and experiencing bullying and racism. The findings revealed that many of the traditional ACEs were prevalent and, even at times, exacerbated in the urban setting.

Trauma/Vicarious Trauma

Trauma can be defined as a strong emotional response to any form of stressful or horrific event, such as an accident, rape, or natural disaster (American Psychological

Association [APA], 2016). Shock and denial tend to be the most typical responses displayed by individuals directly after experiencing a traumatic event. In the long-term, these expressions can extend to unpredictable or irregular emotions or emotion management, flashbacks, and strained relationships. Sometimes reactions can even extend to physical symptoms such as headaches or nausea. While these feelings are normal, it can be difficult for some people to escape this detrimental psychological and/or physical cycle.

Vicarious Traumatization (VT) is, by comparison, experienced by a trauma worker or helper, who essentially "takes on" a client's trauma through their empathic engagement with the individual seeking help. VT is a special form of countertransference that is most often kindled by an assistant's exposure to the client's traumatic material or relying of their traumatic experiences (Courtois, 1993). Furthermore, VT can take place when witnessing traumatic occurrences involving people similar to those watching the event. For example, the constant images of Black males being gunned down in the streets also severely affects people who resemble the victims. In the case of VT, trauma is experienced by individuals even though they did not experience the trauma directly or personally (Sue et al., 2016). Thus, VT can be seen as the "emotional remains" of exposure to trauma that counselors and secondhand witnesses may experience from and when they work with traumatized people; hear and empathize with trauma stories; and/or witness, firsthand, to the pain, fear, and terror of the trauma survivor(s) (Thompson, 2015).

Neuroscience and Trauma

In 2001, brain development and epigenetics researcher, Dr. Bruce Perry, found evidence that some learned behaviors, such as Learned Helplessness and other physiological responses, can be epigenetically inherited. For example, children living within dysfunctional environments where there is poverty and abuse, the dysfunctional state can foster the development of extraordinary states of cognition that are both creative and destructive. Such an environment then further leads to such children developing atypical states of consciousness where they no longer exhibit regular relations or relationships between, for example, the body and the mind, reality and their imagination, or objective facts and knowledge versus their own memories. If left untreated, these divergent states of consciousness can ultimately exacerbate various physical and/or psychological symptoms (Herman, 1992; Perry, 2001).

Children who have been exposed to persistent violence have also been found to be more likely to be violent as a result of cognitive distortions and the persistence of a "stress-ready" state (Perry, 2001). Environmental stress, correlated with Minority Stress, similarly leads to an imbalance of the Automatic Nervous System, with decreased Peripheral Nervous System functioning and increased Central Nervous System activity, which is associated with underactivity of the Gamma-aminobutyric acid (GABA) neurotransmitter system (Streeter et al., 2012; Turner, 2016). GABA is the neurotransmitter that reduces excitability and can be triggered or activated naturally by eating foods such as beans, walnuts, lentils, whole grains, soybeans, and almonds (Turner, 2016).

Racial and Cultural Identity Developmental Model/Conformity Stage

Internalized racism has been described by Sue et al. (2016) as resulting from being part of a society that devalues an individual's ethnic and/or cultural background. According to the Racial and Cultural Developmental Model, African Americans within the Conformity Stage of development may possess self-defeating and self-depreciating beliefs regarding their own ethnic background due to neutrality or low race salience. African Americans in this particular stage may also possess a group-appreciating attitude toward the oppressive dominant race. The rationale behind internalized racist beliefs stem from African Americans being bombarded with negative messages about their own race and ethnic group from popular culture, society, and the media as well as from other Black people who, themselves, express internalized racism (Collins, 2008; Sue et al., 2016). As mentioned previously, both Collins (2008) and DeGruy-Leary (2005), have connected behaviors that originated within the institution of slavery, and which have since evolved into present-day behaviors that ultimately end with the same result of ongoing and extreme oppression.

Race as Major Role Player

It was found by both DiAngelo (2018) and Smiley and Fakunle (2016) that a cultural shift from social intolerance to blatant racist behavior has unfolded in the United States of America (US). Prior to this cultural shift, racism, directly after the US Civil Rights Era, was regarded as something that was intentional, which meant that White people were deemed to be racist if they were prejudiced or abusive toward African Americans (e.g., disliking the appearance or presence of peoples within this group). In

retrospect, however, the New Racism as defined by DiAngelo, (2018), has conceptualized the binary of "racist" and "non-racist" behavior.

In this model, racist behavior is bad and is usually associated with a person who is ignorant; bigoted; prejudiced; mean spirited; old; and, most likely, from the southern US states. Non-racist behavior, by comparison, is viewed as good, and pertains to a person who is educated, progressive, open minded, unintended, young, and usually from the northern US states. Both the racist and alleged non-racist behavior of White people can, however, be either intentional or unintentional.

As noted previously, Sue et al. (2016) defined micro aggressions as being either verbal or nonverbal (i.e., behavioral) abuses aimed at a specific individual or group that can have a potentially harmful and negative psychological impact on the victim(s). Micro aggressions can also be understood to exist unabated in everyday life, and they can be either deliberate or subconscious on the part of the offender, where the aim is to promote hostile or derogatory sentiments against individuals of a different race, gender, religion, or so forth (Davis et al., 2016; Sue et al., 2016). For example, Meyer (2003) conceptualized the term "Minority Stress" (referenced earlier in this chapter), which relates to chronically high levels of stress encountered by members of stigmatized minority groups. Minority Stress is primarily caused by poor social support and low socioeconomic status, however, the most frequent form of Minority Stress stems from interpersonal prejudice and discrimination. This form of stress can also cause chronic PTSD, depression, anxiety, and/or paranoia.

The recipient of micro aggressions may never know whether the offender is intentional or unintentional in their behaviors; thereby leading the recipient to become

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guarded (Davis, 2016). DiAngelo (2018) and Smiley and Fakunle (2016) both asserted

that the aforementioned cultural shift has allowed racism to be driven deeper beneath the

surface, only to have reemerged as coded language. Such coded language, gestures, signs,

and symbols can indicate difference or a "binary other," and can further hold implicit

bias, internalized superiority, and/or an investment toward a particular racial order

(DiAngelo, 2018; Smiley & Fakunle, 2016). As a result, racism can exist as deeply rooted

and unconscious behaviors for many Caucasians Americans who may actively identify as

non-racist "progressives."

Terms such as Thug in the noted current coded language, as well as Brute during

the Reconstruction Era, both translate as micro aggressions used to describe African

American people. These unconscious and biased views possessed by many Caucasians in

the United States are due to a lack of awareness of Historical Trauma and its effects on

African American people. Oftentimes, when White people are challenged on their

intentional or unintentional micro aggression, they begin to become aggressive as a result

of cognitive dissonance.

When a person from a minority group disrupts the White Racial Equilibrium, as

opposed to staying in their racially designated place, the White person may attempt to

block, challenge, or discredit the minority person's claim (DiAngelo, 2018). The stage of

the racial and cultural development in which the person from the minority group finds

themselves may determine how the individual responds to the White person's attempt to

establish racial order by invalidating their claims identifying the White person's

(conscious or unconscious) racist and discriminatory behaviors.

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A post-racial societal myth has also existed since the Obama administration, namely that America's 44th president being a Black man negates the presence of a racist and discriminatory society (Smiley & Fakunle, 2016). Since the election of Obama, however, the widening gap of racial inequality and segregation has grown more than in the last 40 years. For example, policymakers have abandoned policies aimed at promoting integration.

Housing examinations have also reported that Black and White people still live in racially segregated neighborhoods, with the novel coronavirus highlighting the stark disparities in healthcare across racial lines (e.g., 70% of all coronavirus-related deaths in Chicago were African Americans, and primarily the result of the high number of untreated underlying conditions such as diabetes, hypertension, and high blood pressure present in this population). When African Americans present themselves for treatment, it was further found that they are often viewed as malingers who are simply looking to rob the system, which leads to many being sent home without receiving treatment.

Another problem that is present in the African American community is the general mistrust and avoidance of medical and health institutions as a result of secondary victimization by professionals (regardless of race) working in the helping fields (e.g., counselors and therapists) who reinforce Historical Traumas and institutionalization. Danzer (2012) previously reported on a lack of understanding of how Historical Trauma can be reinforced in a modern-day, cross-cultural therapeutic encounter. The author specifically referred to a case of a White male counselor and a 25-year-old African American male who had been recently paroled out from prison. In this example, Danzer disclosed that a major limitation was that the encounter pertained to writings by "a

European American male about African Americans." This observation by Danzer mirrors an earlier notation by Parham (1999, p. 366):

> Although I have personal experience growing up in a lower-income, urban African American community, my not being African American inherently makes it controversial for me to write about African Americans. Furthermore, my home community is not necessarily representative of all lower income, urban African Americans communities. My personal experiences are relevant to the topic, but they may not be generalizable to larger African American populations. It is also important to note that this article may universalize African Americans' experiences, or at least universalize lower income, urban African Americans experiences, risking ghetto-ization of a culture.

The tendency to unnecessarily universalize African Americans' experiences, furthermore, strips away their individuality and re-creates the oppression that is central to their trauma (Jones, 1982, 1984). Moreover, the ethical guidelines that have been put in place to protect human subjects in research were originated due to negligence and maltreatment of African American men and women at the hands of people in the medical field. One such example relates to the Tuskegee Experiments, where, in 1932, several African American men, who were the descendants of slaves and sharecroppers, were intentionally injected with syphilis during a time when there was no known treatment for this disease. Without their consent, and with a false promise of free medical care, these African American men were left to die in order for researchers to determine if syphilis affected Black people differently to White people.

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In 1972, Congress held hearings regarding this unethical research event, and in the following year, the heirs of those who had been killed received a $10 million out-of-court settlement (Nix, 2017). Then, in 1997, former president, Bill Clinton, offered an apology. As part of this apology, Clinton stated, "The United States Government did something that was wrong, deeply, profoundly, morally wrong" (Nix, 2017, para. 9).

Due to these kinds of healthcare disparities within the African American community, the case of Henrietta Lacks, who was treated at John Hopkins Hospital is also of importance (Skloot, 2010; Smiley & Fakunle, 2016). In this example, Ms. Lacks' cancerous cells were taken from her body without her consent in 1950. Her culture was then used to create cancer treatments all around the world; yet, she was left to die, and her survivors and offspring were never offered compensation. These, and many other, examples support why some African Americans do not trust US healthcare professionals.

Another notable problem is that White people often do not see a problem with White privilege, because, as part of their White Fragility and avoidance of racial stress, they have a tendency to deny that White privilege exists (DiAngelo, 2018). The argument has been, then, that if it (i.e., racism) does not exist, it must be a delusion of the minority individual. In the first stage (i.e., the Contact stage) of the Helms White Identity Model, it can be seen that the White person is oblivious to the fact that racism exists, and views themself as an individual who has no connection to the discretions of their ancestors. In the second stage (i.e., the Disintegration stage), the individual then becomes aware of the disadvantages of Black people as well as the advantages associated with being White. From there, the White person begins to sympathize with people of color; but it is in the third stage (i.e., the Reintegration stage), that the White person reverts back to the first

stage as a result of cognitive dissonance and encountering backlash and anger from other White people for attempting to make them aware of their own White privilege (DeGruy-Leary, 2005; DiAngelo, 2018; Sue et al., 2016).

Based on the information presented in this section, the current study aimed to promote collectivistically orientated support, and culturally competent mental health treatments, to African American men based in the Chicago area who have been resilient when faced with past or present traumas and/or Minority Stress. The findings of this phenomenological research study could serve as catalyst to prevent, treat, and provide community educational resources related to the connections between the psychiatric symptoms of Minority Stress, depression, and chronic PTSD and Historical Traumas, victimology, and Learned Helplessness, as put forward by McWhorter (2001) and Sue et al. (2016). Regardless of whether the trauma was vicariously transmitted or experienced directly by the research participants, this study used the phenomenological transformative approach to capture and reveal the essences of the lived experiences of these men. In all, 14 African American men who have been raised in Chicago's urban communities and who could articulate experiences where they displayed resilience were selected to meet, individually, with the researcher for this study via the Tape A Call App to participate in semi-structured interviews.

Significance to the Field

According to Zimmerman et al. (2015), the Resilience Theory Model possesses transferability and can be utilized with any marginalized group that faces systematic oppression; thereby promoting the credibility of this study. Based on this model, there are three basic "sub-models" related to resilience presented in this study and which function

as helpful factors to mitigating the exacerbation of negative consequences resultant from risk exposure. These three models are: the compensatory model, the protective model, and inoculation. The current study adopted the Collectivistic Orientation Model for support and to establish a strength-based approach that could encourage the use of positive ethnic identity as a means to cope with discrimination, oppression, and racism.

To further support the adoption of this model in the current study, it should be noted that Afifi et al. (2016) previously contended the use of Resilience Theory correlated with relational Load Theory. Thus, this current study opted to promote communicative, perceptual, and physiological aspects of stress, as presented within the context of social relationships. The aim of this approach was to explain the relational risk, resilience, and thriving of individuals who face or have faced trauma. Both the theories of Resilience and Relational Load are employed in this work to examine how partners and family members, who exist within communal orientations, maintain their everyday relationships, even when constantly exposed to external stressors such as oppression, discrimination, and/or racism. The presence of collectivistic support can also be seen in this study as influencing communication between relational parties during stressful events, as well as the appraisals of the said stress.

In further relation to both Danzer (2012) and Danzer et al. (2016), it has already been noted that White therapists and psychologists can unconsciously promote the Historical Traumas of African Americans. Thus, this study did not only address negative impacts, but chose to focus on identifying African Americans' core strengths and coping strategies that have a similar historical basis. The study also promoted the notion that resilience maybe a necessary and valuable survival strategy employed by the African

American community due to having to continuously face adversity. In this study, then, discussions were held regarding these strengths and coping strategies as well as their implications in respect to psychological intervention that takes places in cross-cultural settings so as to better assist African Americans in their (Historical) Trauma recovery process.

The current study was also in line with earlier work by Danzer (2012), in that it detailed the lack of comfort that a White therapist may feel when working in a cross-cultural setting with African Americans. Self-exploration and cultural competence are needed to prevent secondary victimization to African American clients. The study, thus, promoted the use of cognitive restructuring as well as Afrocentric therapeutic approaches for intervention with African American clients.

An article by Van Wormer et al. (2011) discussed the resilience of three African American women who served as domestic maids in the Deep South regions of America since childhood and how they coped with the racism and oppression levied on them by their employers. These authors found that the promotion of extended kinship networks that are collectivistic in nature, along with positive ethnic identity, buffered the effects of ongoing racism, oppression, and discrimination. The participating women also promoted education for their children as a means to avoid racism, oppression, and discrimination associated with domestic servitude.

The current study was framed by, or adds to, all the noted literature; thereby promoting the study's transferability, credibility, and overall trustworthiness through the triangulation of references to works found in supporting journals. The current research could also begin to fill the gaps present within the extant literature as a result of the

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superficial inquiry of past studies. The chosen study topic is, furthermore, culturally sensitive and acknowledges that it may cause cognitive dissonance, as suggested by Sue et al. (2016).

Of note is that the reviewed past studies often failed to address the real issues underlying Historical Trauma, such as oppression and racism that stem from the systematic institution of slavery in America and/or the controlling images and stereotypes of African American men. There is also a lack of Historical Trauma/Minority Stress research associated specifically with African American men. The current study, thus, aimed to begin filling these gaps through the adoption of an exploratory, phenomenological, and transformative approach.

Research Questions

In most cultures, there are expected ways to act when someone faces a tough situation. Part of those expectations include whether or not someone shows resilience, and how long it takes them to get back to living their life. Thus, the following research questions were posed to participants in this current study:

- What does your culture expect when it comes to someone being resilient?
- How does your own reaction to tough situations fit with, or not fit with, this expectation?
- How have you been resilient, or if you don't think you have been resilient, what have you done to deal with a tough situation?
- In the city, there are many incidents of violence, and many circumstances in which people face fear-producing situations. What are the ways you adopt to cope with situations that cause you fear?

- How do you feel about Historical Traumas such as slavery in America, and in what ways, if any, do you believe the institution of slavery has affected African American men?

- If you were to visit a therapist, would race and ethnicity be a determining factor and why?

- Who would you turn to in order to learn more about the phenomenon under investigation?

Definition of Terms

Fear Producing Situation – an emotional reaction characterized by a sense of danger and anxiety produced by the threat of physical harm. Furthermore, to constitute fear of crime, the fear must be elicited by perceived cues in the environment that relate to some aspect of crime for the person (Garofalo, 1981).

High Risk Areas In Chicago – Chicago is well known for its crime. In fact, Chicago is more dangerous than the national average. However, not every part of Chicago is as dangerous as the numbers may claim. It is not unusual for the crimes in some of areas to be unusually high. The most dangerous neighborhoods of Chicago are, West Garfield Park, Washington Park, East Garfield Park, Englewood, North Lawndale, Grand Crossing, West Englewood, Riverdale, South Shore and Chatham, (Cove, 2022).

Historical Trauma – multigenerational trauma experienced by a specific cultural, racial or ethnic group. It is related to major events that oppressed a particular group of people because of their status as oppressed, such as slavery, the Holocaust, forced migration, and the violent colonization of Native Americans (Administration for Children & Families, acf.hhs.gov)

Resilience – 1 resuming its original shape after bending, compression, etc. 2 readily recovering from a setback (Oxford New Desk Dictionary and Thesaurus, 2001).

In conclusion, due to the various levels of trauma experienced by African American Males, who grew up high-risk areas, education is needed. Stemming from Historical Traumas such as the institution of slavery to vicarious trauma seen in the media. This study will help to link the connection of these traumas to mental health concerns such as PTSD and Depressive Disorders. Furthermore, this study aims to fill superficial gaps in the literature on this culturally sensitive public health crisis.

CHAPTER II: LITERATURE REVIEW

Within this chapter a synopsis of the existing research, providing the direction in which the study will be conducted. Moreover, the literature helped to expand on topics such as Historical Trauma and Racial Identity. In addition, in this chapter, the Resilience theory and The Transformative Worldview are explained and used to guide the study is discussed as well.

This study employed a qualitative, exploratory, phenomenological, and transformative approach, along with the Resilience Theory Model. Qualitative research is designed to focus on understanding the "lived experiences" or perspectives of participants by incorporating multifaceted, intertwined, and somewhat hard to quantifiably measure factors (Agostinho, 2005). The origins of phenomenological research reside with Edmund Husserl, with its principle aim to capture the essence of the lived experience of research participants (Creswell, 2014). The approach, thus, requires a researcher to exhibit "epoché" (i.e., the ability to suspend all judgements and biases and to possess objectivity to the phenomenon being explored).

The aforementioned transformative approach was the worldview used to guide the current study. This worldview was conceptualized in the 1980s by researchers who believed that positivist assumptions imposed structural laws on marginalized individuals in society, or concerns pertaining to power, social justice, discrimination, and oppression that needed intervention (Creswell, 2014). Researchers adopting this approach are

required to challenge issues of oppression, discrimination, and racism in order to advocate for political and/or institutional change. Although there is no uniform body of literature characterizing the Transformative Worldview, however it promotes researchers that are from racial and ethnic minority groups and other marginalized groups to conduct research that can be intertwined with politics and a political change agenda to confront social oppression. Thus, the research contains an action agenda that may change lives of the participants and the community's institutions and environments in which they work (Cresswell, 2014).

The Resilience Therapy Model has origins in developmental psychology. Its early uses were with children who presented with experienced psychological trauma and/or severe adverse experiences (van Wormer et al., 2011). The term "resilience" refers to persevering in the face of adversity in a bid to positively cope with negative life events, trauma, stress, or risk. Resilient people, thus, draw on internal reserves, including hope and determination, as well as on external supports, such as collectivistic-orientated mutual aid networks. Similar to oppression, resilience is both a psychological and sociological phenomenon for individuals and cultural groups who physically develop in environments that are racially hostile. The theory of Resilience, then, asserted that culturally diverse families and communities of collectivistic orientation could potentially help African Americans (and other marginalized groups) to better cope with discrimination. By teaching them various means of resisting oppression and helping, those to avoid internalizing related negative messages by adopting a positive ethnic identity (Mossakowski, 2003; van Wormer et al., 2011; Wang & Zhang, 2015).

Historical Trauma

In the work *White fragility: Why it is so hard for White people to talk about racism*, DiAngelo (2018) discussed the ongoing racial oppression and Historical Trauma that Black people encounter daily in the United States at the hands of their White counterparts. DiAngelo contended that White people in America have developed Moral Trauma as a result of White racism. Specially, the author labeled this group as "fragile," resultant from the cognitive dissonance that they encounter from being reminded of the moral injustices their group perpetrates against Black people. The argument was presented as follows: if a White person considers themself "progressive," they may use an example of, "My parents weren't racist, therefore, I'm not racist," as a deflection against someone categorizing them as such.

According to DiAngelo (2018), the pain associated with cognitive dissonance is the main reason that the topic of racism and oppression is often avoided, which the author conceptualized as Racial Insulation. Racial Insulation, in turn, equates to Common White Patterns, where White people would rather view themselves as an "individual" who had (or has) nothing to do with past racism and/or the oppression of Blacks. There is, thus, a dominant White racial narrative, where, historically, White people have been obscuring the system of racism in which they hold themselves exempt. Notions such as, "I don't see color, I see people as individuals," or "I was taught to treat everyone the same" are examples of this dominant White Racial Narrative.

Unconsciously, then, the White person may possess an internalized, superiority and investment in the racial order (DiAngelo, 2018). Due to internalized racism, an implicit unconscious bias develops in the White person towards all people of color. In

order to combat this unconscious bias, the author suggested that the White person's

viewpoint, which comes from a racialized frame of reference, should be challenged, and

that racism should be viewed systematically as opposed to being individualized and

subjective. The author also suggested that Black people talk about racism openly in a bit

to pose such a challenge to the taboo of White people (not) speaking about race or (not)

"seeing color."

There are several criticisms against the work presented by DiAngelo (2018). For

example, the Columbia University Professor and Linguist, John McWhorter, stating in

July 2020 "[f]ew books about race have more openly infantilized Black people than this

supposedly authoritative tone." McWhorter (2020) also asserted that while he believed

DiAngelo to be sincere, the publication focuses far more on the "suffering" of White

people, who are taught that anything they say or think is racist and, thus, the antithesis of

"good." In a further evaluation of the book, McWhorter (2020) raised the following

questions:

- Is this source biased or objective?

- Is the information reliable, as DiAngelo is a White person and not exempt

  from racial bias since she continues to live in the same society that she

  deems "rooted" in racism?

According to DiAngelo (2018), the suffering of White people is ultimately

necessary for them to become "non-racist." In relation to this current study, it was

established that the principles set forth in *White Fragility* could still be helpful when

exploring the phenomenon of the resilience of Black males who were raised in the urban

neighborhoods of Chicago. This conclusion was reached based on how DiAngelo's book

provided insights into the mentality of some White people who may or may not be aware of their own biases.

A further relevant piece of literature upon which the current study is based is that of DeGruy-Leary (2005) titled *Post traumatic slave syndrome, America's legacy of enduring injury and healing*. In this work, DeGruy-Leary explored the North Atlantic Slave Trade that took place in the 16th century, which formed the beginning of African enslavement in the Americas, through to when it was abolished by the 13th Amendment and during the time of Emancipation. DeGruy-Leary wrote that Jim Crow Laws and Black codes came after Emancipation and were designed to keep newly freed (Black) men and women oppressed, albeit in a less physical or perceptible form as what occurred during slavery. These laws brought about the concept of Sharecropping. The author also explores both the historical and ongoing trauma that Black people have endured, as well as their effects. The aim of DeGruy-Leary's work was to further generational healing, coping, and support against systematic racism and oppression.

An earlier 2012 work, *The new Jim Crow, mass incarceration in the age of colorblindness*, by Michelle Alexander also held relevance to the current study. In this work, Alexander (2012) contended that after the election of the first Black President, Barack Obama, a fictional post-racial society emerged, which brought about the current era of "colorblindness." The author argued, however, that the racist caste system in America has not disappeared; rather it has simply been redesigned by targeting and criminalizing Black men via the War on Drugs, decimating communities of color, and embracing systematic oppression at the hands of the US Criminal Justice Department.

Some of Alexander's ideas are extended in the peer-reviewed article, *Putting into practice: Addressing historical trauma, mistrust, and apprehension in research methods courses*, written by Henderson et al. in 2016. In this work, the authors confronted the traditional research methods used by researchers that exacerbate mistrust between the African American community and the medical field. The authors argued that this mistrust is based on racially driven research experiments such as the Tuskegee Syphilis experiment, eugenics, forced sterilization, and the Holmesburg prison experiment. All these research experiments have been deemed as examples of the Historical Trauma endured by African Americans in the United States through the years. The result of such unethical and racially driven research, along with other forms of discrimination and racism, has been the intergenerational transmission of trauma.

Historical Trauma Theory, as put forward by Henderson et al. (2016), includes three major tenets, namely identifying (a) what the Historical Trauma is, (b) the response to said Historical Trauma and (c) the intergenerational transmission of trauma. The authors contended that future researchers must incorporate the use and understanding of cultural competence when working with a population of Historical Trauma survivors, such as African Americans, or risk causing more harm. According to the authors, researchers also need to be able to support diversity and difference and not pathologize people in the same way they once were (e.g., with the development of eugenics in the 1800s).

A further area of concern relates to colonization, which Treloar and Jackson (2015) defined as being a Big Event for all indigenous people who were colonized. These authors specifically correlated the historical acts of colonization with substance abuse in

Indigenous Australian communities. In order to conduct their study, Treloar and Jackson adopted the Narrative Model of Historical Trauma to explain the existence of various trauma narratives within the studied communities and how these past traumas impact modern individuals and continue to function as personal reminders of said trauma. The authors further dissected both the vicarious and personal impact of the continued "visibility" or "knowledge" of Historical Trauma on both affected individuals and the broader community.

Based on their findings, the authors recommended that (a) decolonization should be practiced as a form of reigniting the self-determination of indigenous people, rather than continuing to promote oppressive policies that further subjugate indigenous peoples to (alternative forms of) oppression; and (b) by naming (i.e., effectively adopting relevant language to define) indigenous peoples' (traumatic) experiences it may be possible to empower them to more effectively draw resistance against any Big Event. A further recommendation by these authors was to promote identity development, as an important part of human growth and the ability to heal from Historical Trauma lies in having a clear and strong sense of self. One final recommendation put forward by Treloar and Jackson was to embrace collective or communal cultural support, where (older) generations provide solutions to others for how best to cope with and undo racism, discrimination, and oppression.

In Foster's *The sexual abuse of Black men under American slavery* published in 2011, a Professor at DePaul University argued that Black men were sexually abused by their White Masters and Mistresses, alike, during the slavery era. These enslaved men were also forced into couplings with other slave women for the sole purpose of breeding

the next generation of strong, healthy slaves who would ultimately produce more profits for the Planter family. Foster (2011) also exposed the gender role confusion and Learned Helplessness experienced by these enslaved men—both of which are expressions of the Historical Trauma caused by slavery in the United States.

The intergenerational transmission of trauma promotion by forcing Black men into transient fatherhood by denying them the right and ability to bond with their children after producing them (i.e., forcing them to abandon their children) was also highlighted in Foster's article. After the Emancipation Proclamation, these men were further discriminated against by their own women, who had also internalized racism. The origins of Black male lynching's, for example, stemmed from the dehumanization tactics of Whites people, who encourage others to believe that "hypersexual" Black males where responsible for the rape of White women when, in actuality, these Black males were being sexually exploited, along with the Black women.

In their peer reviewed article, *From "brute" to "thug": The demonization and criminalization of unarmed Black male victims in America*, Smiley and Fakunle (2016) discussed the evolution of the criminalization of (unarmed) Black men in the United States. These authors made the distinction of the code word "Brute," which was used during the antebellum slavery period, to its current day form, "Thug." Both these terms, according to the authors, are forms of micro aggressions or subtle slights and disguised insults aimed specially at Black men. With the use of historical documents as well as both current and old newspaper articles regarding slain, unarmed Black men at the hands of police (e.g., Eric Garner, Michael Brown Jr., Akai Gurley, Tamir Rice, Torry Robinson, and Freddy Gray), the authors stated that Black males who are killed by law enforcement

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are turned into Thugs in an attempt to justify the deceased's death. This term is also used as indicating the victim having a personal contribution to their own demise. In this way, there is blame shifting from the perpetrator to the victim.

Smiley and Fakunle (2016) also examined social media's influence as well as the cultural shift from social intolerance of racist behavior to blatant racist behavior. In respect to this topic, the authors warned of the VT that often occurs after repeatedly viewing Black men being gunned down in the streets on the news and/or social media platforms. This trauma can be further compounded by media's lack of social responsibility when they do not accompany these images with teachable messages but rather frame their stories using more division, sensationalism, and trauma.

The 2015 study by Wang and Zhang highlighted that Resilience Theory can be applied to any and all disadvantaged people groups in a bid to better understand the ways in which they address and overcome the trauma and adversity associated with discrimination. Specifically, the authors delt with how these individuals rely on available resources, such as parental support, to overcome their obstacles. In their study, Wang and Zhang (2015) used examples from adolescents in both African American and Chinese cultures across both (low economic) suburban and rural settings to better compare and contrast the experiences of trauma and ability to build resistance against such in these varied contexts.

Throughout their research, Wang and Zhang (2015) applied three main subsectors related to Resilience Theory, namely the compensatory, protective, and inoculation models. With respect to the compensatory model, the authors found evidence that, in particular, parental support could help individuals negate the negative effects of racism,

discrimination, and micro aggressions as well as save against victims becoming violent later on in life. The Protective Model, in turn, asserted that the access to and use of various material, human, or other assets can help victims of discrimination better cope in the long-term. The Inoculation Model then promoted exposing young people to low levels of risk as a means to "immunize" them against the negative effects of discrimination. By allowing youth to experience discrimination and other forms of violence in adequate but small doses, the authors held that they could better function in society and heal from exposure to greater traumatic cases as they get older.

It was ultimately established that in both studied populations, resilience is present, but may be experienced and expressed differently depending on where the individual lives (Wang & Zhang, 2015). Identity building and collective support were also found to assist in building resilience—particularly within the African American youth. The authors also promoted the need to fully examine the unique and direct effects that risk (exposure) can have on marginalized young people's ability to build resilience.

Similar to the aforementioned Wang and Zhang (2015) study, van Wormer et al. (2011) had previously established that the Resilience Theory originated within the realms of (children's) developmental psychology, where research was conducted into the outcomes of children's exposure to various types of trauma. As part of their work, the authors made use of the historical Jim Crow context, where Black people were held in servitude (i.e., slavery) and indebted to White landowners. The authors also used the fictional work *The Help*, which details some of the Civil Rights Movement activities of the 1960s.

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As part of their research, the authors identified three key factors that can aid in building resilience in young people, namely (positive) (a) cognitive development or personal temperament; (b) relationships with caring older individuals that promoted trust, autonomy, and initiative; and (c) external support systems (e.g., church or youth groups, school, etc.) that rewarded competence and offered a sense of belonging. The authors also established that the best way to build resilience is to actually be faced with, and then overcome, adversity, as these initial encounters can help individuals successfully face and heal from similar or worse instances later in life. This finding supported the aforementioned Wang and Zhang (2015) view that risk exposure is key to forming resilience and determining the extent to which individuals from high-risk environments can ultimately function normally later in life.

Racial and Ethnic Identities

Various studies have indicated that there is a positive correlation between (positive) ethnic or racial identity and psychological wellbeing. For example, Phinney and Chavira (1992) studied African, Asian, and Hispanic American college students in contrast to their White counterparts and found ethnicity and its definition and understanding thereof was of higher importance for psychological wellness in all three groups than for the White group. This may be due to how self-esteem is often more directly linked to identity and ethnicity for minority groups, as the better they are at addressing issues related thereto, the more "whole" they become (Phinney & Alipuria, 1990). The implication is, then, that a White majority already holds a more established sense of identity and, thus, does not include their ethnicity as deeply in their self-formation as other ethnic groups.

In further support of this notion is how a survey of Black individuals by Resnicow et al. in 1999 found that pro-Black/ethnic identity, anti-White sentiments, and racism awareness were all key factors in defining (positive) Black life. For example, the pro-Black scores in the survey strongly correlated with greater anti-drug sentiments and lower levels of problem behaviors and/or low self-esteem. Conversely, anti-White sentiments were linked to poorer school and pro-social behaviors and outcomes as well as higher levels of engagement in drug use. This finding implied that a negative focus outward (i.e., towards the White majority) does not aid young Black people in building a positive sense of self. However, when they were aware of and could identify cases of racism (i.e., the third factor that Resnicow et al. tested), the studied population were linked to better school and behavioral outcomes and lower drug-use tendencies.

Ethnicity also plays a significant role in minority groups' career interest, particularly in respect to the areas of math and science (Obrien et al., 1999), and extends to academic achievement (Collins-Eaglin & Karabenick, 1993). For example, Collins-Eaglin and Karabenick (1993) found that while in their study population of 145 middle and high school African American academic enrichment program attendees, and 45 African American high school seniors, there was no direct link between ethnicity and academic alienation (i.e., the notion that doing well academically somehow equates to "selling out" your race and "acting 'White'"), participants did express an anecdotal relation in this regard. A clearer finding was that participants exhibited a strong correlation between race (ethnicity) and help seeking, with African American students believing that seeking help with tasks could threaten their self-esteem and perpetuate the negative stereotype that their racial group could not succeed academically.

Aside from aspects such as identity, self-esteem, and career interests, Mossakowski (2003) found that it is pivotal in mental health and wellness, particularly within the Filipino American population that was studied by the author. The author specifically found that a strong identification with their ethnicity could be linked to significantly lower levels of depressive symptoms in this population and could even form a buffer against the negative side effects of discrimination. Similarly, African Americans have been found to hold stronger senses of self when embracing their ethnic identities rather than attempting to assimilate into the predominant (White) culture by taking on a form of "racelessness" (Smith & Lalonde, 2003).

It should be noted, however, that ethnicity is not the only factor in improving mental health and identity formation, as aspects such as interactions with broader society (and individuals' responses to the person in question), parents, peers, and authority figures (e.g., teachers and principals) all play a role (Cooley, 1956[1902]; Erikson, 1968; Essien-Udom, 1962; Sullivan, 1953; Jones, 1991; Mead, 1934). Two separate studies by Gonzalez et al. (1996) and Monk (1998), thus, investigated the role that family status plays in school performance. These authors also included variables such as neighborhood risk, parenting styles, income and parental education, peer support, and family structure. Both sets of authors found that individuals from neighborhoods where there is more risk got lower grades, while family status had no effect. Parental and peer support were, however, both found to promote better academic achievement. These findings suggested, then, that a holistic and ecological-inclusive approach be taken to aid African American students to improve their academic achievement.

There is also the need to more fully understand the impact of the broader culture of discrimination and its impact on both individuals' acceptance of their ethnicity and their ability to form a solid sense of self. Throughout time, African Americans (and other Black populations) have been viewed as "inferior" and generally seen and interacted with in a negative light (Jones, 1991). Internalizing such perceptions has led to many in this group adopting maladaptive behaviors and struggling with poor self-esteem.

As a reaction to this negative perception, there have been moves to promote racial pride, with many asserting that Black people should not be ashamed of their history or ethnicity, and that, in fact, the Black population is one of the greatest races when considering their efforts, trials, and successes through the ages (DuBois, 1903). While these sentiments may at times be extended to hyperbole—in the same way as what occurs with, for example, White supremacists—the promotion of racial pride does assist individuals in developing a greater sense of belonging, positive, and healthy identity formation. By establishing both personal inner harmony as well as group cohesion and celebration, it is possible to use ethnicity as a means to guard against the negative impacts of (historical) trauma and discrimination.

Friendships, romantic partnerships, and general community building all work to better support and positively develop racial minorities, while isolation and marginality can deconstruct these healthy developmental needs and lead to alienation and destructive tendencies, beliefs, and cycles (Romanucci-Ross & de Vos, 1995). It is necessary, therefore, to allow ethnic formation and acceptance to form part of the greater goal of gaining belonging, acceptance, and identity (as depicted in Maslow's hierarchy of needs;

Davis, 2014). Such formation, in turn, can help African Americans (and other minorities) to reach ever-higher levels of self-actualization.

In conclusion, this chapter provided a synopsis of the existing research, providing the direction in which the study will be conducted. Moreover, the literature helped to expand on topics such as Historical Trauma and Racial Identity. Last, in this chapter, the Resilience theory and The Transformative Worldview were explained and used to guide the study.

CHAPTER III: METHODS

This chapter outlines the research design of the study, which includes participants and sampling. The TapeACall App was utilized for the data collection of Semi Structured interviews due to COVID 19 precautions. In addition, the criteria for inclusion to the study and the use of NViVo12 data analysis software, which was used to Code data, were discussed in chapter three. Furthermore, in this chapter topics relating to the Evidence of Trustworthiness such as Credibility, Triangulation, Transferability, Dependability and Confirmability were also discussed. Last, Ethical considerations and Significance to the field were discussed in this chapter as well.

Research Design

Participants

This study aimed to make use of 16 African American male participants, however ultimately the study consisted of 14 participants. Any of the participants' demographic information, including names, that were used during the study were all numerically coded to ensure participant anonymity. The researcher advertised the study to, and solicited participants from, men who had grown up in Chicago's urban communities and who have demonstrated resilience. The life experiences of these males were then captured in this study using the TaPeACall App. TapeACall App was used instead of in person interviews due to preventing the spread of the Corona Virus. The researcher then personally transcribed the collected data into written form for analysis.

Sampling Method

This study used a criteria-based sampling method. Through this approach, the study selected participants for the study if (a) they lived in Chicago, and (b) could articulate any lived or VT they had experienced and/or coped with in order to keep functioning in their daily lives and routines. Thus, only Black men who had experienced the phenomenon under study were included in the research endeavor, as per recommendations by Creswell (2014).

Materials

In order to collect rich data, this study made use of an interview protocol, which ensured that the same semi-structured interview questions were posed to all participants. All the interviews were audio recorded to further ensure accuracy, both during data collection and during analysis. This study employed NVivo12 software for the analysis process.

Procedures/Data Collection Plan

This study conducted semi-structured interviews with the selected participants. Semi-structured interviews refer to the general pre-planning of a set of questions, which are then used to guide the interviews in such a way as to address significant aspects of the research topic. Open-ended questions, which allowed participants to delve deeper into major features of the research topic, were used to navigate the interview. Participants' responses to the set questions then influenced the subsequent direction of questioning in the rest of each interview. This kind of "broadening" the line of questioning was in line with recommendations put forward by (Creswell (2014) regarding how to conduct semi-structured, qualitative interviews. As previously mentioned, this study ensured that all the

interviews were audio recorded in order to capture what participants said. All such data were transcribed for analysis.

The advantages of employing semi-structured interviews are that a researcher has better control over the questioning process; thereby allowing for the opportunity to guide the study, as and when new themes and phenomena arise (Creswell, 2014). In respect to the current study, this type of data collection approach also allowed participants to fully articulate any historical information that might otherwise only be recorded in oral tradition. Through this data collection strategy, this study was able to collect rich and detailed participant responses that could be used for later qualitative analysis.

<div align="center">**Data Analysis**</div>

This study utilized the Colaizzi process for phenomenological data analysis, which is a style of analysis that allows for the transcription and coding of data that can provide an emic analysis regarding the lived experience of individual participants' experiences, in their own words (Shosha, 2018). The Colaizzi style, as employed in the current study, can essentially be demonstrated in seven steps. First, the researcher for this study personally read and re-read each transcript to grasp a general sense of what the data presented. Second, each transcript and all significant responses given that related to the phenomenon under investigation were documented and recorded on a separate sheet denoting relevant page and line numbers.

Third, meanings were formulated from these significant participant responses. Fourth, this study sorted the conceptualized meanings into categories, clusters of themes, and themes. Fifth, this study presented the research findings by creating an integrated and exhaustive description of the phenomenon under investigation. Sixth, it was necessary to

describe the fundamental structure of the said phenomenon. Last, this study validated the results by comparing and contrasting participants' experiences and responses and allowing participants to confirm whether or not the researcher had accurately captured their words.

In order to fulfill the last step, the researcher made post-interview phone calls to all participants to ensure that all descriptive data gathered were trustworthy and credible. During these phone calls, the researcher also debriefed participants to determine whether they needed any further resources such as counseling. Once the researcher had gained confirmation from participants as to the accuracy of their interpretations, the researcher coded the data. Specifically, the researcher for this study created codes that best represented the descriptive data gathered from the semi-structured interviews so as to create themes. In accordance with Creswell (2014), the codes represented information that the researcher had initially presumed to find before the study as well as surprising, new, or alternative information that the researcher did not originally expect to find. In order to best ensure data saturation, the consensus of two researchers needed to be reached, which meant that this study ensured that the findings were reviewed by a licensed clinical professional counselor (LCPC) research supervisor (Shosha, 2018).

Evidence of Trustworthiness

Credibility: This study's credibility was ensured by conducting member-checking and using the data saturation technique. Data saturation was reached with 14 participants. Following the write-up of the data analysis, the researcher sent the work back to each respective participant to obtain relevant feedback and confirm both the final

presentation of the findings and that the presented themes were accurate and in line with participant meanings (i.e., member-checking)

Triangulation: Triangulation in this study involved the use of multiple data sources in an investigation in order to produce understanding and a test for trustworthiness. It was further necessary to ensure that the accounts were rich, robust, comprehensive, and well developed. Thus, this study utilized Analyst Triangulation, using multiple analysts to review findings. As a result, checks and balances were put in place for perspectives that may be selective, biased and/or subjective in nature. Analyst Triangulation also helped to ensure another researcher identified blind spots or areas left unexplored. The goal was not simply to come to a consensus but rather to understand multiple ways of seeing the data.

Transferability: This work was made transferable to other contexts by thoroughly documenting the entire research process and using thick descriptions (i.e., detailed notes) pertaining to the data collection and analysis procedures.

Dependability: The dependability of this study was ensured through the adoption of a rigorous interview protocol that they used during data collection, along with the aforementioned member-checking process. The interview protocol included the set interview questions as well as any necessary specific instructions on how the interviews should be conducted. This study set the protocol up not only to ensure accurate data collection in the current study but to ensure that other researchers could use the same protocol in replicant studies. To further confirm the dependability of this study's results, all the interviews were recorded.

Confirmability: In order to reduce bias during the data collection and analysis processes, this study ensured that there was no prior relationship between the researcher and any of the study participants. The researcher for this study also used a digital recording device during each interview to further enhance the objectivity (and accuracy) of the study's data collection procedure.

Ethical Considerations

Before commencing the study, its proposal was first presented to an Institutional Review Board. This is standard practice in research to ensure that no research participant endures harm or exploitation during the conduction of a study (Creswell, 2014). All research participants and data gathered were also kept confidential. Participants were, furthermore, required to sign an informed consent form regarding the purpose of the study, and were informed of any possible cases where their confidentiality may be breached (e.g., should the researcher find cases of child or elder abuse during the conduction of this study).

All participants undertook post-interviews (i.e., debriefing) to ensure that the descriptive data gathered in this study aligned with the worldviews and perceptions of each participant. This endeavor promoted the credibility and trustworthiness of the data and all related collection and analyzes processes. This study also adopted the triangulation of multiple research sources to further promote the study's credibility and trustworthiness.

Of note is that the Thompson (2015) code of ethics were utilized as a guide for ethical research in this study. In particular, the researcher's role within the study was to display reflexivity, which relates to possessing the ability to self-reflect and think of

personal values, beliefs, and experiences that might interfere or influence the researcher's

objectiveness within the study. A reflexive journal was, therefore, kept that allowed the

researcher to be(come) aware of any biases or prejudices so as to ensure that these are

bracketed to epoché (i.e., the suspension of all judgments and biases). The researcher's

logic was captured in this journal throughout the research process. According to Creswell

(2014), using a reflective journal can offer insight regarding a researchers' thoughts and

even their irritations caused by or related to the research.

Significance of Study and Conclusion

This study used a qualitative, phenomenological, and transformative approach to

explore the research topic. The findings could be used to advocate for cultural changes to

mental health treatments—particularly with respect to African American males. Relevant

stakeholders could also potentially use the study findings to encourage collectivistic-

oriented support for such men, who may have accepted trauma symptoms as "normal,"

due to the chronic and ongoing nature of VT and Minority Stress. In this way, the study

findings could be used to advocate for community education on all trauma and provide

better, more culturally appropriate interventions.

CHAPTER IV: RESULTS

The purpose of the phenomenological research presented in this study was to determine ways of potentially breaking, disrupting, and undoing the conditioned response of the Learned Helplessness found in African American males that stems from generational Historical Traumas; Minority Stress; and institutional and systemic racism, oppression, and discrimination. To that end, the study presented findings that arose from the analysis of the data gathered from individual participants during the aforementioned semi-structured interviews. In a bid to present the noted data and analysis clearly, the present chapter has been divided into various sections. The first section details the participants' demographics, while the second and third sections offer a brief overview of the data collection and analysis approaches, as defined previously and more specifically in Chapter III. The largest section of this chapter presents the results gained from the data analysis, with a summary concluding the chapter.

It should further be noted that this study attempted to provide interventions and coping strategies for African American men. The findings presented in this chapter could, thus, serve as catalysts to prevent, treat, and provide community-based educational resources regarding the connections between psychiatric symptoms such as Minority Stress, depression, and chronic PTSD with Historical Traumas, victimology, and Learned Helplessness, as supported by McWhorter (2001) and Sue et al. (2016). It was for these possible outcomes that several research questions guided this study:

- What does your culture expect when it comes to someone being resilient?

- How does your own reaction to tough situations fit with, or not fit with, this expectation?

- How have you been resilient, or if you don't think you have been resilient, what have you done to deal with a tough situation?

- In the city, there are many incidents of violence, and many circumstances in which people face fear-producing situations. What are the ways you adopt to cope with situations that cause you fear?

- How do you feel about Historical Traumas such as slavery in America, and in what ways, if any, do you believe the institution of slavery has affected African American men?

- If you were to visit a therapist, would race and ethnicity be a determining factor and why?

- Who would you turn to in order to learn more about the phenomenon under investigation?

Setting: Demographics

The final sample population included 14 participants (i.e., two less than the desired amount stated in Chapter III) who met the sampling criteria and who fully completed their interviews. These participants were all African American men who grew up in Chicago's urban communities and who have demonstrated resilience in their lives. Most participants were born in Chicago, while two participants moved to Chicago when they were children. Participants also indicated in which neighborhood they primarily grew up. Table 4.1 details all the noted participant characteristics.

Table 4.1
Participant Characteristics

Participant	Age moved to Chicago	Neighborhood
1	11	Roseland
2	Born in Chicago	South March Field

3	Born in Chicago	Lawndale
4	Born in Chicago	Englewood & Chatham
5	5	Englewood
6	Born in Chicago	Robins
7	Born in Chicago	Englewood
8	Born in Chicago	South Side
9	Born in Chicago	Washington Heights
10	Born in Chicago	Humboldt Park
11	Born in Chicago	Rosemoor
12	Born in Chicago	Halsted
13	Born in Chicago	Austin
14	Born in Chicago	Englewood

Data Collection

As noted previously, semi-structured interviews were conducted with all

participants. These interviews began with a set of guiding questions that addressed

significant aspects of the research topic. Open-ended questions about major features of

the research topic were also used to navigate the interviews, with participants' responses

to questions influencing the subsequent direction of questioning. The interviews were

audio-and-video-recorded over the phone utilizing the Tape A Call App. The data were

then transcribed for analysis. The average length of each interview was 33 minutes. The

transcripts of the interviews averaged around 11 pages in length each. Table 4.2 displays

the interview characteristics.

Table 4.2
Interview Characteristics

Participant	# Pages	Duration (min)
1	12	30
2	12	24
3	17	52
4	8	-
5	12	32
6	14	-
7	14	26
8	13	52
9	13	-
10	11	-
11	10	28
12	7	-
13	5	18
14	11	-

-      = *duration of interview was not recorded.*

Data Analysis

Once the transcriptions had been finalized, the researcher personally read through

and analyzed each of the transcripts of the one-on-one interviews. All data were then

entered into the software, NVivo12, for analysis. As indicated in Chapter III, the study

utilized the Colaizzi process for phenomenological data analysis.

First, the researcher for this study personally read and re-read each transcript in

order to grasp a general sense about the presented data. Second, significant responses

were noted from each transcript that related directly to the phenomenon under

investigation. The study then documented and recorded these responses on a separate

sheet and indicated their transcript-based page and line number(s). Third, meaning(s)

from these significant participant responses were formulated. Fourth, the study sorted

these conceptualized meanings into categories, clusters of themes, and themes.

Fifth, the research findings were presented to create an integrated and exhaustive description of the phenomenon under investigation. Sixth, the study described the fundamental structure of the phenomenon. Last, these descriptive results were validated by practicing member-checking with participants, where each participant compared the presentation with their actual experiences to ensure that the study had accurately captured the essence of their lived experiences. To conduct this last step, the researcher personally held post-interview phone calls with each participant in order to ensure that all the descriptive data that had been gathered and presented were trustworthy and credible in nature. These phone calls also allowed for a debriefing of participants to determine whether or not they might require any further resources such as counseling.

Once all the data and findings had been validated, the data were coded. In this process, the researcher created codes that represented the descriptive data that had been gathered during the semi-structured interviews so as to create themes. The codes represented both information that the researcher presumed they would find before the study, as well as any surprising information that the researchers did not expect to find, but which could hold interesting theoretical implications, or which may be odd in nature. These codes and their final write-up, as presented in this dissertation, were in line with recommendations put forward by Creswell (2014).

The study used two figures to guide theme selection based on word frequency. Figure 4.1 displays a word cloud that enabled the determination of which words were most frequently stated during the data collection phase. In addition, Figure 4.2 displays a tree map organizing these commonly used words according to frequency.

Figure 4.1
Word Cloud

know just people think family want know okay get going well right people black

Figure 4.2
Tree Map

know	just	going	black	well	right	time	next	yeah	really	somethin	chicago	men	person	look	ask	type	someb	went	good	neighb	situatio
	okay	think	want	family		one	see	stress	feel	still	commun	white	give	thing	need	anythin	african	kind	resear	americ	around
						question	mean	even	saying	way	coping	cuz	much	culture	thank	cope	experie	mothe	mom	part	someti
	people	get	got	lot	things					school	life	talk	racializ	differer	help	day	house	situati	come	tough	years	gonn
						let	now	back	man	tell	grew	stuff	speake	first	little	make	never	two	quest	proba	expe	also
																always	pretty	call	talkin	city	bad	live

Results

There were three themes that arose from this iterative, qualitative analysis, namely (a) influences that contribute to stress, (b) perceptions of coping, and (c) personal coping methods. Each theme encompassed several subthemes and codes. These are all presented in more detail throughout this section.

The first theme (i.e., influences that contribute to stress) was composed of three subthemes, namely personal experiences with racialized stress, experiences in neighborhoods, and the effect of Historical Trauma. This first theme also related to participants descriptions of the factors that affected their own (levels of) stress. As part of this first theme, participants described their upbringing in the various noted Chicago

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neighborhoods and how their childhood exposed them to different stresses. Participants also opined about the influence of Historical Trauma on their own stress as well as the overall impact of such trauma on African American men in general.

The second theme (i.e., perceptions of coping) was composed of two subthemes, namely expectations for coping and characteristics of "good copers." These subthemes demonstrated the variety of influences on participants' perceptions of coping with stress. As part of this theme, participants shared their broader culture's influence as well as the influence of their family on their perception of coping. Participants also highlighted which characteristics could be deemed most useful for developing good coping strategies.

The third and final theme (i.e., personal coping methods) included information about how participants cope with their own stress. There were two subthemes that composed this theme, namely coping support and coping strategies. As part of this theme, participants conveyed those methods that they personally use for coping with stress. Participants also described the people to whom they turn when they need additional support and the characteristics they value in those supportive individuals.

Influences that Contribute to Stress

The first theme that arose from the analysis of the collected data was the influences that contribute to stress. These influences were revealed through participants' experiences with stress while growing up in Chicago. As noted previously, this theme was composed of three subthemes, namely personal experiences with racialized stress, experiences in neighborhoods, and the effect of Historical Trauma. These subthemes also included participants' first-hand accounts about their upbringing and encounters with

different types of stress. All the subthemes and examples taken from participant quotes that motivated these subthemes are presented in the following subsections.

Personal Experiences with Racialized Stress

A few participants (n=4) shared their own experiences with racialized stress. These experiences happened at different times during each of the relevant participants' lives. For example, Participant 14 shared several experiences. First, this participant reported on an experience of racialized stress in the military:

> I thought I saw it on a large scale. You know, you always talk about it. There's no such thing as a Black soldier, White soldier. That's a lot. It is such thing as that, you know, we saw it coming up in the ranks and that's when I first saw it. I had this anger, as a young Black man, these eight or 12 White people, calling me a nigga and I fight.

This same participant also commented on the different treatment of African Americans in his Chicago neighborhood: "Let me say this and it's sad […] Mount Greenwood. No, it's an area full of White police and White firefighters. And they don't want to live next to you." Participant 4 similarly described situations of racialized stress during their early years: "Having conversations with someone that I felt at the time was a friend, who was better James Brown and Elvis Presley. […] when the parents found out that we were arguing about that then we weren't allowed to associate with each other anymore."

In line with Participant 14's aforementioned indications, Participant 7 also reported on an incident where they had experienced differential treatment of people by fire department employees based on race:

We had a gunshot victim, the young man was shot in the projects on the 13th floor and as we brought him downstairs, the two White Boys and one Paramedic, they were banging his leg on the stairs, and they knew he was shot in the leg. They were banging his leg on the stairs, and I said, don't do that and this white boy said to me, he's a gang banger, you know that, excuse my language. He was stereotyping here. So, by the time we got down to the bottom level, he and I, we were fighting. I mean, I probably would have been fired on this day in time, but we were physically fighting, you know, because you going to tell me, I shouldn't go against the Brotherhood. I said you're not my brother.

According to Participant 9, they had experienced several incidences that had contributed to racialized stress. One experience that this participant shared occurred during college: "My freshman year […] outside of my dorm, the pillar on the wall, my nickname is Breeze, and somebody wrote Breeze is a nigger on the wall and drew a big circle around it." All the noted participants shared their personal experiences with racialized stress, which had occurred at varying times during their lives (e.g., in childhood, at school, and even in professional situations).

Experiences in Neighborhoods

Most participants (n=11) shared their experiences of growing up in different neighborhoods in Chicago. Several participants commented on the demographic changes that occurred in their neighborhoods while they were growing up. For example, Participant 1 mentioned "problems because, uh, with Whites not accepting Blacks in the neighborhood. So pretty much from '71 or '72, as time went on, Blacks moved in, and Whites moved out." This participant went on to describe the actions they had taken to

stay safe: "…so it was just an experience that learning where we had to stay out of the neighborhood or you're going to, uh, face the consequences which could get you beat up."

Participant 4 similarly denoted differences in the demographics of their neighborhood: "I lived in neighborhoods that was predominately White. Obviously, there was some racial incidents I perceive is a racial incident, but they weren't heavily intense or anything." Participant 7 also purported: "We're totally treated differently and not as part of the Community." Participant 10 further shared their own experiences with colorism:

> I learned that colorism did play a factor with the lighter of Latinos and the dark of Latinos and how they related to Black people. Puerto Ricans were more friendly to us, Black people than say, some of the Mexicans were. Cubans were pretty much friendly with everybody though they were of the darker hue like Black people. Hell, so they could pass for Black people half the time. So, it was just me, though. It was odd to see that even amongst a group of colored people. It was the, you know, racism based on your shades of darkness…

Beyond participants' experiences with different races, they also described some of the hardships that they had faced growing up in their respective Chicago neighborhoods. For example, Participant 6 shared that the environment created some risky exposure: "I would walk down the street sometimes. I would see needles. I would see condoms you know used condoms on the ground quite often." This participant also commented on a lack of resources in their neighborhood: "No grocery stores whatsoever. So awful, the food desert is a food desert. There are many convenience stores." Participant 9 similarly

reported that "we had, uh, a gang presence there. I was more afraid of the gangs than I was of my family. Um, so that's why I picked and chose the gang side."

Despite these risks, several participants shared some positive experiences with growing up in Chicago. For example, Participant 7 stated: "…it was a fun time, you know, I have three sisters and one brother and I'm the middle child. I admit it, I was, a momma's boy, my experience was great." Participant 4, too, conveyed: "I loved being an only child, I loved it."

Effect of Historical Trauma

Most participants (n=13) replied to questions about the influences of Historical Trauma on African American men. For example, Participant 11 shared:

I think just looking at it from an economic perspective, it is intentional. The way institution of Slavery in America and the Criminal Justice System is set up. The ability to have licensure for a whole host of different professions. And, so you can't shake this, which is typically most associated with black men. Hey, if you have a criminal background, even if it's a misdemeanor, some cases you can't even hold these jobs.

Participant 3 further described the lack of discussion around racism within his family, and how that influenced his ability to manage (related) stress well:

Well, absolutely, but that's something once again, this sort of taboo we don't really discuss, like my father is 80 years old, he does not discuss the Jim Crow South and things that went down. We have to start just accepting that we have had this issue, we've dealt with them in that way, and we've just internalized it and

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just not even acknowledging these sorts of difficulties that went on. The fact that I was in a Black male community.

Several participants also portrayed the intergenerational nature of the influence of Historical Trauma. For example, Participant 14 depicted the depth of influence of Historical Trauma by stating: "Yes, that DNA is still in our system. DNA is still there. I don't care what nobody say it is still there, but it has affected Black men and Black women. I would say it affected Black women more than Black men." Participant 2 similarly commented that "it's just one part of it in my definition. The part also comes in generationally through families. What was transmitted, passed down." In further support, Participant 6 indicated: "I think we are still living with those dramatic effects. I think, obviously it's like it's been passed down from generation to generation."

As an extension of the general discussion on Historical Trauma, Participant 8 specifically reported on the influence of slavery on his general life outlook:

I feel bad about what happen during the slavery days. What they had to go through, all the different type of crazy racist, wrong type of stuff they had to go through something like that. But in the same token we have to realize and understand. We should be thankful, grateful that it led the way for us to have freedom that we have.

All the noted participants considered the influence of Historical Trauma on their current experiences and stress. Many also commented on the transgenerational nature of Historical Trauma and highlighted the lack of communication about this trauma as perpetuating some negative effects. Table 4.3 details the frequency of the subthemes presented in this first section.

Table 4.3

Frequency of Subthemes in Theme 1

Subtheme	Files	References
Personal Experiences with Racialized Stress	4	10
Experiences in Neighborhoods	11	18
Effect of Historical Trauma	13	19

Perceptions of Coping

As noted earlier in this chapter, another theme that arose from the data analysis was related to participants' perceptions around the concept of "coping." This theme was composed of participants detailing the influences of various factors on their ability to cope with stress, and highlighted two subthemes, namely the expectations of coping and the characteristics of good copers. Direct quotes from participants that motivated the development of these subthemes have been provided in the following subsections.

Expectations of Coping

Most participants (n=12) shared the various influences on their own coping abilities. The two broad categories of influences that participants indicated included cultural and familial influence on coping. There were 10 participants who reported on the influence that their family had on their own coping abilities. For example, Participant 10 commented on a lack of communication within his family about coping, which meant that he had to develop these skills on his own: "We've never had that conversation. Again, we just kind of exists because in my family, we got light-skinned and dark-skinned, so we just dealt with that you know? […] we never talked about it in the household, everybody developed a way of how to deal with the outside world."

Participant 1 similarly reported observing avoidant behaviors from his mother and siblings, and how he mimicked such behavior: "I just changed and continue to adapt to the environment I was in, really nothing else that you could do." In a related way, Participant 11 described an avoidant coping style:

> Yes, navigating that trauma I think for me, in my experience, nobody wanted to accept if there was trauma. We do not want to accept this trauma, we're going to go somewhere and drink, not pay somebody some money to tell them my problems so they can tell us what to do.

Some participants, however, had different experiences in this regard. For example, Participant 2 described having more conversations with family as a coping method: "I dealt with a lot of the cultural stress. It was just one acknowledging what I feel and not being scared of it. And then talking about it with somebody." Participant 4 similarly shared: "It would be bad but wasn't anything that I needed to overcome. I continue to be myself, if it got bad then that's when I tell my mom or my mom's friends and they would correct the situation." These sentiments were further reflected in Participant 5's statement that he learned from his family: "You know, we teach tough love. You know teach you to cope with it and things like that, you know and just give it time. Nothing else is better than time."

In addition to describing some familial expectations surrounding the concept of coping, some participants (n=8) voiced the influence of their culture on expectations of coping. For example, Participant 11 described a general lack of coping present in the culture: "There was no healthy outlook for how we should deal with stress." Participant

13 also acknowledged a lack of healthy coping and opined that his culture expected men, in particular, to be "tough:"

> Well, the sad part about that is that the cultural expectation for a Black man growing up in that area is to be extremely tough, to be hard, to act almost as if you're invincible. Whatever happening around you does not affect, which is sad because we have to acknowledge a lot of trauma.

> Participant 9 also shared: "I think honestly, we grew up in a culture in an era where a man or boy can't be a punk. Suck it up, don't show weakness. You just had to roll with the punches."

In contrast to these noted sentiments, Participant 12 reported a high presence of coping skills, which relied heavily on social support: "They cope very well because everybody back in the day when I was coming up we we're close. It was a close-knit on the blocks. You knew everybody; everybody loved everybody else." Participant 14 also learned from his culture about how to strive for resilience: "I've learned who I am. Historically, we are great people, and we are survivors. We survived slavery. We met Jim Crow, you know, and still surviving Jim Crow. So, we're Survivors." As further confirmation, Participant 6 listed several coping strategies that he had learned from his community: "Pray about it, talk about it. You know, go to church. Step outside, get some fresh air, you know."

All the noted participants shared varying perspectives on coping that had been influenced by their family and/or culture. Some participants reported a lack of communication about coping, which had forced them to seek out coping skills on their own, while others had described the broader culture of "toughness" leading to the

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expectation that men, in particular, should manage stress on their own and "get over it." There were several participants, however, who described specific coping skills that they had learned from their communities (i.e., culture) and families.

Characteristics of Good Copers

There were several participants (n=12) who responded with specific examples regarding the qualities that they felt people who were good at coping (i.e., good copers) possessed. Many participants commented on a knowledge of coping skills or education as being important for good copers. For example, Participant 10 purported: "A knowledge of themselves and actually sit back and look at it, because it's everywhere. So, if you're not really aware of, it may be programmed into you." Participant 14 similarly voiced: "Education is key. I think, once the person of color has their education, and they can find some degree of success, it lowers the stress that they acquire dealing with day-to-day situations." In further support of this point, Participant 9 stated: "Education and familiarity? You know, period, uh, educate yourself about it." All these participants, thus, believed that education heavily influenced a person's ability to cope well with different stressors.

Aligned with the idea that education is important for coping, some participants reported that confidence and support in coping makes for a good coper. For example, Participant 2 shared: "…confidence, support? Um, and I say information because there are people who don't know that there's outlets. You know, you can talk to professional organizations that can help with that or professional period like a therapist." Participant 11 further said, "I think talking helps them overcome some sense of sticking it to the

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stressor. And so that's what I honestly think can for me." In a similar vein, Participant 1

denoted the importance of both communication and family support:

> I had to just sit down and explain to them that this is, um somethings you are
> going to possibly encounter, some of these things either racist view and racist
> comments and so forth. You just have to overlook it and overcome. If you see
> that, you need to discuss it with your parents in which would help you decide on
> what next steps need to be taken.

As further confirmation of the importance of support, Participant 8 stated:

> Sometimes if you can't go to your parents, just go to a somebody you trust, it
> could be like, your mother's sister or whatever settle with whoever you feel. I
> would go to somebody and talk about what I'm stressed out over, a race issue or
> something like that."

These participants were all aware, then, of some of the factors that are most

needed to build strong coping skills. The participants, for example, highlighted the

importance of knowledge and education about coping skills, and further detailed the

necessity of support and confidence in a person's ability to overcome stress. All these

sentiments are summarized in Table 4.4.

Table 4.4
Frequency of Subthemes in Theme 2

Subtheme	Files	References
Expectations for coping	13	37
Characteristics of good copers	12	18

Personal Coping Methods

The third and final theme related to identifying participants' personal coping methods. As part of this theme, participants reported on the types of methods they used (and have used) to overcome stress (including racialized stress). This theme was composed of two subthemes related to (a) coping strategies and (b) coping support. Both these subthemes as well as relevant participant quotes for substantiating examples are provided in the following sections.

Coping Strategies

All participants provided descriptions of the different strategies that they (have) use(d) to cope with stress, with many particularly focusing on how they cope with fear. For example, Participant 11 reported that he avoids situations that cause him fear: "Typically avoid them, you know, I don't like to be in the places where I need to be scared, let's be real if I need to be fearful, I don't need to be there." Participant 14 also described avoiding fearful situations: "Depends on where I am in the city, I know the parts of the city where I shouldn't be. So, to avoid trouble, I try not to be in that area."

Some participants further noted that they do not experience fear. For example, Participant 13 reported: "You have to accept what was real and that's the reality. Also remain in the control. I acknowledge that some things can happen, but I'm not fearful." Participant 12 similarly said: "I don't have fear. I'm fearless." As further support for this sentiment, Participant 6 commented on specific things becoming "normal" so his fear dissipated:

…certain things become normal, hearing gunshots, seeing people outside drunk. You know, citizens that were on drugs and seeing the main guy in front of the

crack house walking past the crack house. As a kid nothing happening to me, I mean it became normal, so it was I was cool with it, you know.

One participant (i.e., Participant 1) also described the notion of "adapting" as a coping strategy:

Well, essentially, we just had to be careful where you go and who you go with. That's basically it, I was more concerned about bodily harm. That was either with Whites or Blacks. If you went into the gang neighborhood, you have to be careful. That's probably the biggest change.

It can be noted from the information presented in this subsection that the participants described varying levels of how they directly cope with fear or stress. Some reported that they lacked fear, while others described having fear but avoiding situations that elicited such fear. One participant also indicated that they adapted their behavior as a coping strategy.

Coping Support

Another personal coping method that all participants described was the practice of seeking support from others. Most participants (n=12) named specific people to whom they turn for support as part of their coping strategy. Several participants specifically identified family as part of their support system. For example, Participant 1 stated: "I guess family members and friends, for the most part." Participant 13 also said: "I pray a lot, but I also talk a lot to my family." A further supporting statement came from Participant 14, who commented: "I'm fortunate to have family and I have some close friends to that I can talk to, but for the most part, my family."

Other participants indicated specific friends to whom they would turn for support. For example, Participant 11 stated: "So I'll talk to my friend, I talk to my female friends and even within those friends, there are certain ones who understand and appreciate me in different kind of ways." Participant 2 similarly noted: "…my best friend is my brother. […] because we grew up with all the same experience as I trust his eyesight vision." As further support, Participant 6 mentioned: "…my therapist, my friend right now, that's about it."

Some participants were, however, unable to identify any supporters within their circles. For example, Participant 10 shared: "Absolutely no one. Unfortunately, it seems to be like that. Yeah, my father passed, my mother passed and I'm the eldest male. It all falls on me." Participant 12 similarly indicated:

> Go in the universe and there's loss. So that's pretty much it, no human person but just your spiritual guidance is what you turn to for support. I don't have no significant other so, you know, I'm here, I'm single in my life.

Beyond simply listing the people participants sought out for support, they also commented on the qualities they would look for in professional help. Some participants particularly commented on the importance of having a therapist who is also African American, while others were less emphatic about this point. For example, Participant 10 reported: "Because no matter the educational level of the therapists, I think somebody that's African American descent, on some level will be able to relate to something that I've went through. At some point in my life, I just feel more comfortable talking to my own." Participant 11 similarly stated: "I would never go to a non-Black therapist. I'm not even sure that I would want to go to a Black female therapist unless I was going to a

couple's counselor." This participant also said: "I think there is a wonderful thing when Black men get together and express their vulnerabilities and their experiences and their fears and their concerns. And the strategies that they've used to overcome those thoughts, at least you feel that you're part of a community."

In further support for the desire for a therapist who was African American, Participant 13 indicated the value of having an African American therapist: "So if I'm speaking with a someone who looks like me from my background, they will be more understanding of what I'm saying and why I'm saying this? I've had that conversation professionally or privately a lot." Participant 14 further provided a rationale for wanting an African American therapist: "Can a person that is not Black talk to me about those issues? Because they know not what they talk about. They said I've experienced things that they never experienced being a Black man, you understand?"

In contrast to these sentiments, however, other participants were open to visiting any therapist. For example, Participant 1 noted:

> I guess it depends on what your issues are, right? I mean, it depends on what the issue is that I'm having. I'm talking to someone of my own race than someone who's not. It probably will make me feel more comfortable, talking to someone on my own race than someone who's not.

Participant 12 was, in turn, more concerned with other qualifications, "Not necessarily, you know it was more so be the integrity of the person'' professionalism." One other participant who was less concerned with a therapist's race was Participant 5, who stated: "I don't think it would be a concern with my therapist race […] If I saw a therapist, it'd be more about just focusing and just mental things. Dealing with the inside

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of forgiveness and stuff like that." The different responses presented by the participants

are indicated in Table 4.5.

Table 4.5
Frequency of Subthemes in Theme 3

Subthemes	Files	References
Coping strategies	14	35
Coping support	14	32

Chapter Summary

The analysis of the data gained from the semi-structured interviews that the study

conducted with African American men who grew up in Chicago's urban communities

and who had demonstrated resilience revealed multiple themes that were related to the

overarching research question for this study. The first theme (i.e., the influences that

contribute to stress), included participant reports of experiences that they had had

growing up in different neighborhoods across Chicago. There were three subthemes that

composed this theme, namely personal experiences with racialized stress, experiences in

neighborhoods, and the effect of Historical Trauma. As part of these findings,

participants shared their exposures to different risks and beneficial events in their

neighborhoods while growing up and described how those experiences influenced them.

Participants also commented on the effect that Historical Trauma, such as slavery, had on

their own development and coping skills.

The second theme (i.e., perceptions of coping) included participant portrayals of

the influences that culture and family had on their coping skills development. There were

two subthemes that encompassed this theme, namely expectations for coping and

characteristics of good copers. As part of these findings, participants shared the extent to

which coping skills were discussed and/or demonstrated in their communities and

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households. Participants also opined on the characteristics that good copers possess and voiced the importance of having supporters in their lives. Some participants further believed that experience and confidence in coping abilities were critical to coping success.

The third and final theme (i.e., personal coping methods) encompassed participants' identification of specific methods that they personally use to cope. In relation to this theme, some participants described avoiding situations that cause them fear and/or adapting to situations as methods of coping, while other participants did not report experiencing fear. Participants also shared their coping support network composition, with many participants depicting the practice of proactively seeking out family or friends when they needed support. Some participants, however, shared that they had to deal with stress by themselves. One final finding in respect to this theme was the importance participants placed on race when considering a therapist. In the next chapter, Chapter V, additional insights, findings, and recommendations for future research based on the findings indicated in this current chapter are presented.

CHAPTER V: DISCUSSION

The ultimate purpose of this study was to promote collectivistic-orientated support and culturally competent mental health treatments to African American men based in Chicago who have been resilient when faced with past or present traumas and/or Minority Stress. Relevant stakeholders could use this phenomenological research study to inform the development of community-based educational resources regarding the connections between psychiatric symptoms such as Minority Stress, depression, and chronic PTSD with Historical Traumas, victimology, and Learned Helplessness, as put forward by McWhorter (2001) and Sue et al. (2016). Thus, there were several key findings that developed out of the participant interviews.

First, participants shared the influences that contribute to stress. Participants also reported on their experiences with growing up in different neighborhoods in Chicago as part of this first finding. Also included in this theme, participants depicted their exposures to different risks and beneficial events in their neighborhoods while growing up and described how those experiences influenced them. Participants also commented on the effect that Historical Trauma, such as slavery, had on their own development and coping skills.

Second, participants denoted how their perceptions of coping were formed. As part of this theme, participants indicated that there were multiple coping influences, including culture and family. Participants also shared the extent to which coping skills were discussed and/or demonstrated in their communities and households. Of further note was that the participants listed different qualities that they felt were important for good

copers to have. Thus, participants were found to believe that having supporters, and experiences with and confidence in coping abilities, were all critical to coping success.

Last, participants indicated which coping methods they used. The majority of the categories of coping listed by participants included avoidance, adaptation, denial, and seeking support. Some participants described avoiding situations that cause them fear or adapting to situations as a method to cope in stressful situations. Other participants did not report experiencing fear. Participants further shared their coping support network composition, with many participants depicting the practice of seeking out family or friends when they needed support. Some participants, however, shared that they dealt with stress on their own. One final point in this theme was that participants had commented on the importance of race when considering a therapist.

Interpretation of the Findings

The research findings were based on qualitative interviews conducted with 14 African American men who grew up in Chicago. The findings of this study aligned with existing literature and even extended the current research regarding resilience and coping. Through the current study, there was an attempt to better understand the coping abilities and resilience of African American men who grew up in Chicago.

Previous research, described in chapters 1 and 2, had demonstrated that Historical Trauma (e.g., the institution of slavery in America) had caused long-term devastating effects on some African Americans, which still manifests in the form of Learned Helplessness and Minority Stress today (DeGruy-Leary, 2005; Sue et al., 2016). On the one hand, Learned Helplessness can cause a victim to appear to enjoy their own exploitation and/or promote a lifestyle of exploitation as glamorous or privileged despite

the victim's behavior and responses thereto being the result of internalized racism (Sue et al., 2016). For example, as shown in Chapter 1, internalized racism has been described by Sue et al. (2016) as resulting from being part of a society that devalues an individual's ethnic and/or cultural background. According to the Racial and Cultural Developmental Model, African Americans within the Conformity Stage of development may possess self-defeating and self-depreciating beliefs regarding their own ethnic background due to neutrality or low race salience. In addition, Participant 3 further described the lack of discussion around racism within his family, and how that influenced his ability to manage (related) stress well:

> Well, absolutely, but that's something once again, this sort of taboo we don't really discuss, like my father is 80 years old, he does not discuss the Jim Crow South and things that went down. We have to start just accepting that we have had this issue, we've dealt with them in that way, and we've just internalized it and just not even acknowledging these sorts of difficulties that went on. The fact that I was in a Black male community.

In further support, Participant 6 indicated: "I think we are still living with those dramatic effects. I think, obviously it's like it's been passed down from generation to generation."

As an extension of the general discussion on Historical Trauma, Participant 8 specifically reported on the influence of slavery on his general life outlook:

> I feel bad about what happen during the slavery days. What they had to go through, all the different type of crazy racist, wrong type of stuff they had to go through something like that. However, in the same token we have to realize and

understand. We should be thankful, grateful that it led the way for us to have

freedom that we have.

This finding is supported by the previous literature of DeGruy-Leary (2005) and Sue et

al. (2016). They noted that Historical Trauma, such as the institution of slavery in

America, has caused long-term, devastating effects on the African American population

that still manifests in the form of Learned Helplessness and Minority Stress. Minority

Stress has been defined as chronically high levels of stress encountered by members of

stigmatized minority groups (Meyer, 2003).

On the other hand, Learned Helplessness can occur when a person learns to

survive and cope within a toxic and/or dangerous situation or environment.

In the current study, several participants highlighted the concept of Learned

Helplessness when asked about their coping abilities. One common method for dealing

with stress, which several participants shared, was avoiding situations that elicited fear.

In the theme regarding the personal coping methods of participants, some participants

(n=4) reported that they do not experience any fear (i.e., that they are accustomed to their

living environments or that they avoid situations that make them fearful). These findings,

thus, extended the literature on Learned Helplessness in this population by exemplifying

situations in which Learned Helplessness is observed. For example, Participant 10

commented on a lack of communication within his family about coping, which meant that

he had to develop these skills on his own: "We've never had that conversation. Again, we

just kind of exists because in my family, we got light-skinned and dark-skinned, so we

just dealt with that you know? […] we never talked about it in the household, everybody

developed a way of how to deal with the outside world."

Participant 1 similarly reported observing avoidant behaviors from his mother and siblings, and how he mimicked such behavior: "I just changed and continue to adapt to the environment I was in, really nothing else that you could do." In a related way, Participant 11 described an avoidant coping style:

Yes, navigating that trauma I think for me, in my experience, nobody wanted to accept if there was trauma. We do not want to accept this trauma, we're going to go somewhere and drink, not pay somebody some money to tell them my problems so they can tell us what to do.

In addition to describing some familial expectations surrounding the concept of coping, some participants (n=8) voiced the influence of their culture on expectations of coping. For example, Participant 11 described a general lack of coping present in the culture:

"There was no healthy outlook for how we should deal with stress." Participant 13 also acknowledged a lack of healthy coping and opined that his culture expected men, in particular, to be "tough: Well, the sad part about that is that the cultural expectation for a Black man growing up in that area is to be extremely tough, to be hard, and to act almost as if you're invincible. Whatever happening around you does not affect, which is sad because we have to acknowledge a lot of trauma.

Participant 9 also shared: "I think honestly, we grew up in a culture in an era where a man or boy can't be a punk. Suck it up, don't show weakness. You just had to roll with the punches."

Another revelation of the current study surrounded the influence of culture and family on participants' coping skills. This approach followed the theories of Resilience

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and Relational Load by examining how relational partners and family members of collectivistic orientation maintain their relationships on a daily basis in the presence of external stressors (e.g., oppression, discrimination, and racism). The presence of collectivistic support seen in the current study influenced relational communication during stressful moments, as well as the appraisals of the stress being experienced.

This research sought to confirm these theories' relevance and applicability to the development of coping skills. One finding that aligned with the Resilience Theory was that many participants who acknowledged their own stress and who had tools to manage their stress also noted that they relied on family as a support network. This finding supported both the theories of Resilience and Relational Load as it demonstrated how support can influence aspects such as communication and help-seeking in times of stress. Participants in the current study who had family to whom they were close also leaned on their families in times of stress and communicated their stress to individuals in their families as a means to cope therewith. For example, a personal coping method that all participants described was the practice of seeking support from others. Most participants (n=12) named specific people to whom they turn for support as part of their coping strategy. Several participants specifically identified family as part of their support system. For example, Participant 1 stated: "I guess family members and friends, for the most part." Participant 13 also said: "I pray a lot, but I also talk a lot to my family." A further supporting statement came from Participant 14, who commented: "I'm fortunate to have family and I have some close friends to that I can talk to, but for the most part, my family."

Another important finding that arose from the data analysis concerned the selection of additional support for coping with stress, namely finding a therapist. Participants in the current study commented on the importance of race when selecting a therapist; yet they were divided on the importance of this factor. Some participants reported that they valued having a therapist of the same race because they believed that a greater level of understanding could exist between the therapist and the patient. Other participants, however, did not believe that race was an important factor for a therapist and, instead, wanted to judge their therapist based on factors such as competency.

Some participants particularly commented on the importance of having a therapist who is also African American, while others were less emphatic about this point. For example, Participant 10 reported:

"Because no matter the educational level of the therapists, I think somebody that's African American descent, on some level will be able to relate to something that I've went through. At some point in my life, I just feel more comfortable talking to my own." Participant 11 similarly stated: "I would never go to a non-Black therapist. I'm not even sure that I would want to go to a Black female therapist unless I was going to a couple's counselor." This participant also said: "I think there is a wonderful thing when Black men get together and express their vulnerabilities and their experiences and their fears and their concerns. And the strategies that they've used to overcome those thoughts, at least you feel that you're part of a community."

In further support for the desire for a therapist who was African American, Participant 13 indicated the value of having an African American therapist: "So if I'm speaking with someone who looks like me from my background, they will be more

understanding of what I'm saying and why I'm saying this? I've had that conversation professionally or privately a lot." Participant 14 further provided a rationale for wanting an African American therapist: "Can a person that is not Black talk to me about those issues? Because they know not what they talk about. They said I've experienced things that they never experienced being a Black man, you understand?"

In contrast to these sentiments, however, other participants were open to visiting any therapist. For example, Participant 1 noted:

> I guess it depends on what your issues are, right? I mean, it depends on what the issue is that I'm having. I'm talking to someone of my own race than someone who's not. It probably will make me feel more comfortable, talking to someone in my own race than someone who's not.

Participant 12 was, in turn, more concerned with other qualifications, "Not necessarily, you know it was more so be the integrity of the person'' professionalism." One other participant who was less concerned with a therapist's race was Participant 5, who stated: "I don't think it would be a concern with my therapist race […] If I saw a therapist, it'd be more about just focusing and just mental things. Dealing with the inside of forgiveness and stuff like that." The different responses presented by the participants

Previous researchers have investigated the mistrust of health professionals by African Americans—as detailed in Chapter II. This mistrust was found to be largely due to secondary victimization by professionals in the helping field (e.g., counsellors and therapist), regardless of race, who reinforce Historical Traumas and institutionalization (e.g., Danzer, 2012; Skloot, 2010; Smiley & Fakunle, 2016). Danzer et al. (2016), for

example, reported that White therapists and psychologists can unconsciously promote Historical Traumas in African Americans.

Researchers such as Jones (1982, 1984) have also emphasized that unnecessarily universalizing African Americans' experiences robs them of their individuality and re-creates the oppression that is at the core of their traumatic suffering. The findings presented in the current study greatly contributed to the dearth of information available regarding African American men's preferences regarding therapists. Participants also shared their motivation for either desiring an African American therapist or regarding their indifference to the race of the therapist they would pursue.

Implications

There are several implications pertaining to the current study. First, this study demonstrated the multiple influences that impact the coping skills of African American men who have grown up in an urban setting. For example, participants commented on the effect of their culture as well as the influence of family in the development or lack of development of their personal coping skills. Some participants also shared the specific skills that they had gained from these influences (e.g., social support or deep breathing), while others shared that their family or culture emphasized the importance of "toughing it out." The influence of family and culture presented by the study participants highlighted the importance of considering an ecological framework when studying stress management and coping in similar populations.

Participants further provided insights into the factors that should be considered when developing community resources related to the connections between psychiatric symptoms such as Minority Stress, depression, and chronic PTSD and Historical Trauma,

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victimology, and Learned Helplessness. Some participant responses, themselves, fitted in with the concept of Learned Helplessness, with some participants reporting that they have become accustomed to different fear-provoking situations (e.g., gunshots), or that they no longer find anything frightening. Such responses suggested a Learned Helplessness, which occurs when an individual learns to survive and cope within a toxic and/or dangerous situation or environment. Many participants who reported this lack of fear also shared a lack of communication about stressors or a lack of social support from their families or communities. These findings suggested that resources should be provided to help promote acknowledgement of and communication about stress within families.

On the educator level, awareness of the connection of Historical Trauma, Minority Stress, Learned Helplessness, and other mental health aliments such as PTSD, Anxiety and Depressive Disorders must be highlighted in curriculums for Counselor Education and Supervision. CES programs must continue to teach Cultural Competence and how to prevent bias and continued Historical Trauma. Moreover, students need to be aware of this connection, so they won't normalize a lack of trying or internalize Learned Helplessness.

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Limitations of the Study

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The first limitation of this current study was the generalizability of its findings. This research should ideally further the understanding of factors that contribute to resilience in a population of African American men raised in Chicago. The data were, however, collected from a specific sample population, which means that the study results may not be generalizable to the larger population of African American men.

Another limitation to this current work was the potential threat of subjectivity. The data in this study design were dependent upon participants' experiences and interpretations of their own experiences. Thus, this study had to ensure that subjectivity and the interpretation of lived experiences were based solely on participants' accounts so as to ensure the reliability and validity of the collected data.

Some methods that this study employed to increase the trustworthiness of the data included member-checking and coding subthemes. For example, member-checking was used to increase the likelihood that the study had interpreted participants' experiences accurately. By including (i.e., coding) several participant responses under each subtheme, it was possible to better ensure the study's trustworthiness regarding data interpretation. The similarity of responses across participants further reinforced the quality of the research instrument as well as the accuracy of responses. Even with these efforts, though, it is possible that (researcher) subjectivity was still present in the data analysis.

One further limitation related to this study was the potential for error or misinterpretation during the analysis process. In order to reduce the potential for bias, thorough notes and analysis documentation was performed. These steps increased the likelihood that the presented analysis could be repeated by another researcher.

A last disadvantage to the chosen study approach was the use of audio recording. While such recording aided to the study's 'thoroughness', it is possible participants may have felt "exposed" due to the audio recording. Such a feeling of vulnerability could have led to participants to either be less open in their responses, or remove themselves entirely from the study (Creswell, 2014).

Future Directions and Recommendations

As noted previously, the current study was limited to research among a small participant pool (i.e., 14 African American men based in Chicago) using a qualitative methodology. Such an approach reduced the generalizability of the study findings to the larger population and, instead, allowed for generalization only to highly similar contexts. For example, the participants in this study were all African American men who had grown up in Chicago; thus, the applicability of these findings might be reduced when considering additional populations (e.g., African American men from other cities or rural areas in America or). In order to combat this limitation, future research should be conducted to expand this study's findings to a larger participant pool. One related recommendation is that researchers could conduct a study in and across multiple cities across American in order to better determine whether or not there are any regional differences pertaining to African American males' experiences.

Another recommendation is to use a quantitative methodology to build upon the existing findings in a larger sample. Using surveys or another quantitative method could allow for data to be collected from a larger population, who could then be more widely surveyed. The use of quantitative methods could also help researchers better assess the strength(s) and direction(s) of relationships in the datasets. The resulting data, assuming it has been taken from a sufficiently sized populations, could then be generalizable to the larger African American (male) population.

Another direction for this research is the development of a community-based intervention. The purpose of consultation to community organizations providing counseling and substance abuse services, churches, and community stake holders to

provide the highest quality of culturally sensitive mental health and substance impairment services to adolescents and adults and serve as a positive catalyst for change within any community of its operation. The services will be provided by Licensed Professional Counselors (LPC)/ Certified Alcohol and other Drug Counselors (CADC).

The outcome of consultation to any organization will result in an understanding of the effects that culture and one' psychosocial environment may have on a person's mental health. Clinicians will always start any session with any client by utilizing the AMCD' s Multicultural Counseling Competencies which require all clinicians to become aware of their own cultural background and biases. 2. Become knowledgeable of the challenges of the population served. For example, a client maybe afraid of gun violence, discrimination, and racism. As a result of consultation clinicians will be knowledgeable of these cultural issues and aware of how it may affect one's mental health.

The organization will provide the following services:

Community Education and workshops for adolescents and adults.

Mental Health: Individual and Group Therapy sessions utilizing the following assessment battery.

1. DSM 5 cross cutting symptom measure

2. DSM 5 Level 2 Substance Abuse assessment

3. Bio Psychosocial

4. ASAMS dimensions

5. Mini Mental Status Examination

When people look for mental health treatment for themselves or a loved one, it is common to search for a psychotherapy provider who may have availability in their

schedule, desired fees, or is covered by a specific insurance plan. However, it is essential

that people in search of treatment also get specific information about the *type of*

treatment that a mental health care provider will offer.

The evidence-based practice approaches for the treatment of psychological

symptoms involve cognitive and behavior therapies (CBT). The efficacy of CBT has

been demonstrated for a wide range of symptoms in adults, adolescents, and children

(Corsini & Wedding, 2014).

Staffing needs, Leadership Development, Board members

Consultee organizations will be trained to work extensively with other LPC's,

CADC's and interns alike, providing weekly team meeting staffing's designed for

assessing and reviewing client needs to ensure clients meet criteria for placement or

discharge to other levels of care and providing supervision as well. The lead clinician

will utilize the Discrimination Supervision Model to ensure counselor ongoing training,

support, and leadership development (Bernard & Goodyear, 2014).

As a result of ongoing consultation, the organization will constantly assess the needs of

the community, as mentioned above, the trained clinician's priority is to be aware of the

how culture and environment may affect one's mental health. To constantly assess the

needs of a changing community, the organization and to engage community members,

The organization will follow the Ten Best Practices for Engaging the Community (Evans,

2017). This will be done by reaching out to community entities such as churches, service

organizations and associations. The organization will invite various community entities

to a quarterly community workshop designed to help people improve and better their

lives. Some of those topics may be focused on job training, anger management, trauma

support, emotional intelligence or surviving teen bullying and gangs. 2. Engaging the higher education institutions and utilizing students as interns to help shape and develop future culturally competent clinicians. 3. The organization will host community events to connect with the community while promoting therapeutic services. 4. The organization will reach out to community employers to help with job development and placement of clients for employment. 5. Seek opportunities for clients to engage in meaningful community engagement. For example, helping Veterans, the homeless population, and children at risk. 6. The organization will continuously canvas other local neighborhoods to gain support. This can be done by handing out flyer's door to door within the community and social media, informing them of what services are provided. 7. Host community forums, town hall meetings and panel discussion, to address problems and solutions of the community 8. Celebrate program success with community 9. Possessing an open-door policy to create meaningful opportunities for involvement, such as fund raising, leading community service projects or by making program presentations at local groups. The last step for addressing the needs of a changing community would be to conduct outreach with service providers such as hospitals and dentist to educate them for possible future referrals. Last outreach and follow up on clients who have graduated to ensure they are maintaining their recovery from mental illness and or substance abuse problems.

Prior Research and Interventions

    Chicago State University Professors (Davis, Garret & High-Roger, 2021), presented at the Illinois Counseling Association, "I have ACES and what can be done about them?". The Professors discussed what constitutes as an Adverse Childhood Experience

and the physiological effects of trauma. As the number of adverse childhood experiences increased, the number of health and social outcomes also increased, including obesity, diabetes, substance abuse, and mental illness. In addition, adults reporting the highest level of ACEs exposure had increased odds of having chronic health conditions, depression, current smoking, heavy drinking, and socioeconomic challenges like current unemployment, compared to those reporting no ACEs. Furthermore, women, American Indian/Alaskan Natives, and African Americans/Blacks were more likely to experience four or more ACEs.

Last, the trio discussed protective factors that can be put into place to intervene and help people cope with trauma. Protective factors such as developing parental resilience by managing stress and functioning well when faced with challenges, adversity, and trauma. Utilizing social connections such as positive relationships that provide emotional, informational, and spiritual support. Possessing knowledge of parenting strategies that support physical, cognitive, language, social and emotional development. Having access to concrete support in times of need such as services that address a family's needs and help minimize stress caused by challenges. The last protective factor discussed is social and emotional competence of children and the need for family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions and establish and maintain relationships.

SES, Education & neighborhood influenced resilience

As a result of data analysis, it was discovered that social economic Status and education can be viewed as Compensatory factors associated with Resilience Theory. Participant number eight grew up in the Bronzeville, Kenwood, and Hyde Park

neighborhoods on the South Side of Chicago where there is a history of activism against racial injustices and Civil Rights advocacy. In addition, this participant reported having a happy childhood and family and community support. Furthermore, these communities continue to grow, and the future generations can cope more strategically with racial injustice, Historical Trauma and Minority Stress.

Leaders such as Ida B. Wells, President Barack Obama, Jesse Jackson, Farrakhan, and many others have all lived or currently live in this area. There is a sense of racial ethnic pride and collective community support which helps to aide those who have been affected by Historical Trauma and Minority Stress. Alternatively, Participant number six grew up in Robbins, a community below the poverty line. His experiences of adapting, avoiding and desensitization of the community problems coincide with the tenets of Learned Helplessness. Having this awareness can benefit the field of Counselor Education and Supervision when working with this community.

Conclusion

In addition to the future research directions presented in the previous section, the findings of this qualitative study held various implications for practice. For example, this study aimed to address the gaps of superficial inquiry of past studies, as previous researchers had failed to address the real issues underlying Historical Trauma (e.g., oppression and racism) that stem from the systematic institution of slavery in America as well as the controlling images and stereotypes of African American men. By addressing this gap, the study was able to begin promoting a means to better develop community educational resources regarding the connections between psychiatric symptoms such as Minority Stress, depression, and chronic PTSD with Historical Trauma, victimology, and

Learned Helplessness, as presented by McWhorter (2001) and Sue et al. (2016). These study findings also suggested that racialized stress is experienced both immediately in urban communities in Chicago as well as through Historical Trauma, and participants revealed the multiple methods that they have adopted to cope with (related) stress. Given the qualitative nature of the study, it has been recommended that a larger, quantitative research study be conducted on the basis of the current findings in order to expand the generalizability of the current study.

Statement of Researcher Reflexivity

Conducting this research was definitely a complex experience, both on a mental and an emotional level. Collecting the data as an African American woman who grew up on the West Side of Chicago, another urban and high-risk area, was also enlightening. This research was somewhat ethnographic in nature, as I currently live as an African American seeking change, however, the focus of this study was specifically on African American men based in Chicago.

The problems posed in this research endeavor affect me personally and are issues that are ongoing in America. As a result, I experienced several emotions while conducting this research. For example, when collecting data regarding James Parks, the emancipated slave buried in Arlington Cemetery, I traveled to Arlington, Virginia, and spent a day in the Robert E. Lee slave quarters. Simply being in the slave quarters evoked intense emotions that ranged from anger and sadness to empathy.

Having the ability to identify a real person, such as James Parks, and trace his life was also an extremely humbling experience. I felt somewhat privileged to be in a slave quarter in America as a student conducting research for a doctoral dissertation. In my

opinion, that reality indicated progress. At the same time, standing in those quarters meant debunking some people's view that slavery was "long ago" and that the effects are gone and no longer worthy of exploration as, instead, the reality is that it has only been 159 years since the Emancipation Proclamation in America.

James Parks died in 1932 in his 80s, having witnessed the evolution of American history. This history continues to evolve. Through conducting the presented research, I also came across the H.R. 40 Reparations Bill, which made history back in April 2021 when the House of Representatives voted to move the bill to the house floor for full consideration. The H.R. 40 Reparations Bill has been circulating since 1989, yet 2021 was the first time a committee vote was established as a key step to passing legislation to address the inhumane atrocities displayed in and through the institution of slavery in America.

Collecting the data as an African American woman almost felt mysterious at times, as I was given a lens into the culture of men. I never knew what to expect or hear. At times, collecting the data was somewhat emotionally draining, as I would hear people account their trauma. As stated before, this problem of trauma is ongoing in and across (African) American communities. I am not exempt from the issues, as I am an active participant in the African American community and am, therefore, affected by what happens to those around me. For these reasons, I ensured that I practiced and prioritized regular self-care while conducting this research. I also sought to ensure that my research and analysis remained unbiased by making use of another analyst for the purpose of reaching triangulation and epoché.

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APPENDIX A: INITIAL CODEBOOK

Name	Files	References
Adaptation methods	2	4
Adaptation not stressful	1	1
Advice for Chicagoans to cope	5	5
Be aware of surroundings	1	1
Characteristics that help people overcome Minority Stress	12	18
Upbringing	1	2
Coping strategies	9	14
Coping with fear	8	10
Effect of Historical Trauma on AA men	13	19
Expectations for coping	5	7
Avoidance	1	3
Cultural expectations	8	9
Coping style consistent with culture	2	3
Family expectations	8	11
How coping style was communicated	1	1
Self-assessment of coping	1	2
Experiences in neighbourhood	11	18
Colourism	1	1
Lack of resources	1	3
Risky situations	2	2
Upbringing	2	3
Family coping with minority racialization	3	5
Fit of coping style with expectations of family and culture	0	0
Different	1	1
Neighbourhood demographic change	3	4
Avoiding neighbourhoods	1	2
Avoiding both white and black groups	1	1
Non-acceptance	2	2
People you turn to for support	12	14
Personal experiences with racialized stress	3	9
Selecting therapist considerations	13	18
Situations of racial tension	1	1
Other people coping	1	1

APPENDIX B: FINAL CODEBOOK

Theme	Subtheme	Example Quote
Influences that Contribute to Stress	Personal experiences with racialized stress	"Just my first encounter was, when I went into the military, I thought I saw it on a large scale. You know, you always talk about. There's no such thing as a black soldier, white Soldier. That's a lot. It is such thing as that, you know, and we saw it, you know, within, you know, the ranks and that's when I first saw it, you know? And I, I had this anger as a, as a young black man, this eight or twelve white people, you know? calling me a nigga and I will fight. I mean, I was just fighting a lot and I had to get smarter and you know that you can't win that way, you know."
	Experiences in neighborhoods	"Uh, yeah, it's pretty much, uh, folks are on subsidy C h A housing. Really No issues there at that time when I was there, um, you know, pretty typical kid. Pretty much just, uh I went to school and tried to play some sports, and, uh, that was basically it."
	Effect of Historical Trauma	"It still has an impact on us today, we can, you know, take our natural positions and as leaders and foundations of our family, because it was stripped away. And a lot of people took the time to figure out how to do that, but not, not even say until the time that our systems in place to constantly interfere

		with the man, taking his rightful position in a black family."
Perceptions of Coping	Expectations for Coping	"You know what? I really don't know. We've never had that conversation. Again, we just kind of exists because again and my family you know we got it off light-skinned dark-skinned so we could deal with that you know?"
	Characteristics of good copers	"Um, if you're talking about a child in high school? Well, someone in the high school. I had to just sit down and explain to them that this is, um something you're going to, you know, you are going to possibly encounter some of these things either racist views and racist comments and so forth. You just have to overlook it and overcome."
Personal Coping Methods	Coping strategies	"I'm in a currently in a men's group so that's just it's about seven or eight of us. We meet on a weekly basis for at least two hours every Thursday at 7:00 p.m. and it's facilitated by two clinicians. One is licensed social worker, I'll just say both of them social workers, I don't know the titles at this point, so in this group we can hammer out individual issues that range from suicidal ideations or self-medication."
	Coping support	"Because no matter the educational level of the

therapists, I think somebody that's else, African American descent on. Some level will be able to relate to something that I've went through. At some point in my life, I just feel more comfortable talking to my own."

APPENDIX C: IRB APPROVAL

IRB-FY2020-116 - Initial: Notice of Approval - Expedited
▯▯

I

IRB@govst.edu
To:
- Davis, LaConyer (Student);
- Garrett-Wilson, Shirlyn

Thu 2/25/2021 5:46 PM

◆ **Governors State**
U N I V E R S I T Y

Institutional Review Board
Room G353
1 University Parkway
University Park, IL 60484
www.govst.edu/irb

Feb 25, 2021 5:45:59 PM CST

Shirlyn Garrett-Wilson, LaConyer Davis
Psychology and Counseling

Re: Expedited Review - Initial submission - IRB-FY2020-116 What are the lived experiences of African American men who have demonstrated a high level of resilience while living in a high risk area during childhood and or adolescence

Dear Dr. Shirlyn Garrett-Wilson and LaConyer Davis:

The Governors State University Institutional Review Board has approved the Initial submission of your research protocol titled, "What are the lived experiences of African American men who have demonstrated a high level of resilience while living in a high risk area during childhood and or adolescence." Please be advised that this protocol will expire on February 24, 2022.

- All research related to this project **must** be conducted **exactly** as stated in the approved research protocol
- This protocol will expire on February 24, 2022. If you intend to continue the project or collect data using human subjects, you must complete a **Renewal Submission**.
- If you have completed the project, please complete a **Project Closure Submission**.
- If you would like to make any changes to research personnel or to the way that this research is conducted, you must completed a **Modification submission** and **wait for IRB approval** to enact any changes.
- Please be advised that you may **only** distribute the **GSU IRB approved** text, forms, documents, and materials to all

participants. Your approved and stamped consent form can be found under the "Attachments" tab on the "Study Details" page.

- Please include the assigned IRB project number, PI name, and exact title of your project in any correspondence about this project.

Decision: Approved

Selected Category(ies): Expedited Category 6. Collection of data from voice, video, digital, or image recordings made for research purposes.
7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Sincerely,
Governors State University Institutional Review Board
irb@govst.edu