

**The Role of Spirituality in the lives of African American Women  
Who Have Experienced Trauma**

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## **Abstract**

In the United States, African Americans represent 13.3% of the population and approximately 27% of them live beneath the poverty line in comparison to 10.8% of non-Hispanic Whites (American Psychiatric Association, 2017). The history of African Americans in America continues to be defined by trauma and violence more frequently than their Caucasian counterparts, which effects the mental health and emotional state of them as youth and adults (Mental Health America, 2020).

The literature identified spirituality as the chief coping mechanism for African American women who have experienced trauma. A phenomenological method was employed to capture narratives and to conceptualize a deeper meaning of the African American women's spirituality. This study can contribute to the increasing body of literature covering the benefits that are associated with spirituality, yet there is more research that can be done that examine the ways trauma patients use spirituality to facilitate their healing process.

This qualitative study conducted semi-structured interviews which allowed the researcher to ask participants to tell a story about their experience of adverse childhood trauma and the role of spirituality in helping them recover and heal, affording them to connect with a phenomenological approach. The findings in this qualitative research showed that psychological and physical trauma can have intense implications on growth and wellness throughout one's life. Recommendations developed from the data and themes of this research.

### **Dedication**

This dissertation is dedicated to my Godly mother, Doris Williams- Johnson. It was her strength, unconditional love, and dedication to God that inspired my research for this dissertation. I admire her strong faith in God, as the true source of helping her overcome life's difficulties and raising eleven children, due to the early death of my father, James Williams. I also dedicate this dissertation to my two beautiful children, Rhema and Edward III. I never will forget the day I was ready to quit, it was the comforting, loving words from both of you that led me to keep going. I want to dedicate this dissertation to all my siblings, your love, support, and prayers, undergirded me. I love you all. I want to dedicate this dissertation to my nieces and nephews who encouraged me and conveyed how proud they were of me for completing this degree.

## **Acknowledgments**

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## **Chapter I. Introduction**

### **Background of the Problem**

The Centers for Disease Control and Prevention [CDC] (2018) defines mental illnesses as attributes that influence one's mindset, emotions, temperament, and actions which can result in depression, anxiety, bipolar condition, or schizophrenia. These conditions can happen occasionally or can be long-term (chronic) and influence the way one reacts to others and their ability to operate daily. The CDC (2018) identified mental health as involving mental, psychological, and interpersonal wellness. One's mental health determines attitude, feelings, interactions with others, and the ability to make sound decisions, which is essential at every level in life, from childhood, youth, and adulthood. The CDC (2018) documented that mental health is essential to one's total health and further stated that illnesses, specifically depression increase the likelihood for numerous physical health conditions, such as, stroke, type 2 diabetes, and heart disease. There is no one specific source for mental disease, however, there are many dynamics that can lead to the risk of mental illness that include early adverse life experiences including trauma or a history of exploitation, constant chronic or medical problems, biological or chemical imbalances, substance abuse, loneliness, and lack of relationships (CDC, 2018). There are over 200 identified kinds of mental conditions, however the primary types are: anxiety disorders, attention-deficit/hyperactivity disorder, disruptive behavior syndromes, depression, and other temper disorders, eating disorders, character disorders, posttraumatic stress disorder (PTSD), schizophrenia spectrum and other psychotic disorders, and substance use disorders, (CDC, 2018)

In the United States approximately one in five adults has been diagnosed with a mental illness (National Institute of Mental Health, 2019). There are factors that vary in the levels of intensity, spanning from mild, moderate, or severe. The conditions are divided between two

classifications: any mental illness (AMI) and serious mental illness (SMI) AMI is comprised of all identified mental illnesses, and SMI is a more advanced part of AMI. Out of the 46.6 million adults aged 18 and older with mental illness, 18.9% embodied all U.S. adults. AMI was greater among women (22.3%) than for men (15.1%). In terms of race, AMI was higher among White adults (20.4%) and lower among Asians (14.5%), no data reported for Hispanics however, African Americans were 16.2% (National Institute of Mental Health, 2019).

In the United States, African Americans represent 13.3% of the population and approximately 27% of them live beneath the poverty line in comparison to 10.8% of non-Hispanic Whites (American Psychiatric Association, 2017). Additionally, 30% of Black households are governed by woman in the absence of a husband, in comparison to roughly 9% of White homes (American Psychiatric Association, 2017). The history of African Americans in America continues to be defined by trauma and violence more frequently than their Caucasian counterparts, which effects the mental health and emotional state of them as youth and adults (Mental Health America, 2020).

Spirituality can be defined as a search for meaning in a higher power; it contains a desire for the sacred in God, angels, or divine authenticity (de Castella & Simmonds, 2013). There are benefits to spirituality and numerous African American women find fulfillment and comfort daily through their spirituality and their trust in God (Ahrens, Abeling, Ahmad, & Hinman, 2009; Blakey, 2016, Hooks, 2003; Stevens-Watkins et al., 2014; Yick, 2008). The literature identified spirituality as the chief coping mechanism for African American women who have experienced trauma.

Findings from the U.S. Department of Veterans Affairs (2019) indicated that spirituality is linked to positive results and low levels of symptoms. For example, if one had anger, rage, or a

desire to be vindictive due to trauma they will be tempered by being forgiving because of their spiritual beliefs and practices. Additional findings revealed that spirituality can improve trauma outcomes through the following: a) a decline in behavioral risks due to healthy spiritual living b) an increase in social support due to participation in spiritual community c) increased coping skills and supportive methods of being aware of trauma that result in meaning-making d) physical methods including launching the “relaxation response” by praying and meditating e) emotions of seclusion, abandonment, and sadness associated with loss and grief may decline because of social support from a spiritual community. Being engaged in a spiritual community puts the trauma survivors within a caring environment with caring people who provide them with encouragement, emotional and physical support during times of adversity (U.S. Department of Veterans Affairs, 2019). The rationale in this study confirms spirituality as the core element of healing for African American women who has experienced trauma.

### **Trauma and Mental Illness**

Mental illness can be developed by anyone; however, African Americans suffer at higher rates and 10% of them are expected to encounter severe psychological distress. Historically, African Americans have experienced a great amount of trauma identified as slavery, exclusion from quality healthcare, education, social and economic provisions, which leads to the inequalities they face today, (Mental Health America, 2020). In addition, African Americans financial status impacts their mental health in qualifying for insurance coverage to receive access and treatment for mental care. For example, disparities of poverty, homelessness, incarceration, and substance abuse places them at higher risk for poor mental health (Mental Health America, 2020).

According to the National Council for Behavioral Health (2019), a consistent taboo in the African American culture is the stigma surrounding mental disease. The narrative for countless African Americans is one of resilience and endurance. The mind-set is that if one can endure slavery, certainly, one can overcome mental anguish; however, there is a failure in understanding that mental illness is indeed a sickness just like heart disease, cancer, and diabetes. As reported by the Centers for Disease Control and Prevention (2018), early adverse life experiences, such as trauma causes mental illness.

**Definitions of Trauma.** Trauma does not have a global definition; however, mental health organizations and scholars have posited its meaning. Substance Abuse and Mental Health Services Administration [SAMHSA] (2014), the lead Federal government agency for behavioral health data and research, asserts that “individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (p. 7). Additionally, SAMHSA stated “trauma has no boundaries with regard to age, gender, socioeconomic status, race, ethnicity, geography or sexual orientation” (SAMHSA, 2014, p. 2)

Van der Kolk (2014) asserted “trauma by definition, is unbearable and intolerable” (p. 1). Similarly, the National Council for Behavioral Health (2013) theorized that trauma transpires when a person is devastated due to events and circumstances which lead to feelings of fear, panic, and powerlessness. Dailey et al (2011) characterizes trauma as a crisis involving actual or a near death experience, severe abuse, or a hazard to the physical person or others. Barbash (2017) clearly defines trauma as an immeasurable discomfort that violates a person’s sense of power and decreases their ability to mix the condition or situation into their present reality.

**Traumatic Events.** Research by The National Traumatic Stress Network [NCTSN]

(2008) and Lake (2016) noted that traumatic events include:

- sexual exploitation
- physical assault
- psychological and emotional misuse
- neglect, serious injury or sickness
- medical procedure
- exposure to domestic violence
- school brutality
- natural disasters
- unplanned relocation to a new geographical location
- terrorism and war,
- homicide, suicide, the death of a loved one, parent, caregiver, or sibling
- foster placement and or being separated from family National Traumatic Stress Network (2008).

**Types of Traumas.** Barbash's (2017) research found how a situation or event effects an individual determines their response, taking in consideration a person's prior experiences, belief system, perceptions, anticipations, degree of stress management, values, and ethics. The author provided research on the small "t" and the big "T" of trauma. Small "t" traumas are circumstances that are far greater than our scope to manage and develop a disturbance in emotional living. These situations are not essentially threatening, however, can be characterized as a threat to self-esteem leaving a person feeling powerless. Examples include, internal conflict, adultery, divorce, relocation, trouble with the law, financial hardship, or adversity. A large "T" is

classified as an extraordinary experience that causes a person to feel vulnerable and powerless in their atmosphere. Powerlessness is a major component of large “T”. Examples of large “T” are a sudden natural disaster, terrorism, sexual abuse, war, and an accident involving a car or plane. Kahn and Vezzuto’s (2017) study in comparison with Barbash’s (2017) research presents: acute and complex trauma. Acute is characterized as a single episode consisting of a natural catastrophe, victim of a crime, or a severe accident. Complex or chronic is described as exposure to extended social and interpersonal trauma, in an environment where the victim is captivated or trapped experiencing negligence, severe cruel treatment, abuse, prisoner of war, and occultism. Burkes Harris (2019) identified other forms of trauma referring to childhood adversity containing: negligence, abuse, violence, divorce, in addition she pointed out two other forms of traumas-incarceration and divorce. Bright (2008) study introduces another form of trauma called interspersal trauma, which is defined as “acts of sexual, physical, and psychological violence perpetrated by family members and or by strangers in the community” (p. 373).

**Symptoms of Trauma.** Trauma has numerous symptoms. Research from The National Council for Behavioral Health (2013) identifies them as:

- Headaches, backaches, stomachaches
- Sudden sweating and/or heart palpitations
- Changes in sleep patterns, appetite, interest in sex
- Constipation or diarrhea
- Easily startled by noises or unexpected touch
- More susceptible to colds and illnesses
- Increased use of alcohol or drugs and/or overeating
- Fear, depression, anxiety

- Outburst of anger or rage
- Emotional swings
- Nightmares and flashbacks-re-experiencing the trauma
- Tendency to isolate oneself or feeling of detachment
- Difficulty trusting and/or feelings of betrayal
- Self-blame, survivor guilt, or shame
- Diminished interest in everyday activities

**Effects of Trauma.** Not only does trauma have numerous symptoms but it also has a myriad of effects on the lives of individuals (Blakey and Hatcher, 2013). Blakey and Hatcher (2013) documented that woman who have a background of trauma are at risk for a variety of emotional health issues including anxiety, panic attacks, clinical depression, emotional instability, bipolar disorders, schizophrenia, somatization, compulsive eating, and post-traumatic stress disorder (PTSD). Women may experience problems with interpersonal relationships because trauma impacts their capacity to develop trustworthy relationships. Trauma can impact parenting, which prohibits many mothers from being loving and nurturing toward their children.

Van Hook's (2016) research found that trauma influences the mind, body, and emotions collectively. The body is impacted in several ways including: physical damage, the body revisits the trauma, the body loses a sense of its essence, hormones in the body are imbalanced and tensed, the trauma have a neurobiological impact cognitively, emotionally, and socially. The author noted as it pertains to cognition, trauma affects a person's feelings of safety, their optimistic value of self, and the meaningful order of creation. Emotionally trauma causes one to feel vulnerable, apprehensive, hopeless, stressed, emotionless, or experience a flight-or-fight reaction. Roberts (2019) found that adverse childhood experiences impact one's health that

occurs from birth to 18 years old. The health problems associated with adverse childhood trauma consists of heart and lung diseases, cancer, autoimmune sickness namely diabetes. Research has shown over the past 20 years that childhood trauma is increasing at a high level, and that the impact of adverse experiences produces negative health and physiological consequences (Levenson & Grady 2016).

### **Rationale & Significance of the Study**

This study on the role of Spirituality in the lives of African American women who has experienced trauma could have significance for mental health professionals, counselors, and pastors in their approach of counseling, therapy, and ministering. Having good mental health is a significant quality in a person's overall wellbeing. Mental illness impacts one's welfare, personal relationships, family, and a person's capacity to engage in society (Holden et al., 2017). In the United States depression and mental illness is one of the most common of mental disorders and African American women are often known as a group with higher risk for mental illness (Holden et al., 2017). This study can contribute to the increasing body of literature covering the benefits that are associated with spirituality, yet there is more research that can be done that examine the ways trauma patients use spirituality to facilitate their healing process.

According to Blakey (2016) African American women experience various forms of hardship in their lives and have relied profoundly on their relationship with God, their spirituality, and faith to overcome their oppressions. Specifically, African American women encounter disproportionately greater levels of trauma in comparison to Caucasian women (Blakey, 2016). Although, other women have found it useful to cope with trauma through alcohol, drug abuse, and self-infliction, Blakey emphasized the positive impact that woman with histories of trauma used to cope and found significance in employing spiritual practices in their



lives consisting of praying, meditating, revering God and other means of spirituality (Blakey, 2016)

### **Purpose of Study**

The purpose of this qualitative study is to examine the role of spirituality in the lives of African American women who have experienced trauma. Consistent throughout the literature (Ahrens et al., 2009; Blakey, 2016; Brownley et al. 2015; de Castella and Simmonds 2013; Denney et al.'s 2011; Hooks, 2003; Paranjape and Kaslow 2010; Potter's 2007; Staton-Tindall et al. 2013; Stevens-Watkins et al., 2014; Stringer 2009; Van Hooks 2016; Washington et al. 2009; Yick, 2008) is when African American women came to the realization of their vulnerabilities and hardships, spirituality offered solutions, a sense of control, and healing for them.

Spirituality contributes to both resilience and healing. Spirituality can help one heal emotionally even when they cannot undo traumatic experiences. This study examines the role of spirituality in the many traumas of African American women including racism, domestic violence, divorce, separation, dysfunctional childhood, physical and mental abuse, other forms of abuse, witnessing murder or suicide, traumatic childbearing, economic hardships, and childhood adversity (Van Hook, 2016).

### **Theoretical Framework**

The theoretical framework used in this study is Hodge's (2000) Spirituality Theoretical Framework. Hodge believed that the seven pathways of spirituality involved healing and change. This framework aligns with non-denominational Christian concepts and views based upon the bible. According to Nelson (1986) Christianity is based on the death, burial, and resurrection of Jesus Christ which makes salvation available to all mankind. In addition, Christianity is beyond a creed or religion, it is a lifestyle for anyone who accept Jesus Christ as their Lord and Savior.

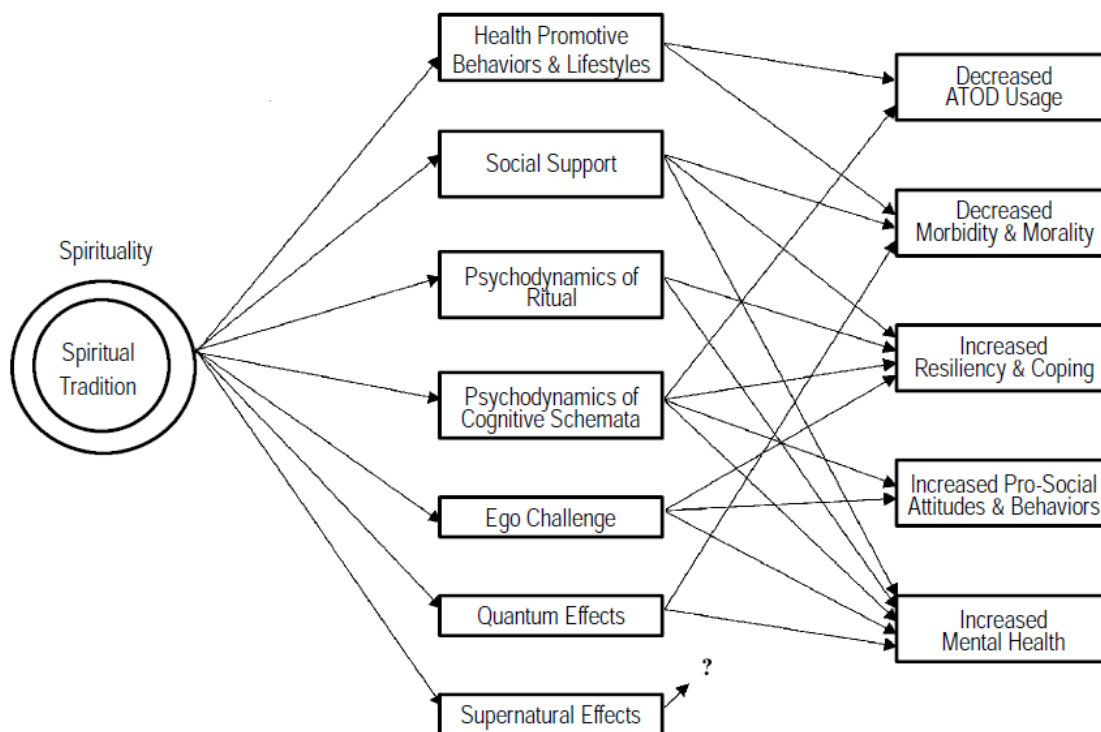
Each of Hodge's seven principles intersect with other studies and will be expounded upon further in this research. Hodge's Theoretical Framework was developed using seven processes including:

1. **Health promotive behaviors and lifestyles.** Spirituality fosters healthy behavior and living. As one aspires to increase their relationship with Jesus Christ, their lifestyle produces positive results and decreases morbidity, drug abuse, and destruction.
2. **Social support.** Spirituality promotes a sense of community in that one may meet with a spiritual leader, small group, church assemblies, and faith communities.
3. **Psychodynamics of Ritual.** Spiritual practices that consist of reading the bible, praying to God, meditation, Holy Communion, and other spiritual rituals. These customs whether private or public help defeat anxiety and isolation. Additionally, these standards foster security and produce feelings of love and esteem.
4. **Psychodynamics of Cognitive Schemata.** This pathway is associated with one's mental health, attitude, and behaviors. In addition, this principle facilitates resilience.
5. **Ego challenge.** Is about developing oneself in the image of God.
6. **Quantum Effects.** This pathway suggests that prayer and a healing touch produces wellbeing.
7. **Supernatural Effects.** Having a relationship with God through prayer promotes consolation.

Figure 1 offers a foundation for examining practice and implications in research. This theoretical framework can be useful to practitioners in identifying the strength of one's spirituality when addressing their traumas and problems.

**Figure 1**

*The Relationship Between Discrete Pathways and Mediating Outcomes*



*Note.* From “Spirituality: Towards a theoretical framework” by D. R. Hodge, 2000, *Social Thought*, 19(4), pp. 1–20. (<https://doi.org/10.1080/15426432.2000.9960271>). Copyright of [Social Thought](#) is the property of Haworth Press.

Other studies examined the pathways to spirituality. Whitehead’s (2018) findings are consistent with pathway one, health promotive behaviors and lifestyles, pointing out that many from the generation of the older adult population characterizes spirituality, religion, and faith as the main factors of their lives that help them successfully cope with the stressors they encounter. In addition, Whitehead (2018) noted that spirituality promoted healthy behaviors and lifestyles,

particularly, an increase in physical activity, healthy eating habits, low smoking and drinking, and better control of prescribed mental health care practices.

Watlington et al. (2006) and Whitehead (2018) noted that spirituality plays a significant role in the lives of African American women. Their studies are consistent with pathway two, indicating that social support and being involved in a local church is a platform to promote a sense of community, offers role models who are positive, and provides an opportunity for them to share their experiences and find a new identity in Christ.

Lynn et al.'s (2014) study incorporated pathway three, spiritual rituals, examining the role that spirituality plays in the lives of African American women who suffer from breast cancer. For many African American women, being involved in a local church is the cornerstone of their lives, for it allows them to commune with the divine. The authors indicated in their study that most of the women identified employing communion and spiritual practices including a) attending church service b) encouragement through the prayers of other believers c) comfort in reading Bible scriptures, which helped them "have faith in God" during the various challenges they encountered dealing with the diagnosis of cancer. This study allowed clinicians with an understanding of spiritual practices among diverse populations and the significance of introducing their patients to spiritual resources and support.

Hodge (2000) indicated that pathway four, psychodynamics of cognitive schemata, has been used as a curative and protective property to overcome despair and has superior outcomes. In Northcut's (2000) study, clinicians came to an awareness of empowering their patients to employ their spiritual resources that included psychodynamics effects. Clinicians were able to assist their clients more effectively in increasing their strengths and reducing their hardships through providing understanding and drawing on the psychodynamic theories.

Hodge (2000) specified that the fifth mechanism is associated with augmented mental health, coping skills, resilience, pro-social conduct, and beliefs. Goldstein's (1995) study found that in using the fifth mechanism of the Spirituality Framework, a deep assessment of self is essential in ego adjusting interventions and is promoted in various spiritual rituals. In addition, ego supportive interventions strengthen one's growing behavior and uplifts ego weakness related to building up oneself as a person formed in the image of God (Hodge, 2000).

Ellison and Levin (1998) study focus on quantum effects and its association with the efficacy of prayer and spiritual healing. The authors reported that religious practices involving prayer, meditation, and quantum effects produce better quality of life.

Byrd (1998) study reported that supernatural effects involve the spiritual practice of intercessory prayer to God. Byrd indicated that intercessory prayer is a form therapy and produces healing, recovery, and mental well-being in one's life. People who experienced sickness and pain cried out to God for healing and help through intercessory prayer Byrd (1998).

### **Research Questions**

Listed below are the research questions that will lead this qualitative research study:

**RQ1.** How does early childhood trauma affect African American women into their adulthood?

**RQ2.** What role does spirituality play in the healing and recovery process of African American women who have experienced trauma?

### **Definition of Terms**

For this study and to assist in its discussion, key terms were defined.

*Active faith.* involves assisting women to learn how to rely on their faith in God instead of turning to other means, such as, substance abuse or unhealthy relationships (Blakey, 2016).

*Adverse childhood experiences.* ACEs are a series of negative childhood adverse experiences that transpires before the age of 18 years old, consisting of some kind of abuse, trauma, and a dysfunctional home (Tsuyuki et al. 2019).

*African American Christian Church.* Known as the headquarters of African American communities, serving as a venue for schools, social services, provisions for the poor, and spiritual growth. The Black church is the main foundation for African Americans that hold the role of spreading the gospel through evangelism and educating and equipping believers to implement the teachings of faith into their lives Stringer (2009).

*Christian:* A follower of Jesus Christ (Nelson, 1986).

*Faith.* Believing and having a hopeful view about God, having assurance of His purpose for one's life. Faith is a component of the Christian life and is the vehicle in which salvation is received (Nelson, 1986).

*Healing.* is the passage of healthy or having the means to adapt and recoup from failure Van Hook (2016) as cited in (Walsh, 1999).

*Holy Bible.* A collection of Holy books, acknowledged in the Christian church inspired by God, offering direction for faith and behavior (Nelson, 1986).

*Mental Health.* is mental, psychological, and interpersonal wellness. One's mental health determines belief system, feelings, dealings with others, and the ability to make sound decisions, which is significant at every level in life, from childhood, youth, and adulthood (Centers for Disease Control and Prevention, 2018).

*Mental Illness.* attributes that impact one's attitude, emotions, temperament, actions, namely, depression, anxiety, bipolar condition, or schizophrenia. These situations can happen

rarely or can be long-term (chronic), impacting the way one respond to others and their capacity to function daily (Centers for Disease Control and Prevention, 2018).

*Prayer.* Communicating with God. All can pray to God because He is personal (Nelson, 1986).

*Resilience.* refers to the ability to defeat hardship, to effectively manage adverse life circumstances, trauma, distress, and uncertainties, (van Wormer, 2011).

*Spirituality.* Refers to a belief in a higher power that is greater than oneself involving a trusting relationship that fosters hope and meaning in life (Bore et al. 2012).

*Spiritual coping.* Involves using faith and spirituality in God to find a sense of peace, meaning and support in managing what happened to the women. It is one of the few coping skills used by those who have experienced trauma (Blakey, 2016).

*Trauma.* an event, set of occurrences, or a series of crisis encountered by a person physically, emotionally destructive or endangering to life with negative effects on the person's functioning, mentally, socially, spiritually, physically, and emotionally (SAMHSA, 2014).

*Trauma informed care.* is the practice of prevention and early intervention in families that are exposed to various traumas in life or who are at risk for ACE (Adverse Childhood Experiences) by providing recovery and resilience care (Levenson & Grady, 2016).

### **Subjectivity & Researcher Positionality**

This research is personal and professional to the author of this study. The researcher has ministered to African American women who has experienced adverse trauma in prison, juvenile delinquent facilities, and in many churches for more than 20 years. In addition, the author worked in public education for ten years and had many conversations with the students' mothers who encountered trauma.

Currently, the researcher is an elder in her local church and attend women's small group meetings where trauma is a prominent subject that is discussed. In addition, the researcher assists low-income older adults enroll in the SNAP (supplemental nutrition assistance program) formerly known as the food stamp program apply and recertify for food stamps. Many of the recipients that the researcher assist are African American women who share their stories about trauma. According to Stringer (2009), as cited by (Taylor et. al 2004), spirituality and the church has long been identified as pillars in the families and societies of African Americans. In addition, African American women have relied strongly on their spiritual practices as the primary element to heal and recover from their adversities.

In conducting a study on the lived experiences of African American women who has experienced adverse trauma, I had to be considerate of my own personal and professional biases because of my strong faith in God and my spiritual practices, therefore, I was intentional in keeping an authentic perspective and objectivity while completing this study. To mitigate potential biases the researcher focused on the data collected from the interviews, rather than using her own interpretations. It was important to me as, the researcher, to dismiss any assumptions, beliefs, and opinions that could cause any researcher bias in this study.



## Chapter II. Literature Review

The purpose of this study is to examine the impact of adverse childhood experiences in adulthood and how African American women trust their spirituality and faith as their means to heal and overcome the traumatic events they faced.

African American women are gripped by various grievous social problems, which includes; poverty, abuse, rape, stress, spousal misuse, drug abuse, HIV/AIDS, alcoholism, racism, domestic violence, and incestuous encounters Brownley et al. (2015). Research is readily available in regard to the disproportion of African American women experiencing high levels of trauma compared to other ethnic groups. Despite the vast amount of African American women who suffered trauma, identified in this study, these women beat the odds of their insurmountable experiences by using their spirituality and faith in God as their main source of healing and recovery.

This study focused on African American women who have experienced early childhood trauma, the impact of trauma in their lives, and how they use their spirituality to overcome, cope, and heal. Knowledge garnered through their experiences addressed the research questions in this study. In addition, the research explored childhood trauma and Adverse Childhood Experiences (ACEs), the relationship between trauma and African American women and the relationship between Spirituality and African American women.

The research questions this literature review will examine are as follows:

1. How does early childhood trauma affect African American women into adulthood?
2. What role does spirituality play in the healing and recovery process of African American women who have experienced trauma?

## **Early Childhood Trauma**

Cognitive and physical trauma can have deep-rooted implications on development and wellness through one's life. Given that traumatic experiences happen at essential stages of growth mentally and socially, the impact can continue into adulthood (Greenberg et al., 2018) generally, when a child is exposed to traumatic events such as negligence, some form of abuse, enduring a natural disaster, losing a loved one, and terrorism, this can be clearly defined as childhood trauma. Childhood experiences by definition are any prior to 18 years old (Lake, 2016).

Scheidell et al.'s (2018) qualitative study examined from a national level the association among childhood traumatic experiences and drug intake. In a setting in the United States, secondary data analysis was conducted using the National Longitudinal Study of Adolescent to Adult Health. Participants represented a sample of people from grades 7-12 (ages 11-21 years old) from 1994-95, who were later interviewed a second time in their adulthood (2001-02; between 18-28 years old) and adulthood (2007-08 ages 24-34). The researchers believe that traumatic impact expands well into adulthood. Half of the participants were female which included 16.0% African American women, 15% met the guideline of poverty during childhood and adulthood. The study concluded that childhood trauma is common in the United States and is highly correlated with marijuana and cocaine use during their course of life.

Jansen et al. (2016) analyzed the pervasiveness of childhood trauma and the role it plays in mood disorders among adolescents using a population-based sample. Information was collected on the history of family disorders to determine that childhood trauma was an intervention element that reveals the correlation between family background of mood disorder and mood disorder in one's adult life. A cross-sectional study was conducted consisting of

adolescents living with bipolar, clinical depression, and family background of mood problems. The Childhood Trauma Questionnaire (CTQ) was employed, which is a self-report tool containing 28 explanations targeting adverse childhood experiences among youth and adults. The Hicks and Tingley implementation is another tool that was used that tested and retrieved errors in determining if trauma is a true facilitator effecting mood conditions in the participants' family histories. Results from this study revealed that various kinds of trauma were connected to manic depression and bipolar disability, except for sexual abuse, which was solely related to bipolar illness.

Dervishi et al. (2019) conducted a similar study and sought to investigate early trauma encounters that are associated to physical, mental, and sexual abuse, neglect physically and mentally and how these traumas are connected to depression warning signs in adulthood. This study found early childhood trauma has a major influence on mental regulation in a plethora of emotional health dysfunctions, namely clinical depression and personality disorder. A sample of 331 undergraduates from the University of Tirana, in Tirana, Albania, participated by receiving an online questionnaire. The ages of the students who participated in this study ranged from 18 years of age to the maximum of 32 years old. A majority of participants in this study were female, which merits consideration about the influence of gender on this topic. The Childhood Trauma Questionnaire (CTQ), which is a self-report tool consisting of 28 observations targeting adverse childhood experiences among youth and adults, and The Beck Depression Inventory (BDI), which is self-report instrument with 21 observations targeting at assessing depression symptoms, were both employed for this study and the researchers' analyzed data by applying the statistical program SPSS 22. The results identified a correlation between early life trauma and depression signs in adulthood. Another important finding from this study was the connection of

childhood distress causing a person to have feelings of punishment and thoughts of committing suicide in their adult life.

Surtees et al.'s (2003) study is believed to be the first in analyzing the link between early childhood adverse experiences and the levels of immune significance in adulthood with health risk outcomes of heart conditions and cancer. The researchers took a comprehensive look at epidemiological studies over the past 20 years and found that there is a connection between subjection of health disorders in adulthood and early adverse experiences. EPIC-Norfolk subscribed participants from 1993-1997, 30,414 men and women (then) from the ages of 40-74 years old located in East Anglia, UK. Participants completed a baseline questionnaire survey. The researchers detected a positive and strong relation for lymphocyte counts, which are the measuring of a complete blood test in the body where good levels help fight off disease and infections. Two health checks were administered examining adverse experiences involving questions related to: separation from mother, parental divorce, parental occupation problems, experience of frightening events, separation from home, parental drinking/drug issues, and physical abuse. The collected data identified physical abuse as the dominant factor to lymphocyte association. In addition, the study showed lymphocyte association as being consistent across the overall scope of individual childhood trauma.

In another study conducted by Storr et al. (2009), the trajectories of children with complex behavior issues were observed by teachers. Students were evaluated at six accounts between the early ages of 6 and 11, which determined the likelihood of participants becoming susceptible to distressful incidences and posttraumatic stress disorder (PTSD). A majority of the participants in this study were African Americans (71%) and the children of women who had been exposed to trauma in their life. The findings from the six assessments identified males in

their primary years of school, which demonstrated high disruptive behavior and aggression were at a higher risk for PTSD-level trauma trajectories.

There are well-documented studies on childhood trauma and Adverse Childhood Experiences addressing their negative effects, however, Greenberg et al. (2018) sheds light on a different perspective, by authenticating emerging evidence that posttraumatic growth can increase from adversity in the areas of compassion and social practices. This study presents important findings regarding recovery and resilience after trauma has occurred in one's life, stating trauma can facilitate development and transformation. The purpose of this study was to examine how childhood trauma exposure connected empathy stages in adulthood. The researchers referred to empathy as having the capacity to identify a person's beliefs and feelings, and to address them in an appropriate manner. To address the purpose of this study the researchers conducted two assessments. In Study 1, the participants were requested to complete the Empathy Quotient (EQ) and to report if they had a background of childhood trauma. For Study 2, the researchers ordered an independent sample for participants to complete using an empathy measure called the Interpersonal Reactivity Index (IRI). A revised edition of the Childhood Traumatic Events Scale was utilized by all participants. The findings in this study were from multiple samples and measures substantiating an average of adults who testified that their childhood trauma had elevated levels in contrast to participants that had not encountered childhood adversity.

### **Trauma and African American Women**

Research on trauma reveals that it is prominent among women of color. Specifically, African American pregnant women are inclined to trauma exposure and posttraumatic stress disorder symptoms. African American women encounter disproportionately greater incidences of

trauma than their Caucasian counterparts (Ahrens et al. 2009; Blakey, 2016; Hooks, 2003; Stevens-Watkins et al., 2014; Yick, 2008). Blakey and Hatcher (2013) further noted that most of the research that analyzed racial comparisons in trauma exposure concentrated on the difference among African American and White females, with African American women encountering violence and sexual childhood abuse more frequently than White women.

A study by Seng et al. (2011) focused on the effects of trauma during childbearing. A comparative analysis of cross-sectional data was administered. Interviews were completed with eligible women who responded to obstetric health care providers who located them through their intake patient history clinical consultations. The women were asked to participate in a telephone survey to discuss, trauma history, their feelings, and pregnancy. This study documented that posttraumatic stress disorder can possibly impact African American women at a greater level than other races, due to elements such as trauma exposure and the lack of resources for care. The women were divided in two groups: women of color and non-African American women. This study used various measures that comprised of: the Life Stressor Checklist, the National Women's Study PTSD modules (NWS-PTSD), the CDC (2018) Pregnancy risk Assessment Monitoring System (PRAMS), and the Composite International Diagnostic Interview. The 709 African American women that were examined attained greater trauma history, posttraumatic disorder signs and prognosis, comorbidity, and childbearing substance abuse. Additionally, these women received less emotional health care than the 868 non-African Americans. Finally, the pervasiveness of posttraumatic stress disorder (PTSD) was four times greater among colored women due to higher trauma experiences.

Another study conducted by Dailey et al. (2011) asserted that there is no empirical study that has assessed the lifetime exposure of trauma in pregnant African American women;

therefore, the goal of this study was to evaluate the exposure of lifetime trauma surrounding maternal health. The life course perception was employed as the theoretical foundation in this research and is developing significantly as a framework, conceptualizing how various experiences and life expectancies can present existing gaps in prenatal care. An exploratory study was conducted by recruiting 116 pregnant African American women. In an effort to determine the women's experiences with trauma, the researcher completed the Trauma History Questionnaire (THQ), which is directory of 23 possible trauma events that reports a series of experiences containing crime, physical and sexual abuse, disasters, and personal traumas. The results showed a high level of exposure to trauma in their lifetime. Furthermore, findings showed crime-related incidences were common, including homicides, thefts, home break-ins and assaults with weapons. Lastly, there was a significant connection between lifespan trauma experiences and depression, anxiety, and stress.

There is a correlation between experiences of trauma, extensive physical and emotional health, violence, and abuse, in the lives of female prostitutes, based on the research of Ward and Roe-Sepowitz (2009). The scholars employed a quasi-experimental research design. Twenty-nine women were split between two groups: a prison group and a community group. Both groups employed a 12-week intervention called Esuba. The Esuba program was created to provide education on the impact of abuse while engaging conversation and exchanging experiences to begin the process for healing. The Esuba program goals are to establish a trust-based setting, where women can address and resolve their trauma related issues. Two instruments were used to collect data, the Trauma Symptom Inventory (TSI) a 100-item, instrument that is valid, reliable and standardized, comprising of 10 clinical subscales and the Esuba survey, which is a, 48-question, qualitative survey, comprising of inquiries specific to demographics, family

background, health, substance abuse, conduct, and criminal history. In the spring of 2006, in two different States, data were gathered from both groups during the same time frame. The results indicated that both groups identified as having accounts of high traumatic upbringings, including physical, mental, sexual abuse and witnessing domestic violence. This study's findings validate the value of trauma treatment programs for prostitutes and identified significant effects for clinical practice. The researchers recommended that mental health suppliers consider addressing prostitute women from prisons and the community with trauma related issues as part of their treatment plans. There were several limitations in this study, and it was documented that there are various programs for women prostitutes in the United States, yet the need is great in effective outcomes to determine if these programs are affecting change in the women's lives.

Flemke (2009) examined the impact of unresolved trauma in the lives of women. In this qualitative study, the author was concerned with the triggers resulting in anger that the women displayed towards their companions. Participants in this study completed a demographic questionnaire that met the requirements for showing rage towards their intimate partners. The sample consisted of 37 incarcerated women who completed intensive interviews, discussing rage toward their partners. Twenty of the women were African American. The research sought to engage women who suffered silently. This study pointed out that unresolved trauma in one's upbringing is closely related to present stages of rage in adulthood, particularly the kinds of trauma relating to physical and sexual abuse, feelings of insecurity by a caregiver, and witnessing domestic violence in the homes. Intimate partner violence (IPV) is "a complex, multi-faceted sociological issue that crosses all demographic barriers, including race, class, religion, and gender" (Flemke 2009, p.123). The data found present experiences that these women considered as triggers which caused them to feel rage. The triggers included defending



themselves and their loved ones, self-defense, emotional pain and abuse. In addition, the study found that rage is connected to past traumas. As a result, these triggers of rage and negative emotions led to intimate partner violence. The author believes that during the time the women felt rage, it is possible that the feelings prompted were due to their past trauma experiences. Because of the untreated trauma the women were susceptible to triggers that unfolded at unexpected times, causing them to relive the trauma all over again. This qualitative study offered access to clinical treatment for women who reported rage towards their intimate partners. However, it was observed that more research should be done in an effort to identify women's rage as it relates to past trauma.

Kapoor et al. (2018) offered a similar perspective on Intimate Partner Violence (IPV) in conjunction with attempted suicide among African American females caused by childhood abuse. The main theoretical premise behind this study was the need to analyze suicide resilience and intrapersonal strength in African Americans. In this cross-sectional scholarship, the researchers address the assumptions that childhood abuse will have on adverse influence relating to suicide resilience and intrapersonal strength. Childhood adversity is a social issue that has a negative impact on numerous families. Data collected in this research was from 121 self-identified disadvantaged African American women, ranging in ages from 18 to 57, who disclosed their experiences with attempted suicide and intimate partner violence. An estimate of 42% noted their relationship status as single/never married, 82.1% were not employed, 43.4% did not finish high school, and 60% did not have health coverage. The results from this study reported that childhood abuse adversely affects cognitive strength and the ability to stand against suicide, but self-efficacy and spirituality are both protective functions in fostering suicide resilience and resolving childhood abuse.

Substance abuse impacts African American women progressively and trauma plays a significant role in that process. Brownley et al. (2015) conducted a phenomenological study and found that women of color are plagued by a myriad of social obstacles, which takes a toll on them. Brownley et al. (2015) noted that research is expanding on the severe constitution of substance abuse and further notes that the use of intravenous drugs, crack cocaine, and alcoholism are major problems of African American women. The study reports that a considerable number of women with a record of substance abuse have family members who are also drug users. To make matters worse, substance abuse stimulates low self-esteem and holds the women in bondage of defeat and despondency. This research documented that majority of the women faced physical or sexual trauma. The data collection in this study was conducted over a 12-month period with face-to-face audiotaped interviews. Fifteen African American women participated in the research, and most were raised in northeastern United States. A major component that was identified throughout the interviews was the devastating background of abuse, negligence, and rejection. Despite the fact, substance abuse in this literature is presented as a ramification for these experiences, in this same study, African American women felt unfavorable for being vulnerable, had low self-esteem, and lacked standards in abusing substances (Berry et al., 1994). It is clear that use of substance abuse is emerging in women of color, yet this study suggests a need for further research on African American women who overcome domestic violence and other traumas that did retreat to drug abuse.

Periyanyagam et al.'s (2012) research focused on the relationship between urban female trauma victims and assault. The scholarship defined assault as being any bodily attack with another individual without their approval. The data used in this study was from the Illinois Department of Public Health Trauma registry, which is a state-wide, required documenting

procedure that constitutes anonymous statistics on trauma patients from all of the trauma institutions in Illinois. The time frame was from 1999-2003 and 26,602 female survivors were classified. While other races were examined, it is evident that African American women represent a significant percentage of the assaulted females at 64.3%. This study found that these women disproportionately used alcohol and drugs, and did not have insurance, which increases the likelihood of more assaults in the future. The study showed a gap in specifying protective factors for females who have been victims of assault, which continues to be an unidentified concern of research.

Washington et al.'s (2009) study concluded a significant link between trauma and homelessness African American women. Qualitative interviews were employed to highlight the purpose of faith and spirituality as tools to assist the women in staying out of homelessness. Eighty-four African American women joined in this comparative thematic examination of expository illustrations. In this study five dynamics of faith and spirituality was documented:

- 1) Identity and beliefs-each woman had a distinct identity.
- 2) Affiliation and membership-some women were connected to an affiliation, and some were not, however, this dimension suggests community.
- 3) Involvement-women using their faith as a way to stay engaged in activities that develops a healthy life.
- 4) Practices-the idea of daily expressing their faith.
- 5) Benefits- a logical way to evaluate the essence of faith and spirituality among participants.

The study found that the women of color employed their spiritual resources effectively in coping with the pressures of homelessness, their obstacles in coming out of homelessness, and the various traumas they encountered because of living homeless.

## **Spirituality and African American Women**

There are many concepts that characterizes spirituality. de Castella and Simmonds (2013) defined spirituality as a longing within one's life for meaning, which is higher than the total being of an individual, it comprises of a yearning for what is sacred, in God, heavenly beings, or divine authenticity. Participants in this qualitative study who survived trauma reported encountering positive transformation in their mindset, social interactions, beliefs in life, and positive changes spiritually. The goal of this research was to explore phenomenological narratives of spiritual and posttraumatic growth (PTG) of women who experienced various forms of trauma. Semi-structured interviews were conducted with ten African American women who self-identified as Christian. A brief summation for each respondent was provided to offer a context in understanding their distinct journeys. An important component that was identified with each participant's spirituality and growth, is their deep personal relationship with God. In their narratives, most of the women revealed that their relationship with God brought them comfort and healing during the times they encountered intense difficulty (de Castella and Simmonds, 2013).

Van Hooks (2016) defined spirituality as encompassing a person's passion for meaning, standards, and relationship with the divine and the world that they engage. This study highlights the role of spirituality in helping individuals cope with trauma and addresses how spirituality can contribute to resiliency, meaning it enables one to bounce back from tough life circumstances. In addition, it is noted in this research the impact that trauma have on our integrated system including the mind, body, and emotions. Trauma affects each of these systems differently and disrupts their functions. Trauma causes lasting health, behavior, and social issues in the body. Trauma influences the cognitive processes by fragmenting the memory, causing one to see the

world as an unsafe place, inhibiting trust in people and God, and impacting one's sense of meaning. Trauma causes one to experience emotional responses, such as, fear or threat, a sense of helplessness and agitation, numbness, and flight/fight responses (Van Hooks, 2016). Despite the fact that there is a plethora of responses listed, this research connected trauma with increasing spirituality and identifying it as a catalyst for growth (Van Hooks, 2016).

Stringer (2009) pointed out that spirituality is a subject that is often neglected to be explored by researchers and defined it widely interpreted as a personal pursuit for solutions to critical questions about life, significance, and related to the divine, which is often emotional and led from within. The study is based upon audio-taped and transcribed focused groups consisting of 15 African American mothers who served time in maximum-security penitentiary, away from their children. These mothers were traumatized by being separated from their children. Prison officials reported that religious and faith-based activities are prevalent and highly embraced, which reduces recidivism. In addition, it is specified that the Black Church and spirituality are known in the African American population to help contend with personal traumatic experiences (Stringer, 2009). In this study, the most salient goal is to understand the role of spirituality among incarcerated black women. To endure the tension and stay hopeful of mothering while in jail, the women employed prayer and concept of keeping the faith. Prayer is an essential spiritual activity and faith is putting one's trust in God despite any condition encountered. Overall, this study found that spirituality is the source of strength and have major benefits for incarcerated black mothers (Stringer, 2009).

Denney et al.'s (2011) qualitative study describes spirituality as a subject among researchers that is controversial, denoting that spiritual growth can be affected, due to weakening one's faith when diagnosed with life threatening ailments such as, cancer. The goal of the study

was to examine the lived experiences of posttraumatic spiritual development among those who survived cancer. Three mini-focus groups were employed. The goal of the min-focused groups was to improve the interview criteria and to cover the nuances of subjects associated to posttraumatic spiritual development. The research question in this study was: “How does surviving cancer impact the spiritual growth of survivors?” (Denney et al.’s, 2011). A sample of 13 participants were employed for this study. The instruments used were a demographic questionnaire and a semi-structured interview criteria. The questionnaire was used to ensure that the participants were actual cancer survivors, and the interview protocol was implemented as a template for administering interviews. Findings of this study, according to the reports of the participants, denotes that their growth spiritually was increased by accepting their circumstance and totally allowing God to control their lives. Although a sense of fear of death was experienced, participants reported God provided freedom from fear and a profound sense of divine peace and inward serenity. In addition, living with cancer improved their prayer life, causing them to encounter more vitality in their prayers. An increase of support was received from family, friends, and people in their community. Several participants believed that God used their experience of cancer as a sense of purpose and a way to share with others, giving them a testimony of what God done for them. Last, their experiences with cancer increased the spirituality of their family and friends (Denney et al.’s, 2011).

Washington et al. (2009) conducted a qualitative study which described faith and spirituality as being key in mitigating the effects of suppression, poverty, and inequality among homeless African American women. These instruments can be practiced through songs of inspiration, devotion, prayer, and witnessing, in which all contest against the adverse influence of oppression and lack, in addition, they change one’s perspective, feelings, and behavior

producing hope and support. Interviews were conducted in this study for 84 black women. The researchers employed the five dimensions of faith and spirituality as resources to fortify stress, help with coping, and maintain motivation, including: a) individuality and beliefs, b) community and fellowship, c) participation, d) practices, e) benefits. Additionally, the Faith and Spirituality Resource Questionnaire (FSRQ) instrument which is a 19-item 4-Likert type response plan was used in conjunction with the five dimensions of faith to validate that faith and spirituality strengthens the lives of the homeless African American women.

African American women have trusted their spirituality, faith, and intimate relationship with God to face their appalling experiences, namely, trauma, rape, domestic violence, oppression, and racial discrimination, (Blakey, 2016). Spirituality is a central part of the daily lifestyles of numerous African American women, and they receive a great amount of contentment and consolation from their devotional customs and belief in God (Ahrens et al., 2009; Blakey, 2016, Hooks, 2003; Stevens-Watkins et al., 2014; Yick, 2008).

There is a high interest in spirituality and its function in supporting people with histories of trauma and substance abuse heal. According to Blakey (2016), spirituality is an authentic survival technique that trauma sufferers found to foster recovery. A case study method was employed and a sample of 26 African American women participants were studied who had backgrounds of substance-abuse in Midwestern inner-city participated in the research. The participants ages was from 19 to 43 years ( $M=36$  years old) and the methods consisted of interviews and document analysis (Blakey, 2016). Although, findings from this study indicated all 26 participants experienced two or more traumatic events and data analysis verified that women with a past of trauma and substance abuse practiced spiritual treatment and active faith to foster healing and recovery, the researcher also noted that not all women want to establish and

cultivate a spiritual life. This study identified limitations and gaps pertaining to the relationship of trauma, spirituality, and African American women. It also notes the need for more research to examine ways trauma patients use spirituality through their restoration process.

Staton-Tindall et al. (2013) offered a similar perspective on the connection between spirituality and trauma by characterizing it as a moderator of the relationship between traumatic lived experiences, emotional well-being, and drug abuse in a sample of women of color. The researchers expanded on the theory of spirituality as being gracefully woven into the African American heritage with the church fostering the spiritual cornerstone and nucleus of communities. Private interviews were conducted for 206 southern urban African American women with average age of 36, most were unmarried and had children. The Spiritual Well-Being Scale (SWBS) was used in this literature and is a standard 20 item instrument that assess the perspective on one's spiritual quality of life, the foundation of life's purpose and satisfaction. Findings from this literature revealed that spirituality is a salient construct among the African American population in general and serve as a protective function of trauma, mental health, and substance abuse (Staton-Tindall et al., 2013).

In Potter's (2007) qualitative study, African American women were prominent in practicing spirituality at high rates to cope with hardship and used spirituality as a stream of healing. Participants in this study were women of color who had past relationships with a spouse who was physically violent and abusive. A large portion of the women were enlisted from a billboard in a monthly newspaper in Denver, Colorado, while others subscribed from an advertisement posted outside a crime justice division, and the remainder culminated from snowball sampling from a newspaper broadcast. Interviews were conducted with women ages 18 to 59. The majority were raised in impoverished families and were associated with a Christian



institution. Through the findings of this study, it was divulged that most of these women grew up in Christian faith and had a sFigure spiritual foundation throughout their adulthood even when they were not using a religion. Inversely, during the abuse the woman's practices of devotion became stagnant, due to their disappointment in the council they received from their pastors. This brings to the forefront the need for more effort and support in addressing women of color in abusive relationships (Potter, 2007).

Paranjape and Kaslow (2010) conducted a cross-sectional observational study on Family Violence (FV). Family violence is directly linked to poor health within the African American female population and is associated with socioeconomic status (SES), transportation, housing, access to resources, and prejudices, along with other relational and environmental pressures. The researchers brought to the forefront spirituality and social support as determinants the health of women of color and emphasized spirituality as a valued cultural practice known to be a protective factor of FV survivors. Spirituality and social support can strengthen the health of these women and potentially minimizes adverse health outcomes in the future. Two hundred twelve women in the age range of 50 were interviewed in two inner city primary care units. Participants were given between \$10 and \$20 dollars at the completion of the interview and were presented resources for community agencies that provided provisions to women who experienced family violence. Data were collected using Family Violence in Older Women (FVOW) scale, a 29 self-report with categories that recognize the severity of trauma and violence, the Spiritual Well-Being Scale (SWBS) a 20-item scale that is reliable and valid, which identifies one's level of spirituality, Medical Outcomes of Social Support survey (MOSS) a 19-item scale that examines one's social support level, and Short Form-8 (SF-8), a valid and reliable tool with items that rate physical, mental and social health . The bivariate analyses found that

high levels of spiritual and social support were connected to high quality mental health. Statistics indicated that spirituality enhanced physical health.

Brownley et al. (2015) study explored the accounts of post-traumatic stress disorder (PTSD) among African American women living with human immunodeficiency virus HIV. The literature examined the connection among post-traumatic stress disorder (PTSD) traits with severe mental illness and religious coping strategies for the women who sought treatment at an inner-city community mental health facility. In this cross-sectional study, 235 African American women were recruited between years 2007 and 2011. During a 12-month mediation, the women completed an assessment and were paid \$20 dollars. The study indicated that in general treatment for mental health, spirituality is not a part of the therapy process. In addition, this can be a problem for black women since they are more likely to use spirituality as a coping mechanism and would desire to have their spiritual needs addressed as part of their treatment (Brownley et al., 2015). The Brief RCOPE was used to examine the religion of the women and their use of spiritual coping techniques. The instrument has fourteen items that are evaluated on a 4-point scale measuring the degree to which a person use a positive or negative coping technique, 0 being “not at all” and 3 being “a great deal” (Brownley et al., 2015). This research found that women meeting the guidelines for PTSD had a greater strain of trauma and were inclined to report signs of mental anguish and have more trust in negative spiritual coping strategies, which included self-blame and denial. The women who used positive spiritual coping methods had minimum mental distress.

### **Summary**

This literature review examined the influence of adverse childhood experiences in the adulthood of African American women who encountered various kinds of traumas and how they

used their spirituality as the chief component to overcome and heal from those traumas. Brownley et al. (2015) documents that African American woman are gripped by grievous social issues, comprising of intimate partner violence, rape, poverty, stress, abuse, drug abuse, alcoholism, HIV/AIDS, incest, and racism. In addition, this study highlighted that African American woman encounter higher levels of trauma at a greater level than any other ethnic women Brownley et al. (2015).

Research in this literature review addressed early childhood trauma, trauma and African American women, and Spirituality and African American women. According to researchers (Dervishi et al. 2019; Greenberg et al.; Jansen et al. 2016; Scheidell et al. 2018; Storr et al. 2009; Surtees et al. 2003) cognitive and physical traumas can cause deep-rooted problems on development and health throughout one's life, additionally, traumatic experiences expand well into the adulthood of the victim. Furthermore, the pervasiveness of being exposed to childhood trauma impacts the mood of an adult, in relation to them being depressed and can compromise their immune systems causing potential illnesses such as, heart disease and cancer. Therefore, childhood trauma leads to negative effects in one's adulthood; hence this literature presented significant findings of recovery, resilience, and healing. In addition, this literature review identified many kinds of traumas among black women and demonstrated that it is more prominent among them, that included a) trauma during childbearing, b) the impact of trauma among black female prostitutes, c) incarcerated black women and their exposure to trauma, d) intimate partner violence, attempted suicide and African American women, e) trauma leading the pathway to substance abuse and its impact on black females, f) African American women, trauma and assault, g) trauma and homeless black women. Many researchers in this literature review analyzed the fruitfulness and benefits of spirituality. In addition, many concepts and

definitions of spirituality were documented and many of the researchers were consistent in noting that spirituality is the most prominent intervention for restoring mental health, healing and wholeness among African American women who have experienced trauma. Findings in this literature also indicated that spirituality is a subject that is often neglected by researchers and there is a need for further research (Stringer, 2009)

### **Chapter III. Methodology**

The purpose of this study was to evaluate the impact of childhood trauma in adulthood and how African American women entrust their spirituality and faith as an important means to heal and recover. African American women are afflicted by various distressing social problems, which include scarcity, abuse, sexual assault, trauma, spousal misuse, substance abuse, sexual transmitted disease, alcoholism, racism, abusive relationships, and incest Brownley et al. (2015).

This chapter employed a qualitative approach using a phenomenological research method. Qualitative research was the suitable approach to explore, identify, and present the lived experiences of black women who use their spirituality to overcome, heal, and recover from adverse childhood experiences. This chapter presented the methodology and research design employed to address the research questions that were created using the seven pathways of spirituality selected from the Spirituality Theoretical Framework of Hodge (2000). This chapter also described the selection process of participants and sampling techniques, and ethical considerations, which included methods of consent, privacy, respect, and protection. Additionally, details of the data collection procedures and data analysis practices were described, which were central to qualitative research. The chapter concluded by discussing assumptions and trustworthiness.

#### **Research Questions**

This study sought to answer the following questions:

1. How does childhood trauma affect African American women into adulthood?
2. What role does spirituality play in the healing and recovery process of African American women who have experienced trauma?

## **Research Design and Qualitative Approach**

Bloomberg and Volpe (2012) indicated that qualitative research is a wide approach to the analysis of social phenomena, is practical, informative, and built on the lived experiences of individuals. Additionally, qualitative research is normally presented in a natural setting, focusing on context, and is emerging.

According to Creswell and Poth (2018) “a phenomenological study describes the common meaning for several individuals of their lived experiences of a concept or phenomenon” (p. 57). Manen (1990) defined phenomenological research as the study of lived experience and noted that “phenomenology aims at gaining a deeper understanding of the nature or meaning of our everyday experience” (p. 9). Fraenkel et al. (2016) noted that a researcher analyzing phenomenological commentary questions a variety of outcomes, or conceptions of, a specific phenomenon, in addition, the scholar expects to obtain some understanding into the life of the participants and to report their conceptualizations and responses. Phenomenology aligns with researching the role of spirituality in the lives of African American women who have experienced childhood trauma. The methodology was employed to identify commonalities in how black women identify and understand traumatic experiences.

Given consideration to the theoretical framework used in this study, the research questions, the qualitative research approach and the phenomenological method, the researcher used semi-structured interviews as the primary data collection method. Fraenkel et al. (2016) defined semi-structured interviewing as a structured interview, comprised of open-ended questions. Seidman (2013) indicated that an open-ended question allows for the researcher to explore during the interview and allows the participant autonomy to take any path they want during the discussion. Semi-structured interviews allowed the researcher to ask participants to

tell a story about their experience of adverse childhood trauma and the role of spirituality in helping them recover and heal, affording them to connect with a phenomenological approach.

Interviewing is a valuable instrument in this study, which allowed for a strong interest in understanding the stories of African American women and their lived experiences of adverse childhood trauma and the essence of their experiences (Seidman, 2013). Furthermore, interviewing was the best tool for this research, as it provided the researcher an opportunity to learn and understand the essence of lived experiences of African American women.

The researcher obtained IRB approval from the University of Findlay Spring of 2022. Interviews were scheduled and conducted based on the availability of participants. The women were interviewed through the means of a video platform, phone conferencing, or face-to-face. The researcher conducted all interviews within 60 to 90 minutes.

### **Participants and Sampling Technique**

Research indicates that trauma is salient among African American women, and they suffer undeservedly greater instances of trauma than their Caucasian counterparts (Ahrens et al. 2009; Blakey, 2016; Hooks, 2003; Stevens-Watkins et al., 2014; Yick, 2008). According to Blakey (2016), spirituality is a prominent method that trauma survivors employ to foster healing. It is well known that the Black Church and spirituality are significant within the African American community to assist with mitigating personal traumatic experiences (Stringer, 2009).

A purposeful sampling technique and the snowball method were employed for this study. Creswell and Poth (2018) stated that purposeful sampling is the principal sampling approach employed in qualitative research and further noted that the researcher chooses participants and the setting for research because they can purposely inform an awareness of the research topic and the main phenomenon in the examination. Fraenkel et al. (2016) documented that a researcher

who employs any form of qualitative research will more than likely choose purposive samples and selects a sample that will produce the greatest understanding for the study.

Merriam and Tisdell (2017) indicated, “purposeful sampling is based on the assumption that the investigator wants to discover, understand, and gain insight and therefore must select a sample from which the most can be learned” (p. 96). A purposeful sampling was useful in this study by allowing the researcher to gain the understanding and perceptions of ten African American women who had experienced one or more of the following traumas: (a) emotional or verbal abuse, (b) parental separation and divorce, (c) substance abuse by household member, (d) physical abuse, and witness to domestic violence, (e) household member with mental illness, (f) sexual abuse, (g) neglect, or (h) incarcerated household member. Participants are over 18 years of age and older. With respect to their experiences, it was useful to have brief prior conversations about their lived experiences of trauma outside of this study, which provided the researcher knowledge on who would be a most suitable for this study and a potential participant for an interview.

Merriam and Tisdell, (2017) noted a snowball method as one of the most common types of purposeful sampling in qualitative research and involves recruiting potential participants from involved participants. The snowball method “identifies cases of interest from people who know people who know what cases are information-rich” (Creswell & Poth, 2018, p. 159). Using purposeful sampling in this study involved identifying and choosing seven women from a local church in Toledo that met the criteria for interviewing. The researchers’ goal was to interview ten African American women as participants in this qualitative study. After each participant committed to an interview, a snowball method was implemented to recruit an additional three participants desired. The participants were asked to refer potential women who would be willing



to participate and satisfy the requirements for this study. The researcher continued the process of recruiting African American women participants through snowballing technique and until reaching saturation. According to Creswell and Poth (2018), saturation is characterized to “find as many incidents, events, or activities as possible to provide support for the categories. In this process, they come to a point at which the categories are saturated, and the inquirer no longer finds new information that adds to an understanding of the category” (Creswell & Poth, 2018, p. 318). The researcher then contacted each of the women by phone, during the phone call they were made aware of the inclusion criteria for the study, and provided with a full description of the research, and what to expect throughout the study (Appendix B). The women received a follow-up email within 48 hours which included a review of the phone call that discussed availability and scheduling for the interview.

### **Ethical Considerations**

Prior to conducting interviews, the researcher obtained approval from the University of Findlay’s Institutional Review Board for clearance to conduct interviews with participants. The Belmont Report (1979) was established to secure the protection of individuals participating in research studies. The report identifies three fundamental principles that are relevant and safe involving participants for research: (a) respect for the participants, (b) beneficence, (c) justice. In an effort to respect confidentiality the researcher informed participants that their interviews were strictly confidential and assigned them pseudonyms to protect their privacy. The principle of beneficence is to ensure that participants are protected from harm and their well-being is secure. The researcher demonstrated consideration of the welfare of the women by communicating to them during the initial phone conversation, that their participation was voluntary, and they had the right to withdraw from the study at any time. The principle of justice involves all participants

being treated equally and fair. Each participant received the same amount of interview questions, the same resource sheet, and the same considerations throughout the interviewing process.

Creswell and Poth (2018) have shown that throughout the process of preparing and developing a qualitative study, researchers should consider what potential ethical issues may emerge during the interview, have a procedure in place to address any potential issues, and to be mindful of vulnerable populations. There are three ethical standards that are associated with ethical issues: a) respect for the participants, b) being mindful of their welfare, and c) justice. Last the researcher, demonstrated justice in this study by ensuring that all the participants met the criteria selection, no matter what kind of trauma the women encountered, they were asked the same questions and sent the same recruiting email (Creswell and Poth, 2018).

In preparation for interviewing, and to mitigate the possibility of the participants becoming uncomfortable or emotional sharing their lived experiences about trauma, the researcher consulted with skilled, professional, clinical counselors and psychologists, licensed social workers, and pastors to learn relevant strategies to apply during the interview. The inquirer demonstrated consideration of the welfare of the women by communicating to them during the initial phone conversation, that their participation was voluntary, and they had the right to withdraw from the study at any time. The researcher included the following recommendations:

- Participants received interview questions one week in advance to prepare themselves and give thought to the interview questions.
- To be considered for the interview the woman would have experienced the trauma three years prior, which allowed some time to pass.
- The participants would have completed at least six to twelve months of treatment from a biblical counselor, psychologist, or pastor.

- The seven pathways to spirituality were reinforced throughout the interview.
- Participants were allowed to bring a person of their choice for support.
- At the conclusion of the interviews, each woman received a one-page document of local counseling services that assist with trauma (Appendix C).

Other efforts considered prior to interviewing were to ensure participants that the interview questions are open-ended, and they had the right to decide what information to discuss or what to withhold. The participants were given the option to choose the location they felt was neutral, safe, quiet, and comfortable. In addition, they were offered three options to interview: by phone, video conference, or in-person.

According to Creswell and Poth (2018), during the data collection phase, respect is of essence. To avoid ethical issues relating to the participants, the researcher assigned each participant a pseudonym. The interviewer demonstrated active and non-judgmental listening by assuring that the participant could speak at their comfort level. The information and materials provided in the interview were properly stored on a private laptop computer that is password protected.

### **Instrumentation and Data Sources**

For this qualitative study the researcher created a semi-structured interviewing instrument that was useful in exploring the lived experiences of African American women who had experienced various types of traumas. The survey was administered to ten women who shared their stories on how their faith in God and spirituality is a source of healing. The women were chosen from a local church in Toledo.

The survey consisted of ten open-ended questions derived from the research questions of this study and from Hodge's (2000) Spirituality Theoretical Framework which was introduced by

Levin's (1994) conceptualization of spirituality. Hodge's (2000) seven pathways of spirituality involve: (a) Health promotive behaviors and lifestyles, (b) Social support, (c) Psychodynamics of Ritual, (d) Psychodynamics of Cognitive Schemata, (e) Ego challenge, (f) Quantum Effects, and (d) Supernatural Effects.

The interview questions are as follows:

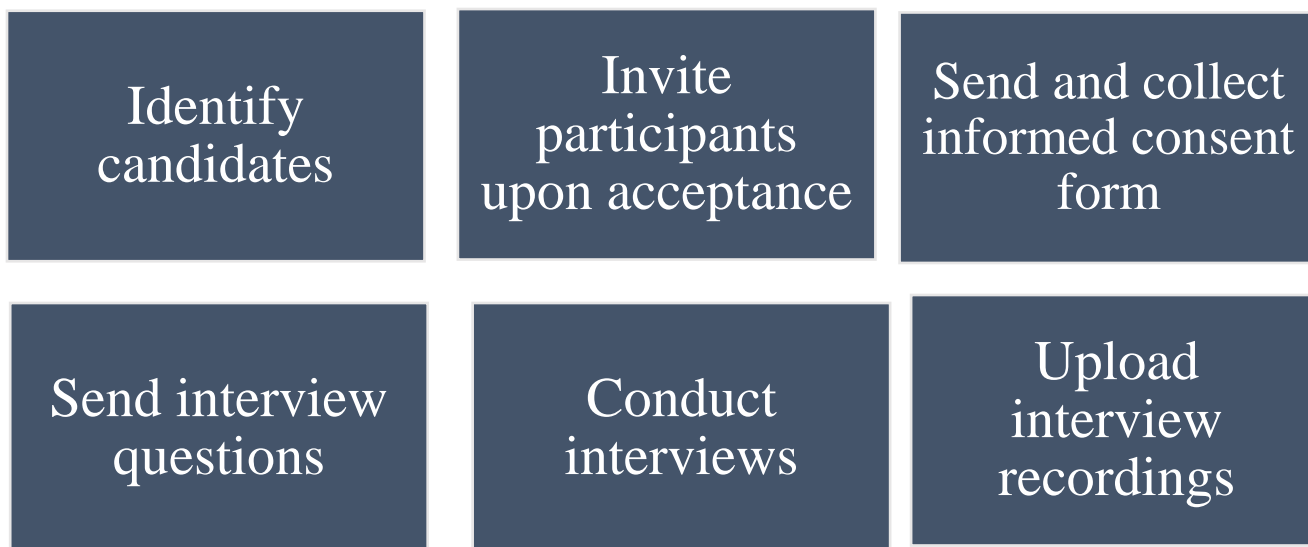
1. Describe the importance and impact of spirituality on your life?
2. How do you feel that early-life adversity and trauma affected your adulthood, mentally and physically? Please explain.
3. How has spirituality changed your health, lifestyle choices, and behavior?
4. What role have spiritual leaders played in your life and how have they helped you to recover from trauma in your life?
5. Have you participated in small group, bible study, or other faith communities? What role have they played in helping you recover and heal from trauma?
6. What role has prayer, reading scriptures, meditation and Holy Communion played in helping you recover and heal from trauma?
7. How do you believe that your spirituality has impacted your mental health and mindset?
8. What connections do you see between your spirituality and your ability to be resilient or to bounce back from setbacks?
9. In what ways has your spirituality affected your self-esteem?
10. What else would you like to tell me about your spiritual life?

The first question serves the purpose of gaining an understanding of how the effects of trauma can surface in adulthood causing mental and physical ramifications. Questions two and three connect with Hodge's first and fourth pathways to spirituality that focused on spirituality

that influences healthy lifestyles, behaviors, choices, and healing. In addition, pathways one and four, as one grows in their relationship with Christ they acquire positive outcomes. The fourth and fifth questions relate to pathway two and three. Pathways two and three seek to understand how social support, being engaged in a church community, practicing reading the bible and prayer promotes healing. The women were identified and selected from a local church in Toledo who are involved in a women's group. Question six aligns with pathway six for it aims to address how spirituality influences the mindset and mental health. The purpose of number seven in the survey will identify spirituality as a means of fostering resilience. The last three questions align with pathways five and seven that seek to learn the importance of spirituality and how it can bolster the women's character to be like Christ.

### **Data Collection Procedures**

This qualitative research sought to employ in-depth interviews to obtain the lived experiences of trauma among ten African American women. The phenomenological process was used to capture their stories and understand the deep meaning of their spirituality. Interview questions derived from Hodge (2000) seven pathways to spirituality were used to collect data and educate the research study. Following approval from the Institutional Review Board (IRB), data collection was completed during Spring of 2022. Figure 2 illustrates the data collection steps:

**Figure 2***Data collection steps*

**Step 1.** The first step of the data collection process was to identify candidates for the study.

Ten women were identified and selected from a church in Toledo.

**Step 2.** The women had received an initial phone call from the researcher and made aware of the inclusion criteria for the study, provided a full description of the research, and told what to expect throughout the study. Once the participant agreed to be interviewed, a formal invitation to partake in the study was sent via email.

**Step 3.** Along with the formal invitation, candidates received the informed consent form via email (Appendix D). Candidates were given a week to fill it out the form and send back to researcher via email. Interviews were scheduled upon acceptance to participate. Interviews were scheduled via virtual video conferencing (Zoom), face-to-face, or over the phone, and according to the participant's choice.

**Step 4.** In this step the women received the interview questions a week in advance, to collect their thoughts and reflect on their lived experiences with trauma via email.

**Step 5.** After allowing a week for participants to collect their thoughts, the interviews were conducted. The participants were allowed to choose a location of their choice to ensure they are comfortable. Meeting places included: private church meeting room, coffee shop, private room at local library, any public place of their choosing or Zoom conference meeting. Confidentiality was an essential component in this study. To ensure privacy and confidentiality the researcher masked the participants' names by assigning them pseudonyms. The interviews lasted up to ninety minutes in length depending on participant engagement and openness to responses.

The first part of the interview focused on discussing the participant's views about adverse trauma and how it affects adulthood mentally and physically. The second segment of the interview focused on the spirituality and spiritual practices of the participant. The third portion of the interview identified the role that spirituality played in their healing. As part of the interview process, a counselor was available to mitigate any potential emotional reactions that may have emerged during the interviews and after. The participants had the right to eliminate any questions or stop the interview at any time if needed. The researcher completed several trauma informed care sessions and holds a certification as a trainer through Lucas County Trauma Informed Care Coalition. The researcher learned the value and importance of having access to a counselor and mental health resources available during the interviews for participants (Appendix C).

**Step 6.** All interviews were recorded using a digital voice recorder and the participants were introduced by their pseudonym names. The interview recordings are saved on the researchers' password-protected personal laptop computer. The interviews were transcribed by a professional transcribing service that specializes in HIPAA compliance.

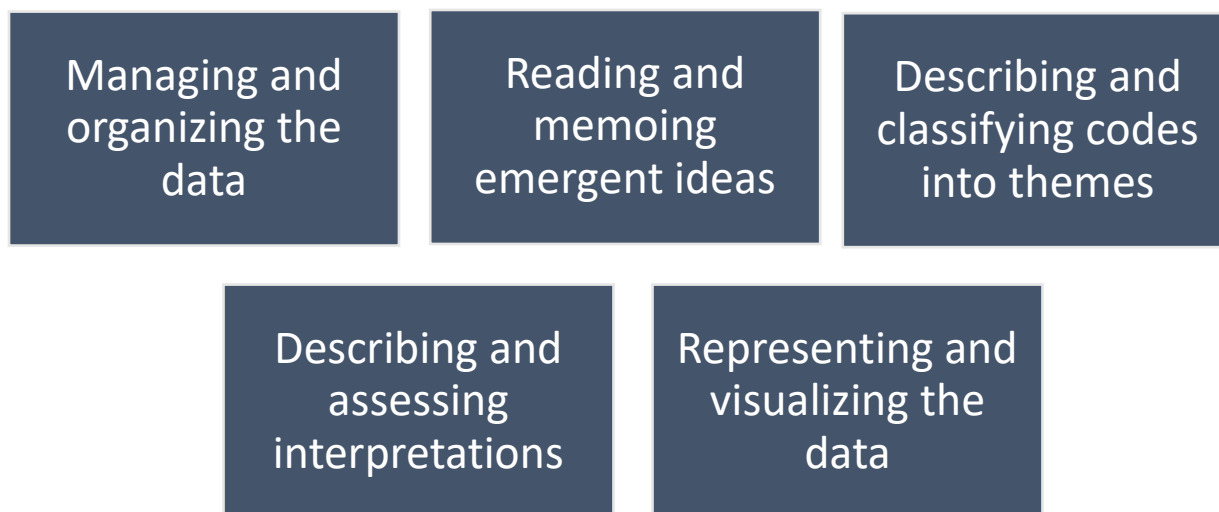
## Data Analysis

After each interview was finalized, the audio file was sent to GoTranscript transcription service for transcribing. Once returned, each interview was uploaded in the MAXQDA software database. According to Creswell and Poth (2018), MAXQDA is “A computer software program which helps the researcher to systematically evaluate and interpret qualitative texts. It is also a powerful tool for developing and testing theoretical conclusions” (p. 203).

According to Creswell and Poth (2018), analyzing data in qualitative research involves planning and categorizing the data for analysis, breaking the data down into themes through the coding process, and then reducing the codes. The researcher employed Creswell and Poth’s (2018) data analysis spiral. Figure 3 illustrates the steps of the data analysis spiral:

**Figure 3**

*Data analysis spiral steps*



**Step 1.** The data was managed through transcription and uploaded in MAXQDA. This approach will allow for the data to be consolidated and organized.



**Step 2.** All recorded interviews were verified for correctness by simultaneously reading through the transcripts while listening to the recordings. The transcripts from the interviews were read multiple times to locate emergent ideas.

**Step 3.** Through this step the researcher identifies codes and themes from the transcripts. The seven pathways to spirituality which served as the theoretical framework in this study, played a vital role in identifying themes, they include: health promotive behaviors and lifestyles, social support, psychodynamics of ritual, psychodynamics of cognitive schemata, ego challenge, quantum effects, supernatural effects.

**Step 4.** As part of developing and assessing interpretations of the data, the researcher reviewed the data various times to ensure that the coding was precise and that all themes are identified.

**Step 5.** In this step three major themes emerged and are represented visually in Figures 4, 5, and 6 of this study.

### **Assumptions**

In this study, the researcher made several assumptions. It was assumed that each African American woman was truthful in describing her lived experiences with trauma and was chosen from a church located in Toledo. The participants were all African American women, and it is assumed through the development of this study that they have a higher rate of experiencing traumatic experiences compared to other ethnic groups. Throughout this research it was identified that African American women employed spirituality as an important source of strength to overcome adversity, therefore it is assumed that the participants were honest about their faith in God, their relationship with God, and their spiritual practices. It was communicated to the participants that they were given pseudonyms and their stories are kept confidential; it is

assumed that all interviewed believed this. Participants received interview questions a week in advance before the official interviews. It is assumed that the women took the time to read over the interview questions, gather their thoughts, and was prepared to adequately share their lived experiences about trauma.

### **Trustworthiness**

Trustworthiness is significant for this study. According to Creswell and Poth, “many perspectives exist regarding the importance of validation in qualitative research, the definition of it, terms to describe it, and procedures for establishing it” (2018 p. 254). To establish trustworthiness for this study the researcher found it useful to implement a validation strategy from the work of Creswell and Poth, 2018 that can foster guidance. To augment the validity of the study, the researcher used member checking.

Member checking involves the engagement of the participant’s’ views of the study to ensure that the findings and explanations are credible. The researcher completed member checking by soliciting the input of the women during their interviews. During each interview, the researcher repeated key words, sentences, and phrases of the participants to validate an accurate representation of their stories. Each woman had the opportunity to clarify any information as needed in the interview to circumvent any miscommunication (Creswell and Poth, 2018). This process was useful in increasing trustworthiness and credibility in this study in that it verified that the researcher understood precisely what each participant meant to convey.

## Chapter IV. Results

The purpose for this study was to examine the impact of adverse childhood trauma in the lives of African American women. This research presents findings that displays how participants endured and how they relied on their faith in God to recover.

This chapter is organized into three sections. First, the researcher introduces the participants and their initial traumatic experiences. Second, findings for question 1 (*How does early childhood trauma affect African American women into their adulthood?*) are presented. Third, findings for question 2 (*What role does spirituality play in the healing and recovery process of African American women who have experienced trauma?*) are presented.

For this qualitative study, ten semi-structured interviews were conducted. Ten interview questions were created from Hodge's (2000) Spirituality Theoretical Framework and the two research questions for this study. Hodge's (2000) seven pathways of spirituality include: (a) Health promotive behaviors and lifestyles, (b) Social support, (c) Psychodynamics of Ritual, (d) Psychodynamics of Cognitive Schemata, (e) Ego challenge, (f) Quantum Effects, and (d) Supernatural Effects. A phenomenological method was employed to capture narratives and to conceptualize a deeper meaning of the African American women's spirituality.

The participants in this study attend a church located in Toledo, Ohio. Each participant was asked to choose a location of their choice for interviews. Two interviews were conducted over the phone, one via Zoom and the remaining were face-to-face. The interviews ranged from approximately sixty minutes up to ninety minutes. All interviews were audio recorded and transcribed by GoTranscript. MAXQDA software was used to organize and code themes for this research. Themes were tapered down by going through numerous rounds of coding; three major themes emerged from this study: abuse, effects of trauma, and faith in God. At the beginning of

each interview, participants provided in detail a vivid description of their childhood trauma experiences.

Ms. Houston, a middle-aged married mother of two children experienced various traumas at an early age, namely parental rejection, witnessing drug abuse, neglect, drug addiction, and sexual abuse. She believes that her childhood trauma shaped her life. Her greatest testimony is her personal relationship with God as the key in receiving healing and recovery. Ms. Houston expressed having an extremely difficult childhood. She expounded on the many nights and days she went without food, malnourished, and even had issues eating.

Ms. Holiday, a middle-aged unmarried participant experienced rape and molestation in her childhood that led her down a disheartening path into her adulthood. She provided insight on how she was supposed to be loved and protected by family; however, she was violated by being molested and raped for many years.

Ms. Butler, a married older adult with three adult children noted that at eighteen months old she was in a house fire and seventy-five percent of her body had third-degree burns. She also noted that her burn injuries caused her to always feel inadequate and like she did not belong. She described herself as an introvert because of what she went through. She noted that her childhood trauma followed her well into adulthood, leaving her to hold on to it for a long time. She explained that she went about life that way for years.

Ms. President, a middle-aged divorced mother with three adult children divulged that her mother rejected her and did not fulfill her motherly role when she was a little girl which followed her strongly into her adulthood.

Ms. Angelou, who has two children, specified that she was exposed to violence, drug, and verbal abuse in her home as a young child that had tremendous impact on her adult life.

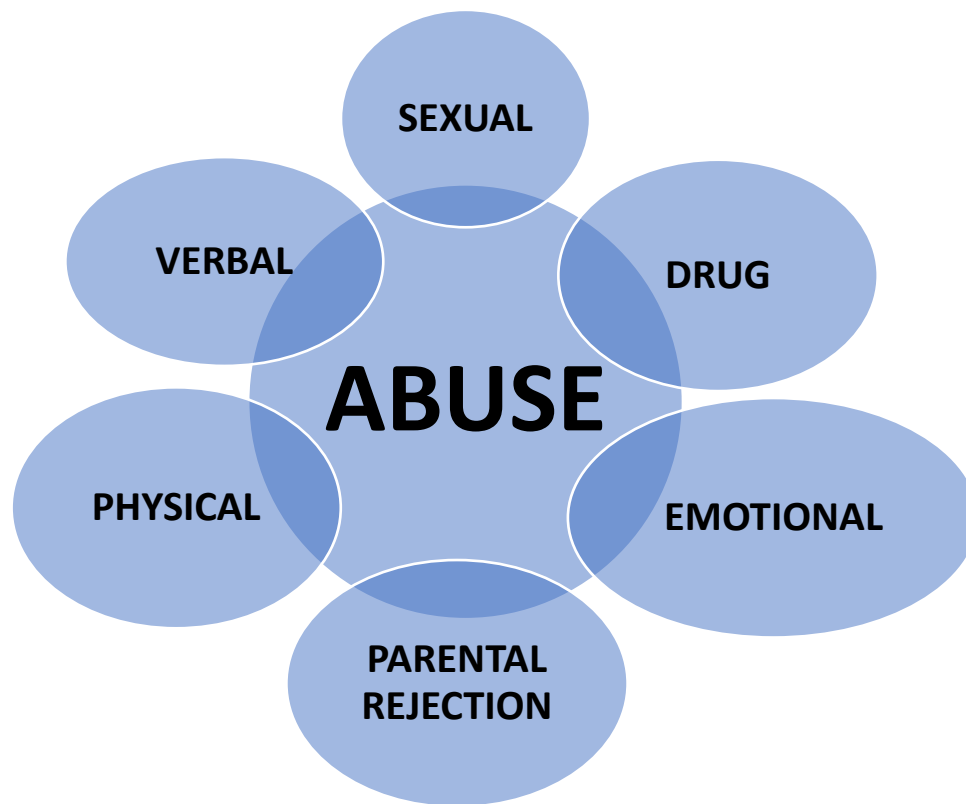
Ms. Taylor, a single parent of two adult children, indicated that during her early childhood she witnessed domestic violence, verbal and mental abuse, hearing arguments and constant profanity. She recalls her siblings and mother staying the night at family members' homes as way to escape the physical abuse at home. Ms. Taylor described the profound consequences of her trauma leaving her with emotional, economic, behavioral, physical, and social problems.

Ms. Bassett a single young woman with no children shared her experience of molestation and exposure to pornography as a child, and at the age of eighteen years old, she was raped.

Ms. Parks, an older adult single woman, with three adult children, chose not to divulge her specific trauma. She discussed experiencing trauma as a child and carried the secret for decades, all the way into adulthood. She did not tell her parents, friends, or family members. She noted that just God and her know.

Ms. Harriett an older adult woman with three adult children, chose not to disclose her trauma, however, revealed that trauma occurred in her life at an early age. She noted that the impact caused her to have repeated thoughts about the incidents. She described that her trauma memories appeared in her adult life and caused her to feel a myriad of negative emotions.

Ms. King, a middle-aged married woman, with adult children and grandchildren, chose to reserve revealing her trauma experience but shared that her encounter with trauma as a young girl, brought about a strong need for acceptance because of the fear of rejection. All the participants identified with the abuse theme that is listed below in Figure 4. Candidly seven shared specifically their trauma experiences and three did not identify their trauma, however they shared vividly the effects.

**Figure 4***Childhood Trauma Experiences of Participants***Research Question 1***How does early childhood trauma affect African American women into their adulthood?*

This question focused on the effects the participants encountered including mental health problems, relationship and trust issues, drug abuse, domestic problems and difficulties forming romantic relationships. Information gathered from their stories, testimonies, and experiences allowed the researcher to adequately answer this question. Interview questions two and three aligned with research question one.

Three of the participants identified that they experienced sexual abuse as a child. Ms. Houston discussed how her mom sold her for drugs. She shared how strange grown men took care of her as a teen and she used them for a long time to get things that she wanted. She shared

her memory of being awakened from her sleep for sex. Ms. Holiday shared a similar experience of sexual abuse. She indicated that for many years she was molested and raped by a family member. She explained how she was supposed to be loved and protected by family but was violated instead. She discussed becoming a teenage mother and a sexual addict. Ms. Bassett explained:

When I was a child, ten years old, I was molested and raped. From ten to sixteen years old, I was exposed to pornography. I did not know that it came along with that. When I was eighteen, another family member molested me again. I thought that was the right thing to do. I thought it was right because, in my mind as a child I am thinking, "This is my boyfriend," but it was wrong. I did not know it was wrong because of how it happened.

In Ms. Angelou and Ms. Taylor interviews they reported the damage and negative effects of verbal abuse. Ms. Taylor's description of verbal abuse follows:

I believe that the trauma that happened as childhood early was verbal, physical, and it affected me mentally. I was in a home with chaotic situations, alcoholic, ripping, running a lot, hearing argument, fussing, fighting, cursing, a lot, a lot, a lot of cursing. Verbally in my mind, I was nervous a lot. I thought I had ADHD, but it was the environment that caused me to be a little nervous.

Three out of the ten participants discussed the difficulties of witnessing drug abuse in their homes. Ms. Houston freely shared that her biological mother was addicted to crack cocaine, which influenced her parental instincts. She shared that she had the freedom to do whatever she wanted to do at twelve years old. Ms. Taylor reflected on her chaotic home environment. She

described how she remembered one of her parents being an alcoholic, which caused violent behaviors, arguments, cussing, fussing, and fighting.

Ms. Angelou and Ms. Taylor explained the horrors of domestic violence and emotional abuse that were strong in their homes growing up. Ms. Angelou describes seeing fighting in her home:

I grew up in an environment of a lot of drug abuse and alcohol abuse. I witnessed that amongst my family members, mothers, uncles, aunts. Seeing that, and then they would physically fight amongst one another. I witnessed that early on. I want to say toddler on up to I want to say ten years old of them physically being violent towards one another.

Ms. President, Ms. Houston, and Ms. Bassett shared negative feelings of powerlessness resulting from divorce and parenting rejection. Ms. President noted that her mother neglected her emotionally and was disconnected from her into her adulthood. She indicated that being deserted and overlooked by her mother left her undeveloped in many ways. Ms. Houston describes her hurt of being unwanted from birth:

It has always been extremely hard for me because my mother, as an infant my mom, let someone else raise me and they were strangers. My sister who was four months old was walking me in a stroller down the street and that is how we made the first contact about who I called my godmother. She had eleven kids and she had just lost a daughter through. She got hit by a car and then I came along. I felt like I was always this substitute, because when they met me, they took over me and they told me that my mom gave them to me, but my mom said that they stole me. I do not know which story is true, but the thing is this either way it has been traumatizing for me because I never felt like I had a real family. The reason I never felt like I had a real family is because from the time I was an



infant until the time I was about old enough to know that was not my real mom, that my godmother had been my mother and my real mom had been mama.

Three of the ten participants did not identify their traumas: Ms. Parks, Ms. Harriet, and Ms. King. Ms. Parks revealed that her trauma caused her to not trust people and heightened her sensitivity in reading people, which gave her the ability to identify people who had fake intentions. On the other hand, Ms. King noted that her trauma caused her to be too trusting to the wrong people for the sake of acceptance due to her fear of rejection. Ms. Harriet revealed that painful memories appeared in her adult life and caused her to feel a myriad of negative emotions, discouragement, depression, loneliness, and sadness.

Many of the participants shared that their history with trauma led to a variety of emotional health issues including anxiety, depression, and post-traumatic stress disorder (PTSD). Holiday elaborated in detail her battle with depression. She shared:

I knew I had not lost my mind. That was the one thing because the enemy was trying to take me out during that process. Because I stayed in the hospital. For periods of time, not a week here, like 30 days here, away from your family, being on a locked floor, so I get a little sensitive. That thing had a hold of me. Nothing was working. Nothing. Not every pill, I had pills to put me to sleep. I had pills to wake me up. To help me function for the day. Nothing was working. You want to zap me, and that was not working. You want to increase medication? Oh, I am careful about taking medication to this day. Because of that experience. I am not saying that is not needed because I do know, but I know for me, I felt like it was a spiritual thing.

Both Ms. Houston and Ms. King shared vivid accounts of their battle with anxiety. Ms. Houston disclosed:

Sometimes I still have issues with eating, and I have issues with anxiety because by me growing up, I never knew what was going to happen next because there was never any consistency” she further explained “it caused me to have issues with anxiety, not being consistent. The parenting wasn't consistent, never knowing what was going happen, that lifestyle growing up, it brought me to the scripture that the Bible says, be anxious for nothing but by everything we supposed to be praying, that has helped me with anxiety, because I ended up developing an anxiety disorder and PTSD, which is post-traumatic stress disorder.

Ms. King described that she thought it was impossible to be free from the different traumas she faced. She explained how the traumas caused her to have anxiety which was a major challenge for her. She recounts dealing with anxiety daily back when she was young, and the doctors did not know what was ailing her.

Stress and anxiety gripped both Ms. Houston and Ms. Holiday, which led to being prescribed medication. Ms. Holiday quoted:

I was hospitalized multiple times. I was on so much medication. When the medication was not working, I went through a series of Electroconvulsive therapy (ECT) treatments, and it was awful. When I was going through that, I was 22 or 23 years old. It was so bad. I could not work. I could not do anything. I could barely take care of my child and I always felt like I am in here. Can somebody help me, please? Somebody help me.

Ms. Holiday traumas caused her to attempt suicide. She explained: “I did try to kill myself multiple times. I took some pills. It was a bad journey. I heard voices. I almost killed my son. That was awful for me to hear voices to kill him.” Ms. President was also suicidal throughout her childhood and teen years. She indicated:

I was suicidal through all those years. Before the age of nineteen, I was hopeless. It was like I was dead. I was like, you see people, they are alive, they work, you go to school, you have your kids and all that, but I was not alive. I was hopeless because of what was programmed in my head. I went through verbal abuse in my family. Growing up in my family, there was nothing but hopelessness. Nothing, nothing. That is all I knew.

Participants provided insight on how their traumas impacted their ability to have healthy relationships, trust, and bond with others, including people who genuinely loved them. Ms. Holiday's stated:

It affected everything. The traumas that I experienced affected emotional growth. I believe physically there were some things, and it affected me in most of my relationships. I did not trust people. A lot of times when you have molestation, rape, those I always heard how you have issues with men as far as trusting them, but along this journey, I learned it was a trust. There was no distinction of gender. If you do not have trust, you do not have trust. That was a huge, big, big hurdle to get over in my adult life.

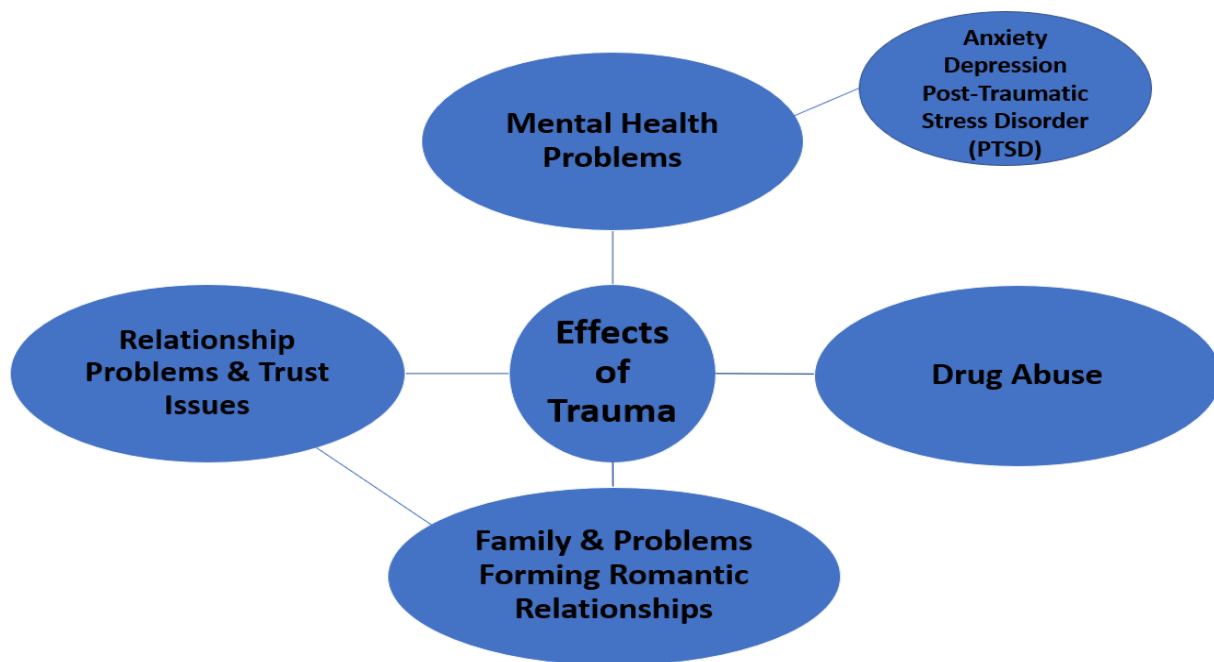
Ms. Angelou explained how trauma emotionally impacted her to the point where in her adult life her choices with having relationships with men was poor. Ms. President realized when she became older how impactful her early childhood played a significant role in having successful romantic relationships and having the ability to trust. Ms. Bassett indicated that she was afraid to give herself in relationships due to childhood trauma. She acknowledged that she had "trust issues" and she had to learn to trust a person until a reason was given not to trust them.

Ms. Holiday shared her experiences with low self-esteem and self-loathing. She shared: I always heard, Oh, she has low self-esteem. I went with the narrative. I did. I believed that narrative because that was it. A few years ago, I had done a training, and I was

looking up some information, and that word came up and I said, Oh, no, what is that? I could not shake it. I could not shake the word. I began to look it up. I remember sitting at work at my computer, crying, because I was like, Oh, my God, which is me. It is not low self-esteem, it is self-loathing. I could hardly even get the word out. That is a whole other level. That was the core of it, the crux of it, which presents itself to look like, Oh, she has low self-esteem. Oh, honey, which is a nice word for her to have low self-esteem, because that means we are going to talk about it, we are going to build her esteem, right? We could do that. There are all these things, but self-loathing, which was mind-boggling, and something to wrap my mind around, because I had like low self-esteem.

Self-esteem was an element that Ms. President shared that was never developed during her childhood. She noted: -I never heard that I was pretty until my late thirties. Never. My example was my mother. My mom did not love herself. How she woke up, that is how she was. Nothing. She woke up with her hair sticking up, she stayed that way. She did not love herself. She did not think of herself beautiful. I did not know how to be a lady at all, like to dress up, how to look good, or anything like that.

Findings from the interviews of all ten participants reveal the various kinds of childhood trauma's that were disclosed containing explicit stories of sexual verbal, physical, drug, emotional and parenting rejection abuse. As a result, participants divulged impactful results that were adverse including mental health problems, relationship issues and problems trusting, difficulties forming relationships and substance abuse. Figure 5 identifies the effects of trauma from all ten respondents.

**Figure 5***Effects of Trauma from Participants***Research Question 2**

*What role does spirituality play in the healing and recovery process of African American women who have experienced trauma?*

The participants all mentioned the significance of spirituality as a major part of their daily lifestyles. They noted receiving a great amount of comfort and consolation through spiritual practices which includes prayer, meditation, reading scriptures in the Bible and engaging in regular church activities.

Hodge's (2000) Spirituality Theoretical Framework and the interview questions addresses research question 2 of this study. Most of the participants practiced and found the seven principles of the theoretical framework of high value. The framework encouraged having solid relationship with God that fosters healthy living, promotes social support, emphasize

reading the bible, praying and meditation, promotes the love of God, hopefulness, cultivates a Godly self-image. All shared how having a personal relationship with God helped them turn around their lives for the better, attending church services regularly allowed them to connect with other like-minded people, reading the bible, praying and meditation gave them strength and provided inner healing, and overcome adversity.

Interview questions four through ten served the purpose of confirming the positive methods and best practices respondents use to heal from trauma including: being engaged in a church community, reading the Bible, prayer, learning and understanding how a relationship with God brings about resilience in one's life and how self-esteem can be uplifted. Figure 6 illustrates a picture of God as the main source of healing of participants.

**Figure 6**

*God as main source of healing of participants*



The ten African American women interviewed in this study found employing spiritual practices in their lives regularly to be highly significant. As a result of applying these spiritual practices, all participants vividly shared how they have a keen sense of resilience, a boost in their self-esteem, and healing. Hodge's (2000) Spirituality Theoretical Framework employed in this study emphasized the significance of prayer in one's life that fosters growth, health, and fortitude. Ms. Houston spoke about having a godmother who spent a lot of time praying and believing in God; her private prayer space was her closet. Ms. Houston described how she always felt unwanted and how prayer became a strong resource. She learned to trust and depend on God.

Ms. Houston explained:

Prayer is my way that I talk to God. Just like when I pick up this phone and I call my sister or my daughters, which is how I call the Lord. I am going to tell you right now; God is my strength. I am not even operating off my strength right now. Also, reading the word of God is the Lord speaking to me. Because of my relationship with the Lord, he is the only reason I can have peace.

During Ms. King's interview she expressed how prayer is the number one factor that helped her overcome and allowed God to surface things in her life that needed change. She described how after spending time in prayer that she felt refreshed and negative things no longer exist. She explained how prayer caused her to sing worship songs and she found herself meditating on the scriptures. She was happy to share that prayer brought about a keen sense of strength for her and built her faith. She shared how prayer allowed her to build a strong relationship with God. She described the need for prayer in providing guidance and instruction. She expressed how prayer keeps her grounded.

Ms. Taylor discussed the value and significance of prayer. She noted that prayer is everything and if it were not for prayer she does not know if she would be here. She described her prayer room that she always had at an early age and how prayer is a weapon. She talked about how she grew up in a Christian home and she was accustomed to reading the word of God. She explained how tough her home environment was and understood clearly that her mother, father, and siblings could not help her cope and heal, but only God. She recounts how she prayed all the time and have a strong love for the Bible. She shared if it had not been for her spiritual practice, she does not know how her life would be.

Harriet shared a similar view about prayer and reading the Bible. She discussed that due to her tragic trauma at such an early age the Bible and prayer were her daily strength and hope. She shared that when she would have a low moment and depression it was God that strengthened her and sustained her through reading scriptures in the Bible and prayer.

All the respondents shared the importance of the sacred practice of Holy Communion as being a tool for healing. All shared the same views and credited communion as way of them remembering Jesus dying on the cross and the sacrifice He made for humankind. In addition, they shared that communion with God allowed them to ask for forgiveness of their sins. Ms. Taylor shared:

Holy communion is vital for me. I am just realizing what Jesus really did on the cross for me. With that communion, I continue to say, "Lord, hold me up with your righteous right hand." As I take communion, I know that the hurt and that pain I experienced, God is healing me day-by-day, because I am going to be whole. I want to be whole, and I am looking forward to that. I know it is a journey and it is going to be day-by-day. When I take communion, I know that is a healer. When I take communion, that is very sacred for



me, and I know by His trust I am whole. I take that with knowing that He healed my emotions, He healed me mentally, physically, emotionally, financially, spiritually, and because I know He's going to use me.

Data regarding the church as the main institution for African Americans that hold the position of spreading the gospel through evangelism, educating, and preparing believers to apply the teachings of faith into their lives was found in all ten interviews. All the respondents shared positive views on their experiences with attending weekly Bible study, a small group, or church service regularly. They all vividly revealed that they receive strength, encouragement, hope, and support by attending church. All reported of the extra boost they receive mentally and emotionally. Ms. Taylor shared:

I was among people that were struggling with different issues, problems, and drugs. It could be anything, molestation, shyness, shame, alcohol, or just low self-esteem, everything. We were able to sit amongst each other, not judge one another and talk about what was hurting us on the inside. It was called “more than conquerors.” It was a group that met every Friday or once a month. I really got a lot out of that spiritually because it was set up like the 12-step alcohol program. Ms. Taylor indicated that they used the Bible, and all those principles helped and encouraged her, they built her up spiritually.

In addition, the participants in this study shared their experience about the positive impact their faith has on their mental health reducing stress, depression, sadness, suicide, and more. Ms. Holiday said that she walked through periods of self-loathing. Her healing of trauma brought about self-love and learning that she has a lot to offer to the world and has bounced back. Ms. Butler describes herself as being a woman who faced many difficulties and stated that she would have lost her sanity a long time ago if it was not for her personal relationship with God and the

angels, He assigned to watch over her. Ms. Taylor shared that although her traumas damaged her mentally, God assured her that there is nothing too hard for Him and that He is gradually healing her. Ms. Ms. Harriett shared that when she accepted the Lord as personal savior and as He filled her with the Holy Spirit, He gave her mental peace. She indicated that He gave her things to look forward to like promises in the Bible, which states “let not your heart be troubled,” which helped her get through and overcome mentally.

### **Summary**

The results of this study clearly support the role that spirituality plays in the lives of African American women who have experienced adverse trauma. The seven principles from Hodge’s (2000) Spirituality Theoretical Framework and the interview questions were used to confirm and answer both research questions for this study. Through the rich stories, narratives, and testaments of the ten respondents from this study, it is evident that spirituality fostered healthy behavior and living for these women.

The data described in this chapter addressed the two research questions for this study and shed light on the experiences of African American women who encountered trauma and used spirituality to address their trauma. The respondents discussed in detail their traumas being: sexual, drug, emotional, verbal, and physical abuse, parental rejection, and natural disaster. Although, all experienced these hardships, they gladly credited their faith and walk with God as the supreme method of healing and recovery.

Chapter V will focus on implications of the findings for this study and how the findings refute or are supported by prior research. In addition, Chapter V will discuss recommendations and support for the children of the African American women who experienced trauma and implications for future research.

## **Chapter V. Conclusions And Recommendations**

This chapter summarizes findings of the research and how these conclusions support or differentiate from prior research in the field of trauma, specifically relating to African American women. Included in this chapter will be a review of the study; a discussion that provides detailed interpretation and synthesis of the findings; a conclusion, recommendations, and future research opportunities.

### **Review of the Study**

The purpose of this study is to examine the impact of adverse childhood experiences in adulthood and how African American women relied upon their spirituality and faith as their means to heal and overcome the traumatic events they faced. This study employs a qualitative approach using a phenomenological research method. Qualitative research was the appropriate approach to explore, identify, and present the lived experiences of black women who have used their spirituality to overcome, heal, and recover from adverse childhood experiences. Bloomberg and Volpe (2012) identified that qualitative research is a wide approach to the analysis of social phenomena, is practical, informative, and built on the lived experiences of individuals.

This study presented findings that were analyzed using Hodge's (2000) Spirituality Theoretical Framework. Hodge believed that the seven pathways of spirituality involved healing and change, the seven pathways of spirituality involve: (a) Health promotive behaviors and lifestyles, (b) Social support, (c) Psychodynamics of Ritual, (d) Psychodynamics of Cognitive Schemata, (e) Ego challenge, (f) Quantum Effects, and (d) Supernatural Effects. Hodge's framework aligns with non-denominational Christian concepts and views based upon the bible.

This study answered the following research questions:

*Research Question One.* How does early childhood trauma affect African American women into their adulthood?

*Research Question Two.* What role does spirituality play in the healing and recovery process of African American women who have experienced trauma?

For this qualitative study the researcher developed a semi-structured interview. The interview questions were presented to ten women who shared their stories of their early years of trauma and effective methods that promoted their healing. The interview comprised of ten open-ended questions derived from the research questions from this study and from Hodge's (2000) Spirituality Theoretical Framework. The interviews took place in the Spring of 2022. Go Transcript, a professional transcription service, was used to confidentially transcribe the interview data. Qualitative data analysis was conducted using MAXQDA to code experiences of African American women with trauma histories. Several themes emerged in Chapter Four, which helped shed light on how adverse childhood experiences in the adulthood of African American women who encountered various kinds of traumas used their spirituality as the chief component to overcome and heal.

## **Discussion**

Substance Abuse and Mental Health Services Administration [SAMHSA] (2014), states that:

“individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being” (p. 7).

The history of African Americans in the United States continues to be defined by trauma more often than their Caucasian counterparts, which affects the mental health and emotional state of them from early childhood into adult life (Mental Health America, 2020). Spirituality contributes to both resilience and healing. Spirituality can help one heal emotionally even when they cannot undo traumatic experiences (Van Hook, 2016). All the participants interviewed in this study reported having a relationship with God was connected to alleviating the impact that their childhood trauma had on them.

***Research Question One.*** How does early childhood trauma affect African American women into their adulthood?

Blakey and Hatcher (2013) found that women who have a history of trauma are at risk for a diversity of emotional health issues including anxiety, panic attacks, clinical depression, emotional instability, bipolar disorders, schizophrenia, somatization, compulsive eating, and post-traumatic stress disorder (PTSD). Childhood experiences can be determined by any prior to 18 years old (Lake, 2016). In the current study, the researcher interviewed a total of ten African American women who experienced trauma in the early years. Each of the participants shared vivid stories of how they were impacted by trauma in their adult life.

The findings in this qualitative research showed that psychological and physical trauma can have intense implications on growth and wellness throughout one's life. Given that traumatic experiences happen at early stages of development emotionally and socially, the consequences can last well into adulthood (Greenberg et al., 2018). Emotionally, trauma causes one to feel vulnerable, apprehensive, hopeless, stressed, emotionless, or experience a flight-or-fight reaction. Similarly, Dervishi et al.'s (2019) research found that early childhood trauma has a huge impact on one's mental stability, causing depression and distress, along with, having a

connection to feelings of punishment and thoughts of committing suicide in adult life. Three survey participants reported that their experiences with trauma were so bad and distressful, they attempted suicide or entertained suicidal thoughts. Many of the women interviewed in this study shared the impact of trauma followed them into their adulthood, troubling them with battles of depression, fear, anxiety, and hopelessness.

Research has shown over the past 20 years that childhood trauma is increasing at a high level, and that the impact of adverse experiences produces negative health and physiological consequences (Levenson & Grady 2016). Ms. Taylor shared how her eating habits changed because of her encounter with trauma. She noted that her diet was poor, and she did not have an appetite to eat regularly. She revealed that her food intake consisted of candy, milk, pop, comfort food and snacks.

Findings from Storr et al.'s (2009) study revealed that children of parents who had been exposed to trauma were susceptible to posttraumatic stress disorder (PTSD) and they demonstrated a high-level disruptive behavior and aggression in school. During the interview with Ms. Angelou, she shared that in her household growing up she witnessed so much violence, physical abuse, yelling and cussing, she replicated the same behaviors with her children.

This study connects with previous research that states witnessing the use of intravenous drugs, crack cocaine, and alcoholism were major problems of African American women who have experienced trauma. Substance abuse increases low self-esteem, causes defeat, hopelessness, and depression Brownley et al. (2015). Ms. Taylor stated during her interview that she witnessed her parents abuse alcohol that caused tension, arguments, and domestic violence. She indicated not having strong confidence and low self-esteem as a result. Ms. Houston stated in her interview that her mom used crack cocaine which caused her to lack the ability to

adequately parent her. Ms. Houston said that her mom's drug abuse caused her to be alone regularly when she was young.

Participants from this study described the impact of unresolved trauma that caused them to suffer in silence. Flemke's (2009) study pointed out that unresolved trauma in a person's childhood is closely related to stages of rage in adulthood, specifically the kinds of trauma connecting to physical and sexual abuse, feelings of insecurity by a loved one, and witnessing domestic violence in the homes. As a result, the triggers of rage and negative emotions led to serious relationship issues and intimate partner violence. When the women felt rage, it is possible that the feelings prompted were due to their past trauma experiences. Because of the untreated trauma, the women were susceptible to triggers that unfolded at unexpected times, causing them to relive the trauma all over again. Some of the women interviewed in this study shared that their sexual abuse and adversity caused them to have issues with their spouse or significant other. They reported having trust and relationship problems.

Although the negative results and aftermath of trauma have been examined extensively in this study, a few of the participants shed light on the positive outcomes following traumatic experiences. Ms. Houston shared being sexually abused, unwanted as a baby, fatherless, teenage pregnancy, anxiety, and suicidal thoughts led her to become a licensed social worker where she helps hurting families that have experienced trauma. Greenberg et al. (2018) sheds light on the perspective that posttraumatic growth, recovery, and resilience can increase from adversity in the areas of compassion and social practices.

**Research Question 2.** What role does spirituality play in the healing and recovery process of African American women who have experienced trauma?

According to Stringer (2009), as cited by (Taylor et. al 2004), spirituality and the church have long been recognized as pillars in the families and communities of African Americans. Additionally, African American women have relied heavy on their spiritual practices as the primary source to heal and recover from their adversities. Despite the vast experiences of traumas, the participants in this study reported that they are healing and have healed because of their strong relationship with God, attending weekly bible study, prayer, having a solid mature spiritual leader in their life, partaking in holy communion, scripture reading and meditation. Similarly, Hodge's Theoretical Framework (2000) found that spirituality fosters healthy behavior and living- as one develops a strong relationship with God, their behavior conditions tend to change in a positive manner. Hodge (2000) notes that one way to promote healing is through social support or having a strong social system; individuals who share the same or similar phenomenological experiences in church communities are inclined to have a sense of connection and support from one another because they are on a spiritual journey together. Another way to foster healing is through spiritual practices such as reading the bible, praying, meditation, and Holy communion, all in which lighten burdens, anxiety, defeat, and discomfort. In addition, a way to heal is through an increase of mental health which can yield hopefulness, a sense of purpose, courage, and credence. Last, a way to foster healing is by cultivating a Godly image of oneself and having a relationship with God that promotes growth.

Participants in this qualitative study who survived and healed from trauma reported that their faith and spirituality garnered positive transformation in their mindset, social interactions, beliefs in life, and positive change.

The women interviewed in this study encountered manifold forms of abuse: sexual, verbal, drug, physical, emotional, and parental rejection. Participants divulged a wealth of



information through their stories, experiences, and challenges. Based on the accounts provided by the participants, spirituality and having a personal relationship with God has been found to be the most consistent source of healing for them.

Findings from (Blakey, 2016) indicated that African American women with histories of substance-abuse exercised spiritual treatment that encouraged cultivating a personal relationship with God through prayer. As in this study, results from (Staton-Tindall et al., 2013) revealed that spirituality is a salient construct among the African American population and serves as a protective function of trauma, mental health, and substance abuse. Ms. Houston witnessed the prevalence of substance abuse in her childhood, including cocaine and marijuana. She expressed high gratitude of having a Godmother to introduce her to having a personal relationship with God and prayer. She described the blessing of watching her Godmother spend hours in her prayer closet, which increased her trust and dependence on God. She noted that prayer became a strong resource in her life and was a huge component of healing for her.

Participants described that to deliberately work through the intense emotional pain and process, spirituality was their stream of healing. Ms. Angelou was devastated after witnessing physical and alcoholic abuse growing up. She described that her relationship with God, having a solid prayer life and a great pastor that teaches her the word of God has been significant and valuable in her healing of childhood trauma.

Paranjape and Kaslow's (2010) study found that spirituality and social support can strengthen one's health, minimize adverse health outcomes, and enhance mental health. Similarly, Brownley et al. (2015) discovered that African American women with accounts of post-traumatic stress disorder (PTSD) and severe mental illness endured through practices of spirituality. The participants in this study shared their experiences about the positive impact their

faith has on their mental health- reducing stress, depression, post-traumatic stress disorder (PTSD), suicide, and more. Ms. Holiday shared that being molested at a young age brought about serious mental disorder in her life. She described that the impact stress and anxiety led her to spend a length of time in a mental in the hospital on numerous occasions. She was prescribed medication and went through a series of Electroconvulsive therapy (ECT) treatments which she described as awful and did not work. She attempted suicide several times. She explained that her traumas restricted her emotional growth. She credits her relationship with God as the healer of her adversities. She shared how she learned how to pray by watching nuns at her school walk daily and talk to God. She noted that reading bible scriptures help her tremendously. Most participants identified social support as essential to their healing. In addition, participants revealed that social support helped them overcome, connect with other likeminded believers, learn about resources, and produce healing and hope.

### **Conclusion**

This study examined the biographies, stories, experiences, and traumas of ten African American women. Brownley et al. (2015) this research found that African American women have suffered with various distressful social problems, including parental rejection, abuse, rape, stress, spousal misuse, drug abuse, HIV/AIDS, alcoholism, racism, domestic violence, and incest. Even though this research presents the devastating situations African American encountered, all participants credit their relationship with God as the source of healing.

Findings from this literature consistently confirm that spirituality is the leading construct within the African American community and serve as a healing agent for trauma (Staton-Tindall et al., 2013). Hodges' (2000) theoretical framework - the seven pathways to spirituality presented great value to this study and proves that spirituality produces an extensive array of fruitful outcomes. Abuse was the most impactful of trauma's all participants experienced, the effects of

those traumas were adverse, and faith in God was the most significant source of healing of these major themes identified in this study, which enhanced interpreting the women's interviews. This research can serve as a catalyst to encourage further integration of spirituality into practice and offer a framework for undertaking new research.

## **Recommendations**

This section includes recommendations that emerged from the data and themes of this research to support the healing, mental health, and the well-being of African American women. The recommendations are intended for educational institutions, prisons, religious groups, mental health providers, counselors, and pastors.

### **Recommendation 1**

#### ***Mental Health Counseling in Churches***

All the participants received counseling as a requirement for this study. Each participant shared how their pastor, church leader, spiritual mother, or someone mature in the church setting ministered to them and helped them during their healing process of trauma. This study connects with existing research that concludes the great need for pastors to understand the valuable benefits of professional support for mental health within the church (Baldwin, 2020). For generations there has been a stigma that counseling or seeing a license therapist is taboo. This gap needs to be bridged with the proper training, coaching, and collaboration between the church and mental health profession. When churches are equipped with the proper tools to support members who face crisis, they become an asset to the overall mental health system. For centuries, the African American Christian Church is known as the headquarters of African American communities, serving as a venue for schools, social services, provisions for the poor, spiritual growth, and a social safe haven. It is also known as a place of worship. The Black

church is the main foundation for African Americans that hold the role of spreading the gospel through evangelism and educating and equipping believers to implement the teachings of faith into their lives Stringer (2009).

According to Stringer (2009), as cited by (Taylor et. al 2004), spirituality and the church have long been identified as pillars in the families and societies of African Americans and a strong support system, therefore it is significant to have meeting spaces in the church and support groups that focuses on addressing mental health issues by mental health professionals.

## **Recommendation 2**

### ***Biblical Counseling***

Trauma has the propensity to impact people in many ways. Having access to a trained Christian counselor or pastor gives a person the ability to work through the layers of their emotional, physical, and spiritual well-being. Having a biblical counselor gives one the ability to embark upon the road to healing and full recovery. To be a participant for an interview in this study at least six to twelve months of treatment from a biblical counselor, psychologist, or pastor was required. Biblical counseling is a methodology suggested for the participants to sit down with a counselor to explore the impact of their past childhood trauma, gain understanding about the experience, and to work through the memories and emotions associated with their adversities.

Many of the participants agreed that biblical counseling is a great form of treatment. Skilled therapists use the bible to guide the counseling session and empower the women. Ms. Taylor spoke of a focus group she attended monthly through biblical counseling that really helped her increase her self-esteem and heal from childhood trauma. She indicated that she spent many years in this biblical counseling environment. She shared that many issues were addressed including molestation, shyness, shame, alcohol, or whatever was causing hurt internally.

### **Recommendation 3**

#### ***Create a Strong Support System***

This study identified many factors that contribute to healing from trauma, with spirituality being the primary. This research has shown the benefits of having a good support system through one of the pathways of Hodge's (2000) theoretical framework. Being engaged in a spiritual community and having a support system allowed the women who were interviewed to be in a caring environment with caring people who offered them encouragement, emotional and physical support during times of adversity. There is a critical need for mentors, family members, community people or a trusted individual to fill the gap where there may be an absence of human presence, figuratively a parent. The women interviewed in this study described the blessing of having a pastor or spiritual leader at their church to guide them and provide the adequate help they needed during times of difficulty. Ms. Houston spoke about in the absence of her own biological mother; she was blessed to have a praying God-fearing God mother. She shared how her God mother provided advice, wisdom, care but more importantly taught her how to pray and trust God. She stated how she remembers her God mother going to her special secret closet to pray to God. As a result of having her God mother in her life, she developed her own strong personal relationship with God. Similarly, during Michelle's interview she disclosed the lack of guidance, love, and wisdom that she strongly desired from her biological mother, yet she shared the blessing of meeting a strong spiritual woman that taught her how to dress, care for her children, and she taught her about God, which caused her faith to increase and growth. A positive support system creates an atmosphere of trust, care, respect, unconditional love, and healing.

## **Limitations**

Ten interviews were conducted for this phenomenological study; this is a small sample of women and three out of ten did not disclose their specific trauma. A larger sample could have yielded more responses and an increase of more types of traumatic experiences. Another limitation was that men were not studied, only women, which limited the ability of learning the perspectives of both women and men who have experienced childhood trauma.

## **Future Research Opportunities**

All the women who were interviewed shared their traumatic stress and the effects it had on them emotionally, socially, and physically. The traumatic events shared in this study were: domestic violence, physical, emotional, sexual, natural disasters, and parental rejection. Many of the women revealed how their trauma impacted not only them but it passed down to their own children. Petion et al. (2023) documented that generational trauma is passed down from one generation to the next generation in a family and can cause physical and emotional difficulties. This study did not examine the impact of generational trauma, therefore future research that supports children of trauma survivors could build on findings from this study.

Future studies should seek to integrate the role that spirituality play in the lives of African American men who have experienced trauma. Data in this study shows that spirituality is highly significant in the lives of African Americans that stems back to the days of slavery, yet a relationship with God is key in helping men, women and families heal. Learning the stories, experiences, and adversities from men could bring more character to this study and provide guidance to men who experience trauma. According to Bauer et al. (2020) men tend to isolate themselves and just carry the burden of their adversities by keeping quiet or dealing with it the

best way they can, or found their own ways to cope, however, they suffer in silence just like we learned about some of the women in this study.

Participants in this study reported that their trauma impacted their children which caused generational trauma. Future research on preventative trauma treatment and education that addresses the long history of physical, mental, and cultural trauma among African American families. Last, future research should seek to find ways that the church or pastors can effectively serve members with mental illness and trauma. Documented within this research, the church is known as the cornerstone for the African American community and the first place of contact when one experiences a crisis, therefore, having research to support this could build on findings from this study.

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## Appendix A: IRB Approval



### Institutional Review Board

Date: **April 5, 2022**

To: Dr. John Gillham

CC: Katina Williams

RE: The Role of Spirituality in the Lives of African American Women Who Have Experienced Trauma

**Project Expiration date: April 5, 2023**

The University of Findlay Institutional Review Board (IRB) has completed its review of your project utilizing human subjects and has granted authorization. This study has been approved for a period of one year only. The project has been assigned the number 1619.

In order to comply with UF policy and federal regulations, human subject research must be reviewed by the IRB on at least a yearly basis. If you have not completed your research within the year, it is the investigator's responsibility to ensure that the **Progress Report** is completed and sent to the IRB in a timely fashion. The IRB needs to process the re-approval before the expiration date, which is printed above.

Please note that if any changes are made to the present study, you must notify the IRB immediately. Understand that any proposed changes may not be implemented before IRB approval, in which case you must complete an **Amendment/Modification Report**.

Following the completion of the use of human subjects, the primary investigator must complete a **Certificate of Compliance form** indicating when and how many subjects were recruited for the study.

Please refer to the IRB policy and procedures manual for additional information. Please include the project number on any other documentation or correspondence regarding the study.

Thank you very much for your cooperation. If you have any questions, please feel free to contact IRB at (419) 434-4640 or email [irb@findlay.edu](mailto:irb@findlay.edu).

Sincerely,

A handwritten signature in cursive script that reads "Jaymelee Kim".

Jaymelee Kim, Ph.D.  
Co-Chair, Institutional Review Board

Cc: IRB Office

## Appendix B: Invitation to participate in the study

Date:

Dear \_\_\_\_\_,

I am a doctoral student in the College of Education at the University of Findlay and I am conducting a study to identify and analyze the role that spirituality play in the lives of African American women who have experienced trauma. The study is designed to benefit African American women, therapists, counselors, and women in general, by providing insight on how spirituality is the main ingredient for healing and recovery of trauma and how the Christian spiritual practices in this study causes one to recover, heal, and maintain in life. Your name as recommended to me as someone that might be qualified and be willing to participate in this study.

For my research I am conducting interviews that should last approximately one hour at a site convenient for you by phone, face-to-face, or through video conference. The information that you provide will be kept confidential. I would sincerely appreciate you sharing your experiences, input, and help in this study. If you are able and willing to participate, please email me back with times and dates that would best work for you to participate in the interview, as well as, the best phone number to reach you and I will gladly coordinate with you, to schedule a time and means for us to meet for an interview.

Thank you in advance for your consideration and support for this research,

Katina Williams

The University of Findlay

## Appendix C: Community Referrals

### **Rescue Mental Health & Addiction Services CALL RESCUE 419-255-3125**

Adults 18 and older benefit from Rescue's personalized mental health services, which include emergency assessments, referrals, stabilization, assistance with medication, and more.

Rescue provides treatment services to individuals experiencing a variety of mental health concerns, including severe depression, drug or alcohol dependence, and emotional and behavioral concerns. Emergency mental health services are available 24 hours a day, seven days a week. Clients can call the Mental Health & Recovery Services Board of Lucas County for financial assistance at 419-255-3125. This information is obtained from

<https://www.rescuemhs.com/> and <https://www.lcmhrsb.oh.gov/>

### **Harbor CALL 1-800-475-4449 or 419-475-4449**

Harbor is a leading mental health and substance use disorder treatment provider in Ohio.

They are a not-for-profit mental health care agency that has been serving the community for over 100 years. Harbor serves over 23,000 youth, adults, seniors and families annually and provides a full range of mental health, telehealth, and substance use disorder treatment services. Harbor treat the following: addiction, attention deficit/hyperactivity disorder (ADHD) or (ADD), bipolar disorder/psychosis, depression/anxiety, job coaching and placement, medical/physical health conditions, trauma, and work/life management. Clients can call the Mental Health & Recovery Services Board of Lucas County for financial assistance at 419-255-3125. This information is obtained from <https://harbor.org/>

### **Biblical Counseling Ministry CALL 419-537-8001**

The Biblical Counseling Ministry began in August, 2003. Counseling in this ministry are Paul and Maddie Walberg. They are both graduates of Moody Bible Institute. They've been involved in full-time Christian ministry in the Toledo area since 1978. The ministry of the Biblical Counseling Ministry is overseen by a local Board of Trustees. The ministry is recognized as a 501(c) (3) not-for-profit organization by the IRS and is officially incorporated with the State of Ohio. They ask people for a donation of \$65 per session, but this is always based on their ability to pay. If a person cannot afford that, they will accept whatever they are able to pay. This information is obtained from <https://biblicalcounselingministry.org/counseling/>

## Appendix D: Informed Consent Form



### Institutional Review Board

**DATE:** April 26, 2022

**PROJECT TITLE:** THE ROLE OF SPIRITUALITY IN THE LIVES OF AFRICAN AMERICAN WOMEN WHO HAVE EXPERIENCED TRAUMA

**PRIMARY INVESTIGATOR(S) AND CO-INVESTIGATORS:** PI Dr. John Gillham and Katina Williams

**PURPOSE OF THE STUDY:** The purpose of this qualitative study is to examine the role of spirituality in the lives of African American women who have experienced trauma.

**DESCRIPTION OF STUDY PROCEDURES:** A verbal invite would be given to women who attend the church of the researcher. Each woman would be approached individually and privately, where there is no stigma related to participation. The women would be identified from the women's group who meet quarterly that discuss various adversities and issues they face. Upon agreement to participate in the study through verbal consent, a formal invitation will be sent via email that will spell out complete details of the study. Included in the email would be the informed consent form. Candidates will be given a week to fill it out the form and send back to researcher via email. Upon receipt of the informed consent form, an interview date/time will be scheduled. Participants will be allowed to choose a location of their choice to ensure comfortability. Additionally, the women will receive the interview questions, which allows a week to gather their thoughts and reflect on their lived experiences with trauma. Then, the interviews will be conducted and could last up to ninety minutes depending on engagement and openness to responses.

**DURATION/TIME ASSOCIATED WITH YOUR INVOLVEMENT:** The interviews could last up to ninety minutes in length depending on participant engagement and openness to responses.

**POTENTIAL RISKS OR DISCOMFORTS:** Participants may experience strong emotions when responding to questions and when sharing stories around experiences of trauma.

**POTENTIAL BENEFITS:** This study may support the benefits of spirituality as a means to heal from trauma. Findings from this study may shed light on how African American women use spirituality to heal from their traumatic experiences.

**PROJECT ALTERNATIVES TO PARTICIPATION IN THE STUDY:** Non-participation.

**CONFIDENTIALITY OF DATA:** Confidentiality was a vital component in this study. The participants were made aware that the privacy of their lived experiences and their stories would be safeguarded. To avoid ethical issues relating to the participants, the researcher assigned each

participant with a pseudonym. No identifiable information will appear in the final publication so that participants cannot be connected to their responses. The individuals that will have access to the data are Katina Williams (student researcher) and Dr. John Gillham (chair of dissertation committee). The Chair of the Doctor of Education will also have access to the data at the conclusion of the study as the raw data will be stored on his computer.

**COSTS AND/OR COMPENSATION FOR PARTICIPATION:** Participants will not be compensated for participating in this study.

**CIRCUMSTANCES FOR DISMISSAL FROM THE STUDY:** Participants will be dismissed from the study if they do not qualify to participate or if they opt to discontinue their participation in the study.

**COMPENSATION FOR INJURY:** There is no risk of injury associated with participating in this study. Therefore, there will be no compensation for injury.

**CONTACT PERSONS:** For more information concerning this research, please contact DR. JOHN GILLHAM at 419-434-5934. If you believe that you may have suffered a research related injury, contact DR. JOHN GILLHAM at 419-434-5934. If you have further questions about your rights as a research subject, you may contact:

IRB Chairperson  
The University of Findlay  
Findlay, OH 45840  
419 434-4640  
[irb@findlay.edu](mailto:irb@findlay.edu)

**VOLUNTARY PARTICIPATION:** Participation in this study is voluntary. You are free to participate or to withdraw at any time, for whatever reason. In the event that you do withdraw from this study, the information you have already provided will be kept in a confidential manner.

**NEW FINDINGS:** You will be notified of any new information that may change your decision to be included in this study, should any new information become available.

**CONSENT:** Federal regulations require precautionary measures to be taken to insure the protection of human subjects on physical, psychological, social, and other issues. This includes the use of “informed consent” procedures. Please read carefully.

I, \_\_\_\_\_ (PRINTED NAME OF SUBJECT) have been adequately informed regarding the risks and benefits of participating in this study. My signature also indicates that I can change my mind and withdraw my consent to participate at any time without penalty by contacting the study contact person designated above. Any and all questions I had about my participation in this study have been fully answered.

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SUBJECT SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_



I have witnessed the consent process and believe the subject has been fully informed, understands the research study, and has agreed to participate in the study.

WITNESS PRINTED NAME: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_ DATE