Black Girls are Taught to Survive

Historical Trauma and the Strong Black Woman's Embodiment

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ABSTRACT

The authors explore the origins of the Strong Black Woman persona through a historical trauma-informed lens to articulate the archetype as a predictable and necessary trauma response, analyzing the necessity of strength and its generation-to-generation transmission as evidence of ancestral trauma response. We address both post-trauma growth exhibited by the embodiment of the Strong Black Woman, and deleterious effects it engenders. We call all somatic practitioners to seek ongoing training in anti-racist approaches to ensure skilled therapeutic service for clients exhibiting the Strong Black Woman archetype, and for somatic researchers to develop best practice assessments and interventions.

Keywords: Historical trauma, transgenerational transmission, Strong Black Woman, ancestral trauma response

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A growing body of research demonstrates the paradoxical experience of embodying the characteristic traits of the Strong Black Woman (SBW) archetype (Davis, 2015). First defined in the literature in 2000, the archetype exists as a collection of culturally normed behaviors and schemas that scholars believe were originally enacted by enslaved African women in protection of their children and communities, and to survive the horrors of enslavement (Harris-Lacewell, 2001, Romero, 2000; Wood-Giscombé, 2010). Defining characteristics of the archetype include suppression and self-silencing of personal need and emotion, self-reliance, and obsessive caretaking, driven by schemas that discourage self-care and help-seeking behaviors (Romero, 2000). As culturally expected responses to stress, these traits are passed down generationally via implicit and explicit messaging that dictate survival skills for African American women and girls navigating oppressive environments, but with adverse consequences for mental and physical health (Davis, 2015).

> ***Brave Heart conceptualized historical trauma as a collective and cumulative experience of loss and unresolved grief following intentional genocide.***

Donovan and West (2014) found that moderate to high embrace of the archetype among college students predicted depression and poorer mental health outcomes. Moreover, a study on African American trauma survivors revealed that high embrace of the archetype resulted in self-silencing behaviors and difficulties regulating emotion (Harrington et al., 2010). Liao and colleagues (2020) found among SBW "perfectionism, which was associated with low self-compassion and low use of collective coping" (p. 84) led to higher rates of depression and anxiety. Higher rates of cardiovascular disease and other chronic illnesses, increased secondary illnesses, higher mortality rates, anemia, and increased maternal deaths have all been associated with the SBW archetype (Abrams, 2010; Chinn et al., 2021). Yet despite awareness of these negative impacts on both physical and mental health, Wood-Giscombé (2010) found that African American women feel compelled to embrace the persona.

Traits of the archetype are often used to combat and navigate oppressive spaces (Wallace et al., *in-press*) and are often used in protection of the family unit and community (Hannah-Jones, 2019; Romero, 2000). Access to quality healthcare, nutritious foods, safe and affordable housing, quality education, and economic stability are basic needs for most Americans. However, African American women have historically found themselves as the target of discriminatory policies that limit or deny them access to these basic resources. African American women earn approximately $5,500 per year less than white women, and are often the head of their households, requiring them to do more with less and without the benefit of income from partners. Redlining laws inhibit African American women's abilities to purchase homes in desirable neighborhoods where they might have access to better schools, outdoor spaces, or grocery stores for healthy foods. Further impacted at the intersection of race and gender, African American women are more likely to face discrimination in the form of racism and sexism because of their identities at numbers greater than white women and African American men. Laws that protect whiteness and white access (e.g., resource extraction industries, higher educational and employment opportunities) over human rights continue to sanction historical racialized trauma, cloaked by government-led disinformation campaigns, and protect the perpetrators of it today (Mitchell & Schoeffel, 2002; Williams, 1987; Zinn, 1980-2003).

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Trauma-Informed Care Fact Sheet (TICFS) identifies four forms of trauma that may be embodied – cultural, historical, intergenerational, and current (2014). Menakem (2017, 2022 a&b), a social worker and Somatic Experiencing Practitioner who developed Somatic Abolitionism as an antidote to racialized trauma, further elucidates how cultural, historical, intergenerational, persistent institutional, and current personal trauma become embodied, or stored in the muscle memory, fascia, breath patterns, core beliefs, and biobehavioral responses to ongoing environmental threats. DeGruy (2005, 2017) artfully describes how these biobehavioral responses are transmitted through parenting and caregiving practices in anticipatory protection from imminent and ongoing threats in a racially stratified society. Subsequent researchers have further teased apart how these necessary biobehavioral responses impact parenting, caregiving, and attachment styles (Alexander, 2018; Graff, 2014; Hampton, 2021).

The American Medical Association recognizes that inequities in social determinants of health are rooted in historical and transgenerational trauma, requiring updated training for skillful intervention in both medical and mental health, in addition to systemic overhaul of how racialized stress is considered in treatment and research (AMA, 2021). The American Psychological Association is also acknowledging the embodied impact of chronic traumatic stress (2018) and transgenerational impacts of historical trauma (DeAngelis, 2019), which can often result in living in survival mode (Bezo & Maggi, 2015). Williams-Washington and Mills (2018) emphasized the African American culture's multi-generational enslavement, exposure to racism, and the emotional and physiological stresses associated with prejudice, discrimination, and race-based segregation, and its resulting disparities as evidence of *historical trauma* within the culture.

The term historical trauma was first introduced in 1999 by Lakota social work scholar Maria Yellow Horse Brave Heart to bring attention to the experience of members of the Lakota Nation. Brave Heart conceptualized historical trauma as a collective and cumulative experience of loss and un-

resolved grief following intentional genocide and disruption of a culture's historical course, with resulting disparities that span generations (Brave Heart, 1999). Drawing on psychodynamic theory, indigenous cultural healing practices and research on survivors of the Jewish Holocaust, Brave Heart examined how contemporary health inequities are informed by historical trauma. In acknowledging the historical origins of the SBW archetype and its generational effects, this article offers specificity to the expansion of historical trauma literature on African Americans to include that of the SBW archetype as a historical trauma response.

Oppressive and systemic racism and discrimination faced by African American women maintains the SBW archetype as a salient and persistent character within African American culture (Watson & Hunter, 2015). A growing body of work continues to conceptualize the role of the archetype in the functioning of African American women, and the implications for treatment. However, there is a dearth of literature in the mental health field that explores the "historical, intergenerational, persistent institutional" (Menakem, 2022a) origins of the persona, and its survival link to dehumanizing racist practices attacking the body of African American womanhood that span generations in a white body supremacist structure. Examining the SBW through a historical trauma lens demands understanding its historical origins as a product of the intentional subjugation of African women by a dominant colonizer, resulting in disparities that span for generations. In acknowledging the archetype's psychological and physical health impacts, we argue that the implicit and explicit ideologies of strength passed down through generations of African American women serves as evidence of generation-to-generation transmission of a collective trauma response, and propose a SBW historical trauma (SBW/HT) framework for conceptualizing the mental health disparities impacting African American women embodying the persona. Applying critical race theory to our understanding of post-traumatic responses counters the deficit view of trauma (Ault, 2021), and is therefore an ethical duty of mental health professionals.

The theory of historical trauma

The theory of historical trauma is based upon four assumptions of the trauma's origin (Sotero, 2006).

- First, it is an intentional mass trauma occurring at the hands of a dominant population intent upon subjugation of a less protected population.
- Second, the trauma extends over a period of time, and is not limited to one incident.
- Third, the impact of the trauma is such that its effects span for generations.
- Last, the natural progression of the population is derailed by the severity of the trauma, resulting in generational physiological, psychological, economic, and social disparities.

Central to the theory of historical trauma are three basic constructs: *a trauma experience*, *a trauma response*, and *transgenerational transmission*. According to Sotero, the effects of historical trauma are cumulative, with later generations becoming most impacted by the disease and distress of preceding generations. As a *disease of time*, historical trauma presents as culture-specific disparities in physical, social, and psychological outcomes that disadvantage generations of descendants of the primary generation.

The lingering impacts of the kidnapping, torturing, murder, and enslavement of millions of Africans on the psyche of the African American community is well documented in the literature (Akbar, 1996; DeGury, 2005, 2017; Barden, 2013). Akbar (1996) in his seminal work on the residual effects of slavery, maintained that the impact of the enslavement of African Americans' ancestors extends for generations with social and psychological impacts. Post-Traumatic Slave Syndrome (PTSS), a term coined by DeGruy (2005), later defined the concept as a collection of self-disparaging thought patterns and behaviors, which the author attributed to the enslavement of one's ancestors. The syndrome is characterized by vacant esteem, ever-present anger, and internalized racism. Halloran (2019) offered a Terror Management Theory account of PTSS with a focus on despair and helplessness, loss of identity, and lack of meaning and value, which are passed down to successive generations. Moreover, epigenetics demonstrates that traumatic experiences can alter DNA in offspring, with negative implications for both medical and mental health (Jawaid et al., 2018; Krippner & Barrett, 2019; Youssef et al., 2018). Systemic chronic inflammation from stress (including traumatic stress) is the leading etiology of all terminal illnesses worldwide,

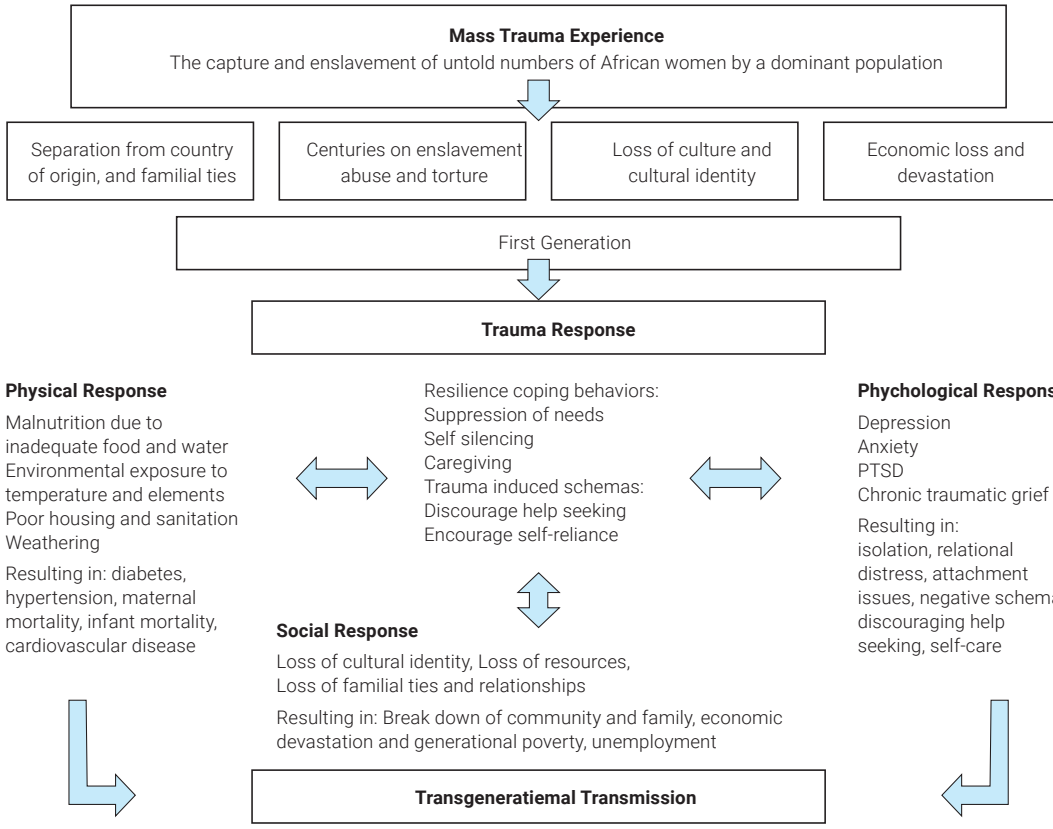

Figure 1. *Conceptual Model of the SBW/HT Framework*

the effects of which further increase for women after menopause (Furman et al., 2019).

Scholars have conceptualized the enslavement of the African American population using historical trauma as a framework. Hampton et al. (2010) offered a definition of the historical trauma of African Americans: "the collective spiritual, psychological, emotional and cognitive distress perpetrated intergenerationally deriving from multiple denigrative experience originating from slavery and continuing with pattern forms of racism and discrimination to the present day" (p. 32). The enslavement of millions and centuries of oppression – which is obviously still underway – resulted in derailment of the natural course of development of African culture, with impacts that span two continents, and continue to be experienced through economic, social, psychological, and physical health disparities. These social determinants of health result in atrocious maternal morality rates, infant mortality rates, pregnancy-related mortality, and acquired chronic illness. In spite of these disparities, Black women have among the lowest rates of suicide (Chinn et al., 2021; Curtin & Hedegaard, 2019), which is yet another measure of how strength and resilience are the only options considered. According to Williams-Washington and Mills (2018), race is the primary factor contributing to historical trauma. Citing the familial, social, biological, and individual consequences of historical trauma, the authors demonstrate the African American culture's history of race-based enslavement, and resulting disparities as evidence of historical trauma.

SBW/HT Framework

The conceptual model of the SBW-HT framework (Figure 1) demonstrates the SBW archetype as a collection of trauma-induced behaviors and thinking patterns that developed in response to the trau-

ma associated with generations of enslavement and ongoing oppression. Central to this framework is the ideology of strength, which serves as the vehicle of intergenerational transmission of the past trauma of enslavement, and demonstrates the archetype as a historical trauma.

A trauma experience

From 1619, when the surviving 21 enslaved Africans arrived as cargo on the *White Lion* in Jamestown, Virginia (Hannah-Jones, 2021), African American women have been subjected to the uncertainty of tomorrow through daily acts of violence, oppression, racial harassment, and microaggressions, with few opportunities for respite. Recent state legislation has sought to remove the accurate history of enslavement from modern textbooks; however, the literature and lived experiences of its descendants give voice to its existence. Respected no more than mules (Beaufoeuf-Lafontant, 2007; Harris-Lacewell, 2001), and subjected to the same labor expectations as men (Jones, 1982; Leary, 2005), enslaved African women worked from dawn to dusk, with added expectations of nursing and raising the offspring of their captors (Ball, 1999). Frequently subjected to the brutality of rape and forced mating, enslaved African women also suffered the same severe consequences as men in response to acts of defiance and insurrection (Jones, 1982). Whippings, hangings, mutilations, and sexual assaults were common and legalized forms of punishment, in addition to daily exposures to sexual harassment, and bearing witness to the torture, abuse, and murder of others (Ball, 1999). Dehumanization was a feature unique to American chattel slavery (Ball, 1999), and disavowed enslavers to expectations of respect, as laws did not exist to protect the enslaved.

Stereotypes of promiscuity and immorality were also weaponized, and portrayed enslaved women as deserving of victimization (Wilson, 2021). This was but one of several means to exploit labor and justify atrocities of abuse. J. Marion Sims, often referred to as the "Father of Gynecology," is quoted as having said enslaved women were "able to bear great pain because their 'race' made them more durable and thus they were well suited for painful experimentation" (Leary, 2005, p. 81). This characterization of African women as superordinately strong served a white supremacist agenda that capitalized off their supposed physical and emotional "strength" and reproductive labor (Mullings, 2006). Scholars believe that applying this label of *strong* to enslaved women allowed enslavers to resolve themselves of feelings of guilt and remorse, thereby justifying their atrocities, and emboldening brutal acts of physical and sexual violence upon their victims without regard for their identity as either woman (and therefore deserving of preferential treatment) or human (Littlefield, 2008). This defeminizing ideology of Black womanhood also served to differentiate enslaved women from the fragile, delicate images of white femininity and "sexual purity" (Wilson, 2021, p. 124), a pattern that continues to this day as African American women are frequently subjected to societal bias with regards to both gender and race (Jones & Shorter-Gooden, 2003). Interestingly, Billups et al. (2022), in a study exploring intersectionality, found that Black women have a "unique perceived absence of status" (p. 1) that is inconsistent with stereotypes associated with being either a woman or being Black. The researchers suggest that this status renders Black women as "differentially vulnerable " (p. 7) to stereotypes associated with race and gender when compared to white women and Black men.

A trauma response

Traumatologist Peter Levine defines trauma as the body's natural response to an overwhelming situation (1997). The overwhelm can be due to a single incident of shock, ongoing relational/developmental threats, or a combination of the two over prolonged periods (Herman, 1997; Solomon & Hiede, 1999; Terr, 1990). Traumatology research reveals that survival neurochemistry, resulting threat detection, and psychological defenses are generated in an immediate response to prepare the body to fight or flee, and if that is not feasible, to fawn, freeze, or *flop* (collapse, much like an opossum in the face of threat). The more survival neurochemistry the body must break down and digest, the more inflammation, developmental interruption, and emotional re-organization in the form of post-trauma growth must be catalyzed across the lifetime (Jayawickreme et al., 2021). The earlier, more chronic and disruptive the trauma, the less likely the sufferer will have opportunities to integrate healthful post-trauma growth (Ault, 2021; LaPierre & Heller, 2012; Tranter et al., 2021;

Widyorini et al., 2021). Because African American women in a *pigmentocracy* (social ranking according to melanin levels [Menakem, 2022a]) are unduly targeted and oppressed on a regular basis, chronic threats without significant respite can interrupt the benefits of post-trauma growth, maintaining the necessity of the archetype as a coping and survival response for many within this category (Chin et al., 2023; Saleem et al., 2020).

In an effort to mitigate the physical and psychological threats of enslavement, African American women adopted a pattern of coping that increased the chances of survival: the ability to sacrifice their own comfort and needs for the sake of nurturing and preserving the family unit (Romero, 2000; Boyd-Franklin, 2003). Rather than succumb to the traumas of legalized sexual, psychological, and physical abuse, enslaved African American women embodied the racist-fueled persona of strength, and learned to minimize emotional expression, recognizing that such displays only intensified the savagery of their white feral (Menakem, 2022a) captors, and put themselves and others at greater risk (West, 1995). Suffering in silence, suppressing emotion and need, engaging in what would later be referred to in the literature as self-silencing (Jack, 1991), and sacrificing their own well-being while caring for others became their only recourse. Being able to do so permitted their survival, and ultimately the survival of an entire culture and race (Mullings, 2006).

Birthed in response to the trauma of enslavement and a need to survive, the SBW archetype exists as a collection of trauma-induced adaptive behaviors. These behaviors include self-silencing of needs and emotion, excessive caretaking, and self-reliance, which enabled the enslaved to survive the horrors of captivity and sit at the intersection of a freeze/fawn trauma response. The characteristic traits of the archetype (self-silencing, suppression of need, self-reliance, and caretaking) demonstrate evidence of anticipatory trauma, as they are enacted even when trauma is not identifiable because of the pervasive and insidious presence of racism and discrimination.

Self-silencing and suppression of need

The ability to silence and ignore one's own distress, known as self-silencing, is a key trait among SBW (Abrams et al., 2014, 2019). As renowned anti-racist professor Ken Hardy states, "silence is the hallmark of oppression" (2016, p. 133). The theory of self-silencing purports that the silencing of self-expression occurs to prevent the disruption of relationships, and to avoid conflict or retaliation (Jack & Dill, 1992). The behavior manifests through four distinct pathways: (a) silencing the self (suppression of emotion and behavior to avoid conflict), (b) the divided self (presenting a socialized version of self that masks inner feelings of anger and hostility), (c) care as self-sacrifice (maintenance of relationships through prioritizing and caring for others over care of self), and (d) externalized self-perceptions. Abrams et al. (2014) contend that externalized self-perceptions are rooted in a socio-cultural context, meaning African American women feel compelled to project images of strength to meet socio-cultural expectations. Any displays of vulnerability are considered a weakness, including help-seeking for emotional or mental health concerns, and are discouraged through implicit comments that encourage suppression of one's needs and emotions. In response to these expectations, African American women engage in self-silencing to maintain the imagery of strength that is historically rooted in transgenerational trauma. Highlighted in multiple studies (Abrams et al., 2014; Watson-Singleton, 2017; Woods-Giscombe, 2010), self-silencing veils psychological distress in African American women, resulting in avoidance or delays in professional help-seeking, avoidance of inconveniencing others by asking for assistance or appearing vulnerable, and engaging in excessive activity and work-related tasks that mask distress.

Traumatologists conceptualize this kind of chronic holding and over-functioning pattern as the necessary and predictable freeze/fawn response to ongoing threat when fight/flight is not a feasible option. Tonic immobility, or freezing, is a survival response when it preserves psychophysiological integrity in the short term by shortening breathing, tightening muscles, heightening overall awareness, and narrowing the field of vision to be focused on environmental threats, while shutting down sensation (Volchana et al., 2017). It is the target or victims' wise embodied survival reaction to inescapable abuse and torture; specifically, when "fleeing or aggressive responses are likely to be ineffective, a freeze response may take place" (Schmidt et al., 2008, para. 2). Tonic immobility

floods the body with inflammatory survival neurochemicals such as glucocorticoids, adrenaline, and norepinephrine (Geracioti et al., 2008; Ford, 2009); these stop the body in its tracks, and prevent the blood from pumping out too fast in case of attack in order to preserve the chances of survival (Levine, 1997). These survival neurochemicals also lead to short-term numbing of the body/mind, a small mercy provided by nature. In post-trauma stress disorder, these neurochemicals continue to be measurable outside the normal range that helps the body respond effectively to short-term stressors, and then return to a resting baseline. *In utero* glucocorticoid programming appears to be one of the mechanisms of transgenerational trauma transmission (Yehuda & Bierer, 2007).

Sacrificial caregiving

Pete Walker aptly described how when danger is perceived as slightly less life-threatening, and yet still imminent and impossibly inescapable, we will have biobehavioral and neurophysiological access to the *fawn* response, also known as "please and appease" (Walker, 2003). Fawning is mediated by the social engagement system of our complex neurophysiology, and thus, we will use all our social skills to unobtrusively negotiate our way out of imminent and ongoing danger from one who has more power than we do (Mandeville, 2021). Fawning behavior is commonly conceptualized – often blaming the victim – as codependency in mental health literature. However, it is a learned survival behavior to try to fend off long-term threats we cannot escape (such as children experience with their caregivers), and can result in abdication of personal needs and voice in exchange for any shred of safety, and access to needed resources (Ryder, 2022). The traumatic entrapment of Stockholm syndrome, often much less brutal than chattel slavery, has been linked to the please and appease behavior of survival through fawning (Cantor & Price, 2007). Both freeze and fawn tend to be equipped with life-preserving anger, more repressed than in the fight/flight response, because its expression can increase the risk of subsequent threat (Owca, 2020). A growing understanding of process addictions, such as overwork, links over-functioning characteristics of fawning to traumatic stress (Wilson & Johnson, 2013). These over-functioning characteristics are often valued by oppressive systems, which makes them more insidious to grapple with when that over-functioning serves the oppressive systems that impart the trauma, and require over-work from the victims. The day-to-day functioning of enslaved women required them to over-function to survive.

In an effort to cope with the fall-out of a racist society, SBW women absorb the trauma of their communities and families, and externalize their experience by converting trauma energy into physical action through labor and production. Releasing stored trauma energy is not a new concept, and is consistent with the modern day practice of bottom-up somatic therapies that encourage the release of stored survival and overwhelm energy through breathwork, humming, and sounding; authentic, protective, and rhythmic movement; healing touch in safe community; and creating a post-intervention coherent narrative to restore emotional equilibrium and connection (Aposhyan, 1999, 2004; Craig, 2015; Hartley, 2004; Heller & LaPierre, 2012; Johnson, 1995, 2018; Johnson, 2018; LaBarre, 2001; 2004; Levine, 1997, 2008; 2010; MacNaughton, 2004; Menakem, 2017, 2022 a & b; Ogden & Fisher, 2015; Pert, 2000; Porges & Dana, 2018; Rothschild, 2000; Solomon & Siegel, 2003; van der Kolk, 2014; Weaver, n.d.).

Self-reliance

Davis (1995) rationalized the necessity of African American women's independence in the absence of their partners to provide protection during enslavement, and the significance of other adaptive coping schemas given the lack of access to much needed resources. The brutality of enslavement often meant that partners were separated in an effort to maintain control, and decrease the chances of revolt in defense of one's mate. This loss of protection required enslaved women to demonstrate an uncommon endurance (Beauboeuf-Lafontant, 2009), often described as an ability to keep moving despite the adversity created by the hardships of enslavement. While self-reliance is often considered evidence of post traumatic growth, underlying schemas that challenge notions of emotional support and endorse self-reliance are demonstrated to increase psychological distress. Watson-Singleton (2017) found that the embodiment of the archetype is inversely associated with perceived emotional support; the more one embraces the schemas of emotional suppression and self-reliance, the less perceived support is experienced, mediating the

relationship between schemas associated with the archetype and psychological distress. The authors suggest that the pressure to *embody* self-reliance by the avoidance of asking for help maintains the facade of strength, and may aid SBW in navigating hardships without support with a cost for psychological wellbeing.

Porges coined the term neuroception to describe the brain's ability to detect danger and safety, and respond accordingly with a fight, flight, freeze, or flop response. Once activated, the detected level of threat determines whether the response is social engagement (seeking out others for help); or, when faced with a more immediate danger, fight or flight; or, when demise is likely, freeze or flop. For enslaved women, the will to survive afforded a shift in trauma energy from fight/flight to production. The importance of the coping behavior cannot be underemphasized as enslaved women's value was often equated to their ability to produce, whether it be offspring or physical labor. In times of distress, the expectation that others would step in to protect against acts of violence was refuted so consistently that reliance upon others for safety quickly took on an element of danger, as those offering support or protection were also subjected to abuse.

Therefore, the authors assert the SBW archetype is a predictable, prosocial, transgenerational post-trauma stress response that requires skillful trauma-informed care to – in particular because SBW may likely continue to face proximal and distal threats to their and their beloveds' safety and dignity in a racially stratified society that often protects offenders.

Transgenerational transmission

Consistent with the theory of historical trauma, the SBW/HT model asserts a shift from an individual deficit perspective of the archetype to a sociocultur-ally-attuned one that considers the ongoing systemic oppression of African American women as the catalyst of the disparities they experience (Otega-Williams, 2017). Specifically, this perspective calls attention to the necessity of the generation-to-generation transmission of the archetype, as African American mothers prepare their daughters to face the realities of a racist and patriarchal structure that continues to regard Black women in dehumanizing terms (Anyiwo et al., 2022; Everet et al., 2016; Oshin & Milan, 2019). Transgenerational transmission occurs when a traumatic event "takes place to either an individual, family, or collective community and gets passed down to subsequent generations…often perpetrated by outside sources rather than within the family itself… (including) discrimination, oppression, violence, sexual abuse, accidental deaths, and suicide" (Stress and Trauma Evaluation and Psychological Services, 2022). The current authors posit the embodiment of strength as a form of transgenerationally transmitted post-trauma growth, collectively demonstrated in response to what Solomon & Heide differentiated as Type III trauma, "when an individual experiences multiple, pervasive, violent events beginning at an early age and continuing over a long period of time" (1999, p. 1). This embodiment of post-trauma growth, while decidedly prosocial and collectively demonstrated, comes at a personal cost, and merits sensitive therapeutic support (Ortega-Williams, 2017). It is our contention that the embodiment of strength, and its unrealistic demands, serve as the vessel through which the trauma of enslavement has been passed.

The image of strength is a hallmark feature of African American womanhood, and the literature is replete with references to its necessity (Woods-Giscombé, 2010). In a study conducted by Wallace and colleagues (2019) examining wellness among SBW, participants reported witnessing strength in the mothers, aunties, and grandmothers who raised them. Participants reported they were bombarded with messages of strength in childhood. Unspoken expectations that they would be SBW were shared through implicit and explicit messaging, with threats of ostracization if expectations were not met. Wallace found that the cultural expectations of strength associated with being a SBW (suppression of emotion, caregiving, and self-reliance) were ingrained through consistent reinforcement of what participants referred to as survival skills. These skills were necessitated by discourse that dictated the culturally sanctioned and expected roles of Black women, one of which was to *be* a Strong Black Woman.

Further evidence of the generational transmission of the archetype is found throughout the literature (Beauboeuf-Lafontant, 2009; Romero, 2000; Harris-Lacewell, 2001). Watson and Hunter (2015) discussed the necessity of these traits as tools for African American girls to address the unique stressors

associated with their race and gender. Abrams and colleagues (2014) found that strength in the form of compulsory resilience, independence, and leadership served as a mandate for survival. Referencing the experiences of their ancestors, participants in this qualitative study gave voice to the lived experiences of hardship and survival through generations of oppression. The descendants of enslaved African women continue to enact and pass down these and other cultural coping behaviors, with little awareness of the archetype's historical roots as a trauma response. Evidence of this generational transmission shows this trauma has bidirectional deleterious effects (Colen et al., 2019; Condon et al., 2021; Wade-Gayles, 1984).

The lingering impacts of historical trauma on future generations of SBW

Discussions of HT in SBW women are incomplete without consideration of the social impact of persistent institutional and systemic discrimination and racism. A growing body of research links the SBW archetype to poorer psychological functioning. Seeking to understand the relationship between the archetype and stress, Donovan and West (2015) found that a high embrace of the SBW tenets increased participants' reports of stress and depression. Nelson and colleagues (2016, 2020) found that underlying schemas associated with the archetype discouraged professional help-seeking behaviors for both physical and mental health concerns. Abrams and colleagues (2019) unveiled evidence of these schemas, and described how they support ideologies of strength and mediate the symptoms of depression linked to the suppression and self-silencing of emotion.

Implications for the SBW-HT framework

Conceptualizing the persona through a trauma lens that acknowledges the façade of strength as a coping mechanism may aid clinicians in efforts toward building trust and rapport. Acknowledging the generational pathways of SBW-hood within the client's family and kinship ties honors their collective best efforts of protecting themselves and those they care about from the lingering effects and dangers of traumatic racism and oppression. Staying present-focused by acknowledging how these efforts show up in the client's daily life demonstrates a respect for the archetype's protective presence, and also creates space for discussing the ways in which it can sometimes feel impairing, particularly when its traits inhibit one's personal. emotional, and physical well-being. Accounts of exposure to microaggressions and racism should be met with validation and acceptance of life-affirming rage, exhaustion, and heartbreak. Broaching the subject of race and racialized stress requires counselors to reflect on their own experiences and training with the topic, which increases cultural sensitivity. For white and white-passing clinicians who have not yet committed to lifelong examination of the implications of living in a patriarchal pigmentocracy, we *implore* you to begin to train in abolitionist and decolonizing approaches in support of SWB (Brock-Petroshius et al., 2022; DiAngelo, 2018; Menakem, 2017, 2022 a & b). Importantly for the present article, deep social and spiritual support are central to flourishing in spite of racialized trauma (Grier-Reed, et al., 2023), reclaiming what chattel slavery systematically attacked, and what white body supremacy continues to try to break in overt and covert ways (DeGruy, 2005; Kendi, 2019; Menakem, 2017, 2022a).

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REFERENCES

Abrams, J. A., Hill, A., & Maxwell, M. (2019). Underneath the mask of the strong Black woman schema: Disentangling influences of strength and self-silencing on depressive symptoms among US Black women. *Sex roles*, 80(9), 517-526.

Abrams, J. A., Maxwell, M., Pope, M., & Belgrave, F. Z. (2014). Carrying the world with the grace of a lady and the grit of a warrior: Deepening our understanding of the "Strong Black Woman" schema. *Psychology of Women Quarterly*, 38(4), 503-518.

Alexander, A. E. (2018). Examining the legacy of transgenerational trauma and its effects on contemporary African American adults in parenting and caregiver roles to African American adolescents. (Doctoral dissertation, Duquesne University). Retrieved from https://dsc.duq.edu/etd/1487

American Medical Association. (2022). *Organizational strategic plan to embed racial justice and advance health equity*. https://www.ama-assn.org/system/files/2021-05/ama-equity-strategic-plan.pdf

American Psychological Association. (2018, November 1). *Stress effects on the body*. https://www.apa.org/topics/stress/body

Anyiwo, N., Stanton, A. G., Avery, L. R., Bernard, D. L., Abrams, J. A., & Golden, A. (2022). Becoming strong: Sociocultural experiences, mental health, & Black girls' strong Black woman schema endorsement. *Journal of Research on Adolescence*, 32(1), 89-98.

Aposhyan, S. (2004). *Body-mind psychotherapy: Principles, techniques, and practical applications*. New York, NY: W.W. Norton.

Aposhyan, S. (1999). *Natural intelligence: Body-mind integration and human development*. Baltimore, MD: Williams & Wilkins.

Ault, S. C. (2021). Hope as praxis, pedagogy, and purpose: Using a critical post-traumatic growth framework to navigate traumatic environments. In *Elevating Marginalized Voices in Academe*. Routledge. ISBN 9781003044338

Beauboeuf-Lafontant, T. (2009). *Behind the mask of the strong Black woman*. Philadelphia, PA: Temple University.

Bell, C. (1999). *Slavery in the United States: A narrative of the life and adventures of Charles Ball, a Black man, who lived forty years in Maryland, South Carolina and Georgia, as a slave under various masters, and was one year in the Navy with Commodore Barney, during the late war*. Davis Library, UNC-CH, University of North Carolina at Chapel Hill.

Bezo, B., & Maggi, S. (2015). Living in "survival mode:" Intergenerational transmission of trauma from the Holodomor genocide of 1932–1933 in Ukraine. *Social Science & Medicine*, 134, 87-94. https://doi.org/10.1016/j.socscimed.2015.04.009

Billups, S. Thelamour, B., Thibodeau, P., & Durgin, F. H. (2022). On intersectionality: Visualizing the invisibility of Black women. *Cognitive research: Principles and Implications*, 7(100), 1-8. https://doi.org/10.1186/s41235-022-00450-1

Black, A. R., & Peacock, N. (2011). Pleasing the masses: Messages for daily life management in African American women's popular media sources. *American Journal of Public Health*, 101, 144-150. https://doi.org/10.2105/AJPH.2009.167817

Boyd-Franklin. (2003). *Black families in therapy: Understanding the African American experience*. New York, NY: Guilford Press.

Bradford, J. H. (2021). Therapy for Black girls. [podcast]. https://therapyforblackgirls.com/2021/02/24/session-196-understanding-complex-ptsd/

Brave Heart, M. Y. H. (2000). Wakiksuyapi: Carrying the historical trauma of the Lakota. *Tulane Studies in Social Welfare*, 21(22), 245-66.

Brock-Petroshius, K., Mikell, D., Washington Sr., D. M., & James, K. (2022). From social justice to abolition: Living up to social work's grand challenge of eliminating racism. *Journal of Ethnic & Cultural Diversity in Social Work*, 1-15. DOI: 10.1080/15313204.2022.2070891

Cantor, C., & Price, J. (2007). Traumatic entrapment, appeasement and complex post-traumatic stress disorder: Evolutionary perspectives of hostage reactions, domestic abuse and the Stockholm syndrome. *The Australian and New Zealand Journal of Psychiatry*, 41(5), 377-384. https://doi.org/10.1080/00048670701261178

Chinn, J. J., Martin, I. K., & Redmond, N. (2021). Health equity among Black women in the United States. *Journal of Women's Health*, 30(2), 212-219. https://doi.org/10.1089/jwh.2020.8868

Colen, C. G., Li, Q., Reczek, C., & Williams, D. R. (2019). The intergenerational transmission of discrimination: Children's experiences of unfair treatment and their mothers' health at midlife. *Journal of Health and Social Behavior*, 60(4), 474–492. https://doi.org/10.1177/0022146519887347

Condon, E. M., Barcelona, V., Ibrahim, B. B., Crusto, C. A., & Taylor, J. Y. (2021). Racial discrimination, mental health, and parenting among African American mothers of preschool-aged children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 61(3), 402-412.

Craig, A. D. (2015). *How do you feel? An interoceptive moment with your neurobiological self*. Princeton, NJ: Princeton University Press.

Crenshaw, K. W. (1994). Mapping the margins: Intersectionality, identity politics, and violence against women of color. In M.A. Fineman & R. Mykitiuk (Eds.). *The public nature of private violence* (pp. 93-118). New York, NY: Routledge.

Curtin, S. C., & Hedegaard, H. (2019). Suicide rates for females and males by race and ethnicity: United States, 1999 and 2017. *NCHS Health E-Stat*. https://www.cdc.gov/nchs/data/hestat/suicide/rates_1999_2017.htm

Danzer, G., Rieger, S. M., Schubmehl, S., & Cort, D. (2016). White psychologists and African Americans' historical trauma: Implications for practice. *Journal of Aggression, Maltreatment & Trauma*, 25(4), 351-370. DOI: 10.1080/10926771.2016.1153550

Davis, A. (1995). Reflection on the Black woman's role in the community of slaves. In B. Guy-Shatell (Ed.). *Words of fire: An anthology of African American feminist thought* (pp. 200-218). New York, NY: The New Press.

Davis, S. M. (2015). The "Strong Black Woman Collective": A developing theoretical framework for understanding collective communication practices of Black women. *Women's Studies in Communication*, 38(1), 20-35.

DeGruy, J. (2005, 2017). *Post-traumatic slave syndrome: America's legacy of enduring injury & healing*. Portland, OR: Uptone Press.

DiAngelo, R. (2018). *White fragility: Why it's so hard for white people to talk about racism*. Boston: Beacon.

Donovan, R. A., & West, L. M. (2014). Stress and mental health: Moderating role of the strong Black woman stereotype. *Journal of Black Psychology*, 41(4), 384-396.

Everet, J. E., Marks, L. D., & Clarke-Mitchell, J. F. (2016). A qualitative study of the Black mother-daughter relationship: Lessons learned about self-esteem, coping, and resilience. *Journal of Black Studies*, 47(4), 334-350. http://www.jstor.org/stable/43926948

Ford, J. (2009). Neurobiology of traumatic stress disorders and their impact on physical health. In *Posttraumatic Stress Disorder* (p. 117-141). Cambridge, MA: Academic Press. ISBN 9780123744623. https://doi.org/10.1016/B978-0-12-374462-3.00005-8.

Franklin, A. J., Boyd-Franklin, N. & Kelly, S. (2006). Racism and invisibility. *Journal of Emotional Abuse*, 6(2-3), 9-30. DOI: 10.1300/J135v06n02_02

Furman, D., Campisi, J., Verdin, E., Carrera-Bastos, P., Targ, S., Franceschi, C., Ferrucci, L., Gilroy, D. W., Fasano, A., Miller, G. W., Miller, A. H., Mantovani, A., Weyand, C. M., Barzilai, N., Goronzy, J. J., Rando, T. A., Effros, R. B., Lucia, A., Kleinstreuer, N., & Slavich, G. M. (2019). Chronic inflammation in the etiology of disease across the life span. *Nature Medicine*, 25(12), 1822-1832. https://doi.org/10.1038/s41591-019-0675-0

Geracioti, T. D., Baker, D. G., Kasckow, J. W., Strawn, J. R., Mulchahey, J. J., Dashevsky, B. A., Horn, P. S., & Ekhator, N. N. (2008). Effects of trauma-related audiovisual stimulation on cerebrospinal fluid norepinephrine and corticotropin-releasing hormone concentrations in post-traumatic stress disorder. *Psychoneuroendocrinology*, 33(4), 416-424. https://doi.org/10.1016/j.psyneuen.2007.12.012.

Grier-Reed, T., Maples, A., Houseworth, J., & Ajayi, A. (2023). Posttraumatic growth and flourishing in the face of racial trauma. *Psychological Trauma: Theory, Research, Practice, and Policy*, 15(1), 37-44. https://doi.org/10.1037/tra0001220

Hall, J. C., Conner, K. O., & Jones, K. (2021). The strong Black woman versus mental health utilization: A qualitative study. *Health & Social Work*, 46(1), 33-41. https://doi.org/10.1093/hsw/hlaa036

Halloran, M. J. (2019). African American health and post traumatic slave syndrome: A terror management theory account. *The Journal of Black Studies*, 51(1), 45-65. https://doi.org/10.1177/0021934718803737

Hampton, L. (2021). *Generations of pain: A transgenerational examination of trauma, parenting styles, and attachment of Black women*. Dissertations. 623. https://digitalcommons.nl.edu/diss/623

Hardy, K. V. (2016). Anti-racist approaches for shaping theoretical and practice paradigms. In M. Pender-Greene & A. Siskin (Eds.). *Anti-racist strategies for the health and human services*. Oxford, UK: Oxford University Press.

Harrington, C. F., Crowther, J. H., & Shipherd, J. C. (2010). Trauma, binge eating and the "strong Black woman". *Journal of Consulting and Clinical Psychology*, 78, 469-479. https://doi.org/10.1037/a0019174

Harris-Lacewell, M. (2001). No place to rest: African American political attitudes and the myth of Black women's strength. *Women & Politics*, 23, 1-33. https://doi.org/10.1300/J014v23n03_01

Hartley, L. (2004). *Somatic psychology: Body, mind and meaning*. London: Whurr.

Hatfield, A. (2005). Enslaved African women in the minds of English men and in English colonial America. *Reviews in American History*, 1, 41-46. Retrieved August 29, 2021, from http://www.jstor.org/stable/30031484

Heller, L., & LaPierre, A. (2012). *Healing developmental trauma: How early trauma affects self-regulation, self-image, and the capacity for relationship*. Berkeley, CA: North Atlantic Books.

Jack, D. C. (1991). *Silencing the self: Women and depression*. Cambridge, MA: Harvard University Press.

Jack, D. C., & Dill, D. (1992). The silencing the self scale: Schemas of intimacy associated with depression in women. *Psychology of Women Quarterly*, 16(1), 97-106. https://doi.org/10.1111/j.1471-6402.1992.tb00242.x

Jawaid, A., Roszkowski, M., & Mansuy, I. M. (2018). Transgenerational epigenetics of traumatic stress, in (Ed.) Bart P. F. Rutten, *Progress in Molecular Biology and Translational Science*, Academic Press, 158, 273-298. https://doi.org/10.1016/bs.pmbts.2018.03.003.

Johnson, D. H. (Ed.). (1995). *Bone, breath, & gesture: Practices of embodiment*. Berkeley, CA: North Atlantic Books.

Johnson, D. H. (Ed.). (2018). *Diverse bodies, diverse practices: Toward an inclusive somatics*. Berkeley, CA: North Atlantic Books.

Johnson, R. (2018). *Embodied social justice*. New York, NY: Routledge.

Jones, C., & Shorter-Gooden, K. (2003). *Shifting: The double lives of Black women in America*. New York, NY: HarperCollins.

Kendi, I. X. (2019). *How to be an antiracist*. New York, NY: One World.

LaBarre, F. (2001). *On moving and being moved: Nonverbal behavior in clinical practice*. Hillsdale, NJ: Analytic Press.

Leary, K. (2012). Race as an adaptive challenge: Working with diversity in the clinical consulting room. *Psychoanalytic Psychology*, 29(3), 279-291. https://doi.org/10.1037/a0027817

Levine, P. (1997). *Waking the tiger, healing trauma: The innate capacity to transform overwhelming experiences*. Berkeley, CA: North Atlantic Books.

Levine, P., & Kline, M. (2008). *Trauma-proofing your kids: A parents' guide to instilling confidence, joy, and resilience*. Berkeley, CA: North Atlantic Books.

Levine, P. (2010). *In an unspoken voice: How the body releases trauma and restores goodness*. Berkeley, CA: North Atlantic Books.

Liao, K. Y.-H., Wei, M., & Yin, M. (2020). The misunderstood schema of the strong Black woman: Exploring its mental health consequences and coping responses among African American Women. *Psychology of Women Quarterly*, 44(1), 84-104. https://doi.org/10.1177/0361684319883198

Littlefield, M. B. (2004). Gender role identity and stress in African American women. *Journal of Human Behavior in the Social Environment*, 8(4), 93-104. https://doi.org/10.1300/J137v08n04_06

Littlefield, M. B. (2008). The media as a system of racialization; Exploring images of the African American woman and new racism. *American Behavioral Scientist*, 51(5). https://doi.org/10.1177/0002764207307747

MacNaughton, I. (2004). *Body, breath, & consciousness: A somatics anthology*. Berkeley, CA: North Atlantic Books.

McEwen, B. S. (1998). Protective and damaging effects of stress mediators. *New England Journal of Medicine*, 338, 171-179. DOI: 10.1056/NEJM199801153380307

Mandeville, R. C. (2021). *Rejected, shamed, and blamed: Help and hope for adults in the family scapegoat role*. Rebecca C. Mandeville. scapegoatrecovery.com

Menakem, R. (2017). *My grandmother's hands: Racialized trauma and the pathway to mending our hearts and bodies*. Las Vegas, NV: Central Recovery Press.

Menakem, R. (2022a). *Foundations of Somatic Abolitionism course*. https://www.resmaa.com/movement

Menakem, R. (2022b). *The quaking of America: An embodied guide to navigating our nation's upheaval and racial reckoning*. Las Vegas, NV: Central Recovery Press.

Mitchell, P. R., & Schoeffel, J. (Eds.). (2002). *Understanding power: The indispensable Chomsky*. New York, NY: The New Press.

Mullings, L., & Schulz, A. J. (2006). Intersectionality and health: An introduction. In A. J. Schulz & L. Mullings (Eds.), *Gender, race, class, & health: Intersectional approaches* (p. 3-17). Hoboken, NJ: Jossey-Bass/Wiley.

Nelson, T., Cardemil, E. V., & Adeoye, C. T. (2016). Rethinking strength: Black women's perceptions of the "Strong Black Woman" role. *Psychology of Women Quarterly*, 1(13). DOI: 10.1177/0361684316646716

Nelson, T., Shahid, N. N., & Cardemil, E. V. (2020). Do I really need to go and see somebody? Black women's perceptions of help-seeking for depression. *Journal of Black Psychology*, 46(4), 263-286. https://doi.org/10.1177/0095798420931644

Ogden, P., & Fisher, J. (2015). *Sensorimotor psychotherapy: Interventions for trauma and attachment*. New York, NY: W. W. Norton.

Ortega-Williams, A. (2017). *Is organizing a pathway for wellbeing and post-traumatic growth for Black youth in New York City? Exploring recovery from historical trauma and systemic violence*. Fordham University Dissertations Publishing, AAI10279034.

Oshin, L. A., & Milan, S. (2019). My strong, Black daughter: Racial/ethnic differences in the attributes mothers value for their daughters. *Cultural Diversity & Ethnic Minority Psychology*, 25(2), 179-187. https://doi.org/10.1037/cdp0000206

Owca, J. (2020). *The association between a psychotherapist's theoretical orientation and perception of complex trauma and repressed anger in the fawn response*. The Chicago School of Professional Psychology ProQuest Dissertations Publishing, 28086275.

Pert, C. (2000). *Your body is your subconscious mind*. Boulder, CO: Sounds True.

Porges, S., & Dana, D. (Eds). (2018). *Clinical applications of the polyvagal theory: The emergence of polyvagal-informed therapies*. New York, NY: W. W. Norton.

Prussing, E. (2014). Historical trauma: Politics of a conceptual framework. *Transcultural Psychiatry*, 51(3), 436-458. https://doi.org/10.1177/1363461514531316

Rothschild, B. (2000). *The body remembers: The psychophysiology of trauma and trauma treatment*. New York, NY: W. W. Norton.

Rutland, A., Killen, M., & Abrams, D. (2010). A new social-cognitive developmental perspective on prejudice: The interplay between morality and group identity. *Perspectives on Psychological Science*, 5(3), 279-291. https://doi.org/10.1177/1745691610369468

Ryder, G. (2022, January 9). *The fawn response: How trauma can lead to people-pleasing*. PsychCentral. https://psychcentral.com/health/fawn-response

Saleem, F. T., Anderson, R. E., & Williams, M. (2020). Addressing the "myth" of racial trauma: Developmental and ecological considerations for youth of color. *Clinical Child and Family Psychology Review*, 23, 1-14. https://doi.org/10.1007/s10567-019-00304-1

Schmidt, N. B., Richey, J. A., Zvolensky, M. J., & Maner, J. K. (2008). Exploring human freeze responses to a threat stressor. *Journal of Behavior Therapy and Experimental Psychiatry*, 39(3), 292–304. https://doi.org/10.1016/j.jbtep.2007.08.002

Sederstrom, N., & Lasege, T. (2022). "Anti-Black racism as a chronic condition," in *A critical moment in bioethics: Reckoning with anti-Black racism through intergenerational dialogue* (Ed.). Fletcher, F. E. et al., special report, Hastings Center Report, 52(2), S24-S29. DOI: 10.1002/hast.1364

Shavers, M. C., & Moore, J. L., III. (2014). The double-edged sword: Coping and resiliency strategies of African American women enrolled in doctoral programs at predominately white institutions. *Frontiers: A Journal of Women Studies*, 35(3), 15-38. https://www.muse.jhu.edu/article/564290.

Solomon M. F., & Siegel, D. J. (2003). *Healing trauma: Attachment, mind, body, and brain*. New York, NY: W. W. Norton.

Sotero, M. (2006). A conceptual model of historical trauma: Implications for public health practice and research. *Journal of Health Disparities Research and Practice*, 1(1), 93-108. https://ssrn.com/abstract=1350062

Stevens-Watkins, D., Sharma, S., Knighton, J. S., Oser, C. B., & Leukefeld, C. G. (2014). Examining cultural correlates of active coping among African American female trauma survivors. *Psychological Trauma: Theory, Research, Practice, and Policy*, 6(4), 328-336. https://doi.org/10.1037/a0034116

Stress & Trauma Evaluation and Psychological Services. (2022). *What is intergenerational or historical trauma?* https://traumaprofessionals.com/what-is-intergenerational-or-historical-trauma/

Tranter, H., Brooks, M., & Khan, R. (2021). Emotional resilience and event centrality mediate posttraumatic growth following adverse childhood experiences. *Psychological Trauma: Theory, Research, Practice and Policy*, 13(2), 165-173. https://doi.org/10.1037/tra0000953

Troester, R. R. (1991). Turbulence and tenderness: Mothers, daughters, and 'othermothers' in Paule Marshall's Brown girl, brownstones. In (Eds.) Bell-Scott, P., Guy-Sheftall, B., Royster, J. J., Sims-Wood, J., Decosta-Willis, M. & Fultz, L. (Eds.). *Double stitch: Black women write about mothers & daughters*. Boston, MA: Beacon Press, 163-172.

Van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York, NY: Viking.

Volchana, E., Rocha-Rego, V., Bastos, A. F., Oliveira, J. M., Franklin, C., Gleiser, S., Berger, W., Souza, G. G. L., Oliveirac, L., David, I. A., Erthal, F. S., Pereirac, M. G., & Figueira, I. (2017). Immobility reactions under threat: A contribution to human defensive cascade and PTSD. *Neuroscience and Biobehavioral Reviews*, 76, 29-38.

Wade-Gayles, G. (1984). The truths of our mothers' lives: Mother-daughter relationships in Black women's fiction. *Sage: A Scholarly Journal on Black Women*, 1(2), 8-12.

Walker, P. (2003). *Codependency, trauma, and the fawn response.* http://www.pete-walker.com/codependency-FawnResponse.htm

Wallace, D. D. (2019). *Examining perceptions and sensemaking of wellness among African American women who manifest the archetype of the Strong Black Woman.* (Doctoral dissertation). Retrieved from https://scholarcommons.sc.edu/etd/5306

Watson, N. N., & Hunter, C. D. (2015). Anxiety and depression among African American women: The costs of strength and negative attitudes toward psychological help-seeking. *Cultural Diversity & Ethnic Minority Psychology*, 21(4), 604-612. https://doi.org/10.1037/cdp0000015

Watson-Singleton, N. (2017). Strong Black woman schema and psychological distress: The mediating role of perceived emotional support. *Journal of Black Psychology*, 43(8), 778-788. https://doi.org/10.1177/0095798417732414

Weaver, J. (n.d.). *Somatic reclaiming.* http://judythweaver.com/writings/somatic-reclaiming-a-mindbodyspiritual-integrative-process/

White, D. G. (1999). *Too heavy a load: Black women in defense of themselves*, 1894-1994. New York, NY: W. W. Norton.

Widyorini, E., Roswita, M. Y., Primastuti, E., & Wijaya, D. A. (2022). The role of resilience towards the correlation between adverse childhood experiences and post-traumatic growth. *The Open Psychology Journal*, 15(1).

Williams-Washington, K. N., & Mills, C. P. (2018). African American historical trauma: Creating an inclusive measure. *Journal of Multicultural Counseling and Development*, 46, 246-263. https://doi.org/10.1002/jmcd.12113

Williams, P. (1987). Spirit-murdering the messenger: The discourse of finger pointing as the law's response to racism. *University of Miami Law Review*, 42(127). https://repository.law.miami.edu/umlr/vol42/iss1/8

Wilson, A. D., & Johnson, P. (2013). Counselors' understanding of process addiction: A blind spot in the counseling field. *The Professional Counselor*, 3(1), 16-22. DOI: 10.15241/adw.3.1.16

Wilson, D. R. (2021). Sexual exploitation of Black women from the years 1619-2020. *Journal of Race, Gender, and Ethnicity*, 10. Touro College, Jacob D. Fuchsberg Law Center.

Woods-Giscombé, C. L. (2010). Superwoman schema: African American women's views on Stress, strength, and health. *Qualitative Health Research*, 20(5), 668-83. https://doi.org/10.1177/1049732310361892

Wyatt, J. (2008). Patricia Hill Collins's Black sexual politics and the genealogy of the Strong Black Woman. *Studies in Gender and Sexuality*, 9(1), 52-67. https://doi.org/10.1080/15240650701759516

Wyatt, J. (2012). Failed messages, maternal loss, and narrative form in Toni Morrison's *A Mercy. Modern Fiction Studies*, 58, 128-151.

Youssef, N., Lockwood, L., Su, S., Hao, G., & Rutten, B. (2018). The effects of trauma, with or without PTSD, on the transgenerational DNA methylation alterations in human offsprings. *Brain Sciences*, 8(5). MDPI AG. Retrieved from http://dx.doi.org/10.3390/brainsci8050083

Zinn, H. (1980, 1995, 1998, 1990, 2003). *A people's history of the United States*. New York, NY: HarperCollins