EXAMINING THE HOLISTIC HEALTH OF URBAN AFRICAN AMERICANS EXPERIENCING CONTINUOUS TRAUMATIC STRESS AND GUN VIOLENCE IN CHICAGO

by

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ABSTRACT

JABARI QUAASHIE ADOMA ADAMS. Examining the Holistic Health of Urban African Americans Experiencing Continuous Traumatic Stress and Gun Violence in Chicago. (Under the direction of DR. LYNDON P. ABRAMS)

This study examined the holistic health of urban African Americans living on the West Side and South Side of Chicago who are experiencing continuous traumatic stress (CTS) due to gun violence. The qualitative research study utilized a phenomenological methodology to collect and analyze data. The study answered the following research questions: (1) How is the holistic health of urban African Americans affected by CTS due to gun violence in Chicago? (2) How do social and environmental factors contribute to the prevalence of CTS in urban African American communities? (3) How can counselors and counselor educators improve, create, and/or operationalize holistically healthy practices that address urban African Americans exposed to CTS? A semi-structured interview with open-ended questions was utilized to interview study participants and record data. Researchers examined and acknowledged their subjectivity to the research topic and utilized phenomenological reduction and reflexive journaling to create a critical discussion on the data acquired. This study sought to fill gaps in the literature that described urban African Americans' holistic health in reaction to CTS and gun violence. Based on the data analysis, five themes emerged: (a) inequitable resources, (b) culture of gun violence, (c) symptoms of CTS, (d) protective factors/ support, and (e) self-efficacy towards holistic health.

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DEDICATION

I dedicate this work to my family and culture. As I am an American of African descent, I have felt the stress, pain, and heartbreak of outcomes that are the result of oppression and discrimination. I consider myself in a position to work towards healthier outcomes for all people, but especially for people of color and indigenous (POCI) who have had a historically traumatic experience with attempting to live in a self-determined state of holistic health. I will continue to take the opportunity to speak about and describe the challenges we face so that we can create solutions that support our transcendence toward health. Power to the people!

TABLE OF CONTENTS

LIST OF TABLES

LIST OF ABBREVIATIONS

ANS	autonomic nervous system
ASD	acute stress disorder
CBL	community-based learning
CDC	Center for Disease Control
CRT	critical race theory
CT	cumulative trauma
CTS	continuous traumatic stress
C-PTSD	complex post-traumatic stress disorder
DTS	Detainees Counseling Service
EMDR	eye movement desensitization reprocessing
FBI	Federal Bureau of Investigation
fMRI	functional magnetic resonance imaging
IRB	Internal Review Board
OASSA	Organization for Appropriate Social Services in South Africa
OGM	over general memory retrieval
OTSR	ongoing traumatic stress response
LCMHC	Licensed Clinical Mental Health Counselor
MCC	multicultural counseling competencies
MSJCC	multicultural social justice counseling competencies
NSB	National Science Board
PET	positron emission tomography
PGD	prolonged grief disorder

POCI	people of color and indigenous
PS	preparatory set
PTE	potentially traumatic events
PTG	posttraumatic growth
PTS	post-traumatic stress
PTSD	post-traumatic stress disorder
SAM	sympathetic-adrenal-medullary system
SFBT	solution-focused brief therapy
TF-CBT	trauma-focused cognitive behavioral therapy
UNCC	University of North Carolina Charlotte

CHAPTER 1: INTRODUCTION

During *The Great Migration*, African Americans began leaving the Jim Crow South for Northern cities around 1915 and into the 1970s (Grossman, 2005). Black migrants looking for economic opportunity in Northern cities such as Chicago were often met with the discriminatory practices of systemic racism that continue to obstruct racial equity to this day. Farmer (2009) notes that large-scale social forces such as racism, sexism, violent governmental policies, and poverty shaped by history circumvent and prevent people from reaching their full human potential. Black residents who experience these constraints and grow up in high-violence communities are susceptible to compromised well-being and mental health because of neighborhood trauma (Voisin, 2019).

I was born in the City of Chicago in 1982. My mother migrated to the city from Alabama in the late 1970s to further her education and earn a graduate degree to become a high school teacher. My father, from Pennsylvania, joined the U.S. Marines and used the GI Bill to get an education while working for a local community college. The area my family called home in the 1980s was one where violence was spreading too quickly. Gang, race, and police-related violence affecting African Americans was becoming much more frequent, and my parents began considering leaving the area. My mother soon experienced several traumatic experiences where her high school students were murdered during the school year. This violence encouraged my parents to leave the area and move the family several hours downstate to a small rural town where they taught at the local university.

During visits to Chicago, as I got older, I became exposed to the violence that my family worked to escape. At eight years old, after getting out of a cab on Chicago's West Side near the Chicago Stadium that housed the Chicago Bulls and Blackhawks, I found myself caught in the

middle of a shootout between two rival gangs. With bullets whizzing past my head, I dove back into the cab we were getting out of. Luckily, no one was hit as we sped off and got out on another block. On separate occasions while growing up, whether it was visiting family in Chicago, Detroit, or Tuscaloosa, I found myself being caught in the middle of gun violence. Five of my cousins have been murdered during my lifetime, and each of their deaths and the resulting circumstances created a dynamic effect of trauma and grief for my family and me.

I have witnessed two shootings in Charlotte, NC, where I currently study and work. While stepping outside my home one afternoon, I was alerted to a car I did not recognize, and the occupants were arguing with a neighbor who lived a house away. My senses and experience told me to get inside quickly, and as soon as I closed the door, shooters opened fire on my neighbor and his brother, striking one in the chest and the other in the leg. As soon as the car sped off and I got myself up off the floor, I heard my neighbors screaming in terror as they realized their injuries and feared for their lives. After doing my best to make sure the assailants were not returning, I went outside and began to perform first aid on my neighbors while calling for an ambulance. Luckily, they survived their injuries, but a teenage boy who had been shot a few months later would not be so fortunate. A simple run to the gas station would put me in the aftermath of a shooting where a family returning to their home was met with gunfire from assailants who were in the process of robbing their house. A young boy sitting in the car was shot in the head, and the family drove to the gas station I was at to meet the ambulance. The boy was pulled out of the car with blood and gray matter coming out of his head as the family struggled to get him on the gurney. The child's family was inconsolable. I did my best to wipe the boy's blood off their hands while they talked to the police and helped the boy's father receive instructions to get to the hospital.

All these experiences have affected me in many ways. My first reaction was to feel that I was blessed to have been raised in a family that had the resources to escape a consistently violent environment. These experiences have afforded me the perspective of empathizing with individuals who are living with continuous violence and trauma every day. After experiencing my neighbor's shooting, I began to have post-traumatic stress disorder PTSD-like symptoms. I was extremely sensitive to loud noises and any conflict I perceived nearby. It took time to desensitize myself. These events occurred while I was a student in the UNCC Counseling Education and Supervision Doctoral program and caused me to question how violence was affecting people who could not escape the affected environment. Upon hearing a social justice advocate speak on the news about gun violence in Chicago and stating that it was creating continuous traumatic stress among the city's inhabitants, I wanted to know how this level of chronic gun violence was affecting the holistic health of people who inhabit those neighborhoods.

Statement of the Problem

Gun violence occurring in Chicago's South Side and West Side communities is a phenomenon that produces *continuous traumatic stress* (CTS) and affects the holistic health of African American residents living within those communities. Gun violence in Chicago is a public health crisis affecting poor and racially segregated neighborhoods (Voisin, 2019). Between the years 2010 and 2014, 114 schoolchildren were murdered in Chicago. In 2015, the West Garfield Park neighborhood was dubbed *America's Mass Shooting Capital*, highlighting 18 occasions in 2015 where at least four people were shot during a single incident (Ray, 2015). Gunshot wounds account for significant numbers of homicides in Chicago every year. The Chicago Police Department's 2020 Annual Report highlighted that in 2019, 445 homicides were

the result of gunshot wounds. In 2020, there were 692 homicides, accounting for roughly 90% of all homicides in the city each year (Chicago Police Department, 2021). The Cook County Medical Examiner's Office recorded 836 homicides in 2021 (Grimm & Schuba, 2022). Many of these killings occur in South Side and West Side neighborhoods. African Americans demographically make up a sizable portion of the population living in these high-violence communities. In Chicago, there were 2,970 aggravated assaults with a firearm in 2019 and 3,794 recorded in 2020 (Chicago Police Department, 2021).

Continuous Traumatic Stress

Continuous traumatic stress CTS is a phenomenon that exists in conditions where an individual's life and holistic health are perceived to be consistently threatened daily. CTS highlights a human living condition permeated by traumatic experiences. Kaminer et al. (2016) describe CTS as "contexts of protracted civil conflict, mass displacement of individuals or extreme levels of community violence, where ongoing threat and danger is an inescapable part of daily life" (p. 1039). The term was introduced in the 1980s through the collective work of anti-apartheid health professionals in South Africa. CTS was introduced into the literature in 1987 by Gillian Straker and the Sanctuaries Counseling Team (Straker, 2013).

Symptoms of CTS occur in wars, areas that have persistent poverty and subsequent violence, pervasive race and gender-specific violence, and violence committed by agents of the state such as law enforcement, may contribute to scenarios that continuously traumatize individuals that are targets or residents of that community (Straker, 2013). Many people living in places with these consistent stressors do not have the resources to escape or relocate (Kaminer, 2018). Therefore, the symptoms that occur from a continuously traumatic environment may be adaptive and maladaptive. Nonpathological anxiety responses to CTS are conceptualized as

ongoing traumatic stress responses (OTSR), such as arousal, hypervigilance, and avoidance behaviors that may be conceived as normal reactions to abnormal conditions (Diamond et al., 2013).

CTS results from continuous exposure to traumatic events that have no foreseeable end, while in contrast, PTS refers to distinct traumatic experiences that occurred in the past (Diamond et al., 2013). These two distinctly different conceptualizations of traumatic experience have not shared the same attention in research. The construct of CTS warrants further clarification, operationalization, and differentiation with regard to its definition and assessment (Pat-Horenczyk, 2019). CTS has received minimal empirical study by researchers as a phenomenon occurring in a modern U.S. city. Diamond et al. (2013) noted that little effort has been devoted to conceptualizing and systematically addressing prolonged, clinically significant, but nonpathological responses to ongoing traumatic stress. This highlights our health systems' propensity to focus on diagnosable symptoms that fit into a specific viewpoint or paradigm of dysfunctional health but may not put enough focus on people’s everyday reactions to living in trauma-affected environments.

Gun violence in the U.S. is a critical public health concern (Smith et al., 2019), contributing to around 40,000 violent deaths in the U.S. per year (Johnson et al., 2021). Many social factors contribute to the prevalence of this deadly phenomenon. Within the U.S., race, gender, age, and socioeconomic status intersect in relationship to gun violence (Smith et al., 2020). In 2018, there were 7,426 Black homicide victims in the U.S.; of those, 86% or 6,116 Black people were shot and killed with guns (Violence Policy Center, 2021). African American victimization and perpetration of violence in Chicago is an ongoing phenomenon that forever alters families and communities. In 2018, there were 628 Black homicide victims in Illinois; of

those, 544 were shot and killed with guns (Violence Policy Center, 2021). In 2020, African Americans were over 80% of the total criminal homicide victims in Chicago, with 619 murders recorded (Chicago Police Department, 2021).

The continuous nature of gun violence in specific Chicago communities, lasting nearly a century, satisfies the requirements of continuous traumatic stress. Many residents living in these South Side and West Side communities are experiencing an ongoing phenomenon with no real end in sight. This research study seeks to give those affected by this violence a voice to discuss how this is affecting their holistic health. By gaining further perspective on the holistic health of African Americans experiencing CTS, neighborhood residents, counselors, and counselor educators may gain insight into the challenges presented by providing community-specific interventions.

Holistic Health

This study will explore the holistic health of urban African Americans residing in Chicago's South Side and West Side communities, which are experiencing continuous traumatic stress due to gun violence. *Holistic health* describes a model of wellness that specifies the components of a human being's modern life experience. Hettler (1984) developed a hexagonal model of holistic health's tenants, including physical, emotional, occupational, spiritual, intellectual, and social components. Kellert and Wilson (1993) noted that nature is also an inextricable dimension of human experience.

As a Licensed Clinical Mental Health Counselor (LCMHC) and educator, I am concerned with working towards the holistic health of individuals and communities. By conceptualizing people's whole health into components, we can further develop and create new interventions that address these tenets and support individuals in their journey toward their optimum life

experience. Continuous gun violence and the social conditions that maintain these toxic phenomena are affecting the health of individuals experiencing it.

Purpose of the Study

The purpose of this study was to explore the holistic health of African Americans experiencing CTS due to gun violence in the South Side and West Side neighborhoods of Chicago to inform holistic health counseling and education practices. African Americans living in many urban environments have been exposed to traumatic and life-threatening incidents of gun violence. Somer and Ataria (2015) note that if we seek to understand the psychological distress of those under conditions of CTS, we must study the unique perspectives of those exposed to it. Holistic health-oriented counseling interventions empower the individual to take control of the relevant components of their whole health. This study sought to identify CTS and, inform counselors and counselor educators of the dynamic effects of gun violence and produce ideas for holistic health counseling practices.

Further, I hope to encourage transformative interventions within CTS-affected areas. Gun violence in American cities is a critical concern that creates wide-ranging traumatic effects in marginalized POCI communities. Intimate accounts and analysis of these experiences may give community members unique perspectives on how to increasingly exercise control of their holistic health.

Research Questions

The study examined the following research questions:

(1) How is the holistic health of urban African Americans affected by CTS due to gun violence in Chicago?

(2) How do social and environmental factors contribute to the prevalence of CTS in urban African American communities?

(3) How can counselors and counselor educators improve, create, and/or operationalize holistically healthy practices that address urban African Americans exposed to CTS?

Theoretical Framework

This literature review and study utilized a *transformative research* theoretical orientation to provide an overall framework for this study. Transformative research theory confronts social oppression at whatever level it occurs (Mertens, 2009). The transformative paradigm provides a philosophical framework that explicitly addresses the issues of power and justice and builds on a diverse research base (Tashakkori & Teddlie, 2010).

Transformative research theory maintains that four characteristics are often shared by the diverse perspectives represented within it (Mertens, 2015): (1) it places central importance on the lives and experiences of the diverse groups that historically have been marginalized, (2) it analyzes how and why inequities based on gender, race or ethnicity, disability, sexual orientation, and socioeconomic classes are reflected in asymmetric power relationships, (3) it examines how results or social inquiry on inequities are linked to political and social action, (4) it uses a transformative theory to develop the program theory (or set beliefs about why a problem occurs) and the research approach.

Significance of the Study

By studying the holistic health of African Americans living with CTS in Chicago, this research added to the available empirical knowledge on this phenomenon. There is a need to comprehend the mental health impact of CTS experiences upon individuals and groups and what is possible at the level of micro-intervention (Stevens et al., 2013). I am focused on completing

this research in a way that has *transformative* potential for people experiencing ongoing threats and life-threatening danger. This research is constructed to encourage holistically healthy outcomes in areas that may consistently experience extreme violence and trauma. The elaboration of CTS's occurrences in diverse environments allows for conceptualizing relevant clinical frameworks necessary to support holistic health-oriented interventions (Stevens et al., 2013).

Continuous traumatic stress is both a social condition and an intrapersonal experience affecting the holistic health of many marginalized POCI communities in the U.S. and throughout the world. These communities are plagued by the social inequities that are created and/or maintained by the state that result in violence. Living in a community with continuous trauma occurring does not necessarily have to be a recipe for ill health and the loss of agency to improve one's situation. Residents of these marginalized communities can transcend their circumstances when resources and opportunities are available. Research on the traumatic experiences and repercussions that community members face will give insight into their world and effective interventions that are working and can be improved, and those yet to be found.

Operational Definitions

African Americans/Blacks is operationally defined as an ethnic group within the US with total or partial ancestry from any of the Black racial groups of Africa. This term may also refer to descendants of enslaved Black people from the United States (Locke & Bailey, 2014).

Holistic health is described as an approach to life that considers the whole person's health and how they interact with their environment (Walter, 1999). The whole self can be conceptualized as having distinct life dimensions: *spirituality, physical health, intellectual health, emotional health, social health, occupational or career health, and nature-relatedness*.

Continuous traumatic stress (CTS) is described as “the experience and impact of living in contexts of realistic and ongoing danger, such as protracted political or civil conflict or pervasive community violence” (Eagle & Kaminer, 2013, p. 85).

Gun violence is an umbrella term that describes distinct types of violence or malicious harm, such as small acts of violence, suicides, homicides, and mass shootings that are fundamentally committed using a firearm or gun (Wamser-Nanney, 2021).

Posttraumatic stress (PTS) specifies the effects of traumatic events experienced that have concluded and have minimal risk of re-occurring. PTS describes the maladaptive responses that occur once a person has been removed from the specific traumatic event(s) (American Psychiatric Association, 2013).

Experience refers to “all that is going on within the envelope of an organism at any given moment which is potentially available to awareness” (Rogers, 1959, p. 197).

Assumptions

The researcher assumed that participants honestly answered interview questions and accurately recalled experiences relating to their holistic health and continuous traumatic stress (CTS). The researcher also assumed that themes regarding participants’ health and experiences with CTS would emerge.

Limitations

The study's results should be considered unique to the investigated group, and it may not be possible to make general applications to other settings. Also, this study only described a small sample of experiences from the study area. Therefore, the conclusions presented may not represent the entire community's experiences.

Delimitations

African Americans who were exposed to CTS due to gun violence and live in Chicago's South Side and West Side neighborhoods were. Participants were required to read and respond in English and agree to be interviewed and recorded.

Summary

This research study explored the holistic health of African Americans experiencing continuous traumatic stress (CTS) due to gun violence in the South Side and West Side communities of Chicago. Chapter I described my personal history and experiences that led to my subjective awareness and interest in this subject. This chapter also introduced CTS and described the social conditions necessary to maintain it in these communities. Holistic health and its components were highlighted in this chapter to provide a framework for analyzing participants' health-oriented experiences and conditions. The problem of consistent violence in urban African American neighborhoods was stated along with the research questions this study sought to answer and the perceived significance of this research. Operational definitions and the study's assumptions, limitations, and delimitations were provided for key terms.

CHAPTER 2: LITERATURE REVIEW

Introduction

Chapter Two reviewed the available literature for critical theories that guided this study of the holistic health of African Americans experiencing continuous traumatic stress (CTS) due to gun violence in an urban area. A literature review on the philosophy of human developmental theory was used as a framework for this study, along with conceptual descriptions of holistic health. Next, a literature review of CTS was presented along with a contextual description of African American's experience with CTS and gun violence in Chicago. Relevant trauma-related disorders were then explored and compared with CTS, along with a review of health interventions utilized with exposure to trauma. Lastly, this chapter reviewed how counselors and counselor educators can partner with individuals living in CTS environments to support holistically healthy outcomes.

Theoretical Framework

Transformative Research

A transformative research philosophy was utilized as a guiding framework for this study. Transformative qualitative research concerns social justice and human rights (Mertens, 2009; Mertens et al., 2012). The National Science Board (NSB) in the Enhancing Support of Transformative Research at the National Science Foundation (NSB, 2007) described transformative research:

Transformative research involves ideas, discoveries, or tools that radically change our understanding of an important existing scientific or engineering concept or educational practice or leads to the creation of a new paradigm or field of science, engineering, or education. Such

research challenges current understanding or provides pathways to new frontiers (NSB, 2007, p. v).

Mertens (2015) described the history behind the transformative theory as being based on Paulo Freire and his *Dialogical Conscientization Model*, Habermas's *Communicative Action Theory*, and Foucault, Lyotard, and Todorov on the A*cademic Rhetoric Supportive of Institutional Forms of Domination*. Thomas Kuhn described normal science as a steady state where science moves forward in a continuous, incremental accumulation of knowledge (Kuhn, 1962). These scientific revolutions occurred in a process where one scientific paradigm was overturned for another.

Transformative research implies a process of unlearning that may be as important as the new learning achieved (National Academies of Sciences, Engineering, and Medicine, 2019). By amplifying the voices of POCI community members who have intimate knowledge of the challenges they face, interventions can be more accurately designed to address the root causes and sustaining forces of dysfunction. What is most valuable about innovative technology in science may be how it allows questions that have never been asked before (National Academies of Sciences, Engineering, and Medicine, 2019).

The transformative axiological assumption described the importance of respecting cultural histories and norms during interactions to conduct research that could potentially increase social justice (Mertens, 2012). Researchers should be cognizant of the pervasiveness of discrimination and oppression to provide a basis for social change (Mertens, 2012). Symonette (2004) explained that culturally competent researchers should have a dynamic understanding of power differentials regarding access to resources necessary to improve quality of life.

The ontological assumption is that the researcher reflects awareness of power issues by rejecting cultural relativism while recognizing that there are diverse perspectives on what is honestly believed to exist (Mertens, 2012). The researcher is responsible for investigating where the data and perspectives available are coming from. Power may be associated with many variables, such as race, economics, physical ability, gender, religion, geographic location, and sexual orientation (Mertens, 2012). The question became, which conceptualization of the problem will clarify the interventions needed to change the status quo?

Transformative qualitative research should include positionality or standpoint epistemology/critical reflexivity, which describes the critical component of all research as representing the author's point of view. Therefore, researchers should acknowledge that all research will be biased regarding the researcher's cultural characteristics (Lincoln, 2009; Mertens, 2015). This assumption raised questions about the nature of relationships between researchers regarding who controls the investigation and how they develop relationships within the study community (Mertens, 2012). Maintaining an objectively neutral position while engaging intimately with community members is an essential dynamic of a transformative relationship.

Mertens (2012) described the methodology of transformative research following three assumptions. First, from an axiological assumption, lead researchers should plan their research by guidelines developed by the community itself. Second, from an ontological assumption, researchers should develop strategies to determine different versions of reality and the factors related to those realities in terms of power and privilege while making available the potential for social change associated with those different versions of reality. The epistemological assumption

required the establishment of relationships to determine ways the study can be more culturally responsive (Mertens, 2012).

Validity can be achieved in transformative research by embodying the ideals of reciprocity/sharing the perquisites of privilege where researchers contemplate what they are giving back to communities because of their research and that we owe a debt to the persons whose lives are portrayed (Denzin & Lincoln, 2005; Mertens, 2015). Catalytic authenticity describes the extent to which actions are taken because of being stimulated by the research process. Praxis or social change criteria within transformative research describes the extent to which resultant changes are prompted by the research findings (Ginsberg & Mertens, 2009).

The tenets of transformative research provided a comprehensive guideline to model this research study. Respecting and involving the community under study is a significant theme within the ideals of this theoretical orientation. This study seeks to analyze the holistic health-oriented insights of those affected by gun violence and CTS to inform best practices.

Conceptual Framework

Holistic Health

When conceptualizing the effects of continuous traumatic stress on the individual and working to uncover relevant interventions that promoted healthy outcomes, utilizing some structure or framework to aid in describing an individual's health and wellness-related experiences was useful. The concept of holistic health (wellness) will be utilized in this study to explore the many dynamics of health that individuals manage while exposed to CTS. The adjective *holistic* was formed from the noun *holism*, a combination of the Greek root *holos*, or whole, and the English suffix *ism* (O'Conner & Kellerman, 2010). Hippocrates, a physician in ancient Greece around 400 BC, warned doctors not to disrupt the body's ability to heal itself and

instead to take a holistic approach to medicine (Helen, 2020). Adler (1954) noted the importance of holism in understanding the individual and discussed paying attention to reciprocal actions of the mind on the body because both are parts of the whole self. Meyers et al. (2000) defined health and wellness as a way of life oriented toward optimal well-being. The individual integrates the holistic components of health to live more fully within the human and natural community.

Hettler (1984) suggested that the holistic self includes physical, emotional, occupational, spiritual, intellectual, and social dimensions. These dimensions began to describe the different components of human life. Gestalt described the whole self as more than the sum of its parts (Frisch & Rabinowitsch, 2019). Therefore, quantifying what it is to be a healthy human requires more than can be categorized. The American Holistic Health Association (2005) found that creating wellness and balancing the integration of physical, mental, emotional, and spiritual aspects promotes respectful and cooperative relationships with others and the environment.

The holistic theory is phenomenological, assuming nothing independently but drawing assumptions from the immediate, ever-changing environment (Stenrud & Stenrud, 1984). Jan Deckers noted that the health paradigm is often narrowly conceptualized as an individual's subjective well-being. However, it also encompasses the perceived health of all biological organisms, implying a moral health that comprises the virtues, values, and attitudes of a culture's beliefs about the nature of holistic health (Deckers, 2013; Paez, 2017). Holistic health describes a philosophy of care that views these dimensions of human life as closely interconnected and equally important aspects of wellness (McKee, 1988).

Holistic health emphasizes that each person is responsible for taking care of their own needs and whole being (Gorton, 1988), placing responsibility on every individual to take charge

of one's health by promoting accountability of everyday choices (Allison, 1999). This empowerment of the individual's ability to manage their health will be explored by inquiring about how participants create healthy outcomes and what they think can contribute to holistically healthy outcomes within a CTS environment.

Dimensions of Holistic Health

Holistic health can be categorized in many ways. Ideally, everyone can define the various dimensions of their lives that construct their whole selves. This study examined the human life domains: spirituality, physical health, intellectual health, emotional health, social health, occupational or career health, and nature-relatedness.

Spirituality can be conceptualized as an awareness of a consciousness or force that transcends the material nature of life and gives a deep sense of connectedness to the universe (Myers et al., 2000). The term may also describe one's belief system and type of connection with nature. The spiritual dimension of the holistic health and wellness model involves exploring the depth of human purpose, meaning, and connection through open dialogue and self-reflection (McDaniel et al., 2021). Spirituality within a holistic health framework can be depicted as the central component that all other dimensions interconnect with when constructing the whole being. Eberst (1984) suggests that the spiritual aspect of health accounts for much more than just one of the dimensions.

By connecting genuinely with an individual's spirituality, one may transcend their current state of being. Transcendence involves moving from one's initial conception of self into an increasingly spiritually authentic way of being. Conn (1994) described transcendence as a fundamental drive for individuals to move beyond the current self and is vital to the process of making meaning and understanding the human connection to life itself. Individuals exposed to

CTS may find the concept of transcendence extremely valuable when looking for therapeutic interventions that relate to their culture and spirituality.

Physical health may include exhibiting a capable body, having relative muscular strength, cardiorespiratory wellness, endurance, and flexibility (Purdy, 2005). Achieving physical wellness may include focusing on physical activity, exercise, nutrition, and rest. Body wellness describes growth toward intentional behaviors and thought processes related to integrating how you nourish, move, and express gratitude toward your body (Ohrt et al., 2019).

Intellectual health describes the ability to reason, analyze, be creative, and make rational decisions (Purdy & Dupey, 2005). Mental wellness may be conceptualized as the healthy interaction between an individual's genes, neurobiology, experiences, thoughts, and emotions that support wellness (Ohrt et al., 2019). Intellectual wellness dimensions can examine a person's willingness for lifelong learning, thinking critically, reasoning morally, expanding worldviews, and pursuing knowledge (McDaniel et al., 2021). Intellectual health may involve an individual's self-efficacy to achieve healthy outcomes.

Emotional health encompasses individuals' identification, regulation, expression, and cultivation of emotions in self and others (Ohrt et al., 2019). Purdy and Dupey (2005) described emotional health as the ability to identify, manage, and express emotions appropriately and includes coping with distressful situations and adjusting to change. McDaniel et al. (2021) note that emotional health can describe an individual's ability to express and manage a range of feelings as well as their ability to consider seeking assistance to address areas of concern. Individuals living with CTS may experience emotions while exposed to indiscriminate violence.

Social health describes the ability to create and maintain loving and genuine relationships. It includes feeling accepted and belonging to larger social groups (Purdy, 2005).

Social wellness examines the individual's network of support based on interdependence, mutual trust, and respect, in addition to a person's sensitivity and awareness toward the feelings of others (McDaniel, 2021). The social experiences of those in a CTS environment may be dynamically altered in many ways that ultimately affect the individual's health.

Occupational or career health may include engaging in meaningful or fulfilling work for the individual and community (Purdy, 2005). Career wellness can encompass an individual's engagement in work to gain personal satisfaction and enrichment, as well as the consistency between pursuits, future career goals, personal values, and lifestyle (McDaniel et al., 2021). Individuals with choice and flexibility in career work and goals positively correlate with emotional well-being (Myers, 2011; Ulione, 1996). Career counseling has the scope to increasingly support healthy career-related outcomes for those who may be living in CTS environments.

Nature-relatedness describes an individual's incorporation of nature into their life, the agency they attribute to themselves as a responsible tenant of the physical environment, and the perceived therapeutic nature of natural settings (Nisbet et al., 2009). Nisbet et al. (2010) found that nature-relatedness correlated significantly with positive affect, autonomy, personal growth, purpose in life, and self-acceptance. Infusing the assessment of an individual's relationship with nature can provide counselors with an additional holistic lens to client wellness. Reese (2021) notes that humanistic counselors should consider nature's role in the lives of their clients and how assessment of the human-nature connection can inform clinical practice to promote more excellent wellness outcomes.

The tenets of holistic health can be used as a framework for analyzing an individual's subjective and fluid health status. This study seeks to explore each component of health related

to the experience of living in a CTS environment. By breaking down health into components, we may better understand the needs of those seeking an optimal expression of themselves.

Traumatic Stress

The concepts of trauma and stress are the root components of CTS. Humans have historically experienced life-threatening events, tragedies, and natural or human-made disasters and have had to live with the stressors that accompany these experiences. Individuals react to these exposures to stress and trauma differently. Traumatic stress is a particular type of stress, distinguishable from other forms of stress by the severity of the stressor and the response (Kaminer, 2010). The phenomena and interpretation of trauma can create symptoms that may include a range of reactions from adaptive and resilient to maladaptive and harmful to individuals and communities.

Stress

The term *stress* was introduced into the health sciences by Hans Selye in 1926 (Everly et al., 2013). He observed that individuals suffering from a wide range of physical ailments all seemed to have a common constellation of symptoms, including loss of appetite, decreased muscular strength, elevated blood pressure, and a loss of ambition (Selye, 1974). Payne (2015) described how early theories of stress hypothesized a stress response involving a series of automatic neurophysiological reactions and activation of the sympathetic and inhibition of the parasympathetic nervous systems, along with triggering of the adrenal medulla, the cortex, and the release of catecholamines and cortisol.

The stimulus or catalyst causing the response is referred to as a *stressor*. Girdano et al. (2009) note two primary stressors: psychosocial stressors (including personality-based stressors) and biogenic stressors. Psychosocial stress can be any stimulus perceived as threatening a

person's social status or positionality. The individual's cognitive appraisal of the threat can manifest in many ways. Biogenic stressors bypass cognitive appraisal and elicit a physiological response through the body by reflexive arousal (Girdano et al., 2009). The primary stressor in the context of this study is violence, specifically gun violence in Chicago.

Modern research describes the complex modulation of the stress response in the face of different forms of physiological stimulus. Responses to stressors involve various neuroendocrine, immunological, and behavioral components. They are signified by activation of the sympathetic-adrenal-medullary system (SAM) and the hypothalamic changes in several brain regions (Anisman et al., 2008). Payne (2015) notes

The complex dynamics of the interaction between sympathetic and parasympathetic branches of the autonomic nervous system (ANS), the interactions between the ANS, the immune system, and other subcortical structures modulating arousal, attention, effect, motivation, and movement, and the neurochemical details of allostatic load and overload, as well as the involvement of cortical structures in these subcortical processes (p.7).

Therefore, an individual's reaction to stress may have varied physiological symptoms.

Stress is a physiological response that serves as a mechanism of mediation linking any given stressor to its target-organ effect or arousal (Everly et al., 2013). The nature and magnitude of these responses depend on several factors, such as characteristics of the stressor, previous stressor experiences, genetic factors, and the personal resources available (Anisman & Matheson, 2005). Physiological responses to stressors typically serve in an adaptive capacity. However, if the stressor is extremely severe or pervasive across time, biological systems may create an allostatic overload that creates vulnerability to physical and psychological pathology (McEwen, 2000). A continuous stressor can produce stress that is detrimental to the organism's health.

Therefore, stress is a dynamic phenomenon that does not constitute the definition of a singular, definable state.

Payne (2015) suggests that stress, as a term, should refer to a broad range of phenomena conceptualized in terms of adaptive and maladaptive reactions. Selye (1974) described the ability of stress to be constructive and not just destructive. He noted that stress arousal could be a positive or eustress-motivating force that improves the quality of life. It can also be debilitating or distressful excessive distress (Everly et al., 2013). Stress is often stereotyped as a negative experience but may conversely create pathways toward holistic health. Three categories of life stressors have been identified: common stressful life incidents, enduring or chronic stress, and traumatic stress (Lazarus & Folkman, 1984; Turner et al., 1995). Adaptive preparatory set (PS), or the body organizing itself about the presented challenge, describes reacting to stress-inducing stimuli productively and successfully. Ergotropic arousal, such as *fight or flight* responses, is necessary, appropriate, and not problematic (Payne, 2015). This ergotropic state facilitates a vigorous response to the challenge, a parasympathetic rebound, and a return to baseline as of the sympathetic activations (Gellhorn, 1956). Therefore, an adaptive response leads to arousal to address the situation actively and effectively and return to a normal state.

The transactional theory considers stress, appraisal, and coping theories and describes an individual's capability to manage the experience of internal and/or external stressors and anxieties (Matthieu & Ivanoff, 2006). Stress, specifically mental stress, can be viewed as a response to a stimulus and, therefore, a transaction (Lazarus, 1999; Lazarus & Folkman, 1984). The transactional framework focuses on the cognitions, perceptions, and appraisals that mediate the response to stressful events (Lazarus, 1999). Appraisal theory examines how a significant

event and its subsequent emotions are cognitively evaluated (Lazarus & Folkman, 1984). Therefore, how people subjectively view the events they have experienced matters.

Emotional-focused and problem-focused coping are two types of coping patterns that emerge from transactional theory (Folkman et al., & Gruen, 1986; Lazarus & Folkman, 1984). Emotional-focused coping seeks to manage emotional distress, while problem-focused coping describes solving or taking action to alleviate stress (Matthieu & Ivanoff, 2006). These methods and how they are used may differ depending on many internal psychological and physiological variables and external influences such as community and family resources. Matthieu and Ivanoff (2006) found that this conceptualization helped individuals achieve positive functioning and increased psychological well-being following a disaster.

A maladaptive preparatory set describes an inaccurate or inappropriate response to a stress-inducing situation. Maladaptive (PS) responses may initially be dysfunctional, and they can be well organized but not well matched to the situation (Payne, 2015). Each dysfunctional reaction to the target experience will create its own harmful consequences within the diverse expressions of psychological and physiological responses.

Trauma

The word trauma is of Greek origin, meaning to tear or to puncture (Kaminer & Eagle, 2010). Trauma is often defined as a deeply distressing or disturbing experience and implies physical damage, psychological distress, and sometimes significant blood loss (Cox, 2013). Traumatic events exact an enormous psychological and physical toll on survivors, including ramifications that may be endured for decades (Bombay et al., 2009).

Psychological trauma as a result of CTS may occur because of despair and hopelessness, mourning and/or grief, or the awareness of inhabiting a toxic environment. Physical trauma in a

CTS environment can describe several physical injuries, such as malnourishment, wounds from violent experiences, and bodily dysfunction as a result of traumatic stress. Trauma can exhibit itself in human beings in several diverse and potentially interconnected ways.

After experiencing terror, most individuals become preoccupied with the harrowing event (van der Kolk, 2014). Eventually, this repetition desensitizes the individual to the event, creating a tolerance for the memories (van der Kolk et al., 2007). However, it is essential to note that a substantial minority have great difficulty functioning after experiencing trauma and may re-experience the devastation of the event in a severe and ongoing manner (Kaminer & Eagle, 2010; van der Kolk, 2014). This post-traumatic stress is a conceptualization that has been operationalized as a descriptor of symptoms that may occur to individuals who have experienced significant trauma.

Traumatic Stress Theories

Pierre Janet (1859-1947), a pioneering theorist of trauma and dissociation, articulated the connection between the division of the personality or consciousness, dissociation, and hysteria (Van der Hart & Dorahy, 2022). Hysteria was considered to be a temporary personal illness that involved dysfunctional expression of emotion or a form of mental depression characterized by a tendency of dissociative and somatic disorder-type symptoms (Janet, 1907). Janet noted that after considerable traumatic circumstances, patients displaying dissociative behaviors alternated between experiencing too little or too much of their trauma (Van der Hart & Dorahy, 2022).

Sigmund Freud described the concept of neurosis as manifestations of anxiety-producing unconscious, or repressed cognitions, about experiences that were too difficult to think about consciously but are still expressed by the individual (Freud, 1966). The symptoms of exposure to traumatic stress are substitutes for the instinctual impulse but are often reduced, displaced, and

distorted and often appear as a compulsion or illness (Fellugo, 2022). Freud essentially described the failure of the ego and the increased influence of the libido, leading to the individual's maladaptive symptoms. This concept of neuroses attempted to describe the reactions to traumatic stress that people experience.

Abram Kardiner described traumatic neurosis as a human adaptation to war conditions and noted that neurosis reduces ego resources in response to a stimulus to encourage action (Kardiner, 1941). This action could consist of adaptive or maladaptive behaviors about the traumatic experiences the individual is exposed to. Therefore, this conceptualization reinforces the potential benefits of non-pathological responses to traumatic situations. These conceptualizations have all worked to evolve an understanding of the cause and effect of traumatic stress on individuals.

Traumatic stress theory focuses on biopsychosocial elements where trauma is seen to affect the body and mind (van der Kolk et al., 2007). The impact that traumatic stress is having on the cognitive functioning and ability of individuals is being explored scientifically through physiological study. Research has shown that the dysregulation of neurobiological systems can be mapped with positron emission tomography (PET) scans and functional magnetic resonance imaging (fMRI) (van der Kolk, 2014). Kira (2001) noted that humans are biosocial organisms who express unique genes, personal values, and self-structures that mediate the psycho-physiological reactions to stressors and trauma experienced in the environment. Essentially, nature and nurture influence how individuals exposed to traumatic stress react.

In the early 1990s, four types of traumas were identified in the literature (Kira et al., 2013; Solomon & Heide, 1999; Terr, 1991). Type I trauma results from a solitary traumatic incident, for example, a car accident. Type II trauma is identified by continued traumatic events

that have ensued over some time but have stopped, such as abuse suffered during childhood years. Type III trauma is specified as repeated, continuous, and ongoing episodes: for example, systemic racism, prostitution, being trafficked, or living under the continuous threat of violence. Type IV trauma is described as a cumulative trauma (CT) that is experienced across a lifetime (Kira et al., 2013) and involves past traumatic events as well as continuing chronic traumas (Kira et al., 2013). Type IV combines past (Type II) as well as ongoing continuous trauma (Type III). An individual who was sexually abused as a child, then sexually trafficked, and then falsely imprisoned experienced Type IV trauma. Several theories in the literature describe Type III traumas that are similar to CTS, including racial trauma, historical or collective trauma (Gone, 2007), and ongoing traumatic stress response (Diamond et al., 2013; du Plessis, 2018).

Historical Trauma

The Hawaiian proverb *Ka mo'opuna I kea lo,* or "the grandchild in the presence," describes the importance of being conscious of past generations' impact on future generations of people (Kealohi et al., 2019, p. 74). *Historical trauma* defines a cumulative emotional and psychological wounding across generations, including the lifespan, which emanates from massive group trauma (Brave Heart, 1998; Brave Heart, 2003). The term was developed in the 1980s by Maria Yellow Horse Brave Heart to describe the *generational trauma* experienced by the Lakota tribe in America (Gone et al., 2014). Historical trauma is a Type III trauma describing a collective experience of trauma through ancestral generations that is associated with poor mental and physical health outcomes in descendent generations (Kealohi et al., 2019). Yellow Horse Brave Heart described the psychological and emotional traumas of colonization, relocation assimilation, and American Indian boarding schools that continue to affect Lakota individuals and communities in the present day (Gone et al., 2014).

Exposure to significant trauma and stressors can impact individual and offspring biology through epigenetic modifications that result in gene expression and affect the regulation of a broad range of physiological systems, including stress regulation, immune, and cardiovascular systems, potentially across generations (Kealohi et al., 2019). Cambodian refugee households in California were found to have challenges not only associated with past war trauma in their country of origin but also ongoing violence in their current communities post-conflict (Marshall et al., 2005).

Historical trauma holds the macro-aggressive forces of the oppressive culture accountable. Historical instances of oppression, colonization, and genocide by Europeans are correctly identified as the primary causal variables for explaining the Indigenous population's community-based health and mental health disparities (Gone, 2014). Historical trauma can, therefore, be intricately associated with the present-day challenges that marginalized communities face.

Racial Trauma

Racial trauma or race-based stress describes events of danger related to real or perceived experiences of racial discrimination, which may include threats of harm and injury, humiliation, shaming, and witnessing harm to other People of Color and Indigenous (POCI) individuals (Carter, 2007; Comas-Díaz et al., 2019). Marginalized groups often have tight bonds because of collective resilience through oppression. When a POCI individual is injured by those who represent the ruling class, this pain can be transmitted to other members who have had and fear similar traumatic situations and outcomes. Intersectional oppression such as racial, gender, sexual orientation, and xenophobic microaggressions contribute to the cumulative effects of

racial trauma and can be life-threatening to POCI due to racial microaggressions, vicarious traumatization, and the invisibility of racial trauma's historical roots (Helms et al., 2012).

Racial trauma is a catalyst for psychological and physiological symptoms such as hypervigilance of threats, flashbacks, nightmares, avoidance, suspiciousness, and somatic symptoms such as headaches and heart palpitations (Comas-Díaz et al., 2019). Many of these effects are similar to symptoms represented by PTSD. Race-based trauma differs in its ongoing exposure, direct and/or vicarious nature, and re-exposure to race-based stress, making it a Type III trauma.

Ongoing Traumatic Stress Response

Croarkin (2005) noted that some residents in Sderot, Israel, experiencing continuous traumatic stress due to ongoing, life-threatening violence, were found to display clinically significant anxiety symptoms that can be described as adaptive yet distressing reactions. Diamond et al. (2010) conceptualized these symptoms as ongoing traumatic stress response (OTSR). Prolonged hyperarousal, avoidance and/or isolation, demoralization, and/or shame highlight OTSR symptomology, which is a nonpathological conceptualization of people's reactions to long-term trauma that can significantly impair everyday functioning and quality of life. (Diamond et al., 2010).

Diamond et al. (2013) found a difference in the onset, pattern, and strength of symptoms presented by individuals with OTSR than those with PTSD. In Sderot, individuals reported a gradual onset of anxiety-related symptoms suggesting a reaction to cumulative stress, while the reexperiencing symptom of PTSD was largely missing (Foa et al., 1989; Diamond et al., 2013). The symptoms of OTSR may involve hypervigilance and avoidance, which are characterized as normative and healthy behaviors individuals employ to survive within their environment. The

psychological distress associated with such trauma often persists over a long period of time, but clinicians will likely refer to PTSD (Diamond et al., 2013). These symptoms were also found to be reduced once the individuals were removed from the affected traumatic environment, but some individuals may suffer from both PTSD and OTSR (Diamond, 2010). OTSR can, therefore, be conceptualized as an adaptive and nonpathological response to long-term stress.

Although OTSR is not defined as a human disorder, its symptoms often cause significant psychological and physiological challenges that warrant therapeutic interventions (Diamond et al., 2013). Baum and Posluszny (1999) note that prolonged exposure to stress may contribute to high blood pressure and lead to a weakened immune system. Aboa-Éboulé et al. (2007) described stress as being associated with cardiovascular disease. Stress has also been found to impair cognition and memory (Kim & Diamon, 2002), negatively impacting emotional regulation (Ansell et al., 2012).

Post-Traumatic Stress Disorder

The posttraumatic stress disorder (PTSD) diagnosis was recognized as a mental health condition in 1980, 5 years after the end of the Vietnam War. It was developed to understand the symptoms soldiers presented upon returning home from the Vietnam War (Schlenger & Corry, 2015). The Diagnostic Statistical Manual of Mental Disorders (DSM-5-TR) describes the symptoms of post-traumatic stress (PTS) in detail. PTSD specifies the effects of traumatic events experienced that have concluded and have minimal risk of re-occurring. Therefore, the effects of PTS on the individual may differ in terms of the client's symptoms, the impact that it has on their life, and interventions that may encourage recovery. Acute stress disorder (ASD) is often diagnosed if these symptoms are present within a month of the traumatic event happening, and

PTSD is predominately diagnosed in cases of longer duration or delayed onset (American Psychiatric Association, 2013).

Vasterling and Brewin (2005) describe three symptom categories that characterize the disorder: persistent symptoms of increased arousal, persistent re-experience of the traumatic event, and persistent avoidance of stimuli connected with the trauma, which may include amnesia (p. 4). It appears from the symptomatology of PTSD that three phases of memory processing may become maladaptive and of crucial importance in the development and maintenance of PTSD: consolidation, retrieval, and extinction (Vasterling & Brewin, 2005). It was also found, in a meta-analysis done by Ono et al. (2016), that individuals with PTSD have deficits in autobiographical memory, notably over general memory retrieval (OGM). OGM describes difficulty recalling specific details of personal events and the tendency to recall an overall, general impression of events instead (Ono et al., 2016).

Steel et al. (2009) observed that PTSD is increasingly conceptualized as a condition that is not just triggered by potentially traumatic events (PTEs) but one that can occur by conditions of ongoing perceived trauma in one's environment. Therefore, PTSD can occur from the lived experience of CTS. While there is every reason to expect that PTSD is also prevalent in situations of ongoing trauma, the challenge is to evaluate PTSD distinctly from distress and behavioral change due to ongoing trauma (Hoffman, 2011). Diamond et al. (2010) noted that during intense missile attacks in Sderot, Israel, many patients who came for treatment presented symptoms that seemed to meet the criteria for PTSD. However, many clients' symptoms were not linked to a specific traumatic event but rather the patients' cognitive awareness of the persistence of realistic, ongoing threats. Symptoms significantly decreased in intensity during decreased missile activity (Hoffman et al., 2011).

Hoffman et al. (2011) noted four diagnostic criteria that could be used to help differentiate PTS from CTS:

> Criterion A: extreme event vs. altered reality, specifies the difference between an isolated traumatic event, versus multiple traumatic events that continue to occur.
>
> Criterion B: re-experiencing vs. expected recurrence speaks to the psychological experience of reliving an experience that is in the past (PTS) versus psychologically experiencing anxiety or fear of future traumatic events that will inevitably occur.
>
> Criterion C: irrational avoidance vs. adaptive evasion of ongoing danger describes discerning between clients improperly identifying threatening situations as part of a traumatic response versus clients developing continuous threat specific survival tactics.
>
> Criterion D: increased arousal/ hypervigilance vs. adaptive alertness which differentiates hypervigilant threat sensitivity and responses that are maladaptive with respect to the immediate situation versus responding appropriately to a real traumatic threat occurring within the environment (p.790).

Complex PTSD (C-PTSD)

Similarly with PTSD, C-PTSD references past traumatic episodes and differentiates individuals suffering prolonged, repeated trauma from individuals who suffered a single traumatic episode (Herman, 1992). C-PTSD would be classified as a Type II trauma that would include the experiences of living conditions in prisons, concentration camps, slave labor camps, religious cults, brothels and other institutions of organized sexual exploitation, and in some families (Herman, 1992). Individuals with symptoms of C-PTSD or Disorders of Extreme Stress (DESNOS) have a prolonged relationship with the perpetrator that renders the victim captive by physical, psychological, economic, and social means.

Victims of C-PTSD may experience diverse and significant changes to their personality, psychological and physical health. Herman (1992) notes that somatization and dissociation are potential reactions that are experienced to survive under abusive circumstances. Herman (2015) highlights several characteristics for a diagnosis of this syndrome, including affect-regulation, consciousness, self-perception, perception of perpetrator, relations to others, and systems of meaning.

Continuous Traumatic Stress (CTS)

The term continuous traumatic stress (CTS) was introduced to the academic literature by Straker and the Sanctuaries Counseling Team (SCT) in 1987 (Straker, 2013). The Detainees Counseling Service (DCS), SCT, and the Organization for Appropriate Social Services in South Africa (OASSA) studied the lived experiences of oppressed individuals during *apartheid* in South Africa in the 1980s, and later coined the term continuous traumatic stress to describe the phenomena. Straker (2013) noted "During South Africa's war of liberation, many individuals faced life-threatening events in their everyday lives, often weekly, or even, at times, daily" (p. 209). These researchers observed that Black, Coloured, and Indian South African clients, who represented around 85% of the population, endured state-sanctioned murders, imprisonment, torture, beatings, and were victims of gun violence. Black South Africans were fully conscious that this violence would continue into the foreseeable future. Many did not have the means to escape their victimization. Summerfield (1999) notes that CTS "becomes a permanent emergency, something constant and internal that colors the whole web of relations across the society and the daily calculation of its citizens" (p. 1459). The enduring character of CTS is its defining characteristic. Kaminer et al. (2018) describe it as "contexts of protracted civil conflict,

mass displacement of persons, and/or high levels of community violence, where ongoing threat and danger is an inescapable part of daily life" (p. 1039).

Continuous traumatic stress does not refer to a single traumatic event or multiple traumatic events (related or unrelated) that occurred independently but are not consistently ongoing (Braun-Lewensohn et al., 2009; Rosenberg et al., 2008). A traumatic event can occur within a similar timeframe to another traumatic event and not necessarily meet the criteria for CTS. The key differentiation is whether or not the events can be predictably forecasted as future experiences of individuals, experiences they have little to no control over. Therefore, continuous traumatic stress is an important conceptualization because of its contrast from the dynamics that create post-traumatic stress, and the subsequently resulting symptoms. CTS also specifies the difference between single traumatic events or threats that are in one's past and no longer exist (Hoffman et al., 2011; Stein et al., 2016). With CTS, it is important to keep in mind the ongoing nature of the threat, including past and future perceptions, along with emotional reactions to understand the complexity of the CTS phenomenon (Nuttman-Shwartz & Shoval-Zukuckerman, 2016).

The phenomena and living condition of CTS describes individuals' reactions to the continuous nature of traumatic situations that are happening within their immediate environment and have no end in sight. Post-Traumatic Stress (PTS), on the other hand, describes the maladaptive responses that occur once a person has been removed from the specific traumatic event(s). PTS symptoms may be present for some time even though the trauma is no longer present in the environment. It is commonplace for individuals who are living through consistent traumatic situations to be diagnosed with post-traumatic stress disorder (PTSD). The question for health professionals is whether the same diagnostic procedures and interventions apply to CTS

and PTS. When looking at the symptomology, it appears that there is some overlap. However, CTS requires a unique conceptualization and, therefore, a different perspective on effective interventions to help support the health of those exposed to ongoing trauma.

The key components of continuous traumatic stress are the emphasis on a different-continuing-temporality of traumatization and the focus on the structural political stressors that cause this traumatization (Straker & Moosa, 1994; Straker, 2013). Conceptually, CTS puts the state and leadership of affected communities at the forefront of the equation to create and maintain the continuous traumatic situation creating disparate impacts on marginalized populations. The conception of CTS highlights the reality of political and state influence on traumatic stress that is reinforced by violent, corrupted political and judicial systems (Eagle & Kaminer, 2013; Straker, 2013). Just as in South Africa during apartheid, many communities worldwide are at the mercy of their state's ability to harm or prevent harm to their citizens and inhabitants. When the state is the perpetrator of oppression and violence, the nature of the threat may essentially be faceless and unpredictable yet pervasive and substantive (Eagle & Kaminer, 2013). CTS theory highlights leadership's role in contributing to the root causes of inequity that ultimately create and maintain the traumatic experiences of its citizens. Transformative research can give those often POCI populations another tool to use in their plight for healthy outcomes.

CTS in Context

Eagle and Kaminer (2013) describe a client in Johannesburg, South Africa, during apartheid, as having symptoms including a fatalistic perception of her survival, constant fear, inability to sleep, hyperalertness, inability to trust others, headaches, and impaired concentration. The diverse circumstances and social contexts that create CTS will also contribute to symptoms or reactions relevant to that specific environment (Kagee, 2019). Somer and Ataria (2015)

studied residents in Sderot, Israel, who experienced consistent and frequent rocket bombardment. They participated in a qualitative study where fifteen women were interviewed with open-ended questions about their experiences. Study participants detailed five main themes, including (1) Fear conditioning of the warning alarm; (2) a constant state of hyper-vigilance; (3) ultimate avoidance-when the home is no longer a castle; (4) avoidance by proxy - maternal anxiety under conditions of CTS; and (5) estrangement and social construction (p. 292).

Long-term exposure to possible or potential terror may also affect an individual's perceptions of risk or feelings of insecurity, defined as subjective exposure (Nuttman-Shwartz & Shoval-Zuckerman, 2016). Therefore, the context of the continuous traumatic situations will contribute to the subjective nature of symptoms that are present within the affected population. Kaminer et al. (2016) illustrated three case studies that described women's experiences with CTS in South Africa as having "experienced multiple violent events across different contexts over months or years, including torture, traumatic bereavement, criminal assaults, civic violence, and intimate partner violence…these episodes or threats of physical harm have had multiple perpetrators…unlike Complex-Post Traumatic Stress Disorder (C-PTSD)" (p.5). Kaminer et al. (2016) reported that all three participants of their study displayed symptoms of flashbacks and nightmares, vigilance to accurate, objective, present threats in the external environment, preoccupation with navigation of present dangers while working to ensure the safety of themselves and others, environmentally adaptive avoidance behaviors and threat vigilance, and somatic or psychological symptoms.

Individuals living under conditions of continuous traumatic stress are currently in danger, and their symptomatic responses to these emergencies, including avoidance and hyperarousal, can be conceptualized as natural, protective, and adaptive (Nuttman-Shwartz & Shoval-

Zuckerman, 2016). Maladaptive responses to these conditions are also likely where personality change may occur through the consistent experience of hyperarousal and the escalation of cognitive hypervigilance (Nuttman-Shwartz & Shoval-Zuckerman, 2016). This personality change may contribute to numb or inappropriate reactions that may not be adequate responses in correspondence with the level of threat that is consistently present. Samayoa (1987) noted cognitive and behavioral changes in individuals adapted to war, such as selective inattention and a clinging to prejudices, absolutism, idealization, ideological rigidity, evasive skepticism, paranoid defensiveness, and hatred and desire for revenge.

Continuous traumatic stress (CTS) personality effects may manifest as shallow affect, cruelty, and lack of remorse (Roach, 2013; Straker, 2013; Weierstall et al., 2013). This desensitization to traumatic situations over a longitudinal amount of time may lead to personality change, including acting as perpetrators of trauma. The toxic social atmosphere and lack of resources within these environments may support and encourage maladaptive behaviors supported by previous, current, and anticipated experiences. This personality change may occur in not just immediate victims but also in the perpetrators, beneficiaries, and bystanders (Straker, 2013).

Within communities experiencing CTS, the transformation from victim to perpetrator is an adaptation that creates advantages and disadvantages for the individual. Victims may begin engaging in appetitive aggression, which describes the violence-related enjoyment a perpetrator experiences through their acts of violence or inflicting harm on a victim (Elbert et al., 2010). Appetitive aggression falls into the category of instrumental aggression, which is proactive, predatory, and goal-directed (Hinsberger, 2016). Appetitive aggression may breed more

violence, and therefore, interventions aimed at the reduction of violence would seek to reduce the attraction to violence.

Reactive aggression is affective, defensive, and retaliatory (Hinsberger, 2016). Weierstall et al. (2013), in a sample of male ex-offenders (n = 69), found that participants scoring high with appetitive aggression exhibited better functioning and expressed fewer concerns about future threats in comparison to adolescents who only exhibited reactive aggression. These two very different motives for aggression should be highlighted when examining the causes and effects of violence. Hinsberger (2016) notes that it is critical to provide alternative skills that encourage social productivity and humanism by developing more productive and less destructive problem-solving methods for youth growing up in CTS communities.

Fear and anticipation of the perceived threat or danger increases an individual's anxiety and may have a more significant negative impact on an individual's holistic health than experiencing the trauma directly (Nuttman-Shwartz & Shoval-Zuckerman, 2016). Diamond et al. (2010) found disparities in symptoms' onset, structure, and specifications across contexts. Diamond et al. (2010) described individuals experiencing ongoing traumatic stress response (OTSR) in CTS environments as showing fewer symptoms when the threat of trauma or violence decreased within their environment. This reduction in symptoms over time and spatial proximity to the affected environment specifies two separate onsets and durations of trauma that critically differentiate OTSR from PTSD.

Gelkopf et al. (2013) studied (n=153) Jewish Israeli adults by recruiting them to complete a 48-item questionnaire that examined the prevalence of posttraumatic stress symptoms at different times and examined the trajectories of stress responses in situations of ongoing terror. This qualitative investigation of ongoing terror found that prolonged exposure to political

violence and terror could intensify the level of symptomatology and have a strong negative impact on psychological well-being. They found that individual symptoms increased over continuous exposure, but there was no increase in PTSD symptoms being reported (Gelkopf et al., 2013).

Nuttman-Shwartz and Shoval-Zuckerman (2016) describe a circular model of CTS, describing prior traumatic events playing a role in combination with potential future traumatic events and with the actual traumatic events that individuals and communities are consistently exposed to. Nuttman-Shwartz and Shoval-Zuckerman (2016) noted that internalizing responses include anxiety, fear, withdrawal, and somatization. These feelings often lead to a reduction in the trust of others, which can result in a limitation of engagement with others (Eagle, 2015). Appropriate versus paranoid responses to traumatic situations become difficult to differentiate for individuals living in CTS environments. Alternatively, externalizing responses include expressions of anger and aggression (Roach, 2013). Therefore, it is proposed that individuals react in two opposing ways, either socially withdrawing by retreating from social interaction (internalizing) or acting aggressively (externalizing) toward others (Eagle, 2015; Roach, 2013).

Those affected by CTS are likely to use considerable cognitive resources to survive in the present moment (Straker, 2013). The dominant preoccupation is with the individual's current and future safety, the anticipated danger, and ways of avoiding it (Eagle & Kaminer, 2013). One of the defining features of CTS is the realistic appraisal of future threats by those who are consistently threatened. At the same time, the anxiety associated with this state is often a result of questioning whether the individual’s perception of threat is accurate or distorted (Eagle & Kaminer, 2013). Individuals in these environments often engage in cognitively creating fantasy scenarios of traumatic situations while rehearsing how to avoid, survive, and or perpetrate

trauma. This cognitive and behavioral dance for survival challenges individuals to discriminate between realistic danger and fantasized danger (Straker, 2013). Preparing for future traumatic situations appears to correlate with both adaptive and maladaptive reactions and outcomes.

Symptoms of ongoing distress, even those that do not meet the criteria for a psychiatric disorder and which are adaptive in the context of pathological circumstances, can still have adverse effects on quality-of-life functioning (Hoffman et al., 2011). Therefore, some argue that such phenomena are best understood outside of the framework of psychiatric diagnoses (Marshall et al., 2007). There is very little literature to support interventions associated with reducing CTS in specific environments. This study hopes to describe CTS in Chicago to help give insight into potentially viable methods that encourage holistic health in that environment and others challenged with similar problems, such as gun violence.

Contributing Factors to CTS

The concept of CTS also highlights the way individual, social, and political dimensions of trauma are intertwined during state violence and repression (Matthies-Boon, 2018). To better understand the role of societal oppression and stigma, Kira et al. (2013) studied CTS by using a Type III trauma model that considered the dynamics of systemic intergroup conflict and related interpersonal macro and micro aggressions. Macro and micro aggressions represent the magnitude of any traumatic experiences that a person or community of people may be exposed to. Macro aggressions may include targeted hate crimes, oppression by occupation, insurgency, counterinsurgency, and slavery (present, past, or even those historical or cross-generationally transmitted). These symptoms produce traumatogenic dynamics for those who belong to or identify with those targeted groups (Kira et al., 2013).

Macroaggressions refer to widespread aversive, violent, or deadly actions by those in positions of power or their agents. By contrast, Sue (2017) described microaggressions as both explicit and implicit bias that infiltrates the lived realities of marginalized groups in our society and frames microaggressive dynamics as the interaction between perpetrator, target, and the external environment. Microaggressions create powerful emotional experiences in the perpetrators and victims and are the results of the sociopolitical dimensions of oppression, power, and privilege.

Consequently, awareness of macro and micro aggressions is crucial to understanding how traumatic stress can be consistently experienced over time within marginalized communities. The intersection of microaggressions achieves CTS as reminders of the systemic macroaggressions and their implicit and explicit threats and stereotypes perpetrated by those individuals and communities representing the dominant culture (Kira et al., 2013; Sue, 2010). To effectively reduce or eliminate CTS, the root cause of this phenomenon, the maintenance of systemic inequality, deserves critical examination.

States that create and maintain a culture of privilege for some and oppression for others employ agents such as law enforcement to maintain inequitable conditions subsequently. Eagle and Kaminer (2013) note that in many cases and situations, there is evidence that the perpetrators of consistent and frequent violence and atrocity are the same people who would usually be charged with the policing and protection of those communities. Agents of the state perpetrate state-sanctioned assassinations and physiological and psychological abuse of citizens and often penalize marginalized communities with the enforcement, or lack thereof, of unfair social practices. Therefore, agents of the state participate in the maintenance of inequity and oppression, which subsequently creates and maintains the conditions for CTS in marginalized

communities. CTS also includes contexts where violent street organizations and or individual community members create traumatic situations in the community. State security forces may be unable to or unwilling to intervene and protect community members (Eagle & Kaminer, 2013). In this vein, it is not just what state security forces actively do but also what they may passively allow that contributes to CTS. Marginalized community members experiencing consistent state-sanctioned and criminal violence may have few or no realistic legal options and minimal resources to create or escape to a safe environment. The concept of CTS and its potential effects on African Americans, along with other marginalized groups, within the U.S. has not been empirically studied and deserves significant focus.

In the U.S., African Americans made up 48.5% of the single-bias hate crime victims in 2019, amounting to 2,391 victims of anti-Black hate crimes compared to 775 anti-White hate crime victims within the same period of time (U.S. Census Bureau, 2019). African Americans nationally make up 13.4% of the population or 46.8 million people, yet 2,906 Black people were victims of homicide in 2019, compared to 3,299 European American homicides in the same amount of time, with Whites making up roughly 60% of the U.S. population or 197.2 million people (U.S. Census Bureau, 2019). Therefore, there is roughly a 1 in 1,600 chance of experiencing a hate crime if you are Black and a 1 in 60,000 if you are white. Black men are about 2.5 times more likely to be killed by police than White men and Black women are about 1.4 times more likely than White women (Edwards et al., 2019). Consequently, African Americans are experiencing a much higher rate of violent crime, resulting in a much higher frequency of experienced traumatic situations. Further, a study completed by Light and Ulmer (2016) found that mass incarceration, wealth inequality, structural disadvantage, residential

segregation, and the availability of drugs and guns all have significant effects on Black and Brown communities in the U.S. that lead to increased occurrences of violence.

The force of macroaggressions imposed by the dominant culture and their subsequent microaggressions that are felt on an intrapersonal level by POCI contribute to the stress of belonging to a marginalized group and are also contributors to CTS (Meyer, 1995, 2003; Ratts et al., 2015). Peterson and Krivo (2005) note that a consistent conclusion emerges from race-specific studies that structural disadvantage contributes significantly to violence for both Blacks and Whites. A study by Garo, Allen-Handy, and Lewis (2018) described chronic spatial disadvantage as significantly affecting Black residents living in urban Charlotte, NC, neighborhoods, resulting in individuals being at very high risk for trauma, exposure to violence, and socioeconomic adversity. Therefore, the root constructive forces that established these marginalized and at-risk communities, which were consistently racist and discriminatory, appear to be a significant determining factor when it comes to the prevalence of violence and holistically unhealthy outcomes among the inhabitants.

Treating Symptoms of Traumatic Stress

Nguyen (2011) suggests that trauma inflicts a “wound to meaning” (p. 28), which describes the often dysfunctional nature of the experience. The treatment of trauma is becoming an increasingly necessary health service. With an increasingly diverse population, physical and psychological trauma requires culturally relevant interventions. The current definitions of trauma, traumatic stress, and trauma treatment are embedded in European perspectives (Hernandez-Wolfe et al., 2014). Many trauma and PTSD-related treatments tend to lack cultural relevance for many POCI (Comas-Díaz et al., 2019). Treating the symptoms of traumatic stress can consist of culturally relevant interventions.

Protective and Risk/ Vulnerability Factors

Kira (2001) described *traumatogenic stimuli* as incidents that create exceptional physical and psychological stress. These traumatogenic stimuli affect diverse populations differently. Some individuals may be more vulnerable to experiencing trauma, depending on their positionality. Therefore, individuals' protective factors and risk/vulnerability factors should be observed and considered according to their diverse cultural identities and experiences.

The DSM-5 TR identifies pretraumatic, peritraumatic, and posttraumatic factors that can promote protection or vulnerability (American Psychiatric Association, 2013). The *pretraumatic* risk and protective factors may include temperament, environment (i.e., low socioeconomic status, lower education, exposure to prior trauma), genetics, and physiological factors (American Psychiatric Association, 2013; Cloitre et al., 2009; D'Andrea et al., 2012; du Plessis, 2018). *Peritraumatic* factors include environmental factors that involve severity, magnitude, and perceived threat, as well as dissociation during the traumatic event (du Plessis, 2018; McFarlane & Yehuda, 2007). *Posttraumatic* risk and protective factors include temperamental (using maladaptive or adaptive coping strategies, negative appraisals) and environmental support systems, ensuing adverse life events, subsequent exposure to reminders, and financial or other trauma-related losses (du Plessis, 2018; Hobfoll et al., 1991; van der Kolk et al., 2007).

Vulnerability to trauma may also be present because of sexual orientation, being socially, educationally, and intellectually disadvantaged, living in dangerous areas, high trait neuroticism, pre-existing psychopathology, having a psychiatric history, and negative appraisal of the traumatic event (Ahmed, 2007). An individual's physical ability, access to healthcare, access to transportation, and citizenship status all may affect the probability of experiencing a traumatic

situation. Research suggests that many factors influence an individual's resiliency and vulnerability to trauma (Ahmed, 2007).

Treatment of symptoms associated with continuous traumatic stress (CTS) may involve unique interventions relevant to the affected environment. Kaminer (2018) notes that in terms of psychoanalytic interventions, anxiety management such as psychoeducation, relaxation techniques, identification of both external and internal safe spaces, and improvement of threat discrimination skills and capacities are found to have significant benefits to individuals exposed to CTS. These interventions contrast with popular theories of re-exposure and extensive processing of traumatic events occurring during therapeutic sessions. Diamond et al. (2010) noted that exposure-based interventions, as would be used for symptoms of PTSD, are not recommended as a first-line intervention for those who continue to be exposed to realistic threats.

Psychoeducation can also help outline some of the likely symptoms of chronic hyper-arousal states and stress (allostatic load), including physical health, occupational, and relational impacts (Kaminer, 2018). Individuals experiencing CTS can continue to be educated about how this phenomenon affects their holistic health and what they can do about it. Psychoeducation involves the validation of responses and experiences as context-related and context-appropriate. However, counselors should strive to strike a delicate balance, ensuring that validation does not contribute to increased anxiety and despair (Kaminer, 2018). Clients may also be instructed in skills such as mindfulness techniques, breathing techniques, and guided imagery of accessible safe spaces (Kaminer, 2018).

Cognitive restructuring involves helping affected individuals retain a sense of meaningfulness in the present and maintaining hope for the future (Kaminer, 2018). Cognitive

restructuring elements focused on assisting clients to endure living in a continuously traumatic environment without becoming hopeless, apathetic, and disengaged on one hand or antisocial and highly aggressive on the other. Counselors should appreciate the backdrop against how this cognitive work should take place. It is important to encourage the development of social relationships and networks based on what is environmentally appropriate. Relationships can alleviate isolation, reduce the time for rumination, confirm environmental and internal stressors, and create a collective agency (Kaminer, 2018).

The environmental conditions associated with CTS represent forms of structural violence related to social and political instability, and therefore, upstream interventions such as ending civil and political conflicts while engaging in social justice agendas are critical to creating lasting health-oriented change (Farmer, 1996; Kaminer, 2018). Therefore, until relevant sociopolitical interventions are effectively implemented, healthcare professionals can engage with individuals within these toxic environments. Empirical research is needed to describe further these diverse environments and the people who experience this phenomenon to establish a more robust research base for CTS, including evaluating treatment effectiveness (Kaminer, 2018).

Healthcare professionals working in CTS environments will likely be exposed to traumatic situations themselves. The ongoing and continuous emergency nature of continuous traumatic situations demands that healthcare professionals, who may be responsible for multiple trauma victims, remain at work for long hours and invest significant emotional resources. Many healthcare workers live close to their patients and are continuously exposed to violent and traumatic situations (Dekel et al., 2016).

The development of resilience became a critical component of promoting holistic health within CTS environments. Resilience involves the capacity of a system to anticipate, adapt, and

reorganize itself under conditions of adversity in ways that promote and sustain its successful functioning (Nuttman-Shwartz, 2021; Ungar, 2011). Ahmed (2007) describes internal factors that promote resiliency, such as self-esteem, resourcefulness, self-efficacy, internal locus of control, and having secure attachments. Internal factors also include having a sense of humor, self-sufficiency, and optimism. Interpersonal abilities such as social skills, the ability to trust, problem-solving skills, and impulse control may also contribute to resilience. External factors that promote resilience include safety, religious affiliation, having strong role models, and emotional sustenance, which can be described as the extent to which others provide the individual with understanding, companionship, a sense of belonging, and positive regard (Ahmed, 2007).

There is a significant need to study the unique causes and effects of trauma in urban African American communities. Voisin (2019) discussed the need to listen to Black youths to understand neighborhood violence to clarify its causes and its remedies. Voisin compiled narratives from 20 years of research on neighborhood violence in Chicago's South Side where poverty is a significant factor. There are currently no studies describing African American experiences where continuous traumatic stress (CTS) is the primary phenomenon under investigation. Studies can be found describing the settings and symptoms of trauma and violence on African Americans, but they primarily focus on adolescent experiences and subsequent delinquency within often impoverished environments. The study of trauma and its effects on adult African Americans is warranted. Significant funding has historically been available for research on physical representations of trauma yet treating psychological trauma within POCI communities has not received the same amount of attention.

Posttraumatic growth (PTG) describes a positive psychological change experienced because of the struggle with traumatic or highly challenging life circumstances (Tedeshi et al., 2018). People react differently to trauma, and instead of just maladaptive responses there is often growth toward holistic health. Calhoun & Tedeschi (2004) note that it is not the event that defines trauma, but its effect on the individual's schemas, exposing them to modification. Creating new meaning out of traumatic experiences can be a pathway toward healing. A trauma-induced existential crisis can trigger a process of constructive rumination, which can manifest into a potentially therapeutic search for meaning (Calhoun & Tedeschi, 2001). Traumatic situations and experiences are often catalysts for intrapersonal growth.

Holistic Counseling

Holistic counseling aims to move individuals toward a deeper and prolonged experience of aliveness (Stensrud & Strensrud, 1984). The counseling profession is explicit in its focus on holistic human wellness (Myers & Sweeney, 2005), and holism is a core tenet within humanistic counseling (Hansen, 2006). By examining health holistically, the client is encouraged to see the components of personal health that they have control over. One goal of holistic counseling is to enhance clients' self-efficacy expectations (Bandura, 1977) or internal locus of control (Rotter, 1966) so that clients can take responsibility for their choices.

Holistic approaches to wellness maintain that treatment is not simply fixing what is dysfunctional or broken but is nurturing the morally best self (Purdy & Dupey, 2005; Seligman & Csikszentmihalyi, 2000). Therefore, counseling as a practice has the breadth to focus on health-oriented outcomes in many areas that make up an individual's life. Counselors can help individuals become sensitive and aware of the interconnected nature of these components of self. Sweeney (2019) noted that the components of holistic health are interactive, and the life tasks are

interactive, and therefore improved health in one area can be a significant impetus for productive change in other areas. Encouraging clients to learn more about their whole selves may contribute to them taking control of their health in dynamic ways.

Counseling wellness research has often neglected contextual factors and their influence on individual well-being (Reese & Myers, 2012). Multicultural considerations should continue to be considered during the construction of assessments and subsequent interpretation of results. Sweeney (2019) noted that several studies of POCI populations examining wellness scores in relation to factors such as ethnic identity and acculturation of POCI was linked positively to psychological well-being, healthy love styles, job satisfaction, social interest, mattering, religiosity, and spirituality. Wellness was linked negatively to constructs such as psychological disturbance, perceived stress, objectified body consciousness, and excessive alcohol consumption.

Gun Violence and African Americans in Chicago

African American communities in Chicago that have experienced chronic gun violence face critical health challenges. The Violence Policy Center (2021) homicide data reported that in 2018 nearly 86% of Black victims were murdered with guns, and approximately 66% of those fatalities were committed with a handgun. The homicide rate for Black victims in the US measured 18.18 per 100,000, while the national homicide rate for White victims measured at 2.83 (Violence Policy Center, 2021). In the year 2018, African Americans represented 14% of the nation’s population, yet accounted for 50% of all homicide victims (FBI Supplementary Homicide Report, 2018). African Americans are disproportionately victims and perpetrators of gun violence (Payton et al., 2015), have a higher probability to use and carry guns, and are more

likely to die as a result of gun violence in comparison to other racial and ethnic groups (Rivers, 2018).

Gun violence in American cities such as Chicago, Illinois is extremely prevalent in specific neighborhoods. Gun violence in the U.S. stems from gun availability, lenient gun laws, racial segregation and concentrated disadvantage, high poverty, high-income inequality, and low educational attainment (Johnson et al., 2021). The Chicago Police Department Crime Statistics (2019) recorded 25,545 instances of violent crime in the city and 492 homicides. West Side Districts 10 and 11, which comprise the North Lawndale and East and West Garfield neighborhoods, compiled 579 shooting victims in 2019. Individuals exposed to these types of continuous traumatic situations exhibit a range of symptoms affected by their environment's contextual components.

Forty-one thousand Americans die from gun violence every year, an average of more than 110 per day (Giffords, 2020). Nationwide, gun violence during the COVID-19 pandemic appears to have only increased. Sutherland et al. (2021) reported that the New York Police Department recorded 172 shooting incidents by April 4, 2020, representing an 11.7% increase compared to 2019 and 18.6% compared to 2018. The Baltimore Police Department, as of April 4, 2020, recorded 180 shooting incidents, which is a 2.0% increase compared to 2019. The Chicago Police Department reported 516 shooting incidents in 2020, a 23% increase compared to 2019 and a 6% increase compared to 2018. Chicago clearly has had a significant and unique challenge with excessive gun violence compared to other cities, and therefore, this phenomenon warrants continued study. Much of the existing research on African Americans and gun violence either only samples convicted African American youth or adult inmates or strictly conducts quantitative research (Rivers, 2018).

Inner City Gun Violence

Inner city gun violence that contributes to CTS often has origins in government and community leadership. Dunlap and Johnson (1992) note that inner cities within the United States result from macro-level forces. Therefore federal, state, and local governments are responsible for the creation and maintenance of these continuously violent environments. Governmental economic and political decisions historically set the foundation for poverty, disorder, and crime in specific inner-city communities (Sampson & Wilson, 1995). Wilson (1996) remarked that in the 1930s, communities of color were subject to housing discrimination, racist public housing policies, and a lack of investment, which directly and indirectly caused poverty and isolation. These social phenomena that were overseen by governmental leadership contributed to chronic and continuous violence in many POCI communities.

Ecologists Park and Burgess's (1925) analysis of social changes in Chicago suggested that cities consisted of different zones, each with defined boundaries and distinct characteristics (Sun et al., 2004). *Zone 1*, the inner core of the city, was considered the central business district, which contained extensive commercial infrastructure that offered manufacturing jobs and low-priced housing. This opportunity attracted hopeful immigrant newcomers to the center of the city, and the population of the central business district rapidly began to grow, leading to overcrowded, often deteriorated, industrial areas and housing properties located just outside of the central business district (Park & Burgess, 1925). *Zone 2*, was considered the Zone in Transition and was characterized by high levels of crime, high rates of residential turnover, and resource and economic deprivation (Logan et al., 2002). *Zone 3* housed the working class, where they could afford slightly better living conditions than the inner Zone in Transition, Zone 2. *Zone 4* consisted of the outer suburbs, larger homes, supported community facilities, and an increased

commuting distance to the central city or business district. *Zone 5*, contained high-income groups of people and modern facilities. This research describes the clear boundaries that are planned and constructed at the direction of governmental leadership in urban American cities.

Individuals in Chicago, in the mid-1900s, with sufficient resources escaped from Zone 2, the Zone in Transition, and moved farther away from the inner city. White, emerging middle-class residents engaged in *White flight* and quickly relocated to the suburbs, leaving vacant properties and disadvantaged racial minorities in concentrated poverty (i.e., White flight; W.J. Wilson, 1987). Increasing residential turnover led to a lack of investment in these communities, weak socio-economic connections, challenges with law enforcement, and reduced opportunities for neighbors to establish productive relationships.

Sampson and Wilson (1995) noted that the increase in urban poverty can be conceptualized as a result of the decisions surrounding the construction of public housing projects in poor POCI communities, minimal representation in local labor markets, the relocation of manufacturing jobs, White flight, and Black middle-class flight out of the inner city. Residential inequality was created through toxic public housing projects and housing discrimination that created isolation and racial geographical segregation. Political, structural, and economic factors and policies have shaped socially disorganized communities, causing structural social disorganization and subsequent cultural isolation for African Americans (Sampson & Wilson, 1995; Wilson, 1987). Entry-level, blue-collar jobs were taken out of urban communities and moved to the suburbs, creating significant levels of unemployment and economic hardships for many poor and marginalized families (Sampson & Wilson, 1995).

Low-income African Americans living in the inner city also suffered from the flight of Black middle-class residents relocating to more desirable areas, like the suburbs (Galster, 1991;

Wilson, 1987). A considerable number of manufacturing jobs moved outside of the inner city and therefore increased the distance between unskilled industrial workers and areas of employment, restricting job opportunities and making it difficult to maintain employment, most notably for African American males. Blacks from these areas often received lower-quality education because educational funding was tied to local taxable income. Blacks were left behind in the inner city with insufficient resources, decreasing aspirations, and an often heavy reliance on discriminatory welfare programs or illegal activity for financial sustenance (Galster, 1991; Wilson, 1987).

According to the U.S. Bureau of Labor Statistics (2022), the Black or African American unemployment rate was 6.7 in November 2021 compared to a rate of 3.7 for White or European Americans who make up a much larger population living in the U.S. With an increasing number of people unemployed, the potential for gun-related incidents increased and positively correlated with individuals' amount of time spent outside of the workplace as individuals and groups struggle for power and limited resources. Individuals with low socioeconomic status who become unemployed and experience tremendous financial stress may also resort to robbery for income. In the U.S., 63,717 robberies were committed with a handgun in 2019 (FBI, 2022).

Rampant unemployment in urban communities created impoverished circumstances for many residents. Street organizations were formed to acquire resources through often illegal means such as selling illegal drugs and robberies that may involve violence. Community members living with these increased threats often resort to aggressive means of defending themselves. The Federal Bureau of Investigation (FBI) conducted 39,695,315 firearms background checks in 2020, which was up from 2019's background checks of 28,369,750 (FBI, 2022). Therefore, gun violence may also be perpetrated by those defending themselves. Within

many CTS environments carrying a gun for self or family defense may be a completely rational decision as a means of survival. Many youths resort to defensive gun carrying to protect themselves from future harm and victimization (Rivers, 2018; Spano & Bolland, 2013; Viosin et al., 2011), while others may resort to offensive gun carrying after being victimized (Spano et al., 2012). Youth who have no previous drug dealing history or criminal affiliations may be motivated to carry a gun as a means of protection (Blumstein, 2002; Spano et al., 2006). A large number of guns within an urban environment may increase the chances of shootings because of the prevalence of firearms being present in society and can serve as a contributing factor to the increased rates of gun violence (Sutherland, 2021).

Dr. Lance Williams discusses a multitude of reasons why Chicago has been unable to solve its violence problem, including hyper-segregated neighborhoods, dysfunctional local schools, traumatized families, endemic urban poverty, disinvestment, blame-game politics, a city awash in handguns, and, perhaps most of all, human desperation. Williams notes that the biggest impediment to stopping the violence is a lack of funding, "We're spending what, $16 million, on anti-violence? This is a multibillion-dollar problem that has been with us for generations" (Mendell, 2021, p. 5).

Segregation, being the legacy of systemic racism in the U.S., was developed by a history of enslavement, Jim Crow segregation, redlining, racist law enforcement and criminal justice system that inflicted mass incarceration of racial minorities, and devastation of communities of color (Alexander, 2020; Garland, 2001; Hinton, 2016; Johnson et al., 2021). Desmond (2016) found that residents of Milwaukee’s neighborhoods, especially residents of Black neighborhoods, were far less likely to report crime after Frank Jude’s beating by police was publicly viewed. Approximately 22,200 calls were made about crimes following the public’s

view of the beating perpetrated by a police officer. Within many POCI communities, there is a legal cynicism and/or deep-seated belief in the incompetence, illegitimacy, and unresponsiveness of the criminal justice system (Kirk & Papachristos, 2011).

Systemic racism in the U.S. contributes to many negative holistic health consequences, such as psychological stress, biological inflammation, premature aging, heightened infant mortality, and shorter lifespans (Johnson et al., 2021). Abt (2019) noted that there is no one social deprivation that causes gun violence in urban areas. Instead, it is multiple deprivations, all operating at the same time, that are focused on the residents of these areas that eventually result in significant victimization and crime.

The consumption of alcohol and drugs may also contribute significantly to gun violence. Studies suggest that the prevalence of gun-related violence is influenced by substance use behaviors (Chen & Wu, 2016). Acute and chronic alcohol consumption may suppress inhibitions, reduce threat detection, and produce violent impulses (Chen & Wu, 2016; Heinz, 2011). The connection between alcohol and other mood-altering substances may have an impact on the capacity for gun violence and should continue to be explored to reduce the prevalence of negative outcomes. The Black family structure was disrupted, the economic vitality of the family, and hence the community, was in peril; they were deprived of resources; they were socially and physically isolated; and social control and guardianship were weak or absent (Sampson & Groves, 1989).

Voisin (2019) noted that three protective strategy themes emerged with Chicago parents living in violent South-Side neighborhoods, they include: (1) no safe havens or violence-free places truly existing, (2) no one being entirely safe from violence, (3) and both general and gendered strategies are relevant to protect youths from neighborhood violence exposure and its

negative effects. Papachristos (2009) discusses social networks as a determinant for continuous violence in communities. It was noted that murders spread through an epidemic-like process of social contagion as gangs and/or individuals evaluate the highly public actions of others in their local social networks and act out social displays of dominance that is often violent in nature. Violence and murder directly threaten the social status and rankings of groups within a social construct. Therefore, the consequences of individual violent episodes shape future patterns of violence and murder (Papachristos, 2009). Beardslee et al. (2018) found that out of (n = 1,170) racially diverse male juvenile offenders (14-19 years old at recruitment) were significantly more likely to carry a gun after exposure to gun violence. This sample of young men with a history of criminal offending who witnessed or were victims of gun violence showed an increase of 43% in odds of possessing a firearm.

A person is killed with a gun every seven hours in Illinois, which amounts to 1,310 people a year (Giffords, 2020). Suicide by gun also makes up many fatalities. From 2013 to 2017 in Illinois, 2,607 people died by gun-related suicide, and 37% of all suicide deaths in Illinois involved firearms (Giffords Law Center). Therefore, suicides by gun make up a sizable portion of gun deaths within Illinois and throughout the country.

Suicide by gun highlights despair and/or hopelessness that outweighs the opportunity of life for many people. The Centers for Disease Control (CDC, 2017) noted that approximately 51% of suicides involve the use of firearms. Individuals may be at increased risk of suicide while living in environments that have continuous violence, poverty, and challenges accessing health resources. Smith et al. (2020) found that suicidal ideation was two-fold more prevalent among people who knew someone who died from gun violence, which is consistent with the known association between interpersonal trauma and suicide risk (Beristianos et al., 2016). Death and

suicide may seem more normative and lead to an acquired capability to act on suicidal thoughts (Christensen et al., 2014).

Gun Violence and Holistic Health

Gun violence affects the holistic health of those exposed. Symptoms of stress, anxiety, depression, and trauma are all examples of the symptomology that often accompanies people's intersections with violence and, therefore, affects the holistic health of individuals, families, and communities. Hinsberger et al. (2016) note that symptoms of post-traumatic stress, including nightmares, flashbacks, sleep, and/or concentration disturbances, may be exhibited and serve as additional stressors.

Smith (2020) studied exposure to gun violence fatality and found that out of (n=1615) twenty-four percent of respondents experienced gun violence and that Black, Latinx, young people, and those of lower income and education were disproportionately exposed. Those exposed had significantly higher levels of psychological distress, depression, suicidal ideation and/or psychotic experiences compared to those not exposed (Smith, 2020). Access to mental health services to serve the needs of those exposed to gun violence and its collateral damage may positively impact community-level mental health and subsequently reduce community trauma.

Thirty-eight thousand people die annually from gun violence in the U.S., while another 85,000 suffer non-fatal gun injuries (Beck et al., 2019). The U.S. Government Accountability Office (GAO, 2021) notes that hospital costs for initial gun injury care were just over $1 billion a year with 30,000 hospital stays and 50,000 emergency room visits, according to data from 2016 and 2017. Gun violence is a health crisis in America that costs society increasingly more lives and money each year.

Gun violence affects those who survive it. Those individuals who lose loved ones to gun violence may experience complicated or prolonged grief, posttraumatic stress disorder (PTSD), and depression, which denote the pervasiveness of adverse mental health outcomes (Rheingold & Williams, 2015; Sharpe et al., 2018; Smith et al., 2020). Prolonged grief disorder (PGD) was added to the DSM-V-TR in 2022 because of the dynamic experiences with death that bereaved people are experiencing and the symptoms that are consistently presenting themselves in those affected. Those who bereave individuals who commit suicide experience low levels of general well-being, anxiety, depression, complicated grief, shame, guilt, stigma, and risk of suicide (Smith et al., 2020). Despite the tragic impact of gun violence, literature addressing mental health outcomes specific to people surviving the death of a loved one remains limited (Smith et al., 2020).

Race, gender, and age, as well as socioeconomic status, intersect in relationship to gun violence in the U.S., resulting in disparities in mortality and mental health outcomes (Smith et al., 2020). In a study of 54 African American homicide survivors, 18% were found to have PTSD, 53.7% exhibited some form of depression, and 44.4% were found to have complicated grief (McDevitt-Murphy et al., 2012). Studies have also found that African Americans, in comparison to European Americans experience more frequent bereavement due to homicide, more severe symptoms of PTSD, and higher levels of complicated or prolonged grief related to the violent or unexpected death of a loved one (Goldsmith et al., 2008). Edwards et al. (2021) estimate that homicide victims leave behind 7-10 family, friends, coworkers, and neighbors who are impacted by their violent death.

A firearm in the home is also a significant risk factor for African Americans committing suicide (Willis et al., 2003). Approximately 49% (n=1022) of Black people aged 10-44 years

who died by suicide did so using a firearm (CDC, 2017). African Americans bereaved by suicide may experience complicated grief due to isolation and increased stigma because of historical and preconceived notions about suicide in the African American community (Barnes, 2006; Kaslow et al., 2009). Despite the disproportionate prevalence of homicide victims in Black communities, there is limited research exploring the coping strategies following the loss of a loved one (Edwards et al., 2021).

Counseling Education and Social Justice

Counselor education programs are uniquely positioned to provide multicultural social justice advocacy-related curriculums and opportunities to serve students, campuses, and communities. Counselor education programs can be agents of change to promote holistic health-oriented outcomes in communities. Students come from increasingly diverse cultural backgrounds and life experiences. People of Color and Indigenous (POCI) students may be from communities that have a history of experiencing continuous traumatic stress (CTS). These marginalized communities have often been perceived as devoid of value. Yosso (2006) described Critical Race Theory (CRT) as a shift of the research lens away from a deficit view of POCI communities and instead focuses on appreciating the dynamic assortment of cultural knowledge, skills, abilities, and connections possessed by these socially diverse groups. Marginalized and at-risk communities produce talented and skilled students with diverse talents and dreams.

Social Justice

Macro and micro aggressions describe the social level of actions taken that subsequently maintain conditions of continuous traumatic stress through systemic prejudice and discrimination. Social justice is a concept that is rooted in theological, political, philosophical, ethical, and jurisprudential theories about the nature of a fair and just society (Singh, 2011).

Social inequities often prevent the achievement of a socially just society. The maintenance of social disparities contributes to paradigms such as CTS. Social justice describes possessing awareness of the privilege and disempowerment that exists across social groups, recognizing the dynamics of the prevailing power held by the dominant group and its pervasive impact on all systems within a society, while committing to a lifetime of reflection on the perpetuation of oppressive actions and actively working towards social equity (Crosby, 2018; Sensoy & DiAngelo, 2009). Becoming educated on and acknowledging the systemic and institutional inequities that are woven into society while actively working to address these structures of privilege and oppression refers to the concept of social justice advocacy (Cochran-Smith, 2004; Crosby, 2018).

Social justice advocacy embodies the strategies to affect change within systems of inequity and injustice. The goal, according to Frazer (2009) is to "address inequality and oppression in all its nuances, including but not limited to, racism and xenophobia, classism and economic discrimination, sexism and misogyny, homophobia and heterosexism, religious and political persecution, the abuse of civil liberties, and ableism" (p. 7). Social justice advocacy can encompass many perspectives and potential actions that move those oppressed or neglected by systemic discrimination and prejudice toward social equity.

Multicultural Social Justice Counseling Competencies

A significant tool for counseling educators to engage in social justice advocacy is the Multicultural Social Justice Counseling Competencies (MSJCC) developed by Ratts, Singh, Nassar-McMillan, Butler, and McCullough (2015). The MSJCC was created with guidance from the Multicultural Counseling Competencies (MCC) developed by (Sue et al., 1992). However, the newest revised framework expands on the MCC to address social justice advocacy within

social justice counseling by adding action as a competency. The MSJCC describes skills for counselor-client relationships such as (a) having an understanding of the complexities of diversity and multiculturalism in the counseling relationship, (b) recognizing the negative influence of oppression on mental health and well-being, (c) understanding individuals in the context of their social environment, and (d) integrate social justice advocacy in the various modalities of counseling (Ratts et al., 2015).

The Multicultural Social Justice Counseling Competencies comprise important aspects of ethical counseling practice for counselor and client interactions but can also be applied within the curriculum of counselor education programs to educate clinical counseling students on the social dynamics that create and maintain environments that experience continuous traumatic stress (CTS). These future clinicians will have the tools to advocate for individuals and communities experiencing this phenomenon. Multicultural insights into these inequities can help counselors identify and engage in social justice initiatives that require individual and systems-level work (Lewis & Arnold, 1998). As a licensed clinical mental health counselor and educator, I have utilized the MSJCC as a guide for effectively employing the tenets of social justice advocacy during therapeutic sessions, when educating students, and when working with community leaders. This model has cross-disciplinary tenants and can be utilized by anyone seeking to take well-informed and responsible transformative action.

The MSJCC's components are built upon the constructs of multiculturalism and social justice paradigms and are presented in a conceptual framework that highlights Counselor Self-Awareness, Client Worldview, the Counseling Relationship, and Counseling and Advocacy Interventions (Ratts et al., 2015). Each construct of the MSJCC spotlights the historical positionality of the privileged and marginalized perspectives, within the counselor and the client.

Counselor Self-Awareness involves exploring the attitudes, beliefs, knowledge, skills, and actions that may influence interactions with the client. Becoming aware of the *client's worldview* is critical to empathizing with the client and helping to develop valid interventions that address the uniqueness of the client's experiences. This tenant is significant in identifying and treating symptoms of CTS. The MSJCC also highlights the power of the counseling relationship.

Counselors representing a privileged social status may have blind spots when understanding the depth of social inequity and how it affects their clients and communities. Therefore, counselors who identify as having social privilege are encouraged to be vigilant about understanding the power dynamics of counseling relationships. The *Counseling and Advocacy Interventions* tenet describes how counselors are challenged to intervene on behalf of clients at the intrapersonal, interpersonal, institutional, community, public policy, and international global levels. This tenet speaks directly toward engaging in social justice advocacy and applies to individuals who may be experiencing or coming from environments affected by continuous traumatic stress.

Singh et al. (2020) evolved the original framework of the Multicultural Social Justice Counseling Competencies to include ecological levels of advocacy and/or influence, including micro levels that describe interpersonal and intrapersonal interactions, meso levels including institutional and community level interactions, and macro levels of advocacy that include global/international levels and public policy. The addition of ecological levels highlights the many social and political systems that maintain social inequality. CTS, in part, is a product of discrimination, prejudice, and inequality at these micro, meso, and macroecological levels. Singh et al. (2020) went a step further and highlighted the many isms that exist within these levels that work to actively separate peoples, such as ageism, adultism, racism, ethnocentrism, colorism,

colonialism, linguistic imperialism, sexism, heterosexism, cisgenderism, religious imperialism, ableism, and classism.

Encouraging Healthy Outcomes Through Research

Healthy outcomes for students, clients, and communities suffering from CTS-like phenomena should be of primary focus for counseling education programs. By assessing best practices, researchers can continue unraveling the root causes of social inequities and uncover the actions necessary to encourage holistically healthy outcomes for individuals and communities experiencing trauma. CTS is an emerging description of toxic living conditions and potentially adverse interpersonal experiences that deserves further attention by researchers looking to help improve people's outcomes, by describing their experiences.

Many counselor education programs have championed multicultural social justice-related initiatives. However, there is concern that many programs continue to direct too little time and energy into creating initiatives that can catalyze major changes in higher education institutions (Zalaquett, 2008) and communities. Counselor education programs should be evaluated on their training of skills related to multicultural and social justice competency, and their efficacy in achieving short-term and long-term health-oriented client and community outcomes (Hays, 2020).

Evaluating counselor education programs and their effectiveness in implementing multicultural social justice-related initiatives is a real need. Individuals reporting higher levels of multicultural counseling competence also describe greater perceived competency working with clients of color (Worthington et al., 2007). Clients are students and community members; therefore, working towards an increased multicultural counseling competency will hopefully encourage change. Institutions and the administrators, faculty, and staff that work within them

can never reach complete multicultural and social justice counseling competence (Nassar & Singh, 2020). There will always be an asymptote at the height of the counseling competency paradigm because the nature of culture and ethnicity constantly evolves, along with the measures to support the social hierarchies that are in place creating privilege for the dominant culture. Hays (2020) notes that researchers looking to evaluate multicultural competency training in counselor education programs can utilize the Multicultural Competency Checklist (Ponterotto et al., 1995) and the Multicultural Environmental Inventory (Pope-Davis et al., 2000).

Nassar and Singh (2020) interviewed Dr. Patricia Arredondo and Dr. Derald Wing Sue about their viewpoints on the deficiencies of multicultural and social justice work in counseling education and areas that needed additional research. Dr. Arredondo and Dr. Sue highlighted: policy work, professional associations, and empowerment initiatives with diverse communities on issues of marginalization (Nassar & Singh, 2020). All these areas can contribute to social justice on campuses and within communities of diverse peoples.

Initiatives for Counseling Education Programs

New health-oriented initiatives can be born from emerging social paradigms such as continuous traumatic stress. Counseling education programs can establish initiatives that utilize the tenets of the MSJCC to affect individuals and communities facing CTS or any number of other toxic social conditions. It is important for counseling educators to not only teach the MSJCC but to also engage in professional development on the MSJCC's framework before expecting their students to do so (Ratts et al., 2016). Counseling educators should observe that the MSJCC is a continuous work in progress, that strives to keep up with emerging insights on multiculturalism and the need for social justice in many marginalized communities. Without continuous observance of the pervasive nature of subterfuge emanating from the dominant

culture against marginalized cultures, social justice advocacy can be rendered ineffective by simply shallowly attacking the structures that maintain inequality.

The diversity of communities and campuses should be acknowledged and celebrated. Educators may utilize mentorship strategies specific to students' needs and worldviews to help counselors-in-training develop cultural competencies and promote social justice (Gonzalez-Voller et al., 2020; Heppner, 2017). Mentoring allows much more intimate guidance that can benefit diverse mentees who may need support that is spoken in their proverbial language. Hepner (2017) suggested creating advanced multicultural practicum courses, offering multicultural speakers, and providing incentives to participate in multicultural-themed conferences and training developments. Ibrahim and Heuer (2016) discussed incorporating cultural assessments, experiential learning, and service learning into training models promoting community social justice advocacy. Advocacy strategies may also include creating formal statements on diversity, equity, and inclusion. Formal statements that acknowledge diversity create a guide for creating and/or endorsing educational and co-curricular programs for campuses (Gordon et al., 2017).

Community-based learning (CBL) or service learning can be utilized by counselor education programs to leverage the ability of their faculty and students to partner with communities where continuous traumatic stress is occurring. According to Hatcher and Bringle (1997), CBL is the type of experiential education in which students participate in service in the community while reflecting on their involvement to gain a greater understanding of course content, the relevant discipline, the relationship to social needs and inequalities, while developing an enhanced sense of civic responsibility. A key component of CBL is the sensitization of the student to the oppressive nature of many critical social arrangements while

allowing them the opportunity to commit to collaborative working partnerships (Hart & Akhurst, 2017). Counselor educators, supervisors, and students are encouraged to ally with communities to identify and act on systemic inequities that may be contributing to environments where CTS is prevalent.

Advocating for Mental Health Resources

Counselor education programs play a critical role in educating students to provide mental health services within the community. Counseling programs can also play a vital role in advocating for mental health services to be available within educational institutions. Students come from increasingly diverse backgrounds, experiences, and conditions, so effective mental health services should be available to all students. Students attending education programs may continue to live in environments that consist of continuous traumatic situations (Nuttman-Shwartz & Irit Regev, 2018).

As counseling education programs strive to become more diverse, there will be an increasing need for campus mental health services. Counselors need to be aware of the dynamic circumstances and symptoms they will potentially face in the field and the living conditions of students attending campuses. Counseling students should be encouraged to practice and hone their skills as supervised counselors in training on university campuses. Counselor educators can also advocate for services to evolve in a direction that recognizes emerging theories of therapeutic interventions that may increase cultural relativity to diverse student experiences and ethnic methods of healing.

Counselor educators can also apply for funding and engage in fundraising to help support the creation of multicultural social justice advocacy initiatives and programs. Federal grants are often available and listed through the American Counseling Association's website,

counseling.org. Diverse advisory boards that can look at fundraising from diverse and innovative perspectives can evolve historically monocultural strategies and insights. Osili (2019) noted that championing diversity and inclusion to reflect the values of a pluralistic society is critical to the success of modern-day higher education philanthropy. Institutions may also benefit from fundraising strategies such as impact investing, online campaigns, and cause marketing (Osili, 2019). Modern social media style fundraising platforms and strategies utilizing platforms such as gofundme.com, kickstarter.com, crowdfunding.com, and causes.com may also be effective in innovatively providing funding for resources that may help fund social justice-related initiatives on campuses and in communities.

To bring awareness to issues around continuous traumatic stress, counselor educators may consider creating programs that help identify techniques to discuss diversity and social justice-related issues that may contribute to the prevalence of CTS such as gender, sexual orientation, race, ethnicity, religion, disability, and social class (Gordon et al., 2017). The goals of such programs would be to connect the administration, faculty, staff, and students in dialogue to discuss critical issues on campus and within the community affecting those who experience consistent trauma. Counselor educators may also promote multiculturally competent hiring, recruitment, and admissions standards. Students coming from traumatic backgrounds should feel welcome on campuses because those campuses reflect who they are and understand how to best support them. Counseling education programs can contribute to creating a culture that is inclusive and full of resources for students coming from diverse backgrounds who may face challenges such as CTS.

Summary

Chapter Two provides a literature review for this research study by beginning with a description of transformative research and the theoretical orientation of the project. Holistic health, the conceptual framework for the study is reviewed next in Chapter Three. Theories of traumatic stress are then explored including continuous traumatic stress (CTS), along with symptomologies and health-oriented interventions. Next, theories of violence and a history of the continuous nature of gun violence in Chicago are explored. Lastly, opportunities for counselors and counselor educators to partner with communities and help create positive outcomes for CTS-affected individuals are discussed.

CHAPTER 3: METHODOLOGY

Introduction

Chapter Three described the methodology of the proposed study including a description of phenomenology and the rationale of its use as a research method. This section highlighted the research questions, methodology, research design, and data analysis method. The chapter also described procedures to establish trustworthiness, researcher subjectivity, and risks and benefits to the research. The purpose of this study was to explore the experiences of African Americans exposed to continuous traumatic stress (CTS) in an urban environment. This study sought to inform community members, educators, and health professionals of CTS and its subsequent effects on the holistic health of individuals who are subject to the phenomena.

Research Questions

(1) How is the holistic health of urban African Americans affected by CTS due to gun violence in Chicago?

(2) How do social and environmental factors contribute to the prevalence of CTS in urban African American communities?

(3) How can counselors and counselor educators improve, create and/or operationalize holistically healthy practices that address urban African Americans exposed to CTS?

Methodology

Qualitative researchers study things in their natural settings, attempting to make sense of or interpret phenomena in terms of the meanings people associate to them (Denzin & Lincoln, 2011). Shuttleworth (2008) noted that qualitative studies are often useful to provide a holistic and balanced approach to research. This study utilized a qualitative approach to describe the phenomena of CTS experienced by African Americans in an urban environment. Denzin and

Lincoln (2011) described qualitative research as an analysis of the world through a series of representations such as field notes, interviews, conversations, photographs, recordings, and memos to the self. Data for this study was collected by interviewing participants and recording their responses.

Qualitative methods can take a critical stance toward knowledge while recognizing the influence of history and culture to appreciate how such knowledge is constructed intersubjectively (Davidson, 2013). It is important to observe the style and structure of the methods used to promote the study's trustworthiness. Creswell (2013) described qualitative methods as frameworks of inquiry in a natural setting that concludes with a final report of the voices of participants, the reflexivity of the researcher, a complex description and interpretation of the problem, and its contribution to the literature or a call for change. Qualitative methods were chosen for this study to give a rich description of individuals' experiences living with CTS, the environmental conditions that create the phenomena, and how health professionals and educators can help facilitate holistically healthy outcomes.

Mertens (2015), talked about criteria for quality in qualitative research as including fairness, which answers the question, to what extent are different theories and their underlying value structures observed and honored during the process of doing the study? The idea of ontological authenticity points to the degree to which the research increases an individual's or group's conscious experience of the world. Community considerations refer to the location where the data is gathered and how the research will affect the community it represents (Denzin & Lincoln, 2005). Maintaining attention to voice focuses on who is asking the questions that speak for those not accessed or marginalized (Mertens, 2015).

Phenomenology

This qualitative study followed a phenomenological framework that is illustrated in the writings of German philosopher and mathematician Edmund Husserl (1859-1938) and is most readily associated with the origins of the phenomenological movement as a science and philosophy (Creswell, 2013; Spiegelberg, 1975). Husserl focused on studying consciousness and how phenomena in the world are constituted within the human consciousness. Husserl (1970) described phenomenological research as a question that starts from a perspective free from hypotheses or preconceptions and whose answer describes rather than explains. He used the concept of intentionality and described it as the component of any act that is responsible not only for pointing at an object but also for interpreting pre-given data in such a way that a full object is presented to our consciousness (Spiegelberg, 1978). One cannot think or feel without thinking of feeling something in the world outside the subject, and therefore the focus is on the way consciousness is turned out on the world and on the relationship between a person's consciousness, the world, and relationships between people (Davidson, 2013). Therefore, Husserl's aim was to describe and develop a universal phenomenology that would provide a philosophy for exploring and critiquing all knowledge (Spiegelberg, 1978).

Phenomenological research emphasizes the individual's subjective experience (Wertz, 2005); therefore, to do research is to question the way we experience the world and to know the world we live in as human beings (van Manen, 1990). Moustakas (1994) noted that the researcher can collect data from people who have experienced the phenomenon and develop a composite description of the essence of the experience utilizing the subject's interpretation of the experience. This constructed description consists of what they experience and how they experience it. Descriptions of a phenomenon illuminate its presence, accentuate its underlying

meanings, and enable the phenomenon to linger and retain its spirit, as near to its actual nature as possible (Moustakas, 1994). Therefore, phenomenological studies pertain to questions about everyday life and lived human experiences (Shepris et al., 2020).

Husserl (1939) described bracketing and epoché as conceptual strategies that allow the researcher to preserve unbiased descriptions of an observed experience. Bracketing, as a strategy, may begin before the researcher engages with the participant's world and can involve the researcher consciously exploring, documenting, and then setting aside any preconceptions, biases, or learned feelings about the phenomenon under study (Shepris et al., 2017). Epoché describes the abrupt suspension of our naïve metaphysical attitude and that reduction is the term for our framework of describing connections between our subjective experience and the unbiased world (Zahavi, 2003).

This study utilized the strategy of phenomenological reduction, which is a principal method in phenomenological theory (Adams et al., 2017; van Manen, 2014). The German term Lebenswelt, or lifeworld, refers to a combination of feelings, thoughts, and self-awareness experienced by an individual at any given moment in time (Johnson et al., 2004). Phenomenological reduction can help us to draw out and interpret these dynamic participant experiences. van Manen (2014) noted that reduction strategies help us reflect in a truly attentive manner and allow us to focus on understanding the singularity of the phenomenon that is the focus of the study.

Role of Researcher

As the primary researcher of this study, I completed all necessary components of the study process. Rossman and Rallis (2003) described the researcher as the key instrument in qualitative research. I developed the rationale and framework of the study to ensure that the

study is ethically safe for participants. I recruited participants, provided them with necessary documentation, and answered any questions that they had. I then interviewed participants and recorded and collected their response data. Creswell (2013) described qualitative researchers as collectors of data through interviews, observations, and documents. The data gathered was kept in a secure location and analyzed.

Researcher Subjectivity

As the primary researcher, I needed to be conscious of my own schemas and presuppositions, theories, biases, and so on, along with acknowledging the motivation for the research itself. van Manen (1990) noted that the researcher's job is to mediate between interpreted meanings and the phenomena toward which the interpretations point. Therefore, I took a critical analysis of assumptions brought to the project that may prevent interpretation from being as free as possible to the meaning and significance of the phenomenon being studied (Shepris et al., 2017). Participant data was reviewed by myself and member-checked by qualified researchers to develop credible and confirmable conclusions about the data. Coders comprised of doctoral students and graduates of the Counselor Education and Supervision program who have received certified training in research ethics from the University of North Carolina Charlotte.

Reflexive Journal

I utilized a reflexive journal to make observations about my insights and assumptions or biases toward the phenomena being studied. Entries were entered into the journal before and after each participant interview. Reflexivity refers to an assessment of the influence of the investigator's own background, perceptions, and interests on the qualitative research process (Ruby, 1980). Qualitative research is reflexive because the researcher is not separate from the

research (Aamodt, 1982). The reflexive journal is a tool that provides the researcher with opportunities to bracket or identify and screen for researcher bias (Patton, 2002).

Research Design

The research design described how this study will specifically study urban African American experiences with CTS in Chicago. Participant eligibility and recruitment criteria, data collection, and participant interviews are reviewed here.

Participant Eligibility

Study participants were recruited from Chicago South Side and West Side community neighborhoods. The selection criterion for participation involved the following: (a) self-identifying as African American and/or a Black Chicagoan, (b) residing or previously lived, within 10 years, in a neighborhood that constitutes either the South Side or the West Side communities of Chicago, (c) consent to sharing their lived experiences in audio-recoded interviews, (d) self-identifying as experiencing continuous traumatic stress as a result of experiencing continuous gun violence, (e) and must be in the age range of 18 years old to 50 years old.

Participant Recruitment

This study used a purposeful sampling strategy called maximum variation sampling where it gathers diverse representations of participating community members (Creswell, 2013). Participant demographics such as where they live, social status, identity orientation, age, and experience with the phenomena helped in identifying a maximum variation sample. Potential participants were screened by their demographic data to get a diverse sample of African Americans living in Chicago's South Side and West Side neighborhoods that have experienced the phenomena. Recruitment flyers were posted at community health centers and with non-

violence programs that have access to community members. Word-of-mouth recruitment for potential participants was also encouraged.

Participating organizations were instructed on ethical recruitment procedures that abide by the UNCC IRB guidelines. The formal communication to participating organizations was the *Recruitment Flyer* in *Appendix A.* A copy of the *Recruitment Phone Script* is in *Appendix B.* A copy of the *Email Recruitment Script* is in *Appendix C.* Participants of the study were gifted a $20.00 Amazon Gift Card for completing the participant requirements of the study.

Informed Consent and Data Collection

Participants were provided with an *Informed Consent form* that is in *Appendix D.* The informed consent form includes explanations for the purpose of the study, participant inclusion criteria, data collection and analysis procedures, confidentiality, risks, and benefits of the research, and gifts for participation. Participants were also given a demographics questionnaire form, a copy is in the *Interview Guide* in *Appendix E.*

Participant Interviews

This research study attempted to gather between 8-12 participant interviews for analysis. Polkinghorne (1989) encouraged researchers to interview between 5 and 25 individuals who have all identified experience with the specified phenomena. To gather representative data, I used a semi-structured interview model. Open-ended interview questions were primarily used to examine participants' lived experiences. Semi-structured interviews allow the researcher to explore specific questions as appropriate in each interview (Patton, 2002). I created an interview atmosphere that flows as a normal conversation rather than a strict formal question-and-answer exchange (Taylor et al., 2016). I facilitated a roughly 60-minute interview with each study participant. A follow-up interview, scheduled to occur after their initial interview, took around

20-30 minutes and was used to assist in clarifying and confirming the participant's interview responses. The researcher scheduled the follow-up to occur within one week of the initial interview. Interviews were audio recorded by encrypted Zoom app meetings.

The interview protocol used is shown in *Appendix E* and contains procedures and interview questions. The guide was present during the interview. The interview protocol will ensure that the researcher explores the same topics with all participants (Taylor, 1998). Participants maintained the right to withdraw from the research study at any time with no penalty.

Data Analysis Method

Participant interviews recorded were transcribed before data organization and analysis began. All data received was stored in a secure location that only researchers have access to. All participant identifying information was removed from the written transcripts, and names were assigned coded identification. Moustakas (1994) noted that data should be in a written format to organize and analyze qualitative research.

According to Moustakas (1994), the simplified Stevick-Colaizzi-Keen method of phenomenological analysis is both specific and structured to aid in the analysis process and encourage the process of phenomenological reduction of the subject being studied. This method was used in this study. Creswell (2013) provided the six ordered steps of the simplified version of the Stevick-Colaizzi-Keen method of phenomenological organization and research analysis as:

- First describe personal experiences with the phenomenon under study. The researcher begins with a full description of his or her own experience of the phenomenon. This is an attempt to set aside the researcher’s personal experiences

(which cannot be done entirely) so that the focus can be directed to the participants in the study.

- Develop a list of significant statements. The researcher then finds statements (in the interviews or other data sources) about how individuals are experiencing the topic, lists these significant statements (horizontalization of the data) and treats each statement as having equal worth, and works to develop a list of nonrepetitive nonoverlapping statements.
- Take the significant statements and then group them into larger units of information, called meaning units or themes.
- Write a description of what the participants in the study experienced with the phenomenon. This is called a textural description of the experience (what happened) and includes verbatim examples.
- Next write a description of how the experience happened. This is called structural description, and the inquirer reflects on the setting and context in which the phenomenon was experienced.
- Finally, write a composite description of the phenomenon incorporating both the textural and structural descriptions. This passage is the essence of the experience and represents the culminating aspect of a phenomenological study. It is typically a long paragraph that tells the reader what the participants experienced with the phenomenon and how they experienced it (the context).

Procedures to Establish Trustworthiness

Lincoln and Guba (1985) discussed establishing the trustworthiness of a qualitative study. To achieve the qualitative equivalent to quantitative validity, the researcher observed the standards of credibility, authenticity, transferability, dependability, and confirmability.

Credibility

Credibility refers to the extent to which the findings are believable (Lincoln & Guba, 1985). Cho and Trent (2006) discussed credibility as an interactive process between the researcher, the researched, and the collected data, that aims to achieve a higher level of accuracy and consensus by means of revisiting facts, feelings, experiences, values, and beliefs that are collected and interpreted. To promote credibility within this study, I adhered to the *Stevick-Colaizzi-Keen* method of data analysis for phenomenological research. This method encourages the reduction of data, is specific, and is an organized framework of analysis.

This study utilized the triangulation of data methods strategy, where data is collected and compared such as data from demographic questionnaires, interviews, reflexive journals, and supplemental research (Krefting, 1991). Triangulation was used to enhance the credibility of the study. Mertens (2015) noted that by converging data from multiple perspectives, a consensus of data interpretations can help the researcher achieve consistent evidence for relevant conclusions.

Authenticity

My authority as a researcher to conduct this study was a component of its credibility. Strengthening the researcher's authority involves conceptualizing them as a measurement tool or instrument (Krefting, 1991). Miles and Huberman (1984) identify 4 characteristics that help establish the authenticity of the researcher: (a) the degree of familiarity with the phenomenon and the setting under study, (b) a strong interest in conceptual or theoretical knowledge and the

ability to conceptualize qualitative data, (c) the ability to take a multidisciplinary approach, and (d) good investigative skills developed through literature review, course work, and experience in qualitative research methods. The researcher has satisfied these requirements by spending considerable time in and researching the area of study, by doing previous research utilizing qualitative methods, by completing a literature review of relevant topics and theories, and by utilizing a structured procedural plan to gather, interpret, and share interpretations of data.

Transferability

This study utilized thick descriptions to ensure that the findings were transferable between the researcher and those being studied (Creswell, 2013). The study used maximum variation sampling to gather data from diverse community members to analyze multiple perspectives. The strategy to triangulate data will help to create many sources of data about the areas of study. Krefting (1991) noted that readers of the study should be able to assess the research's transferability by reviewing the database of data, assessments, and interpretations made.

Dependability

I promoted dependability by maintaining quality standards of research and adhering to UNCC IRB ethical guidelines. Dependability refers to the study results being consistent with the data collected (Lincoln et al., 1985; Merriam, 2002). I attempted to minimize the potential distortion of the data. An audit trail was kept, to record the research steps taken from the start of the research study to the development and reporting of the findings (Lincoln & Guba, 1985). A key factor was to actively interact with my dissertation committee and work to include feedback, recommendations, and suggestions that will contribute to dependability.

Confirmability

I used triangulation as a strategy to establish confirmability of the study results. Triangulation of multiple methods, data sources, and theoretical perspectives test the researchers' conclusions (Krefting, 1991). Using member checks also helped ensure data was being analyzed accurately by providing multiple perspectives on the study and analysis process. I also used a reflexive journal to ensure I was aware of my influences on the data.

Risks and Benefits of the Research

The phenomena being explored were sensitive in nature. Gathering participant narratives about traumatic experiences may have provoked uncomfortable feelings or memories, as the research's goal is to explore continuous traumatic stress. I used open-ended questions and person-centered strategies of reflection, to facilitate an in-depth, supportive, and safe interview environment. If at any time participants of the research felt that they were experiencing challenges because of their participation, they were directed toward resources that may provide healthcare. Healthcare-related resources that participants could access were discussed and highlighted as part of the informed consent process before starting the study.

I reviewed the research's purpose, data collection, and analysis procedures, confidentiality, and all other details of the informed consent document with participants before participation. I ensured that identifying information gathered from participants was stored in a secure location that follows the UNCC IRB protocol. Participants were provided the opportunity to ask questions about the research study and the potential use of their data before data collection began and throughout the study.

It was my belief that participants and others might benefit from the potentially transformative nature of this study. The knowledge gained from exploring the experiences of

those living with continuous traumatic stress may be extremely insightful for individuals seeking healthy outcomes and for educators and health professionals who have opportunities to promote holistic health in affected communities. Hopefully, this research will added to the literature aimed at improving human living conditions.

Bracketing the Phenomena

The *researcher subjectivity* section in Chapter 3 of this dissertation provided a framework that I, as the primary researcher, followed to stay conscious of my own biases and assumptions that may influence my interpretation of the phenomena. To diversify and triangulate individual meaning units, data was reviewed by myself and member-checked by 2 researchers credentialed by the UNCC Institutional Review Board (IRB). I also recorded my experiences examining the phenomena throughout data collection by utilizing a reflexive journal to reflect on my personal experiences while conducting participant interviews and conducting data analysis.

Acquiring participants was a challenge. I lived in North Carolina at the time of this study but was attempting to collect data in Chicago. I was able to draw upon resources that I acquired while being raised in Illinois to advertise and develop a list of potential research subjects that fit the demographics of the study. I conducted interviews through the Zoom app while I was in North Carolina. The initial interview was a mix of emotions. I reflected quite a bit on the interview questions and wanted to make sure that I was not forgetting any necessary components.

While conducting the initial interview I reflected on the degree of traumatic content that the participant was delving into. This participant was currently in a situation where there could be a potential threat to their safety and her stress was apparent throughout the interview. Upon following up with the participant after the interview I encouraged her to seek mental health

counseling as a therapeutic intervention for the symptoms of OTSR and PTSD that she was exhibiting. Clinically speaking, I believed that was the ethical thing to do.

After listening to the 1st interview, I gained confidence that the questions I was asking to participants were relevant. I also noted that I needed to speak louder and clearly into the microphone. Speaker 2's experience growing up was vastly different than Speaker 1's and I began to wonder how useful the content was going to be, but I soon rationalized that the diverse perspectives of African Americans growing up in Chicago was exactly what I was looking for, in order to speak to the different experiences of those living in the city.

Scheduling and recording the last interviews within a reasonable amount of time was anxiety-inducing. The narratives that were being told had significant trauma within them. Conducting the interviews was straightforward as I was confident in the questions that I was presenting. My challenge then became reviewing and transforming the data. These stories of violence reminded me of personal or family experiences and I frequently experienced countertransference. I have had several experiences where people were shooting guns in my vicinity and my life was in danger or the lives of my family members. I have attempted to treat gunshot victims with first aid as I was the first responder, and I have also experienced the trauma of losing several close family members to murder and gun violence. Therefore, processing the data was a challenge at times and I found myself often using mindfulness exercises such as deep breathing and body scanning to reduce my ruminations and feelings of anxiety.

Summary

Chapter Three described the study's methodology and phenomenological research design, including researcher requirements. The research design, data analysis method, and procedures to

establish trustworthiness are discussed next, in Chapter Four. The research's risks and benefits were reviewed, and a summary of the data bracketing was provided.

CHAPTER 4: FINDINGS AND INTERPRETATIONS

Introduction

Chapter Four described the researcher's analysis of data collected from participant interviews about how their holistic health was impacted while living in Chicago West Side and South Side communities with prevalent continuous traumatic stress (CTS) due to gun violence. This chapter began by highlighting the key components of analysis using the simplified Stevick-Colaizzi-Keen method of phenomenological analysis. The key components are significant statements, formulated meaning statements, individual meaning units, structural descriptions, textural descriptions, and composite descriptions. Chapter Four concluded with a summary of the chapter content.

Presentation of Analysis

Step 1: Significant Statements

The process of developing significant statements from the interview data consisted of myself and two UNCC IRB-qualified coders who read and reviewed the data received from study participants. The researchers found statements in the interviews about how individuals are experiencing the topic. Horizontalization of the data occurred by treating each statement as having equal value and then developing a list of nonrepetitive, nonoverlapping statements.

Step 2: Formulated Meanings

Significant statements were then grouped into formulated meanings. These formulated meanings represented larger groups of similar information within the participant data. These statements explained the participants' relation to the phenomenon under study.

Step 3: Individual Meaning Units

Formulated meaning statements were then grouped into individual meaning units. These large components of information used the language of the interviewee to describe their experience with the subject matter. These individual meaning units then informed the structural and textural descriptions of the data.

Step 4: Structural Descriptions

The data's structural description was guided by the individual meaning units developed for each participant and a review of the interview data. The structural description reflected the setting in which the phenomenon was experienced. Each individual meaning unit is described.

Step 5: Textural Descriptions

The textural description of the data was also guided by the individual meaning units and the interview data. The textural description displayed verbatim interview data that supports each individual meaning unit. The textural description highlighted what happened between the individual and the phenomenon.

Step 6: Composite Description

The composite description of the interview data incorporated the textural and structural descriptions of each study participant's relationship with the phenomena. These descriptions combined the essence of all interviewee experiences with the phenomena. The composite description will tell the reader what the participants experienced and how they experienced it.

Speaker 1: Significant Statements, Formulated Meanings, Individual Meaning Units

Speaker 1 identified as an African American female in her late 40s who moved to the West Side of Chicago in the 1980s. She grew up on “The Avenue” a thoroughfare that runs east to west through the city. At the time of the interview, she lived on the West Side and was

employed in a Chicago suburb. She agreed to be interviewed about her experiences living in the city and several individual meaning units were generated from her data.

The primary individual meaning units observed for Speaker 1 included: No Confidence in Leadership; Inequitable Resources; Degrading of Family Unit/ Challenges Communicating with Youth; Culture of Gun Violence; Symptoms of CTS. Themes were generated by identifying a list of significant statements, a list of formulated meanings, and individual meaning units. Selected examples of the process of creating individual meaning units are displayed in Table 1.

Table 1

Speaker 1 – Selected Examples of Significant Statements, Formulated Meanings, and Individual Meaning Units

Significant Statements	Formulated Meanings	Individual Meaning Units
"If I would have contacted the alderman, he probably wouldn't have done anything, but like I said, just by the neighborhood being the way that it is, I mean they wouldn't have done anything."	No vote of confidence for leadership and government	No confidence in leadership
"That's what I'm saying, that's in the poor neighborhood. Because that's where all the violence is happening. It's in the poor neighborhood. It's not in the suburban area, it's in the poor neighborhoods"	Poverty, poor neighborhoods	Inequitable resources
"If you grew up in a household, and your mom don't work or your daddy don't work, or your dads in the streets and you see this and you think that's the way that it's supposed to be."	Dysfunctional homes, People/ Families needing resources	Degrading of family unit/ Challenges communicating with youth
"You know they start killing the ones that. Is after the same thing that they're after? So, in order to have more power and more money, they have to eliminate people."	Pursuit of power is a catalyst for gun violence	Culture of gun violence

Table 1 (continued)

Speaker 1 – Selected Examples of Significant Statements, Formulated Meanings, and Individual Meaning Units

"No, I haven't had any for myself (counseling). I pretty much dealt with it on my own. I could have maybe had…because I was a little bit, and I still am now a little frightened and torn up about it."	Not seeking mental healthcare/ Suffering in silence OTSR, PTSD	Symptoms of CTS

Speaker 1: Structural and Textural Description

No Confidence in Leadership

Structural Description

Speaker 1 described living on the West Side of Chicago and lacking *confidence in leadership* within her community. As a resident, because of this lack of trust, she describes a psychology of growing despair. Speaker 1 talked about the community having historically been challenged by a lack of resources, crime, and drug use; but now she highlights that the violence is getting worse. She also reflected on the trauma she experienced living in the community. She clearly described the steps that should be taken to address leadership and work towards solving the challenges of progressive violence, but she then reflected on how she has engaged in none of these processes because of a lack of confidence in community leadership's ability to affect relevant change.

Speaker 1 talked about having no confidence in the power of leadership in this community to reduce violence. This inability to construct a safe community resulted in her life being threatened at gunpoint and her subsequent withdrawal from many social activities. Speaker

1 described leadership's failure to provide constructive activities for youth to engage in and find purpose through. She noted a reduction in recreational opportunities for the youth in the area. She believed that leadership should be directing more resources and funding towards recreational centers and structured activities for the youth. She described that when youths don't have structured activities, they alternatively are encouraged to use and sell drugs, and subsequently engage in violence to acquire resources and/or gain power.

Textural Description

Speaker 1 discussed having *no confidence in leadership* as she recalls an incident where she was threatened at gunpoint while driving down a neighborhood street. She said:

> I didn't call the police or anything like that, or I didn't call the aldermen or nothing like that and say, Hey! You need to do something about this, I almost got killed! I didn't do any of that. I just kept it to myself." She continues, "If I would have contacted the alderman, he probably wouldn't have done anything, but like I said, just by the neighborhood being the way that it is, I mean they wouldn't have done anything.

She described the emotional toll that this reality took on her. She said:

> In that moment, it was so shocking and whatnot, and then also feeling like, you know, if I do say something, they're not going to really do anything anyway. So, it felt like there was a bit of hopelessness right there.

Speaker 1 went on to talk about living in this community from a young age and being aware that leadership was not providing effective law enforcement and not enough opportunities for residents to gain resources. She said, "It was rough growing up in that neighborhood, where a lot of crimes were being done there. A lot of drugs were being sold there, in that community." She describes how resources have been pulled out of the area. She continued, "You know, as I

was coming up, I remember coming up as kid, they used to have a lot of recreation centers for young people. Then, you know, they pulled all of that out for the younger people."

Inequitable Resources

Structural Description

Speaker 1 discussed the ramifications of living in a community with *inequitable resources* in her interview. She reflected on the experience of growing up in an impoverished community marred by historical racism and discrimination. Speaker 1 described the experiences of her youth with individuals and gangs fighting and dying over material possessions and control of territory. A primary catalyst to this violence is a historical lack of resources and investment in many urban, African American neighborhoods in Chicago. Speaker 1 witnessed community members being influenced to participate in often violent activities to gain authority and support and to provide resources. She used the analogy of a *jungle environment* to describe the salient life-or-death struggle for power and resources that consumes the lives of many community members. Neighborhood participants and bystanders are caught up in the gravity of this often violent struggle to survive.

Speaker 1 alluded to the culture of bullying that occurs when individuals or cliques have possessions that are deemed valuable in the culture. Pervasive poverty increases the value of certain possessions such as clothing, jewelry, shoes, and vehicles. Many young people are bullied by peers who choose to assert power, and this oftentimes leads to violence.

Yet, Speaker 1 is perplexed about how this impoverished community seems to find it so easy to provide the youth with access to firearms, therefore increasing the probability of violence and traumatic deaths. Within these personal and gang-related conflicts that occurred, guns are utilized as a tool to assert power, eliminate competition, and gain resources. Within an

impoverished community, the motives for gun violence can be diverse often involving perceived slights between individuals or gangs.

Textural Description

Speaker 1 described the pervasive poverty that exists in communities on the West Side and South Side of Chicago. She notes:

That's what I'm saying, that's in the poor neighborhood. Because that's where all the violence is happening. It's in the poor neighborhood. It's not in the suburban area, it's in the poor neighborhoods… It's all like the South Side. All of those areas are poor neighborhoods, poor areas.

Speaker 1 detailed the adverse experiences of growing up in an impoverished community. She noted, “It was rough growing up in that neighborhood, where it's at, a lot of crimes were being done there. A lot of drugs were being sold there, in that community.” She then affirmed that poverty, created through racial discrimination is a catalyst for individuals to be involved in the streets, “Yep, especially in the Blacks, because every Black family that's been raised and grew up in a poor neighborhood or in Chicago, they normally have one or two people in their family that's affiliated with the streets.”

Speaker 1 described the impact that this generational poverty and subsequent violence have had on the youth growing up in the area. She said:

> You are powerless. And by that, that's how you know they're the way that they are. Just out of control, they're this generation now. It's like a wild animal in the wilderness. Untamed animal in the wilderness. Doing whatever it is they can do to survive.

She went on to describe the motives of individuals in the neighborhood, “A lot of people want to have power and authority. They want to run the neighborhood. Be the leader…be in control of the neighborhood. That has a lot to do with the drugs too.”

The culture of bullying that occurred in impoverished communities, such as those on the West Side and South Side of Chicago, was highlighted by the speaker. She explained, “Kids make fun of other kids if they see them have more than what they have...and they say, what is it that I can do to get what you have?” She continued to describe how families were struggling for resources, “It's basically kids growing up without having what others have you know?”

Here, Speaker 1 used the *jungle* analogy to describe the environment on the West Side and South Side of Chicago. She said, “Yes, it's like a jungle. You're in the wilderness. Everybody's in the wilderness. That's what the heart of Chicago is: a jungle. It's a jungle.” She went on to discuss the confusion surrounding how guns are getting into the community at such a high rate. She stated, “I don't know where they get their guns from or whatever. But it all comes up to, uh, being in a neighborhood where it's poor, a poor neighborhood.”

Degrading of Family Unit/ Challenges Communicating with Youth

Structural Description

Speaker 1 spoke of social factors that caused the degrading of African American family units in Chicago. She discussed her experiences growing up on the West Side and witnessing the plight of other families in the community. The speaker observed the effects of unemployment, drug use, and sales, and a lack of available legal and economic opportunities for Black community members.

Speaker 1 also reflected on the cycles of violence that reliably compromise family units in the area. Intimate family gatherings and traditions are subverted by the threat of gun violence.

She described how families became tied into street-level activities because a single member of the family unit may be affiliated with gangs or drug sales. Subsequently, this threat of violence existed for the entire family and maybe a constant.

Also, Speaker 1 highlighted the challenges of communicating with youth in the community. As an adult, she explained that bridging the age and culture gap was a challenge. She noted that because the threat of violence is so high, it is risky to try and redirect young people in the community. Attempting to guide youth who embrace a potentially violent culture could inversely invite violence to the person trying to help.

Textural Description

The textural description of Speaker 1's individual meaning unit *degrading of family unit/ challenges communicating with youth* was described here. Speaker 1 highlighted factors working against urban Black family units in Chicago. She said, "A lot of parents was on, you know, drugs and neglected their kids." She continued, "If you grew up in a household, and your mom don't work or your daddy don't work, or your dads in the streets and you see this, you think that's the way that it's supposed to be." She went on to say, "A lot of young kids with babies. A lot of homes with, I guess, no food in the house. Kids are killing each other."

Speaker 1 described how traditionally family-oriented activities are compromised by gun violence. She stated:

> Well, there is no more gathering with uh, with the family no more because usually you might have someone in your family that's affiliated with the streets. And if they're affiliated with the streets, like I said, you can't go to your family house now because they might have somebody that's targeting after them.

She continued:

> You can't go and have a nice lil gathering somewhere because somebody's coming in there, or somebody's into it with somebody, or got a conflict with somebody because somebody's been over there in they neighborhood and did this and they going where you trying to enjoy yourself. And they end up shooting because they mad at somebody, because they came somewhere else.

Speaker 1 explained, “It breaks up all the family gathering. It breaks up the families. Everybody goes on they separate ways because one person might not accept what one person is doing.” She clarified, “Yes, for the whole family, yes it does, because if they can't get to the person they’re looking for, they gettin into the next closest thing to you, which is your family or your girlfriend or whatever.”

Speaker 1 discussed the difficulty adults have communicating with youth in the community. “What can you do? What is it that you can do? You can't say anything to em because this younger generation. What you say to em, they may take it in the wrong perspective, so you really can't.” She continued:

> Like I said, you have to be careful of what you say to a person because they might interpret it in the wrong way, or take it in the wrong way, or think you being funny. A street person will just pull out the gun and shoot you, and you don't mean no harm at all. So, I really don't say anything. I work, and I go to work, and go home. That's it. That's my lifestyle, work and go home.

Culture of Gun Violence

Structural Description

Speaker 1 described components of Chicago’s *culture of gun violence* that affected entire communities. The often violent pursuit of money and power that created conflict within the

speaker's neighborhood was examined. Individuals and gangs consistently competed for resources and control of neighborhood drug-dealing territory. Attempting to kill the competition became a norm after decades of violence.

Speaker 1 discussed toxic social influences that are presented and modeled within the community. She noted that many young people were following in the footsteps of their peers and seeking to gain authority and resources. She acknowledged that these pursuits create a constant threat of gun violence on the West Side. This continuous threat of gunplay altered how Speaker 1 lives in her community. She talked about the inability to enjoy the therapeutic components of nature, because of imminent violence in public spaces.

Textural Description

Speaker 1 talked about the culture of gun violence on the West Side of Chicago and why she believes it is present in the community. She began, "Yes, yes, because everybody wants money and everybody wants power and that's what they want, to be in control." She continued, "You know they start killing the ones that are after the same thing that they're after. So, in order to have more power and more money, they have to eliminate people."

Here, Speaker 1 described the neighborhood youth modeling observed activities that are toxic to community holistic health:

> So now when a kid growing up and they see what they think is right, somebody standing on a corner selling drugs, they think in they mind, that's right and that's the way you supposed to do. Or they see someone with a gun or whatever they think in they mind, that's the way, you know, that's the lifestyle.

She continued, "So, it's like survival. So, they out of control, out of control. Wild and out of control," she said.

Speaker 1 went on to describe how the constant threat of gun violence is toxic to the community and has a negative effect on her ability to interact with nature. She reflected:

> …the smell of the fresh air, I like to see the trees and different stuff like that, but you can't enjoy that anymore. You can't. So, the nature part, all of that is just dead. All of that is just dead…I guess it's everywhere, there's no more enjoying nature, no more of that no more. You can't enjoy nature, you can't enjoy the trees, enjoy the grass. No, you can't.

Symptoms of CTS

Structural Description

Speaker 1 described symptoms of experiencing continuous traumatic stress (CTS) while living on the West Side of Chicago. Speaker 1 reported symptoms of ongoing traumatic stress response (OTSR) and symptoms of post-traumatic stress disorder (PTSD) in her narratives. She also talked about the challenges of accessing healthcare in a CTS environment.

Speaker 1 vividly detailed 1st hand experience of being threatened at gunpoint while she was driving through her neighborhood. She detailed the shock and horror that she felt in the moment while drawing focus to the traumatic feelings and cognitions that continue to present themselves in her. As we were conducting the interview, Speaker 1 was pulling into the driveway of her home and described the immediate fear that she was experiencing as another car was passing by her in the alleyway behind her home. She was immediately aware that this car may carry individuals that can threaten her life and began weighing whether the threat was real or imagined.

Potentially violent intersections with people on the West and South Side of Chicago occur regularly. Speaker 1 reports experiencing symptoms of OTSR and PTSD yet finds it difficult to access healthcare and address the impact that these traumatic environmental

conditions have had on her health. The stigma of accessing healthcare in this CTS environment presented as a barrier to acquiring health services that may support one's holistic health.

Textural Description

Speaker 1 recounted her immediate reaction to being threatened at gunpoint. She recalled:

> It scared me, and I saw my life flash right then and there. I saw my life flash right then and there. I was startled, you know? For a minute it was I, you know, I was just startled like I was stuck…very, just stuck. I didn't know whether to scream, run or what. I was just stuck.

Speaker 1 continued by describing experiencing symptoms of OTSR such as hypervigilant worrying and stress, while pointing out the subsequent long-term health risks. She said:

> Physical health, you know, it makes you worry. So, you worry about your life. You worry about your loved one's life. You worry about your kids, you know? Because you don't know what might happen if they go to the store or go anywhere. So, it puts a toll on you and your health. Because now you know you're stressing, and you worrying. And some stress brings on heart failure, diabetes, hypertension.

Speaker 1 described attempting to cope with symptoms of PTSD long after the traumatic incident she experienced:

> It took me a while to cope with it because I was scared to, you know, park my car. Or to go back, back where I live, or I was always on alert looking around. Uh afraid of people. You know if I saw a car, whatever, I was terrified. I didn't know what they were going to do.

Speaker 1 reiterated symptoms of PTSD. She said, “So, it did bother me, and it still does. Bothers me to this day.”

As Speaker 1 conducted the interview, she described her present situation where she was alerted to a potential threat nearby. She noted:

> So, like I said, now I'm afraid. I'm afraid now, like a car just pulled up right now. Just within the alley with me, and I'm like, OK. I'm looking like, OK, well, let me back in because I don't know what he might be trying to do, let me let you go first.

Speaker 1 described experiencing OTSR symptoms such as chronic avoidance of others, and difficulty maintaining healthy relationships in her West Side Chicago community. She continued, “Mentally it has you to where you don't trust anyone, it's hard to trust, uhh friends, people. You know, and like I said, you really don't know how to cope with it pretty much, it's like you want to.” She went on, “It's depressing. Yeah, it's really depressing. Let's come in with the mental state, but it is, it's sad and it's depressing and sometimes just make you want to just fall down and cry.”

Speaker 1 also discussed a negative stigma and/or skeptical collective viewpoint of mental health services in her community that effectively works to reduce access to health services. She described the difficulty she has had accessing healthcare for her trauma related symptoms. “No, I was just, no, I didn't say anything to anybody. I didn't mention it to anybody, I just mentioned it to a friend of mine, about what actually happened.” She continued, “In the Black neighborhood we think counseling, I say in the whole Black area, if you’re getting counseling people look at you as if you're crazy.”

Summary

Speaker 1 narrated her experiences living with gun violence on the West Side of Chicago. Five individual meaning units were identified from her data including no confidence in leadership, inequitable resources, degrading of family unit/ challenges communicating with youth, culture of gun violence, and symptoms of CTS. Next, Speaker 2 will be presented, and their narrative will be described including the individual meaning units found in the data.

Speaker 2: Significant Statements, Formulated Meanings, Individual Meaning Units

Speaker 2 identified as an African American female in her early 30s from Pullman, Roseland on the South Side of Chicago. Speaker 2 received a degree in journalism and worked on the North Side of Chicago in the national news media. Speaker 2 continued to attend church on the South Side while frequently visiting family that continued to live in the area.

The individual meaning units formed from Speaker 2's interview included: Black mental health; Culture of Gun Violence; Protective Factors/ Support; Accessible Holistic Healthcare; Why are Guns Here? Themes were generated by identifying a list of significant statements, developing a list of formulated meanings, and individual meaning units. Selected examples of Speaker 2's interview are displayed in Table 2.

Table 2

Speaker 2 - Selected Examples of Significant Statements, Formulated Meanings, and Individual Meaning Units

Significant Statements	Formulated Meanings	Individual Meaning Units
"When it comes to us as Black people. I don't think people understand the stressors we have in life, because others have created those stressors for us, that are unnecessary. So when they have all the health topics, Ohh Black women have the most this, Black men have the most that. Well, if this wasn't created that way, we wouldn't have the most stress."	Black people experience more stress	Black mental health
"Recently we never thought we would hear people getting shot on expressways. So, there's people shooting people on expressways. Like, on expressways now, because they didn't like the way somebody cut them off when driving or somebody didn't signal, and you don't even have to do anything wrong."	No safe spaces	Culture of gun violence
"Up until the early 2000s. It wasn't that often (gun violence), like people actually, we had huge block clubs like the whole street. We had a block club, no type of violence going on at all really. A lot of people were together."	Neighborhood activities, people in the community interacted	Protective factors/ support
"If this is a life-or-death situation, people should be provided with a counselor, even if it's not life or death. People should be provided with a counselor to talk to."	Increase access to counselors and healthcare	Accessible holistic healthcare
"Why is it needed? Why is it? How can we do all the marching? We can do all of this, but until they (leadership) want to take them off the streets, it's going to continue to be there."	Why is something so dangerous in our society?	Why are guns here?

Speaker 2: Structural and Textural Description

Black Mental Health

Structural Description

The primary structure of Speaker 2's experience with the theme of *Black mental health* was one of identifying the systemic inequities that affect the African American community, and how these factors significantly contribute to the mental health challenges and subsequent violence that are present in the community. Speaker 2 described how historical racism and present-day discrimination are catalysts for mental health challenges within the Black community. The speaker highlighted the workplace as an area where she has experienced discrimination and discusses the stress that the experience causes her and other African Americans experiencing it in the Chicago area. Stressors such as these often contribute to challenges in achieving holistic health.

Speaker 2 went on to note that gun violence itself created another stressor that contributed to mental health challenges for African Americans in this urban environment. Gun violence, being pervasive in marginalized communities in the city of Chicago, disproportionately affected Black community members. Speaker 2 talked about how gun violence has affected her because of the continuous nature of this traumatic stress; she went as far as to advocate that all African Americans should receive holistic health counseling services.

Speaker 2 also reflected on her experience with being aware of the pervasiveness of gun violence in Chicago. She noted that it has affected her personally, from having people killed in her family to being in the vicinity of recent shootings and killings. She highlighted a different relationship with the traumatic event when it is someone close to you who is the victim of gun violence, describing the traumatic stress that the family goes through. Simultaneously, it troubled

her that she is becoming desensitized to the violence going on in her city and nationally. Speaker 2 worked in the news media and noted how she is continuously inundated with stories of violence in the City of Chicago and America.

Textural Description

Speaker 2 described the state of urban Black mental health. She explained the inequities that plague Black communities and how they culminate in poor mental health:

> When it comes to us as Black people. I don't think people understand the stressors we have in life, because others have created those stressors for us, that are unnecessary. So, when they have all the health topics, Ohh Black women have the most this, Black men have the most that. Well, if this wasn't created that way, we wouldn't have the most stress. If our neighborhoods had the equal grocery stores and equal resources, the equal of everything else, like other neighborhoods, White neighborhoods, and Hispanic neighborhood, Asian neighborhoods, then we will be just fine. But because we don't have that, that's why we get stressed out with more things. That's why we have heart problems and everything else.

Speaker 2 described environmental stressors created by racism, that have an impact on the mental health of Black people navigating working environments. She said:

> You know, because of and of course with us as Black people, we always have to be the ones to do and go the extra mile. We may not, like right now, be recognized for our work and stuff like that and White people get ahead. But I'm like, well, you're not going to get rid of me. I'm still going to be here despite what you're trying to do. And I have people to talk to, even though I might go to counseling again.

She talked about the stress caused by gun violence and mentioned leadership's role in the maintenance of CTS conditions. She reflected, "Right, and the gun violence adds another stressor because they (leadership) don't want to (stop it). Yeah, the gun violence is another thing, yeah."

Speaker 2 then described the cumulative effect that traumatic experiences have had on the Black community:

> I think all of the Black community needs counseling because we're the people that experience the most, not to say others don't experience trauma, but ours is a daily trauma. Whether or not it's from other things such as racial trauma or violent trauma. I just think counseling in the schools is definitely needed, and within the community too. It's definitely needed to try to avoid violence from happening.

She went on and described a toxic culture that embraces violence as a norm. She said:

> It's just a different mentality that's in the air and a lot of the people don't even live in the area. So, it's just like it's a mental thing that a lot of people have. A mental lack of teaching. A lack of knowing where to go. Just miseducation, yeah.

She continued to describe how a person's mental health has an impact on gun violence. She explained:

> There's shootings over small things. Like people want to say it's just about the gangs, and gang mentality, but there's also just shootings because of mental health, people getting upset because somebody fired them, or somebody looked at somebody wrong and they're ready to shoot, and that's the bad part. Or even with road rage, there's people who are now shooting people on the road now.

Speaker 2 went on and discussed how pervasive gun violence in her area affects her mental health. "I have went shopping in the next suburb over and it was a young lady that was

shot in her car. So, if that's what it's like, stuff like that, I think it does affect me mentally." She continued to highlight the traumatic impact that personal experience with gun violence has on herself and her loved ones:

> When it happens to me personally, then it's different right? And so, just like when my eldest cousin whose granddaughter was randomly shot. That was a very scary thing that was very traumatic for her grandmother, for her dad, for the whole family. And so, I did go to the funeral for that.

She then described the overwhelming feelings of grief that occurred to the familial survivors of gun-related deaths. "I know how much it affected them because her (mother's) body went into shock to where she fell out. Because it was the last viewing before they closed the casket." Speaker 2 then explored not feeling positive about her perceived psychological desensitization of violence and trauma going on around her:

> Yeah, there's a lot of stress, so because it was just very tragic and unexpected and that's why I just feel, I do, I don't want to say I'm numb, but I do feel for families that experience that because I don't want to say I'm numb, but I do feel for families that experience that because it's umm, it's not a good feeling. I know it's not a good feeling.

Culture of Gun Violence

Structural Description

Speaker 2 described a *culture of gun violence* that is pervasive throughout the City of Chicago. She explained how gun violence can occur for any number of reasons and that the stereotypical *gang mentality* argument does not accurately explain many of the instances of how gun violence occurs in the city. She noted that people are experiencing several challenges,

including mental health issues, which contribute to the continuous nature of gun violence across the city.

Speaker 2 highlighted that people are now getting shot on the expressways of Chicago. She described that a moment of road rage or feeling as if one is disrespected can lead to a potentially deadly interaction. Public meeting spaces and events within the city were continuously at risk for gun violence. Events with loved ones may have attracted gunplay because of an individual's street affiliations. Incidents of violence have been occurring in neighborhoods that were once deemed safe.

Textural Description

Here, Speaker 2 highlighted the pervasive culture of gun violence in Chicago where mass casualty events are now happening in previously considered safe spaces. "So, I just feel like gun violence affects my life every day because gun violence is happening everywhere…it's happening and everywhere there's mass shootings in schools, they're shooting in communities."

Speaker 2 continued to describe how the settings of violence have changed. She described shootings that have occurred on Chicago roadways. She said:

> Recently we never thought we would hear people getting shot on expressways. So, there's people shooting people on expressways. Like, on expressways now, because they didn't like the way somebody cut them off when driving or somebody didn't signal, and you don't even have to do anything wrong.

Again, she noted that in previously thought-of safe spaces, there is now gun violence occurring, "Like, I work all the way up on the Northside of Chicago and there are shootings up there." She continued:

> Even in my grandparent's area, which still is considered one of the nicest areas…but now even their area is changing. And they had some gun violence that happened over there, or a shooting, which never used to happen in that type of area.

She continued to highlight the pervasive nature of gun violence in Chicago by exploring the experiences of her coworkers. She explained:

> Some who aren't involved in gangs are getting shot because some of the ladies that I have at my job was saying that there was a shooting. And like not an assassin shooting, but there was a hit, like a hit at a bar or somewhere they had an event. It was a baby shower and they shot somebody in the head and the person was recording it.

Speaker 2 described how it is not safe for children to ride bikes or enjoy nature in Chicago communities because of the constant threat of gun violence. She said:

> There's a lot of people who can't do that because they can't enjoy just being outside because they're worried that somebody might come up and you know, shoot them. Like, kids. I was telling my mom a couple of weeks ago. I was like it's sad that a lot of kids can't just ride their bikes. They can, but they have to be nervous about it because, somebody might shoot them, or it might be a shooting somewhere where they might accidentally get shot. So, I think that does affect their nature and them being able to be outside and just enjoy. Just enjoy being outside.

Protective Factors/ Support

Structural Description

Speaker 2 discussed protective factors and support received that contributed to her development as a youth. Family and community supports were instrumental in her upbringing. She reflected on the relationship bonds formed between neighbors in her community. Speaker 2

also talked about her family's influence and how these protective factors contributed to her not falling victim to toxic street-related activities.

Speaker 2's father was a police officer who consistently offered her guidance in navigating violence occurring in the community, which helped her gain perspective on choosing a holistically healthier pathway. Speaker 2 explained how her immediate family unit communicates about known threats in the community. A shooting occurred near a church that her family attends and the family made sure everyone was aware of the high probability of retaliatory shootings. These protective factors decreased the likelihood of victimization.

Speaker 2 also talked about her Christian faith as a protective factor that also provides her with support. Speaker 2 noted how prayer is instrumental in providing her with spiritual protection as she moves throughout the city. Her family shared her spiritual beliefs, and this provides a strong network of support. Faith in her religion gave her purpose and encouraged her to take agency in achieving her goals while living in a violent and stressful environment.

Textural Description

Speaker 2 described the protective factors and support that were present when she was growing up in her neighborhood. "I was still able to ride my bike, I was able to still play with neighbors' kids from the neighborhood that was next door, and their parents looked after them and the other neighbors' kids." She talked about the community-oriented activities that neighbors engaged in:

> Up until the early 2000s. It wasn't that often (gun violence), like people actually, we had huge block clubs, like the whole street. We had a block club, no type of violence going on at all really. A lot of people were together.

Speaker 2 went on to talk about protective factors and support that she received in the home. She said:

> Well, my dad actually was, and I guess maybe that's why I never was in the streets. My dad is actually a former police officer so that's probably why and so he's very, you know, protective. But the relationship with my dad has a lot to do with, be careful, be safe, be this, do that, and so on. He talks about, you know, the guns and everything.

Speaker 2 described the relationships she has with family members that make safety a priority: She noted:

> I guess for relationships with my family we are always telling each other, be careful, be cautious. Watch where you go, because we know that there is violence, gun violence happening everywhere. And in a community like where my church was, there was a shooting that happened like down the street from my church, so we were like worried about that. And so, we were talking to each other about, hey everybody be careful, you know this happened. Did you know this happened? And so it is with our relationships, we kind of just always like telling each other. We just always feel like we got to be cautious all the time.

Speaker 2 talked about her faith in God as a protective factor and support. She said, “So what I do is just pray, and have faith in wherever I go. Like whether that's through driving, to get to my destination safely, whether I'm walking, just pray for like protection.” She continued:

> I just pray and continue to have faith. About every situation in my life. So, despite this may happen, or that may happen, I don't let it stifle me. Because, if I let negativity stop me from living life then I won't be able to live life.

Prayer and faith are significant components of her ability to consistently navigate a dangerous environment. She noted here that her family is also a support that is spiritually in line with her beliefs. She said:

> I have a lot of my family who are really strong faithful people and encouragers. I think if you have someone to help encourage you to keep going. It helps a lot along the way. And a lot of people don't have that. But two, you still need counseling if you know when you need to go to counseling because you need someone to talk to about things.

Speaker 2 also described her self-efficacy in achieving holistically healthy outcomes. She reflected:

> I say to myself like, OK, this year I need to go back and do exercise again, after enjoying the holidays. So, like just thinking to myself, oh this year I think I want to do this this year.

She continued, “Take action right!?! *Faith without works is dead*, so if you're not putting in the work. Things won't happen.” Here she quotes a verse from the Bible to associate her faith with her actions. She affirmed, “What does he (God) want you to do? How does he want you to live? He don't want you to live in this same sadness, this this depression.” She continued, “This type of lifestyle he wants you to have. To move up in life. Yeah, uplift yourself. And no matter what it looks like.”

Accessible Holistic Healthcare

Structural Description

Speaker 2 described a community that has a significant need for accessible holistic healthcare. Speaker 2 held leadership accountable for investing more in prisons and incarceration than providing healthcare to those with mental health challenges in African American

communities. She noted that health services focused on rehabilitation can benefit those experiencing challenges.

Speaker 2 discussed the importance of accessible healthcare providers who can relate culturally to urban African Americans who may be exposed to continuous traumatic stress (CTS). Ethnically and culturally representative services went a long way toward holistically healthy treatment. She also emphasized mental health services being available in many community settings including schools. Speaker 2 remained cautious about the impact of bringing providers into Black communities that are not invested in the community and its residents.

Textural Description

Speaker 2 described the need for accessible healthcare instead of building prisons to incarcerate people with challenges. She stated, “Provide accurate mental health. Putting people in prison is not going to stop them from being angry; it's not gonna stop them from shooting people. It's not gonna stop them from being murderers and rapists.” She continued, “But at the same time (leadership) continues with building prisons across the country, this isn't going to help mental health issues, and so there are so many people that definitely need mental health.”

Speaker 2 highlighted specific settings where increased services can be beneficial. She noted, “Increasing access to resources because there's a lack of that. And then it's definitely needed in schools. I think that's the main thing.” She continued and discussed services relating to the population. She said:

> I was saying like in schools too for kids, counseling is definitely needed. But it all depends on the type of counselor, because there's some people that's just in it to just be there, and then there's some that are actually passionate, especially for Black children. Black children definitely.

She continued, “They need someone that's very genuine about what they're going through. Somebody who can relate to them. Someone who understands the mentality of where they're coming from. Someone that does understand the area.” She reflected, “People that come in and they try to help and different things, but they don't understand that if they don't live in that experience, they can't really relate to it.” She reinforced the need for health services that relate to the experiences of the community:

> I'm just going to be honest. A Black person who experiences living in the hood, you need at least Black people to understand. Yeah, I mean I'm trying to get it right, at least they understand the traumas they face every day, you know? Like just simple things, lack of resources, lack of grocery stores, lack of…a decent library. Just someone who really does understand them and someone who's willing to listen. And someone who's not in it just to gain, but to give.

Why are Guns Here?

Structural Description

Speaker 2 is perplexed as to why guns are allowed to be possessed by the public. She posed the question of why guns are so prevalent in Black urban spaces. Speaker 2 hypothesized that governmental leadership is actively trying to reduce the population of marginalized groups by providing them with the means to destroy themselves. She noted that if leadership wanted to do away with the problem of gun violence, they would. She highlighted that the government has the power through law to reduce gun violence in these areas and chooses not to.

Speaker 2 acknowledged that guns can be necessary for self-defense if criminals are willing to commit violent robberies and threaten law-abiding citizens. But even after acknowledging this, she noted that criminals are desperate because society is not providing

equitable resources. Therefore, the inequities present in these communities contributed to violence related to gaining resources, which then contributed to citizens owning guns for protection. Speaker 2 also highlighted the easy acquisition of military-type firearms that have the capacity to create mass casualty events.

Textural Description

Speaker 2 questioned why guns are allowed in the public, “Why are they there? Why are they in certain areas and why are there gun stores? Why? Intellectually, I'm just thinking.” Speaker 2 reflected on people's access to weapons meant for military use in war. She reiterated:

> Again, I always circle back, why are they on the streets in the first place? Like, I remember I saw on the news this man, he was by the Metra and he had like a military weapon. A military gun. and I'm like how did he get that?

She then stated her hypotheses about their purpose, “I also think to just get rid of guns. To be honest, a lot of people are uneducated about guns, and specifically their purpose, to get rid of a lot of Black people who don't understand.” She continued, “So, it's finding ways how to get rid of some certain people off of the planet…And marginalizing people, populations, Black, Latino, yeah.” She reiterated, “I look at it as a whole governmental issue as well that causes a lot of issues locally.” She continued to discuss this ulterior motive. She said:

> If the government really wanted to get the guns off of the street, they would, but they don't want to because it's about maintaining the survival of the fittest and getting rid of some people out of society. Because in some of their eyes there's too many people on the planet.

Speaker 2 reflected on the impact of the social justice related protests that began because of police violence against Black people. “Why is it needed? Why is it? How can we do all the

marching? We can do all of this, but until they (leadership) want to take them off the streets, it's going to continue to be there." She continued:

> And I know a lot of people you know, have marching and things, but I just think marching is not really the answer. I mean it can be but it's a deeper issue and I just, intellectually, I'm thinking well, if they weren't created in the 1st place and if they were created for war. Why are they in the hands of people? That's what I'm intellectually thinking.

Speaker 2 weighed the need of guns for self-defense. She reflected:

> For example, like robberies, a lot of people feel like if somebody is breaking and entering, they'll tell them I have a gun. That kind of stops that robber from maybe, at least they think twice from entering the home. Because of the way our society is, the mindset of this person in desperation is to rob a home just to get what they need. Because, they don't have it, but if that person wasn't like that, then maybe guns wouldn't be needed.

She continued, "Yeah, I mean people wouldn't have guns to feel safe if the people who are, I don't like saying villains, but those who are villains didn't have them, so a lot of people have guns in their home for protection."

Summary

Speaker 2 narrated her experiences growing up in Chicago and navigating gun violence. Individual meaning units were found in her narratives including Black mental health, culture of violence, protective factors/ support, accessible holistic health care, and culture of gun violence. Next, Speaker 3 was presented, and their narrative was described including the individual meaning units found in the data.

Speaker 3: Significant Statements, Formulated Meaning, Individual Meaning Units

Speaker 3 identified as an African American male in his late 30s. He grew up on the South Side of Chicago, in the Englewood neighborhood. An area known as Back of the Yards. At the time of the interview, he lived and worked in the Chicago area.

The individual meaning units developed from Speaker 3's interview included Inequitable resources, Negative Consequences of the Street Culture, Skills Gained in the Street Life, Culture of Gun Violence, Protective Factors/ Support, and Self-Efficacy Towards Holistic Health. Themes were generated by identifying a list of significant statements, developing a list of individual meaning units, and simplifying to themes. Selected examples of Speaker 3's interview were displayed in Table 3.

Table 3

Speaker 3 - Selected Examples of Significant Statements, Formulated Meaning, and Individual Meaning Units

Significant Statements	Formulated Meanings	Individual Meaning Units
"I'll start with the poverty man like it's just, it's tough man. You know, most people in my hood are living below minimum wage. You know the only means to survive for most people is to sell drugs"	Poverty is a key factor Selling drugs becomes a means of survival Accessible business model, different products	Inequitable resources
"Like, the chances of you being out there daily and catching the case, it's like a 99% chance. I don't know anybody that didn't ever hustle, but ain't never had no cuffs on them bro. That's just what comes with it. So then you go to jail."	Getting drug money leads to having a record with law enforcement. You become part of the system. Paying for bond, lawyers, loss of income, housing…etc.	Negative consequences of the street culture

Table 3 (continued)

Speaker 3 - Selected Examples of Significant Statements, Formulated Meaning, and Individual Meaning Units

Street stuff did help me like to this day, Peeps ask me. How did you? How you stack your money like that? Because I learned it from the streets. Just because you got it that don't mean you need to spend it you know? I know how to. Bro I can buy a Rolls Royce right now bro. But I'm riding around in a 500 Benz."	Economic principles in the streets, financial experience	Skills gained in the street culture
"I mean like honestly, man at first man, you ain't really thinking about God like that. You say God be with me but you doing the opposite you out there you, you on killer mode, like God I gotta do this. You got it in your mind like I got to do this, but I was able to overcome that."	There are morals and spirituality, but actions are in the opposite direction. Street culture is stronger than spiritual morals	Culture of gun violence
"I done got shot close range 3-4 times bro, by the grace of God he wanted me to talk to you one day."	Reliance on faith in God for support	Protective factors/ support
"Wanting to change. You gotta wanna change you know, and with changing man nothing changes if you don't change so you got to be willing to change. You gotta reevaluate yourself."	Desire to improve one's life Reevaluate yourself, life goals are important	Self-efficacy towards holistic health

Speaker 3: Textural and Structural Description

Inequitable Resources

Structural Description

Speaker 3 spoke on the lack of economic and healthcare resources that were available in the South Side Chicago community that he grew up in. He explained the intersection between poverty and drug use. Community members who sold illegal drugs such as cocaine and heroin contributed to themselves financially but also contributed to a community-wide state of dependence on drugs that often hurt the user's health.

Speaker 3 highlighted the impact that drugs had on his family unit. He talked about how his mother was a drug addict. Her addiction contributed to her inability to provide him with holistic health-oriented guidance as he matured. He noted how a drug addict's priorities are constantly challenged by the need to satisfy their addiction. Speaker 3 reflected that because of the lack of adult guidance and support that he received, he became a drug dealer in the community and contributed to the cycle of poverty and drug use.

Textural Description

Speaker 3 described the intersection between having inequitable resources in his community and the sale and use of drugs. Speaker 3 said:

> I'll start with the poverty man like it's just, it's tough man. You know, most people in my hood are living below minimum wage. You know the only means to survive for most people is to sell drugs. You know, it's fast, it's quick, convenient. You know it's convenient because it's like on every block. Somebody serving something from weed to coke to heroin, so you know it's available and you know you get to be a part of the gang and you allowed to serve on the blocks man. That's kind of part of the poverty, because

> you know a lot of people in the neighborhood actually are doing a drug. So, you doing like a hard drug, like heroin or cocaine.

Speaker 3 went on to discuss the desensitization to drug use and sales in the community. He said:

> You know you really… looking at it like if they don't get it from me, they're gonna get it from somebody else. So, you know it causes poverty. You know in an environment that's already 95% of everybody over there in poverty, and the drugs just bring it down man, but you know the convenience is that it's like on every corner, so you can get it.

He described the mentality that accompanied using hard drugs in his community. “You're not focused like the average individual. You using your money chasing that high, and you know it could be beneficial to the guy that's serving you.”

Speaker 3 recounted getting recruited into selling drugs. He reflected:

> I knew he sold drugs. I assumed the opportunity. What he was talking about was like, I'm gonna do something illegal to make some money. Why didn't I go to my parents? Man, my Mama was on drugs doing cocaine and my father wasn't around. So, I didn't really have that guidance, you know, and I didn't know how to reach out to anybody for no support.

Negative Consequences of the Street Culture

Structural Description

Speaker 3 discussed the negative consequences of the street-oriented culture that exists on the South Side of Chicago. He explained the challenges with the psychology of intimate relationships in the community and how these relationships have evolved. Speaker 3 described a lack of trust between partners, sex without protection, and subsequent challenges supporting the development of the youth. He talked about a cultural expectation and norm, that most men are in

relationships with more than one woman. These relationships often create blended families where individuals may have more than one sexual partner and, therefore, have children with multiple partners. Speaker 3 noted that absentee parenting is frequently a result of these social norms. He elaborated that it becomes difficult to provide sufficient resources to the children because parents are responsible for children living in different settings.

Speaker 3 also explained how individuals get caught in the criminal justice system because of selling drugs and committing violence. Law enforcement actively incarcerated dealers in this impoverished South Side neighborhood, and they often end up with criminal charges that create a long-lasting criminal record. High-income communities were often able to discriminate against individuals who may have the resources to live there but have criminal charges on their record. This denial of opportunity had an effect on the mental health of individuals attempting to achieve it. A recidivism back to street life may have occurred because of the systemic barriers put in place.

The physical trauma of gun violence is also examined here. Bullet wounds cause violent trauma to the physical body and psychological health of those affected. Many people in the community were left maimed, and many die because of gun violence every year. Speaker 3 reflected on his gunshot wounds as if they were minimal, as he can compare them to the totality of traumatic injuries and deaths that have occurred in this environment affected by continuous traumatic stress (CTS).

Textural Description

Speaker 3 highlighted the culture of relationships occurring on the South Side of Chicago:

> I could start from women, you know. You know most guys only dating one chick. They look at you like you are lying. You know if you have sex with some, guys going in there raw dog, no condom. So, you know, *man you a lame you only fucking on one girl*. So, it kind of encourages you to deal with more women. And you done slept with many and after a couple of times you ain't wearing a condom no more. So, you got babies, you got babies everywhere. You know what I'm saying? And you ain't able to take care of them like that. Because it can be overwhelming, you in and out of jail. You know so emotionally it could affect the mothers, the kids.

Speaker 3 recounted a conversation he had with his child's mother, to describe the culture present on the South Side. He said, "I had one of my baby mothers tell me. I was like baby, you don't want to move out the hood? She's like, no. I don't never want to move out the hood. I might miss something." He reflected on this, "And you lost, you know you just lost man. And then once you get lost, people telling you it's cool to be lost. You know, and it's just… And it spread like COVID." He continued, "It just spread, like spread. Yeah, it's cool to have a gun. Yeah, yeah right here."

Speaker 3 discussed the negative attitudes and schemas that people living in his community had towards health resources. "When I was in the hood, man. I didn't (utilize the health resources). You know every once in a while they'll come around, but you would think it's bullshit. You think negative about everything because you think everything is bullshit." He continued:

> So man, that stuff really ain't around in the hoods like that man. They've come around every once in a while, and you know people would look at you like you're crazy for talking to somebody like you got some mental issues.

He reiterated maintaining a perception of strength, “You know you can't show no signs of weakness, so yeah.”

Speaker 3 described the negative consequences of selling drugs and living a street-oriented lifestyle. He remarked:

> And far as you know the money. Yeah, you can make the money man, but it's always pros and cons to anything you're doing in life. I don't do too much karate, working out, dieting, too much of anything ain't good for you.

He continued:

> When you out there getting that money, you know you got officers. You know you're standing out there all day chasing that money and that's when you catch a case. Like, the chances of you being out there daily and catching the case, it's like a 99% chance. I don't know nobody that didn't ever hustle, but ain't never had no cuffs on them bro. That's just what comes with it. So then you go to jail.

Speaker 3 described the negative consequences of entering the criminal justice system. He explained:

> How does that hinder you? When you go to jail nah basic. Stuff they don't teach you about in the hood. They just trying to tell you to get that money, so once you catch a case, nah you can't really get out of (the criminal justice system), it makes you kind of dependent once you get locked up because now you gotta get a lawyer. You gotta pray to the lord, the judge gives you a bond, and then it further hinders you because you can't get into these apartments. People do background checks, and they don't want you in their apartment, let alone a job. A job? Come on man. They want to see your background. It's like you’re not wanted. Then it leads you to, you know, do what you know best like, I

> gotta survive. And then you just keep serving and serving and serving and serving and it just goes on and on.

Speaker 3 talked about how he felt upon realizing that he was in a legal position that prevented him from accessing the housing that he desired to live in. He described here:

> I felt ashamed when I was applying for apartments downtown Chicago and they was denying me. I felt ashamed that I ain't had nobody there to let me know that living this type of lifestyle, yeah, you ain't got to pay no taxes. And you know you feel safe to a certain extent because you can keep your gun on you. You can wake up when you want to. Ain't no time schedules and like that, but the cons is that you're going to jail. I gives you 9 times out of 10 out of 100. You gonna get into some gunplay once you get too successful. Somebody gonna try to rob you and they willing to kill you, especially if they know you. You know what I'm saying, they going to kill you.

Speaker 3 went on and discussed the consequences of engaging in gunplay and how he related to the damage inflicted. He stated:

> I guess when I'm in the gym, I notice that I got a bullet in my leg. They told me it was going to pop out, but you know, not me, other people you know the bullet done took their life. I know cats that got shot in the eye and now they can't see in their eye no more. People got shot in the stomach, on a shit-bag and you know? I know guys that done got shot and now they in a wheelchair. So, it ain't directly affect me.

He reflected on the damage inflicted by bullets on the human body, “You know what the bullet can do man. You can get shot in the leg and die so; I've seen it affect a lot of people man. A lot of people.” Here, he discusses the variability of the trauma that occurs when a person is shot by a bullet. He said:

> You know, some people got shot once, I got shot four times. I know cats that got shot once and you know that's just common sense, like you get shot in that wrong spot. You can die or you can get shot in the leg and they can travel bro, and you know it's in a place where it shouldn't be. So, it affected a lot of people, but I was able to overcome it.

Skills Gained in the Street Culture

Structural Description

Speaker 3 highlighted skills that were gained while embracing the South Side street culture. Speaker 3 described positive skills such as emotional intelligence and regulation that he learned through interactions with people when engaging in the drug trade or through experiences with law enforcement. Speaker 3 also discussed the business skills that were learned through the drug trade. Skills such as advertisement, sales, negotiations, transportation of goods through contested territories, and financial resource management have been known as transferable skills to most business environments. Risk management skills were also highlighted that are relevant to living in poverty while engaging in illegal activity to gain resources.

Textural Description

Speaker 3 described some of the skills gained by being a part of the street culture on the South Side of Chicago. Speaker 3 said, “It definitely gave me some emotional intelligence.” He continued, “I mean you giving me an interview, but I could tell, you calm bro. And you know, I learned that in the penitentiary.” Speaker 3 said:

> You know you got guys out there that are all around the board crooks man. Jack of all trades. They'll rob you. I told you I had the work ethic, so I used to know how to get the product and stack the money. That did that. Street stuff did help me like to this day. Peeps ask me, how did you stack your money like that? Because I learned it from the streets.

> Just because you got it, that don't mean you need to spend it. Bro I can buy a Rolls Royce right now bro. But I'm riding around in a 500 Benz.

Speaker 3 described learning financial skills. He reflected, “I still live like I'm gonna catch a case. You know most people save for a rainy day?” He continued:

> What if I lose my job? What if I do this? I still got that math. What if I get bumped for a murder? They kind of invented that in me to be able to stack more than the average person and sacrifice, you know? Just because I can buy this, don't go by that, type of attitude. So that was a positive.

Culture of Gun Violence

Structural Description

Speaker 3 described a *culture of gun violence* that exists on the South Side of Chicago. He described the battle between his spiritually idealistic morals vs. the toxic elements of street culture. He noted that peer and economic pressure to engage in gun violence and the drug trade is extremely strong.

Speaker 3 described the nature of the environment being so hostile that carrying a firearm is the norm. He remembered wanting to engage in healthy activities such as going to the gym, but the culture of gun violence meant that the potential for shooting was constant. Someone may recognize him and report his location to the *opp* that is looking to kill him. Speaker 3 offered a scenario where family members may be affiliated with rival gangs in different neighborhoods and how the culture of gun violence can affect the connection of families.

Textural Description

Speaker 3 described his moral psychology clashing with the culture of gun violence on the South Side of Chicago. Speaker 3 said:

> I mean like honestly, man at first you ain't really thinking about God like that. You say God be with me but you doing the opposite. You out there, you on killer mode. Like God, I gotta do this. You got it in your mind like, I got to do this. But, I was able to overcome that.

Speaker 3 then talked about the psychology of gun violence between gangs in the community. He said:

> It's a continual thing, yeah, the violence you know. You know 9 times out of 10 in my neighborhood, it's mostly like this gang where everybody went renegade. So, you might be claiming a gang, we might be claiming a gang over here, so that's beef you know. So, you gotta be strapped up bro. Because it's like, kind of common sense. So, it's like the norm. Like man, I'd rather get caught with it than caught without it. And what does that mean?

Speaker 3 described the psychology of carrying a firearm on the South Side. He stated:

> I'd rather have a gun on me where I can defend myself, than not have it. And, somebody is gonna come after you because there be frictions. Because you know we all Black, but it be like, I don't like you because you represent that, you know?

Speaker 3 went on and described the evolution of violence in the community. He reflected, “So it's, it's gunplay you know. Back in the days when I started it was more like, you know you could fight and you know the gunplay was always around, but not like nowadays.”

> Speaker 3 then explored the psychology of shooters in the community. He said:
>
> You know, like I feel bad for any guy that's got any muscles, you ain't got no chance in the hood because they gonna kind of laugh at you. Like, boi we going to kill you boi. So they ain't gonna fight you, you know.

He continued to describe characteristics of shooters on the South Side. He explained:

> You know, some of the killers man, they be small dudes man. Like ain't got no body fat, might weigh 120 pounds. Like, the size of your woman man, a straight killer but if you locked in a room with them somewhere, and it's just you and them, they can't fight. Why? They ain't got no experience. The only thing they know is to blow you down, so you know what I'm saying? So it's just sad man. It's a lot of Black on Black crime you know? I think it starts from the leadership, you know, no guidance.

Speaker 3 went on to talk about the reality of gun violence being pervasive and nowhere being safe. He explained:

> That's how it is with the street dudes that done got all the cases, you can't go to local gyms because you know Chicago big, but it’s small bro. Somebody gonna know somebody you know. Peeps up there at the gym working out. *He in the gym, get up here. He up there working out bro.* I'm gonna woo woo woo, woo woo woo (shooting), and then it's a domino effect.

He continued and explored the forces behind the maintenance of the cycle of violence in the city. He said:

> Why is it hard to end to me? Far as the violence? If you know folks, your brother, I kill your folks. You know what I'm saying, now you want to kill one of my people, and once the gunplay get involved. It's kind of hard to seize that beef man, when you can kill one of my people bro. You know what I'm saying?

A code of ethics in the street culture is examined by Speaker 3. He said:

> And it's like it's their profession. Just like how you do your job. You interviewing me, taking this serious, you being professional. They being professional, they always gonna keep their pipe on them. What's a pipe? That's a gun.

Speaker 3 noted that there is a professionalism to living the street culture. He talked about the psychology he had. He noted:

> You know in that mind state, you know, I was still in it. You know they say you live by the gun, you die by the gun. That's true. There's a great chance you're going to, you know. So I knew that's what came with it. My mental state was like, oh, I'mma kill dude.

He continued:

> My mental was messed up and then I found out he got caught. So I was a little disappointed in that. Then I was thinking about, should I kill some of his people? But then the police on me and they already told me they got a strong idea that some of my people did it. So now I got to figure out a plan. Because you can't show no weakness man. People prey on that in these streets man, that's why it's true.

Speaker 3 noted how families became disconnected and even hostile towards individuals because of this culture. He said, “Some guys, you know emotionally, it can affect them. OK, if you my cousin and you with this gang. And you over there with them guys and they killed some of my people. Nah, I ain't fuckin with you.”

Speaker 3 described how an individuals’ peers can influence one to engage in gun violence. Here, he talked about the peer pressure:

> It's like motivation to be a killer because, you know, you got guys that crack jokes and you know jokes sometimes can be serious man. Like *Man you ain't going to kill nobody*, so that kind of motivates people to be a killer. Because my homie telling me I won't do it,

and I gotta show to prove to him that I will do it. And that motivates you to keep going, and once you kill one time, you ain't really got no problem with doing it again.

Protective Factors/ Support

Structural Description

The structural description of the theme *protective factors/ support* began by describing Speaker 3's source of resilience. Speaker 3 discussed his faith in God as a protective factor and source of support. He credited his mother for taking him to church where he learned moral lessons for living a healthy life. Health-oriented spiritual practices were a protective factor and source of support for him while living on the South Side of Chicago.

Speaker 3 suggested what resources need to look like to be embraced by the community. He noted that successful members of the community who can identify with the culture and experiences of those in the neighborhoods should be tasked with relaying this critical knowledge. Resources that are related to the culture and experiences of the people can help residents see perspectives of diverse life pathways that can help many to make decisions that lead towards healthy outcomes.

Speaker 3 described the language used in his community and how important it is to understand the linguistic nuances of communication to access the residents. For example, Speaker 3 noted that *knowledge* is a much more culturally relevant term than *education*. This highlighted the need for proficiency with cultural norms in order to genuinely relate to the people of the community.

Textural Description

Speaker 3 described protective factors and support that are instrumental aspects of his journey. He stated, “I done got shot close range 3-4 times bro, by the grace of God he wanted me to talk to you one day.” Speaker 3 continued and discussed the power of his faith in God. He said:

> You know my positive is, because of the love God had for me, it always made me think and not be as wild as the average guy out there that didn't know God. So spiritually it kind of made me forget about what I knew at first.

He described the difference between himself getting moral and spiritual teachings as a youth, and how this knowledge helped him to navigate the street lifestyle. He continued:

> You know what my Momma did do? As a young boy, that's why I used to be the guy in church. Because they used to tell you, you can kill if it's to defend yourself. You can't just bogusly kill nobody. So, you know it was like the 10 Commandments. So I used to try to justify that. Like OK, I could kill this guy because he was bogus to me, because at the church they justified it. So, you know how it helped me spiritually, I wasn't just nailing every female, just doing straight bogus shit. Because I was like man, God see everything. I learned that, so my momma being on drugs it did affect me but her taking me to church as a young man helped me.

Speaker 3 described how Christian teachings helped him gain a morality that challenged the toxic aspects of the culture. He continued, “But then in a lot of occasions. That helped me not to be as wild because I knew God sees everything and hears everything, and he everywhere. So spiritually kind of helped me overcome when I was in that dark space lost.”

Speaker 3 reflected on the lack of holistic health-oriented mentorship and leadership present in his community. He said, “So your leadership is non-existent, and that's when most people end up turning to the people that look successful in these neighborhoods, and most of the people that look successful are kind of lost.” Here he highlighted the influence that those who have embraced the street culture have on others who are looking for guidance. He continued, “And it's like the blind leading the blind, and it's just then continuing on down in each state and it just continuing and continuing and continuing.”

Speaker 3 discussed what support needs to look like within his community. He began by talking about how critical support in the home can be and what lifestyle modeling needs to look at if coming from outside of the home. He noted:

> A counselor can only do so much. It definitely can help, but it starts with somebody that's closer to you in the home, but if you don't got that, I think a counselor definitely can help you by explaining the different life choices you can make and letting them know, it's your option. These are the statistics, showing that the people that chose this path, this is how you end up, and the people that choose this path, this is how you end up. And you can get the same financial gains by doing the right thing as opposed to the wrong thing. But you know people do need people to talk to sometimes. So, I definitely feel like it can help though.

Speaker 3 highlighted the importance of speaking the language of the culture. He described a vernacular difference that can help bridge the gap between resources perceived as accessible vs. those that may not feel attainable. Speaker 3 dropped knowledge here:

> Yeah, you know explaining it and instead of using the word education, you got to kind of dumb it down and make it look sweeter and get this *knowledge.* Once you get the knowledge. You can get the power. You can get pretty much what you won't.

He continued:

> People get paid off of knowledge. I got some knowledge that you don't have and you're going to pay me for this. Because you need this service, that's what it's all about, I think using the word education can kind of scare people because a lot of people are like, well, school ain't for me. Well, get this knowledge where you can get paid. Get this knowledge so you can live healthier.

He reiterated the effective vernacular, “This knowledge is the power. It’s going to empower you to live the life that you desire.”

Speaker 3 discussed the culturally relevant resources and support that leadership could be providing. He noted:

> I would say they need to definitely be in the communities more, talking to the people. They need to get some funding to give people options with the situations they're going through. They need to see and use the people that have been through the situation they have been in and overcame it as inspiration. Like man, if you did it, I can do it. You know I was in the same situation as you and I was able to overcome, so I think they need to have that, instead of just talking to some people, that maybe look like you, but can't relate to the situations you was in. You know, so I think they need to hire more people that have been through some of that and can relate more than a person that been to college, but never lived that type of life. Because it's like, yeah, you look like me. But you can't really relate to the struggles that we go through.

Self-Efficacy Towards Holistic Health

Structural Description

The structural description of Speaker 3's individual meaning unit *self-efficacy towards holistic health* describes the agency of the speaker to construct and maintain a healthy life. The speaker discussed turning points in his life that gave him perspective and exposed alternative lifestyles that were possible. Taking action towards his goals and utilizing spiritual support were key elements of his journey.

Speaker 3 reflected on getting shot and the reaction of his baby girl witnessing and reacting negatively to his appearance. He discussed this as an inflection point where he began to choose a healthier pathway in his life. Speaker 3 noted that an individual must want to improve themselves and visualize a pathway forward. He described focusing on his faith, spending time in healthier places, inviting healthier people into his life, and focusing on improving his holistic health.

Textural Description

Speaker 3 talked about the motivating factors in his life. Here he discussed a turning point in his perspective:

> You know when I get out of the hospital after about four or five days. You know, after doing little surgeries and shit, I ended up getting up with my daughter. She was a newborn, only a couple of months old. She didn't want to even come to my hand because she was like, man, you look damn near crippled. So that was that mentally.

He continued to reflect on this turning point in his life. He noted:

> It slowed me down though bro, that's why I'm trying to tell you like it was like a bunch of mental aspects of it. Because, you know, after that happened a couple of years later a

> couple of more partners from other areas said like, *man once you got shot, you slowed down*. So, it slowed me down, you know.

Speaker 3 talked about his drive and self-efficacy to want a healthier life. He described the mind state that was necessary for him to achieve his goals:

> Wanting to change. You gotta wanna change you know, and with changing, man nothing changes if you don't change so you got to be willing to change. Gotta reevaluate yourself. I think everybody, even if you ain't in the street, you got to evaluate yourself. You know what I'm saying? What could I do better? What do I want out of life? So you got to change that.

Speaker 3 talked about how he relocated to be around different people and a healthier culture, "You know I started by moving to a different neighborhood. You know, not messing with the same women." He continued, "First it was God, and then I changed. I started going to different neighborhoods, messing with different women. Got me a gym membership and I just started noticing like a different side of life." Speaker 3 began to focus on his holistic health. Speaker 3 reiterated the importance of gaining perspective to facilitate change. He stated:

> It would be good to have a different perspective of things instead of just seeing it from the high class to the middle class or the low, and so you know, I started seeing how people was living in the comfort and peace that they had, and I wanted it. I was, you know, I was so lost because I did it (the street life) from 15 to 35.

Speaker 3 reflected on gaining awareness of the possibility of living a peaceful existence. The speaker continued, "You are a product of your environment man. I really believe that whoever you conduct yourself around, you know, like, hang around and fellowship with, they going to rub off on you man. So, I had to change the places and the people that I was around."

The speaker pointed out his goal orientation and supports necessary to change his environment, "So, and I wanted it, you know, and then I had the help from God, but I had to change. I knew I wanted something else out of my life." he continued, "So I mean nothing changes. You gotta wanna change man. But you know it starts from people not being guided…So once again I wanted change, and I changed my environment man."

Speaker 3 discussed gaining perspective to know how you want to live and how to get there. He stated, "And that goes back to, you got to see the high, the low, and the middle class to know the choice is on you. What type of life you willing to live?" He continued to discuss an individual's self-efficacy to move towards holistic health. He said:

> You want to live poor? You want to be middle class, or you want to be rich? You got a chance to accomplish either one of those, but the decision is yours and I think life is all about decisions and choices.

Summary

Speaker 3 narrated his journey towards holistic health by describing his experiences growing up on the South Side of Chicago. Individual meaning units found in his narratives supported this movement included inequitable resources, negative consequences of the street culture, skills gained in the street culture, culture of gun violence, protective factors/ support, and self-efficacy towards holistic health. Next, Speaker 4 will be presented, and their narrative will be described including the individual meaning units found in the data.

Speaker 4: Significant Statements, Formulated Meaning, Individual Meaning Units

Speaker 4 identified as an African American male in his early 30s. He grew up on the South Side of Chicago in the Woodlawn community, in an area known as O'Block. At the time of the interview, Speaker 4 lived in Australia and worked as a professional educator.

The primary themes for Speaker 4 included Generational Trauma, Symptoms of CTS, Self-Efficacy Towards Holistic Health, Protective Factors/ Support, and Inequitable Resources. Themes were generated by identifying a list of significant statements, developing a list of individual meaning units, and simplifying to themes. Selected examples of Speaker 4's interview is displayed in Table 4.

Table 4

Speaker 4 - Selected Examples of Significant Statements, Formulated Meanings, and Individual Meaning Units

Significant Statements	Formulated Meanings	Individual Meaning Units
"So it automatically made them react, and made them feel like, oh, we gotta stay on him. Ohhh, he gonna be like this, he gonna be like that. And I'm like, that's a trauma."	Secondary trauma, vicarious trauma…affects family members	Generational trauma
"You live life constantly grieving. Live life constantly grieving, it's kind of like it don't stop in a way which is like very sad and then you get desensitized. You get desensitized to it. Not in a way that you don't care. But in a way where it happens so much where you like? Damn, that's how it go around here."	CTS is constant grief that leads to desensitization/numbing You are aware, you care, but CTS is the norm Adaption to the environment	Symptoms of CTS
You're gonna have the few that no matter what, they gonna get through all this, and they getting out. And you gonna have certain people where like, if three things go wrong for them, they're done. They mentally can't handle it. They're overwhelmed, so. It's a big difference."	People in CTS environments have different levels of resilience, resources, family structures, opportunities at perspective	Self-efficacy

Table 4 (continued)

Speaker 4 – Selected Examples of Significant Statements, Formulated Meanings, and Individual Meaning Units

"The love I got, it's not, it wasn't normal for everybody growing up. Like, they would have loved to have that security or had parents, like you know, really hug them, be up on them. Their aunties spend time with them, you know? They aunties give them a dollar to go get a 24-ounce Hawaiian punch, those days are over."	Having a loving family was not the norm in the hood Spent time with parents. The influence and guidance of extended family members was important	Protective factors/ Support
"That's one of the main things they can be doing is provide similar types of resources that they give these schools that they care about. The kids are coming up in the schools, right?"	Provide equitable resources/education	Inequitable resources

Speaker 4: Structural and Textural Description

Generational Trauma

Structural Description

The structure of Speaker 4's individual meaning unit *generational trauma* highlighted how the negative experiences of family members in a continuously stressful environment can influence the experiences of their descendants. The speaker talked about his family members experiencing tragedy and as a result raising him in relation to their fears and apprehension of him experiencing the same fate. Generational trauma spoke to the influence that experiencing trauma has on families longitudinally.

Speaker 4 detailed many of the historical systemic issues that have plagued Black families generationally in America including mental, physical, and psychological abuses. He

recalled the violence imparted on African Americans including his family through periods of American Slavery, Reconstruction, Jim Crow, the Civil Rights Movement, and the present-day Black Lives Matter movement. Speaker 4 highlighted how this generational trauma influenced his family's identity development and how these experiences contribute to their outcomes.

Textural Description

The textural description of theme *generational trauma* detailed participant 4's experiences with trauma in his environment and how this affected his rearing as a child. Speaker 4 noted:

> And what you call the shortcomings in their lives, has attached to them so it makes them do things, or handle things, probably not the best way, you know? Like, having mature conversations. Disguising it as protecting you, but it's them living out their fears on you, so I say that's why I went through a lot with unfair treatment.

Speaker 4, here discussed the origination of his family's psychology in reference to him. He said:

> So one of my cousins who I looked up to, I don't think people honestly knew at the time, but I've reminded them of him. So he went to jail. You know he was talented, gifted, and stuff like that. So when people look at me, they saw him.

He continued, "So it automatically made them react, and made them feel like, oh, we gotta stay on him. Ohhh, he gonna be like this, he gonna be like that. And I'm like, that's a trauma." He noted, "Like, because y'all saying what he went through, and now automatically, it's a switch in your head, let's say oh, we gotta like, go about handling him in this way. Instead of saying, you know what (I'm an individual)." He explained, "We see that he has potential just like his cousin. Why don't we, you know, tend to him. What didn't we give his cousin that we should make sure he gets? Let's watch closely."

Speaker 4 went on to discuss the generational trauma that has affected his family throughout their history in the United States of America. He said:

> We have come this far after physical abuse, mental abuse, psychological abuse, some of the stuff my ancestors went through, some of the stuff our ancestors went through. Bro I couldn't imagine that being a norm. That's why I said, people classify us how they classify us. But like I don't try to be harsh, I only might sound harsh with those White people who choose not to understand because I tell them. I'm like, y'all used to hang us and burn us and have picnics and let your kids take pictures with the body.

He related this longitudinal experience of trauma causally to the current personalities of his family members. He explained:

> It is what it is, like my auntie told me at 15, a lot of issues with people in my family like one by one. Like some stuff that made my mouth drop. I'm like, wow they went through that. What happened from then on? Like I'm not gonna say I never got frustrated with them or nothing like that, but I understood them better. I knew they acted this way because of this reason. This is why they are who they are, so everything ties in.

Symptoms of CTS

Structural Description

The structure of individual meaning unit s*ymptoms of CTS* described adaptive and maladaptive responses to living in violent and impoverished communities in Chicago. Speaker 4 talked about how his community reacted to systemic inequities and a culture of gun violence. He went on to highlight how growing up experiencing constant gunplay can create an adaptation to one's surroundings that may aid in reducing the stress of surviving day to day but may subsequently adversely affect one's short and long-term health.

Speaker 4 highlighted the symptoms of continuous traumatic stress (CTS) that he experienced in his environment and described ongoing symptoms of grief. He noted that these symptoms eventually led to his depression. Speaker 4 also spoke of symptoms such as hypervigilance and/or hyperawareness of his surroundings. Hypervigilance can be a symptom of OTSR which described his adaptation to the violence consistently occurring.

Textural Description

Speaker 4 discussed desensitization to continuous violence occurring, an adaptive symptom of OTSR, "You know you start to think that things are a norm, that shouldn't be a norm. And just because things don't bother me, doesn't mean they shouldn't bother me, you know?" He continued:

> Like if I hear gunshots now, right, and I can identify how far it is away, like I can be like, aight, that's at least two blocks away. That's at least a mile away or something like that. And I remember people looking at me in college like, how do you know that? Or like, why aren't you alarmed about that? And I'm like, because it's not close by truth be told. So it's like you get adjusted to a certain level of trauma, and it probably ain't trauma to you no more because that was your normal at one point...It shows that I kind of have been desensitized to some things to a certain extent.

He went on and talked about experiencing continuous violence and subsequent long-term grief. Symptoms of experiencing CTS. He said:

> You live life constantly grieving...it's kind of like it don't stop in a way which is like very sad and then you get desensitized. You get desensitized to it. Not in a way that you don't care. But in a way where it happens so much where you like? Damn, that's how it go around here.

Speaker 4 then discussed subsequent reactions to living in an environment with CTS, including depression. He reflected, “That's just what happens around here. Yeah, and the thing is, you're really not numb. You really not, no. It's just really building up.” He went on, “It's really building up and unfortunately at some point you gonna break down. You're gonna break down and when it happens it's just gonna hit you like it hit me and that's what started my path to depression.”

Speaker 4 illustrated the experiences that led to his symptoms of depression. He discussed losing two close friends to gun violence. He said:

> I went through depression, so yeah it hit me. It was just the tipping point cause what happened is, my two childhood friends. They both had died to gun violence in the same month. And then when one hit me, it was like so crazy because he always was one of the ones to support me. Show me love and stuff like that, and then I remember I was looking at his Snapchat, and he was like, it was just showing him like driving and stuff like that. And I was like, man I gotta hit him up later, or not, and then the next day they tell me, like he, he died to gun violence.

He continued to describe the impact of losing his friends to gun violence, “It's crazy my other guy that it happened to, and it just was man. It just took me out.” He went on to describe his reaction to the trauma he was experiencing, “Because it was like, it was like, what the hell is this man? How is this happening? Like, it's constant.” He affirms the continuous nature of trauma, “It's just constant and that's what gun violence does to you. It just be like, you got so many questions, that probably won't get answered.”

Next, Speaker 4 talked about the psychological impact that experiencing traumatic deaths in the community has on the youths growing up there. He reflected:

> And it's tough because I don't like seeing kids go through it, because I see the confusion on their face. Like some stuff happens, I see that look and I'm like, man, I used to have that look. So I'm like, whoa. So you telling me you just, ain't gonna be around no more?

He continued, “Like, like this innocence lost.” He described a state of confusion about why this violence is occurring between people. “Yeah, real, just real questions for you, like well why? Like, what happened? Like, why would they do that? Speaker 4 goes on to talk about the impact on families that are losing loved ones. He reflected:

> And then you got to look at a parent who can't tell you. And they don't really know what to say to you because they hurt, they hurt too. And, I think the worst part is like me having to look at my other guy’s hurt. Especially if I got to look at somebody else's mom hurting, and stuff like that.

He continued, “It's like, it's just insane bro. I can't even describe it.”

Speaker 4 continued to elaborate on his experiences with violence that contribute to symptoms of CTS and OTSR. He said:

> Yeah, maybe it taught me how to run lol! I don't know, I don't know. I felt it affected my physical health, but maybe it taught me how to run. So yeah, because unfortunately I've been in like quite a few situations where either I got shot at, or I was like in the way, and that's a different type of adrenaline rush. It's like an instant adrenaline rush, OK? Like fight or flight.

A psychological state of hypervigilance is also described as occurring. Speaker 4 noted, “I say it always kind of just, made me on guard. Made me aware of my surroundings, like you know, made me have to like double-back.” He continued to describe the impact, “It just drains you, kind of drains your energy, or makes it hard for you to process your emotions. Definitely

makes it hard for you to process your emotions." He reiterated this dissociation, "Yeah, you trying to figure out how you feel." He expounded:

> You know what you feel? Yeah, constant confusion. Especially when it happens to like, I've had people that was on their way to stardom or they were playing professionally or had a future plan professionally to go to college and then get shot down and you just like, huh? It doesn't make any sense.

Self-Efficacy Towards Holistic Health

Structural Description

The structure of individual meaning unit *self-efficacy towards holistic health* described a psychological mind-state that Speaker 4 exposed as being present with some individuals in his South Side Chicago community. Self-efficacy is the ability of a person to take holistic health-oriented actions. Adversely, the speaker pointed out those individuals who chose alternative potentially maladaptive actions.

Speaker 4 highlighted the choices that he made growing up on the South Side. He noted the impact of coming up in homes where a parent may be missing and how this may affect one's choices about how to behave. He discussed the critical gateway that is K-12 education and how family dynamics affect one's decisions and subsequent experiences through this process.

Speaker 4 also pointed out the need for guidance and mentorship in his community. He noted that wisdom coming from experienced individuals can help the youth figure out alternative pathways that avoid potentially violent and destructive behaviors. Many youths were modeling the behavior of their peers. Speaker 4 talked about how his psychological resilience was a protective factor when it came to decision-making, but he was also careful to point out that it was up to him to choose holistically healthy and productive pathways.

Textural Description

Speaker 4 described a scenario where individuals are choosing disruptive behaviors because they don't feel supported by the educational system. "They really don't want to do it, but it's like if you were a *A* student, right? Your teacher giving you all the attention, giving you all the praise. I'm not as good as you on the books, so how I get my attention? I'm gonna act silly."

The speaker went on and discussed how many youths in his community do not feel supported at home, "My father, my father ain't know me personally, but my father probably ain't showing me love. So, guess what? I'm gonna act out here to get the attention that I want." He continued to discuss the challenges that youths face. He said:

> So, if they're already going through that at home. And now they're going through that at school. It's a double whammy, because everybody's not "make it out strong". Everybody has make it out potential but those are two different things ya feel me? You're gonna have the few that no matter what, they gonna get through all this, and they getting out. And you gonna have certain people where like, if three things go wrong for them, they're done. They mentally can't handle it. They're overwhelmed, so it's a big difference.

Speaker 4 gave an example of where he believed he could have had greater self-efficacy to move towards his goals. He noted:

> For instance, I always wanted to be a professional basketball player right? So my mindset was on that, but was my attitude always great? Was I doing everything I needed to do in school? Stuff like that like? No, you know. So I needed a different type of love, care and attention, which I didn't always get, you know? I feel like if I did, things would probably be a bit different, probably especially my actions in school probably would have been way better, you know?

Speaker 4 went on and highlighted an example of how he took agency to improve himself. He said, “I'm certified in integrated mental health…Yeah, yeah, so it's like, it's like I understand it. Feelings will take place. That don't mean you have to be guided by them though, but you also have to understand those feelings.” Speaker 4 then highlighted the need for guidance and mentorship within his community. He noted:

> How many times have you heard somebody who's older than you say, naw don't go down this path. They tell you don't go down this path because they know it's nothing good down this path, but they also watch you say like, I don't have a path or anything. They’ll tell you that, I believe in you.

He described the dilemma that many, including himself, faced when it came to engaging in the South Side street culture. He reflected:

> So it's like man, I'm gonna do what I'm good at. I'm good at, excuse my language, but I'm good at this gangster shit. That's how I feel. So now that's how I'm gonna respond, you feel me, it's like, in the back of my head, you know I had a different type of confidence. Even though I was like affiliated, but I never knew it was a deeper meaning to it.

Speaker 4 talked about the available role models in his neighborhood, often times being peers engaged in the street culture. He said:

> People being angry, at the wrong people, you know, but these are just people you see every day and if you're not good at nothing else, if you ain't got confidence, you haven't checked your insecurities, yeah, obviously you gone feel some type of way if somebody looking at you, or somebody, supposedly a part of a certain type of gang. It's like, you're not from where I'm from, especially if you're looking up to people who you seen do it. Now you want to do it. Yeah, now you want to do it.

Speaker 4 highlighted how the culture of street gangs evolved over time and that many gang members don't understand what they are in conflict about. He explained:

> Also, I'm like, no, gangs used to protect the neighborhood, used to make sure that Black people were protected and stuff like that. It never was originated on all that, I'm about to go get into it with another Black person, and as I got older I learned that. I'm like, my bro, I really don't care, what you is. I'm like so if you're cool, you're cool, and I started to simply feel that way. And then I used to question other people in gangs, like even a specific street gang who are probably the worst when they come to other gangs, especially Black people. I'm like bro, what's your issue? What's really the issue? Some of them couldn't really give me an answer. They're like damn, I don't know, it's just the way it is.

He continued to express his frustration at the decisions that many are making in the community. He questioned:

> Like, yeah, I really want to know, like why though, like why? Why do you feel like, ohh man, I have to go down this path? What makes you believe that you've got to go down this path or that? Like what else? But if you don't have confidence and nothing else bro then like I said, it's easy, think about it, when you got nothing productive to do. What do you fall into? What do you fall into? Foolishness.

Here, Speaker 4 explained his self-efficacy to evolve his way of thinking towards holistic health. He said:

> Me. Me, trying not to before I made certain changes in my life. Like, I didn't help myself, you know? Continuing being angry and thinking that responding the same type of way would produce different results. Insanity, you know? So, I had to like, learn. Learn

> different things and seek different pathways. Like, do I have to do this? Is it the right way to go? If I do this, how would it affect somebody else? Could I live with that? Like no, so it was me, I had to change. Like, I had changed my thinking because it could be a domino effect if I choose not to. If I choose not to hit my domino and pick mine up and move it out the way. Then I can stop something from happening.

Protective Factors/ Support

Structural Description

The structure of individual meaning unit *protective factors/ support* described the nature of Speaker 4's resources while growing up on the South Side of Chicago. He highlighted his family as a protective force during his youth and how that support at times felt like they were being unfair. Speaker 4 pointed out that the unconditional love that he received as a youth was not common in his community. He described the love received from extended family members and noted that many youths coming up are without this level of support.

Speaker 4 talked about how his family actively developed protective factors within his identity. He pointed out the trials his family exposed him to, to fortify him and prepare him to survive on the South Side of Chicago. Speaker 4 also described his moral upbringing in the Christian church and how this played a part in helping him to make health-oriented decisions. At times it was also necessary for him to protect and support other individuals in the community.

Textural Description

Speaker 4 described the theme of *protective factors/ support* by discussing how his family has been a resource. He noted:

> I've experienced unfair treatment, but there's a difference, like I can identify that experience. Love and unfair treatment are two different things, but you can still have and

> get both you know, and sometimes when you get that unfair treatment, you'll identify it as aww they don't love me...So it was like I was really a kindhearted person but they kind of like, built that identity. It was like, Nah, you ain't gonna be no punk which I'm happy about. At 1st it used to seem like tormenting and torture, but it was like no I needed that.

He continued, “Crazy how you don't see it man. It's like you know what, this is the reason why love is so powerful, right?” Speaker 4 discussed his change in perspective about his family’s influence. He said:

> It was crazy getting out now that I think about it, and I found out that it's not normal. The love I got, it's not, it wasn't normal for everybody growing up. Like, they would have loved to have that security or had parents, like you know, really hug them, be up on them. Their aunties spend time with them, you know? They aunties give them a dollar to go get a 24-ounce Hawaiian punch, those days are over.

The speaker said, “Man, you gotta get something man, but those little things, those little things done was like now I can look back and I can identify them as like you know what? You know, like that was love.” The power that love had in Speaker 4’s family is described as the reason his family unit stayed together. He said:

> Everything ties in. I say the only reason why my family survived is because we knew we loved each other. That's really the only thing. Every time people look at me and my family like ‘I mean you and your family close. They nice, my family not like this,’ and I'm like look we had our challenges but at the end of the day, I know they love me.

Speaker 4 described the violent reality of his High School educational experience and how his family helped him to build resilience. He explained:

> I see somebody pin somebody head to the wall. Three dudes walk in and then they started talking to the Dean, they started talking to the Dean crazy! Like, they're about to beat him up and my first thought was, I gotta do four years of this? And then it's a jungle too? So it's, yeah, my uncle was like, they raised me up to be tough, you know? So I was like, ain't gonna be none of that with me, you feel me?

Because of the constant threat of violence for everyone the need to protect others in the environment was at times a necessity. Speaker 4 described what that meant:

> I had to learn how to, I was an automatic protector, you know? Especially people who can't protect themselves. You know I'm not gonna act like I'm not wild. I'm out here, but I'm not going to do that with them, that's my rule. I was like no they can't defend themselves, so they scared to defend themselves. So it's like, I got to step in and say something, but I have to learn how to be OK with that because sometimes it can be identified as a weakness, or you feel soft when you're doing it, but then I was like, because I still knew what was right.

Speaker 4 went on to talk about how the moral upbringing he received through practicing religion became a protective factor for him in navigating his violent environment. He said:

> So, I grew up in a Christian home. Church all the time. It's a very good foundation that helped me and my life. Kind of like separated the two things, I say that's one of the things that helped me realize what was right and what was wrong.

The pressure to participate in the culture of gun violence was constant, but Speaker 4 reflected, "It never steered my faith. It always made me wonder why, but still have faith. I know everything happened for a reason, but the fact that we still here and we so resilient, it's crazy."

Speaker 4 pointed to the need for adults with knowledge to communicate with and support the youths. He explained: “Everybody got a story. And that's why I think as much as we try to protect kids, sometimes the best thing we can do is communicate with them now. Finding different ways to communicate might be challenging.” He highlighted the challenges with communication between the youth and those with wisdom and knowledge, but goes on to explain the benefits of this type of support, “How many times have you heard somebody who's older than you say, naw don't go down this path? They tell you don't go down this path because they know it's nothing good down this path, but they also watch you say like, I don't have a path or anything. They’ll tell you that I believe in you.”

Inequitable Resources

Structural Description

The structure of individual meaning unit *inequitable resources* described Speaker 4’s assessment of the lack of resources in his South Side Chicago neighborhood compared to communities in the area that were actively being invested in. He specifically spoke on the inequities present in the educational system and criticized the direction of such decisions being made by leadership. Speaker 4 questioned if it is not the purpose of the educational system that he grew up in, to keep residents in poverty.

Speaker 4 goes on to discuss how one's employment opportunities are affected by the resources available to residents in the community. He highlighted how the attitudes of employers and subsequent employees affect the outcomes of workers coming from communities with few resources. Speaker 4 noted that workplaces that look disparagingly at people that may come from impoverished and/or marginalized communities may create inequities in employment rates and wealth.

Textural Description

Speaker 4's theme of *inequitable resources* discussed the insight that the participant has into the resources available to the community's residents. He talked about educational resources here:

> Lack of resources. You know this lack of resources. This issue. Yeah, life resources is a big issue. Like, even if you just go to the schools, cuz they don't give a damn about them in Chicago. Like you could look at the books, look at the class, hear the complaints from the teachers. It's like, it's like you actually teach them, you actually programing them to grow up in a certain type of dysfunction.

He compared the resources accessible in his community versus those afforded to other communities in the city. He said, "That's one of the main things they can be doing is provide similar types of resources that they give these schools that they care about. The kids are coming up in the schools, right?"

Speaker 4 went on and discussed how the resources of a culture can affect employment, "I say the only way it can affect that (employment) is if you're working with people who just don't get it. He continued to talk about the power that employers have. He noted, "Especially if you're working for somebody who just don't get it, and they're not sensitive or have sympathy to what's going on and want to be a part of something bigger that can help."

Speaker 4 described how work environments that don't acknowledge these disparities often turn their back on employable people that come from this impoverished community. "Yeah, and if we don't have that understanding with each other of how this is affecting me in my community, then it's going to be avoidance. It's constant avoidance, and that's what people do." He continues to speak on the imbalance that occurs in his community as money is taken out, but

resources are not brought back in. He remarked, “Yeah, especially if you benefit off of us which a lot of people do. I mean you can benefit off of us, but you can also care about us or have compassion about us. That's the problem.”

Summary

Speaker 4 narrated his experiences and insights realized by growing up on the South Side of Chicago. Individual meaning units found in his narratives included generational trauma, symptoms of CTS, self-efficacy towards holistic health, protective factors/ support, and inequitable resources. Next, Speaker 5 was presented, and their narrative was described including the individual meaning units found in the data.

Speaker 5: Significant Statements, Formulated Meanings, Individual Meaning Units

Speaker 5 identified as an African American male in his early 40s. He grew up in Cabrini Greene Homes and currently lives on the West Side of Chicago. During the time of the interview, Speaker 5 worked in public housing throughout the U.S.

The primary themes for Speaker 5 included Culture of Gun Violence, Protective Factors/ Support, Symptoms of CTS, Inequitable Resources, and Self-efficacy Towards Holistic Health. Themes were generated by identifying a list of significant statements, developing a list of individual meaning units, and simplifying to themes. Selected examples of Speaker 5’s interview is displayed in Table 5.

Table 5

Speaker 5 – Selected Examples of Significant Statements, Formulated Meanings, and Individual Meaning Units

Significant Statements	Formulated Meanings	Individual Meaning Units
"You have to look at the cultural mentality. It's a culture that they're not letting go of and if you look at the larger culture, the shows and the music that is making it to the radio and being promoted.	There is a rooted hood/ghetto culture that is being held onto. Popular culture influences people in CTS. Unhealthy energy/goals/guidance	Culture of gun violence
"Oh, my mom. She would find a counselor or a school, you know? One of the teachers, you tell the teacher that you like, and they would talk to you. 9 times out of 10 that talk will work. But then some people need to go down to the counselor."	Family support, mom. Counselors at school, favorite teachers	Protective factors/ support
"You saw so much death that somebody dying of a violent death, you were like wow, I wonder what happened?"	Death was common, tragedy was common What were the circumstances?	Symptoms of CTS
"They called it White guilt. The rich people felt guilty that they were so rich, and these poor Black kids was so close to them that they threw money at social services."	There were educational support programs, tutoring, as a result of White guilt…some areas. White guilt led to social services, non-profits	Inequitable resources
"One of the things that you could say is unique in that. You were not afraid of a gun. You understood the gun itself wasn't the problem, it was the person with the gun."	The person was the problem, not the gun	Self-efficacy towards holistic health

Speaker 5: Structural and Textural Descriptions

Culture of Gun Violence

Structural Description

The structure of individual meaning unit *culture of gun violence* described Speaker 5's understanding of how gun violence and crime were so prevalent in his West Side community growing up. He cited a culture that has ingrained itself in the people of the community. He noted that platforms such as the radio, television, and social media contribute to violence by continuously spreading a toxic message.

Speaker 5 went on to discuss the role that poverty has in the maintenance of violence in many marginalized urban communities. This generational poverty and trauma then contribute to absentee parenting dynamics that may not support the youth's challenges of moving through and past the saturating culture of violence. He also talked about the current laws that may give children more rights to do whatever they want, versus allowing parents to raise them utilizing punishment as a means of behavior modification.

Speaker 5 highlighted the culture of the environment being a significant factor influencing youth towards or away from participating in violence. He noted that growing up exposed to family and street influences that have destructive qualities is going to encourage that person to behave similarly. Speaker 5 noted that there are legitimate reasons for having a gun or engaging in violence that are limited to self-defense and that those rights should be protected.

Textural Description

Speaker 5 discussed factors, such as the media, that contribute to maintaining a culture of violence in his Westside Chicago community. He said:

> You have to look at the cultural mentality. It's a culture that they're not letting go of and if you look at the larger culture, the shows and the music that is making it to the radio and being promoted. You know I was reading an article about TikTok, for example an article saying that where TikTok is from in China, it's not the same version that's exported to America.

He went on and explained the impact that parenting dynamics has on the maintenance of gun violence. He noted:

> You look at the communities where it's happening the most. They tend to be low income and minorities, right? Subset of that minorities they either Hispanic or Black. You look at the parental involvement. They're not the same parents that were born in the 20s, the 30s, the 40s, the 50s, and the 60s. It's not that same parent. The laws have changed to the point where the current parent is trying to be their kids' friends instead of a parent. And you don't have the ability for a child to have involvement by both parents. It's normally one or the other, and its normally a less than amicable situation.

He continued:

> So if you're growing up without a mother, you don't get that experience or you don't get that nurturing that a mother will give you. You are growing up without a father. You don't get that structure, stability and discipline so you're looking at these young people shooting, go look at their family.
>
> Speaker 5 discusses the impact of culture on the West Side, in maintaining gun violence.

He explained:

> It's a guy selling an illegal gun right now, right? I aint going to buy it because, I don't want it. What does your family situation bring you up in? And is that a desire that has been put in because of what you've been exposed to?

He then discussed scenarios of social conflict that often result in gun violence:

> If you're not from that lifestyle, that gun, it's gonna sit right there if you from that lifestyle, people want that gun to go do something with it. Now me and you may want a gun to defend ourselves, from two different threats, one White and one Black. Plain and simple, we're Black men and we catchin it from both sides. Plain and simple. But we ain't got a gun to go stunt.

Protective Factors/ Support

Structural Description

The structural description of individual meaning unit *protective factors/ support* delved into Speaker 5's perspectives on the factors that supported his health and development as a youth. He described a community of families that were close but were living in poverty and experiencing increasing violence. People in the community knew each other and protected those who were identified as having strong families, talents, and bright futures.

Speaker 5 discussed the protective factor and support that was his mother. He talked about her encouragement that helped him maintain an empowered perspective. She supported him in finding wonder in nature and in accessing mental health services available through his school when traumatic experiences occurred.

Speaker 5 also noted that his faith in God was a significant protective factor and support. He described his faith and a personal resilience that was developed through his experiences with

violence and death in his immediate environment. Speaker 5 reflected that these experiences encouraged him to develop analytical and logical skills that encouraged emotional awareness that often kept him from taking actions that were counterproductive.

Textural Description

Speaker 5 pointed out protective factors and support that he experienced living on the West Side of Chicago. He said, “And it was a tight knit community, even though it was violent, it was still tight knit.” He continued to talk about the social dynamics of his neighborhood:

> If you were to take the violence out, it probably would have been one of the best communities in the city. Because people knew and people took care of each other. You know the churches, you know all the store owners. You know your neighbors. People looked out for you. So to me it was great minus the violence. It was great.

He then discussed how a person’s status in the community could be a protective factor. He said:

> You were an athlete, people didn't bother you. If you were the nerd people didn't bother you. Your mother was strict, people didn't bother you. You know you came from a big family, people didn't bother you, you know? So, it's just you knew where to go and how to do what you need to do.

Speaker 5 recounted the supportive actions his mother took to make sure that he had health-oriented resources. He explained:

> Oh, my mom. She would find a counselor or a school, you know? One of the teachers, you tell the teacher that you like, and they would talk to you. 9 times out of 10 that talk will work. But then some people need to go down to the counselor.

Speaker 5 went on and described the protective factor that is his faith. He said:

> Unshakeable faith. I have this unshakeable faith in the Lord, and through it all, even through this violence I saw how he has kept me even when I was violently attacked. I could have died you know? Even when I wasn't the intended target, I coulda died. So, for me it was never in question.
>
> Resilience is a trait that the interviewee developed growing up in Chicago. He reflected:
>
> You're just resilient. You're like, OK, you know what? I ain't dead, because I've seen people die, so let's figure out how to get past this. Let's figure out what we need to. I think you're more analytical and logical. You're less emotional because you've seen the results of somebody being emotional. You see how emotions can just take out an entire family. So you're more apt to be logical, less emotional, and more quick to say, hey slow down, let's figure out what's going on.

Speaker 5 talked about how he adapted to his environment. He said, “So emotionally it does toughen your exterior and makes you put up this barrier, but you know it's not an impermeable barrier, but it definitely makes you less apt to give emotions to those people who are not worthy."

Symptoms of CTS

Structural Description

The structural description of individual meaning unit *symptoms of CTS* described Speaker 5’s experience with continuous traumatic stress (CTS) in his community. He talked about killings being commonplace in his neighborhood and that witnesses questioned the circumstances of the death more so than dwelling on the trauma of the loss of life. The speaker soon began to rationalize that their life expectancy in this environment was short as well.

Speaker 5 detailed his walk to school and the threat of gun violence that he had to avoid. He described the distance he had to walk to maneuver around areas where he knew gangs were actively shooting. He reflected that having grown up there, he was forced to develop street smarts. Even with the awareness that he developed, he was still a victim of violence. He was shot and stabbed while growing up in Chicago.

Speaker 5 talked about the deterrent that gun violence was in attracting resources into the community. He thought critically about service providers likely being intimidated by the reality of trauma in his neighborhood and subsequently refusing to provide resources. Therefore, continuous traumatic stress being prevalent in his community may have reduced the holistic health of individuals by reducing access to resources.

Textural Description

Speaker 5 detailed his experiences with continuous traumatic stress (CTS) in his community. He reflected, "You saw so much death that somebody dying of a violent death, you were like wow, I wonder what happened?" He continues:

> Well, from then you know it was just a regular part of your day-to-day existence. You know you had this, I would call it a realization that depending on the day and the circumstances, you could get shot. You know you could. You could die, you know?

He went on and discussed the dangers of walking to school. He said:

> Walking to school was always a gamble because we had to walk through two different gang territories and then within the territories a bunch of different clicks. So you know that walk to school, especially the High School, was treacherous. Sometimes you had to walk all the way up the main street which is probably a half mile around the

> neighborhood to walk another mile or two to school. That's six miles round distance, because you know the gangs would be shooting."

Speaker 5 talked about adapting to the reality of his environment. He said, "So that gun violence really made you as a child open up your eyes very quickly. Like very quickly. You were more street smart than the average adult at the time." He continued to discuss the psychology present:

> And you knew your life expectancy wasn't, you know, it wasn't long. You know we would joke as kids like man, I hope I still live to see 16. Because it's at 18, you were considered an OG because not a lot of people made 18.

He also discussed the predictability of violence. He noted:

> You knew it was going to happen. You knew around what time it was going to happen, so you were able to really move yourself away. And if you weren't trying to be part of that lifestyle, you could easily navigate it.

Speaker 5 talked about the physical trauma he experienced in being a victim of gun violence. He reflected:

> It's just part of life and you got into a lot of fist fights, you know? We were MMA (Mixed Martial Arts) before it was MMA...You know, but outside of the actual gunshot and being stabbed, and bein cut-n-shit. Like if you were to say my long-term health, I don't think it had a lot of effects on it because you know it didn't penetrate a major blood vessel or a major organ, anything like that. So, my physical health, naw.

He went on to discuss the effects that living in a CTS environment has on the availability of resources. He explained:

> Now, could there have been a derivative effect that the people who would have taught us about that, refused to come in because they were afraid that they were going to die? So, the gun violence could have a limiting effect on the access to preventive health...Remember, we didn't have package delivery back in the day.

He continued:

> They was literally the only two that will always be there because nobody wanted to get their checks messed up. You can't fuck with the postman. And the fire department was there to put out the fires because nobody wanted to burn, and pick up people who got shot, or pickup bodies that were killed. So, I think it was just the short-term effects of the physical violence, but long term I think it limited the access to preventive healthcare.

Speaker 5 noted the constant violence that occurred in his community and the consequences of this energy on the physical health of residents. He reflected:

> It's just part of life and you got into a lot of fist fights, you know? We were MMA (Mixed Martial Arts) before it was MMA. But I think that the short-term effects are more prevalent because they could end your life. Or you could have gotten a long-term injury because the bullet went through, but it hit six organs on its way out, you know? Or you were paralyzed, you know?

He continued to talk about symptoms of experiencing CTS in his environment. He said:

> You have an ongoing (stressor). When I was younger, I didn't know it at the time, you had this ongoing stressor about being shot, about being beat up. Because, you know it was, for lack of a better word, it was a high chance that it could happen. So, what you learn to do is to cope with it.

Inequitable Resources

Structural Description

The structural description of individual meaning unit *inequitable resources* highlighted Speaker 5's experience with the resources that were available to his community compared to higher-income neighborhoods that were only city blocks away. He pointed out that the viable resources that were available were there because of nonprofit organizations instead of local government and leadership. Speaker 5 talked about the government lead programs doing more harm than good. Many of the workers who administered the programs were not invested in the people they were tasked with serving. Some services improved over time, and people from those communities that are now working there are providing high-quality services because they are invested in the outcomes of the residents.

Speaker 5 went on and discussed political promises made by leadership that were said on the campaign trail and surrounding polarizing social events, not measuring up when it comes to outcomes for residents. For instance, he mentioned that the Black Lives Matter movement saw elected officials utilize the opportunity to make political messages that local community members did not necessarily support. Residents of these neighborhoods instead told officials they needed access to equitable resources in their areas.

Speaker 5 also discussed African Americans in his community receiving unequal treatment under the law. The client highlighted the difference between the opioid epidemic, which is known as a drug White people predominately use, versus the crack epidemic, featuring a drug that was stereotypically known to be used by inner-city Black people. Opioid users have received support and access to health resources compared to the punitive criminal charges that

removed non-violent Black offenders from their families and communities, while simultaneously tying them up in the criminal justice system for years to come.

Textural Description

Speaker 5 discussed the inequitable resources that his neighborhood received compared to communities nearby. He talked about the resources given to poor people living in public housing in Chicago:

> They called it White guilt. The rich people felt guilty that they were so rich, and these poor Black kids was so close to them that they threw money at social services. They threw money at well, when I say social services, nonprofit social services, not government social services.

He continued:

> You know, you put in systems at the time that were not people focused. They were more about containing the problem, you know? If you look at vernacular now, the vernacular from the 90s has definitely changed. So for example, you don't call people poor people. You say *low-income*, you say *disadvantaged*, you know? You say *those without resources.* Back in the day we was *po!* Plain and simple when you go to the aid office, housing office, you *po*.

Speaker 5 noted the difference between resource providers invested in the community and those not committed to positive outcomes for residents. He said:

> Yeah, and they were not invested in the person. They were just invested in the system. This is my job. I'm coming to do my 8 to 5. You are beneath me. I'm here not to service you. You're here to ask me for something. Whereas now it's about you trying to service

> your client. It's a completely different mindset. But back in the day, no, you were a number and a cog in a wheel, and I'm just here to get my check.

Speaker 5 went on and highlighted the need for services that invest in the community. He said, “So it is dependent on the agency and it also depends on if those people at the agency can empathize with the people who they're serving.” He noted, “Now you have a lot of people who made it out of these hard times, that are in these service positions, that can empathize.”

Speaker 5 discussed the disinvestment of the community by leadership. He said, “Look at the Black Lives Matter protest. Right? Politicians was all into you know we support Black lives, right? But then look at their investments in those communities. No real public dollars was going into those communities.” He gave an example, “And the most prominent example that you can actually look up today is when they tried to go in Englewood and protest against the police and the folks from Englewood like hell naw, we need the police over here.” Speaker 5 continued:

> So if you looking at what the local government and things did. You have to see if they made the investments, and I don't think they made the investments, not just socially, you know? But they make the infrastructure and the community, are the parks looking good? When I walk down the block, is this the block I want to call home? Or do I have all these vacant units? All these dilapidated buildings, you know? Is the disinvestment so blatant and the blight so prevalent that I don't want to call this a neighborhood.

Speaker 5 reflected on the discrepancy between how drug usage has been punished versus being medically treated depending on race. “The average person who has a criminal background that you know, they might not be able to (gain employment). Now with these with the quote-unquote opioid epidemic, all of a sudden drug use is a disease and not a crime.” He highlighted the disparate impact of these decisions by governmental leadership:

> But it is. It is allowing those people to benefit from that because now their criminal path, that's not an ultra-violent path, it's a drug related path. They're able to get jobs, you know? So I think it did limit people's career choices for a minute.

Self-Efficacy Towards Holistic Health

Structural Description

The structural description of individual meaning unit *self-efficacy* described Speaker 5's beliefs and experiences with making health-oriented choices in the face of continuous violence in his community. Speaker 5 talked about his faith in God but noted that we are all still making choices. He highlighted decisions made in his community in terms of using guns, noting that some people were using firearms as self-defense instead of criminal related offenses.

Speaker 5 discussed the choices being made by members of his neighborhood to move towards healthy outcomes versus maladaptive ones for themselves and the community. He talked about the resources that were available through school and non-profit organizations that some people chose to take advantage of versus those who chose not to. It was also a choice for Speaker 5 to give back to his community by working in the residential housing industry. By coming from the affected areas, he remained invested in improving conditions for residents.

Textural Description

Speaker 5 talked about the self-efficacy of people who grew up in his community. He began talking about choice, "While I believe that the Lord knows everything, I still believe he gives us choices. And then you have to deal with those choices." He continued and talked about the decision to engage in gun violence. "One of the things that you could say is unique in that. You were not afraid of a gun. You understood the gun itself wasn't the problem, it was the

person with the gun." Speaker 5 also discussed the decision to use a gun to defend one's life. He said:

> So when politicians be like, you know we should outlaw guns. People will be like, it ain't the damn gun that's the problem, it's the person with the gun, you know? Would you say they tried to rob, miss so and so, the old lady. She had the old .38 Special and lit their asses up! Why wouldn't you want her to have a gun?

Speaker 5 brought up the choices that youth in his community are making to engage in productive or counterproductive activities. He described:

> And they threw stuff like 2 room programs, mentoring at school programs, things like that to keep the kids off the street. And if you wanted to partake, the opportunity was there. But conversely, if you didn't, the opportunity was there for you not to do something as well.

He continued, "So if you wanted to be a thug, they definitely could be a thug, if you was a nerd and you just wanted to hang out with your friends in a safe environment you can go to tutoring." Speaker 5 discusses his self-efficacy to create a healthier neighborhood. He noted, "Well, I wanted to run the projects better than what I saw. So my whole career has been focused on improving housing for poor folks. So that's literally my entire 20 something years. I've been doing this since 96."

The coping strategies of residents in Speaker 5's community were discussed. He said:

> I think nowadays people would take the positive route, but back in the day it would be a mix and more toward the negative. You know, smoking, drinking, you know depression. Because, you know, some people would be affected very negatively. They didn't know if they were gonna live the next day because they live that lifestyle.

He continued to discuss the psychology of self-efficacy. He explained:

> They cousins, their family, you know, they all live that lifestyle. So, those kinds of people, they would definitely be on a negative route. But you know, a lot of people would say, you know, one day I got to get out of here and then I got to move my mom up out of here and I ain't never coming back, you know? But then, you know, I was just there like last year and a lot of people who I grew up with, some of them are still there.

Summary

Speaker 5 narrated his experiences growing up in Chicago while experiencing continuous traumatic stress (CTS). The Individual meaning units found with his interview included culture of gun violence, protective factors/ support, symptoms of CTS, inequitable resources, and self-efficacy towards holistic health. Next, Speaker 6 will be presented, and their narrative will be described including the individual meaning units found in the data.

Speaker 6: Significant Statements, Formulated Meanings, and Individual Meaning Units

Speaker 6 identified as an African American male in his early 40s. He grew up in the Harvey neighborhood on the South Side of Chicago. He has also lived on the West Side. At the time of the interview, Speaker 6 lived in Switzerland and was a professional musician and teacher.

The primary themes for Speaker 6 included Culture of Gun Violence, Media Promotes Violent Street Culture, Self-Efficacy Towards Holistic Health, Self-Efficacy Towards Holistic Health, and Leadership Cultivated Within the Community. Themes were generated by identifying a list of significant statements, developing a list of individual meaning units, and simplifying the themes. Selected examples of Speaker 6's interview are displayed in Table 6.

Table 6

Speaker 6 – Selected Examples of Significant Statements, Formulated Meanings, and Individual Meaning Units

Significant Statements	Formulated Meaning	Individual Meaning Unit
"Growing up, we used to have fights or whatever, we fought, and I fought so many people, but as I became older and got into junior high and high school and even coming back, if you got into a fight with somebody, chances are they're gonna try to come back and shoot at you."	Fights evolved into gunplay Revenge for a fight became gunplay Lacking conflict resolution skills that aren't deadly violent	An evolution of violence
"(Violence) It was definitely glorified in a lot of the things that we listened to. But it was actually really a reality of what was really going on in the neighborhood."	Street life, gunplay was glorified in the media, on the block	Media promotes violent street culture
"Nobody wants to be on the corner, yeah just music, you know? I didn't want to be one of those people, you know? I just wanted to play some music and stay out of trouble."	Focused on not being at the bottom of society, on the corner, the street life	Self-efficacy towards holistic health
"There were some cats in my neighborhood. Wound up being community leaders after we grew up. They became like the politicians of the town or the area, but when I was growing up they were kind of hoods."	People from the community became leaders Invested	Leadership cultivated within the community
"Yeah, so innately, you're more cautious. You know like cautious and you're on edge the time you know. Things that shouldn't make you nervous make you nervous, you know. So I guess neurotically, I mean it, it is not good for your health."	On edge all the time, neurosis	Experiencing CTS

Speaker 6: Structural and Textural Descriptions

Culture of Gun Violence

Structural Description

The structure of individual meaning unit *culture of gun violenc*e described Speaker 6's experience with violence growing up on the South Side of Chicago. Speaker 6 discussed the nature of violence escalating in his community over time. He noted how conflict was originally solved with fist fighting or with words. But he recalled that in little under a decade, gun violence became the means to settle disputes and/or to commit crimes.

Speaker 6 described how gun violence permeated what were supposed to be normal social events in his K-12 education. School-related events increasingly became compromised by the threat of violence with guns being present. Speaker 6's school was forced to increase security by adding metal detectors. This threat of gun violence changed the culture to his school.

Speaker 6 also highlighted how easy it was to get a gun on the streets of Chicago. Young people growing up in these communities had easy access to illegal guns being sold on the street. Speaker 6 talked about how his family had a gun in the home and that this was common among people in the neighborhood. As crime and violence increased, residents looking to protect themselves and their property also acquired firearms.

Textural Description

Speaker 6 talked about the evolution of violence in his South Side Chicago community. He stated:

> Well, my community and neighborhood started off being pretty family friendly. And then over the course of time became much more violent and aggressive over the span of maybe 6 to 7 years. Yeah, and within that time it went from, you know, just kind of street

> fights to people then bringing guns to school or bringing guns outside. You just never know when somebody had something.

He went on and described violence changing the culture of his K-12 educational experience. He noted:

> We would have, let's say, prom, not prom, but like homecoming and somebody would bring a gun, you know, and then right around this time like when I was in high school that's when we had metal detectors installed in the high school. So, to make sure that people didn't bring guns to school, you know, because that was a problem.

Speaker 6 noted the effects of guns on his family and community. He recalled:

> Well, my neighborhood, I pretty much knew who the players were who will be more likely to carry a gun. But, It was real easy to get a gun. Like, hell we had a gun. We had a gun in the house growing up, an illegal gun for my brother who was a gang banger. You know he had an illegal gun in the house. So like, if something, if push came to shove and something ever were to happen, like if I was that kind of person, I can go upstairs and touch that and then have bullets to spare, you know? And lord knows how many bodies that gun had on it.

He continued:

> Growing up, we used to have fights or whatever, we fought, and I fought so many people, but as I became older and got into Junior High and High School and even coming back, if you got into a fight with somebody, chances are they're gonna try to come back and shoot at you.

Speaker 6 went on and described the psychology of many urban people that produces gun violence in Chicago. He remarked:

> Yeah, and the fact that some of these people don’t value life. They're going to shoot somebody up, and like, I don't care about my life, Im just gone do it. Either they wind up dead or you know, they don't even value the life.

Media Promotes Violent Street Culture

Structural Description

The structure of individual meaning unit *media promotes violent street culture* described Speaker 6’s thoughts about social factors that are maintaining violence in Black urban communities. The speaker highlighted the content of music and media that he felt were influential in promoting or glorifying violence within the culture. He noted that violent black culture stereotypes can be internalized by the people being portrayed.

Speaker 6 described media informing many urban Black youth of what they and their environment are supposed to be. Images of crime, reduced family values and violence have saturated popular culture media. The psychology of resorting to violence during disputes instead of engaging in non-violent communication is being reinforced in music, TV, movies, and social media.

Textural Description

Speaker 6 described the media’s influence on maintaining a culture of violence in his neighborhood. He said, “(Violence) It was definitely glorified in a lot of the things that we listened to. But it was actually really a reality of what was really going on in the neighborhood.” He continued:

> I can speak on things that we listened to growing up and what it glorified, you know how that has maybe a passive influence on the way we deal with issues. A lot of times it's

> a little bit of the music that we listen to that is creating and pushing that. It has a soft baseline influence on a lot of people's psyches.

He went on and highlighted the influence that media has on the identities of urban Black people. He explained:

> The stereotypes that are placed upon us because of these medias you know I, I think it could be, it could be a lot of that man. And so, people see this and then just think that that's the way it's supposed to be. It's supposed to be hard. It's supposed to be gangsters. It's supposed to be this. They're supposed to be that instead of learning interpersonal skills or how to resolve problems without violence.

Self-Efficacy Towards Holistic Health

Structural Description

The structure of individual meaning unit *self-efficacy towards holistic health* described Speaker 6's journey of survival and movement towards a healthier lifestyle. He talked about the communication skills needed to avoid deadly violence in his South Side neighborhood while growing up. Speaker 6 noted that getting into a fight or altercation with someone may result in them coming back to shoot you. Therefore, one needs to be in control of their emotions and reactions to perceived slights or disrespect.

Speaker 6 highlighted the mentality necessary for him to make it out of his neighborhood. It was up to him to see that the culture of his neighborhood was moving towards violence and that he needed to make the choice to want something different. A career in music was his way out and this is what he focused on to provide him with professional opportunities around the world. The practice of being a musician simultaneously gave him support during extremely difficult times in his life. Music was a therapeutic exercise and experience for Speaker 6.

Speaker 6 also mentioned therapeutic activities that have helped him move towards holistic health such as maintaining a positive mind state through trying times. He discussed the discipline of getting physical exercise and the benefits that can come from it. Speaker 6 went on to acknowledge the value that being in nature gave him. He noted that living in a non-violent environment allowed him the space to enjoy connecting with nature.

Speaker 6 also talked about investing in counseling services. After suffering significant losses to his family, he found it healthy to get support by talking about his stress and pain. Speaker 6's parents made sure his siblings got counseling when they were experiencing challenges while growing up. Engaging in counseling was still seen as a taboo activity for many in his community, and therefore, this parental support seems to have had a positive influence on his being comfortable with engaging in counseling into adulthood.

Textural Description

Speaker 6 described his self-efficacy towards holistic health. He stated:

> So you go through this life you're like man, you know, I'm just gonna walk away if somebody say something to me crazy. I may speak my peace, but if I beat this person up chances are I may lose my life. You know that's the kind of vibe that it is so I think that I learned how to navigate that just by saying, enough. Let them know I ain't no punk, don't come at me like that, and then live to talk another day.

He went on and discussed his motivation, "Nobody wants to be on the corner, yeah just music, you know? I didn't want to be one of those people, you know? I just wanted to play some music and stay out of trouble."

Speaker 6 talked about finding therapy in playing music. He reflected:

> Maybe 7-8 years ago when I lost my daughter and I started going to counseling. And then some of these things started coming up and. I just talking about it like and I realized that this made me who I was and you know, and you know it For me it was, My crutch was always music.

He continued:

> Even recently when my mom passed away you know, I organized all the music for the funeral. You know when I lost my daughter, I played a concert like the day of her funeral very early in the morning. I played a concert that night downtown, you know, because that was the way that I could channel my energy and my hurt and, you know, and not completely lose my shit so... because I was like man. I'm really messed up right now, so let me keep talking to this counselor, so I did that for a good two years talking to somebody normally and regularly.

Speaker 6 highlighted alternative therapeutic choices that he could have made at the time. He said:

"If I would have done things differently, I probably just would have just said bump it and started working out or something, you know? Like, working on my body, working on my mind because obviously after years and years of thinking about this, you know how it is man, working out does something for your mind. Positive endorphins and all that other good stuff for that and I should have just went ahead and knocked that out."

Speaker 6 described the mind-state that he works to maintain. He said:

> I'm always trying to be optimistic, even though sometimes I'll be pissed off about stuff... I know that drives my wife crazy. She says "That's nuts, you can't rationalize feelings"

> what you mean you can't rationalize feelings? You've got to know what to do with it. It's called being stoic, stoicism.

He went on and explained making space to connect with nature. He reflected:

> And so when I moved out here getting into the mountains and being less worried about these kind of things, I started to embrace nature, and I don't mind going for walks. I like to walk everywhere. I go into the woods, up the hill and go on a walk, you know, I just walk around and just experience what's around me and that gives me a lot of peace. But I don't get, I don't have that same kind of peace when I go back home.

He continued and clarified how growing up on the South Side influenced his ability or inability to enjoy nature. He noted:

> Living on the South side. In the neighborhood that I lived in. Like when you actually really look out the window and look around the apartment buildings were gorgeous. Old shotgun, shotgun style apartments, nice, nice lawns you know. Like really nice Architecture in all of the buildings. But when you're constantly on a swivel, you never get a chance to really admire that you know, you just like man, walk out the door, look to my left, look to my right, somebody out here. Let me go, boom, you know?

Speaker 6 also described alternative therapeutic activities that he engaged in. He noted:

> Yeah, listening to podcast that resonate with me and I have interest in what they're saying. You know things about fear and trauma and stress. Positive affirmations, things like that. What you tell yourself is what ultimately comes true and what you really believe and all that other stuff, you know? How to deal with stress, that kind of stuff.

Speaker 6 discussed his path towards engaging in mental health counseling. He reflected:

> I know that my older brother when he was younger, he was he was turning into a hood, so they, my mom and dad got him counseling for some of the stuff that he was going through, so I guess it was accessible. But it was a little taboo.

He continued:

> At that time it was definitely taboo, and I think in a lot of ways in our community it's taboo. You know? Like OK, why would I talk about my problems in front of you, you know, like that not gonna help me. People take the macho or aggressive approach to it, and then they still wound up in the same spot. It's like a dog chasing his tail.

He reiterated taking action to move towards holistic health. He said:

> Like you can't think that you can do it all yourself, but at the same time. I don't know, I think that people won't help you until they see you helping yourself I mean. So like, it's one of those kind of things you have to seek it, or know that it's OK to seek the help. And I know for a for a minute before I did that I thought, you know, going to the counselor was BS, I don't wanna go to no counselor. But then I realized like dang, I have so much stuff that I need to deal with, you know, that came up from the past. I was like man, this is actually good. Sometimes I walked out feeling good. Sometimes I walked out feeling more depressed, but at least I got that shit off my chest.

Human Resources Cultivated within the Community

Structural Description

The structural description of individual meaning unit *human resources cultivated within the community* described Speaker 6's assessment of the value that people have in his community to serve the community in a professional capacity. Speaker 6 talked about people who grew up

being a part of the street-related activities in his neighborhood and who are now working to bring valuable resources and opportunities into the community.

Speaker 6 also spotlighted the need for young Black men in his community to discuss relevant issues. He feels that counselors who can identify with the Black youth in the community can go a long way toward helping increase the focus on holistic health and positive outcomes. Speaker 6 noted that not everyone can relate to the experiences of marginalized individuals growing up under the circumstances present in his community.

Textural Description

Speaker 6 described how human resources can be cultivated within the community. He said, “There were some cats in my neighborhood. Wound up being community leaders after we grew up. They became like the politicians of the town or the area, but when I was growing up they were kind of hoods.”

He continued:

> Well, in my community, I'm thinking of 1 particular guy. Who was kind of a hood. But he wound up being like the Alderman. But this guy is like, he's like probably one of the straightest shooters that I've ever come across...You know, he's hard, you know, but I think that he has the best intentions in his mind for the community.

He went on:

> He has a bus company, and you'll say that oh, this place is hiring for $12.00 an hour. He’ll say contact me, you know if you need to get to work. We got you. You know that kind of thing where he's trying to help put people to work and have them make a good hourly wage.

Speaker 6 talked about the type of support needed to support growth within the community. He said:

> Like get the Black young men together and start talking about some of the issues that they're having and some of the things that they're going through. I don't know man, I just think that. For one, I think we need more Black male counselors. That can be in these streets talking to these young men.

He continued, “Not saying that they can't help, but what's a middle-aged White man gonna do to help the Black community? You know what I mean?” He reiterated, “Yeah, yeah. What do you know about our kind of struggles that he probably can't just see on the news or read in the newspaper or do some research? You know what I mean?”

Symptoms of CTS

Structural Description

The structure of the individual meaning unit *experiencing continuous traumatic stress (CTS)* described Speaker 6’s experiences growing up with the continuous threat of violence and trauma as a significant fixture of his South Side Chicago experience. Speaker 6 talked about how his mannerisms and patterns of behavior that helped him survive his environment in Chicago, can be seen as threatening outside of that space. He had to learn to appear less threatening in order to blend into non-violent environments, but upon going back to the South Side or West Side of Chicago, he notes that he readapts quickly to the survival strategies that he learned growing up there.

Speaker 6 described how a lack of 2 parent households is also contributing to CTS on the South Side. He noted that the youth are not getting the support needed during development to balance out the influence of the streets, and that often leads to violence. The speaker said youth

are not learning critical lessons about progressing through life from a complete family structure, and this is the difference between youth who grow up in different areas.

Speaker 6 then talked about experiencing violence in Chicago. He lived on the South Side and West Side of the city and recalls that there were often sounds of gunfire. He admitted that these situations gave him feelings of anxiety, confirming that his immediate vicinity is not safe. He reflected on becoming somewhat numb to these continuously violent experiences over time.

Textural Description

Speaker 6 described the impact of experiencing CTS while growing up on the South Side of Chicago. He said:

> I mean hell I'm in Switzerland right now and because of the way I grew up, you know, you walk around with a certain look of anger or whatever. And it's because you're always looking to see if something's going to pop off, something's going to happen, you know, if somebody going to try to jack you or somebody going to start shooting, somebody going to start fighting, you know.

He reflected:

> I'm walking down the street and I realized that people were like crossing the street when they saw me walk towards them. Because when you live in the city, you gotta walk with some purpose. You gotta walk like you belong there. You gotta walk like there's a potential that you do have something even though you don't have anything or else people gonna mess with you.
>
> Speaker 6 went on and described the continuous nature of violence in the city. He said: "Living on the South Side, in the neighborhood that I lived in, when you actually really

look out the window and look around the apartment buildings were gorgeous. Old shotgun, shotgun style apartments, nice, nice lawns you know. Like really nice architecture in all of the buildings. But when you when you're constantly on a swivel, you never get a chance to really admire that you know, you just like man, walk out the door, look to my Left, look to my right, somebody out here. Let me go, boom, you know?"

He continued:

You know what I mean like, pop pop. Especially when I was living on the West Side, and when I was living on the South Side. You know you just hear these sounds and then your blood, your heart rate goes up and that can create some anxiety about being somewhere, you know, or anywhere. So that's a whole nother thing, like you always think that something will go wrong. You know, something's going to happen. It's inevitable that something's going to happen.

Speaker 6 spoke on the effects of this constant violence. He said:

Yeah, so innately, you're more cautious. You know like cautious and you're on edge the time you know. Things that shouldn't make you nervous make you nervous, you know. So I guess neurotically, I mean it, it is not good for your health.

He went on:

And, I think that we all become numb to gun violence, and I think that's what it was growing up, you just become numb to it. Like, well that person died. Somebody shot that person and you're like man that's fucked up. You think that it's fucked up, and that's messed up, but then like, it's just numbing after like two or three people you know, get shot up, you know? It's just numbing me and like you deal with death differently.

Speaker 6 described the psychology that he developed growing up on the South Side of Chicago. He said:

> Yeah, being seen as weak means that people are gonna push you, you know, run over you, take advantage of you. You know, call you names, make fun of you. You got to be able to stand up for your own. I mean it, it was like a neighborhood jungle, you know, survival of the fittest.

He went on to talk about youth without 2 parents in the home in his community. He reflected:

> I was fortunate to have a two-parent home. And I still wasn't completely shielded from it you know? But at the same time, a lot of these people who are getting into these things or whatever, don't have any guidance at home, you know? They don't have two parents.

He continued:

> Something like 23% of people in America come from a single parent home or something like that, some crazy stuff like that, you know, somewhere in that percentage and that's like the highest in the world and then like the fact that the behavioral issues are more prevalent. There aren't two parents in the home. The behavior issues, you know, or the violence or whatever.

Speaker 6 went on to describe elements of CTS affecting his educational opportunities while living on the South Side. He remarked:

> There are times I prayed to God that I could make it through a class without somebody getting into a fight or interrupting the teacher. You know what I mean? Like come on man like I should be able to go to class and not worry about somebody getting into a fight. Can I just learn 2 + 2 please?

Summary

Speaker 6 narrated his experiences growing up in Chicago. The Individual meaning units found in his interview included a culture of gun violence, media promoting violent street culture, self-efficacy towards holistic health, and leadership cultivated within the community. Next, the composite description will be described including the themes compiled from all interviews.

Composite Description - Themes

The composite description presented the *themes* that were generated from the structural and textural interpretations of data gathered from the African American participants selected for this study. Four themes emerged from the data collected including *symptoms of CTS, protective factors/ support, self-efficacy towards holistic health, and culture of gun violence.* Table 7 highlighted the individual meaning units found for all participants, their frequency within the data, and the themes that emerged. Individual meaning units contributed simultaneously to multiple themes.

Table 7

Individual Meaning Units, their Frequency, and Themes

Individual Meaning Units	Frequency	Themes
Inequitable resources	x4	Inequitable resources
Culture of gun violence	x5	Culture of gun violence
Symptoms of CTS	x4	Symptoms of CTS
Protective factors/ Support	x4	Protective factors/ Support
Self-efficacy towards holistic health	x4	Self-efficacy towards holistic health
No confidence in leadership	x1	Inequitable resources

Table 7 (continued)

Individual Meaning Units, their Frequency, and Themes

Degrading of family unit/ Challenges communicating with youths	x1	Symptoms of CTS
Accessible holistic healthcare	x1	Protective factors/ Support
Why are guns here?	x1	Inequitable resources
Negative consequences of the street culture	x1	Symptoms of CTS
Skills gained in the street culture	x1	Self-efficacy towards holistic health
Generational trauma	x1	Symptoms of CTS
Media promotes violent street culture	x1	Culture of gun violence
Human resources cultivated within the community	x1	Protective factors/ Support

Theme I: Inequitable Resources

Research participants concluded that there were *inequitable resources* available within their Chicago communities. This discrimination involved community resources such as funding for education, healthcare, extracurricular activities for youth, and subsequent employment opportunities. Inequitable resources stretched into law enforcement where African American communities remained under siege from criminal violence, the criminal justice system, and housing discrimination. These components all contributed to the community and individual symptoms of CTS.

Poverty & Drug Use

Participants described many instances of Black people on the South Side and West Side of Chicago living in poverty and resorting to drug use that contributed to symptoms of continuous traumatic stress (CTS). *Poverty and drug use* were causally linked in narratives. Poverty is often conceptualized as a state of living where the opportunity to acquire resources to move toward holistic health is fleeting or non-existent. Significant drug use and sales often accompany the impoverished circumstances within these communities. Residents were selling drugs to gain resources, while others were using drugs to change how they experienced their reality. Drug use and sales created significant effects on individuals and families ranging from absent parenting and adverse health conditions to often long-term participation in the criminal justice system.

No Confidence in Leadership

Study subjects described having very little faith in the leaders of their community and their ability to maintain resources for residents and reduce the threats of gun violence in their area. Participants noted that productive youth resources, such as recreation centers, have been removed from neighborhoods. Available educational resources have been described as not up to par in many West Side and South Side schools compared with schools in neighboring communities. Participants also described a lack of faith that anything would be done about gun violence. Subjects chose not to report violence that happened to them, while law enforcement was said to be ineffective in reducing gun-related crimes.

Why are Guns Here?

Study participants questioned why guns are so prevalent in their Chicago communities. Subjects posed the question of how their neighborhoods need critical infrastructure and

resources, yet the youths have seemingly unlimited access to firearms that are often used to commit violence. In response to the saturation of guns used in crime, residents also acquired guns for self-defense.

Theme II: Culture of Gun Violence

Research participants discussed a *culture of gun violence* occurring on the South and West Sides of Chicago. This culture affects everyday interactions between people and how they experience the space that they live in. Within this continuous cycle of trauma, it is explained that perpetrators of gun violence are often also victims.

Pursuit of Resources/ Power

The *pursuit of resources and power* were described as key motivating factors in maintaining the culture of gun violence in Chicago communities. Impoverished neighborhoods on the South and West Sides have a high probability of drug sales and subsequent violence as residents fight to control the market. Gun violence is described as coming from personal conflicts between individuals and not just gangs fighting for territory. Conflicts between people may result from the discrepancy of resources that individuals have. Bullying peers is one tool that is being used to exert power.

Peer Influence

The influence of peers to commit violence was described as substantial by research participants. Peers of individuals growing up on the South and West Side of Chicago were noted as being extremely influential in encouraging gun violence or, conversely, de-escalating potentially violent situations. Individuals living in Chicago are making choices to maintain a culture of violence, and these patterns of psychology and behavior are then passed down to the younger generations raised in these areas.

Black Mental Health

Research participants highlighted the significant factors that *Black mental health* poses in relation to continued gun violence in African American communities in Chicago. Historical trauma and generational trauma were mentioned as affecting Black residents of Chicago's South and West Sides. A myriad of health-related issues coincided with subsequent longitudinal experiences of racism and impoverished conditions. Participants discussed Black people under stress and often experiencing disorders in these communities as a catalyst for many instances of violence and crime.

Gun Violence is Pervasive

Study participants talk about how gun violence occurred on Chicago's South Side and West Side, but it has also occurred throughout the city and the country. Participants discussed the pervasive nature of gun violence that is now being experienced in areas that were once deemed safe zones. Participants mention gun violence occurring while shopping, while eating at restaurants, and while driving on the expressway. Participants talked about how gun violence occurred at schools, in public parks, and even at funerals and family-oriented events. Law enforcement has also committed gun violence in these communities.

Guns Are Easy to Acquire

Participants pointed out the ease with which people in their neighborhoods acquire guns and questioned why leadership and law enforcement allow it to continue. People who committed crimes easily found access to gun markets on the streets of Chicago with little oversight. Citizens looking to protect themselves and their property also have had legal and illegal means of acquiring firearms.

Media Promotes Violent Street Culture

Research subjects also pointed out how the mainstream media works to promote violent street culture. It is promoted through music, reading materials, television, movies, and social media. These addictive images and vibrations are profitable to the companies that produce them. This brand of entertainment is just that for many, entertainment, but there is also a reinforcement of toxic stereotypes that are then acted out in many urban African American communities.

Self-Defense

The concept of employing a firearm as a tool for self-defense is also acknowledged by participants. With the prevalence of guns and gun violence in the City of Chicago, undoubtedly there are instances of gun violence occurring for the purpose of self, family, and property defense. Citizens with no criminal intent have committed acts of gun violence on the South and West Side of Chicago.

Theme III: Symptoms of CTS

The theme of *symptoms of CTS* encompassed participant experiences with the many dynamics of living as African Americans on the South Side and West Side of Chicago. Continuous traumatic stress (CTS) is a description of a phenomenon that accounts for socio-structural and socio-cultural components that combine to support pervasive and predictable violence and trauma within communities. Community members have often become victims and perpetrators of violence while exhibiting symptoms of being continuously threatened, stressed, and impacted by violence.

Generational Trauma

Participants described *generational trauma* being experienced by African Americans living on the South Side and West Side of Chicago. Many Black families living in Chicago

neighborhoods have been there for several generations and have been living in poverty since their inception in the city. Racial discrimination in housing, employment, education, and healthcare have affected residents longitudinally. You now have recurring generations of residents who have been exposed to violent trauma within these communities. Participants discussed generations of subsequently traumatized parents affecting the development of the youths and often perpetuating the symptoms of CTS in the area.

Negative Consequences of the Street Culture

The *street culture* of the South Side and West Side of Chicago was described by participants and often exhibited characteristics that contributed to continuous traumatic stress (CTS) in their communities. Interviewees described the culture of violence, gunplay, gangs, and crime that are pervasive in many Black communities in Chicago. Youths were maintaining a culture where these activities were cool to do, meaning that these actions were being socially rewarded. Drug sales and substance abuse were dynamics that were found to often be looked upon positively in the street culture. Absent parenting has also been perpetuated systemically and through subsequent cultural engagement. Participation in the criminal justice system and physical and psychological trauma have been negative consequences of participating in the street culture.

Degrading of Family Unit/ Challenges Communicating with Youths

Participants described the degrading of the traditional family unit overtime on the West Side and South Side of Chicago in areas that have significant gun violence. Subjects noted that it has become rare for children to be raised in two-parent households. Most participants described the lack of strong family cultures and support as a primary catalyst for youths participating in violent street culture. Subjects also noted that adults are experiencing challenges communicating

with young people in their communities. Interviewees described a risk of violence coming back on them by engaging with youth who have fully embraced a violent lifestyle.

Constant Threat of Gun Violence

Research Participants described a *constant threat of gun violence* in the communities where they lived in Chicago. Subjects discussed violence continuing to evolve from fighting to gunplay. Gun violence affected the neighborhoods participants grew up in, the schools that they attended, and now how they interact with those communities while living there or returning from being away. Gun violence was found to be pervasive and a way of life for many to either participate in and/or become a victim of. Participants often had to decipher between realistic and imagined threats.

Symptoms of OTSR & PTSD

Study participants described many symptoms of health-oriented disorders from continuous traumatic stress (CTS) on the South and West Side of Chicago. *Symptoms of ongoing traumatic stress response* (OTSR) such as hypervigilance and avoidance concerning violent threats to self and others within the environment. These symptoms are adaptive, and participants discussed their reduction in effect once they left the area. Symptoms of post-traumatic stress disorder (PTSD) were also discussed concerning current physiological and psychological symptoms related to past traumatic experiences.

Theme IV: Protective Factors/ Support

The theme of *protective factors/ support* spoke to the dynamics that participants felt were present or not for themselves and many others growing up in their communities. Participants described protective factors that contributed to supporting them through their development. Of

mention were cases of community members who did not receive such support and how that void was filled by peers engaging in the often violent culture of the street.

Family Support

Participants discussed the importance of having supportive family units when it came to their rearing in Chicago. Strong families buffered many from the pull of engaging in violence and crime in the streets while some discussed family supporting them in finding health resources. The support of neighboring families was also mentioned. Communities on the South Side and West Side are diverse and have different dynamics of interaction between families in the same neighborhoods. Participants found protective factors through this type of social interaction and support.

Faith/ Moral Values

Research subjects talked about their faith being a critical factor in their lives. Faith was mentioned as a source of protection from violence and negative outcomes while also a spiritual and/or psychological support during stressful experiences. Faith in religion also provided moral values used in participant experiences in Chicago. Learning morals supported the development of participants moving toward holistic health and encouraged many positive social outcomes.

Friends & Peers

Friends and peers were also mentioned as protective factors and supports. Participants discussed how their peers supported their journey toward mental health by being there for them during stressful times or advocating that they get help. Friends were described as having saved their lives by advocating for peaceful solutions to street situations and even as far as utilizing first aid techniques to save their lives after being shot.

Accessible Holistic Healthcare

Participants also mentioned different accessible healthcare resources that provided support for them and other neighborhood residents. Counseling services in the schools were mentioned as a significant support accessible to many growing up. Healthcare resources were also found in public housing programs along with non-profit organizations that brought resources into low-income neighborhoods.

Human Resources Cultivated Within the Community

Research participants described the value of cultivating human resources within urban communities on the South and West Side of Chicago. Subject interviews spoke to the disinvestment that has occurred in many of their neighborhoods in terms of education, employment, and healthcare. Several viewpoints discussed developing individuals in the community to provide effective services for the residents. Participants talked about people providing services that relate to the culture and needs of residents. Research subjects described the negative effects when people tasked with providing social services to impoverished communities are not fully invested in the health and prosperity of those they are supposed to be serving. Relating to the historical and generational conditions is instrumental in providing effective services.

Theme V: Self-Efficacy Towards Holistic Health

Research participants discussed how they developed self-efficacy toward holistic health while living on the South and West Side of Chicago. Self-efficacy describes an individual's drive to construct a lifestyle that is healthy and prosperous. Participants discussed the opportunities they took to live healthier lives, while they compared their decisions to those of others in the community.

Personal Decision-Making

Participants discussed the importance of *personal decision-making* when growing up in Chicago. The street culture was described as extremely influential, and therefore, the individual is tasked with making choices that move them towards healthy outcomes versus negative ones. Poor decisions while navigating these environments could increase one's probability of victimhood. Taking advantage of opportunities to gain perspective outside of the environment was often mentioned as a choice that would increase one's consciousness about their choices.

Utilizing Available Resources

Participants discussed moving towards holistic health by *utilizing available resources* in the community. Opportunities through education were highlighted as a worthy investment to improve one’s outcomes. Mental health opportunities were talked about as being available in the schools. Programs led by community members were also mentioned as opportunities to gain knowledge and resources.

Resilience

Research participants discussed exhibiting *resilience* as a skill necessary to move towards holistic health in a CTS environment. Study subjects described the unavoidable nature of traumatic stress occurring within the environment and that people need resilience characteristics. Moving through stress was an essential component of moving towards holistic health.

Skills Gained in the Street Culture

Participants highlighted the many skills acquired when growing up on the South and West Side of Chicago. Skills mentioned were the ability to read a person’s intentions. An increased general awareness of potential threats within one’s vicinity. The ability to control one's reactions to their emotions when in a potential conflict. Interviewees noted that they gained

financial skills by engaging in the drug trade. Subjects also discussed the ability to adapt to one's environment by *looking* the part in social situations. Many of the skills mentioned are transferable and can support an individual's self-efficacy towards holistic health.

Summary

Chapter 4 described the composite themes that were found in the participant interviews that were collected as part of this study of African Americans living on Chicago's West Side and South Side. The composite description was formulated by finding the most frequent individual meaning units and creating themes. Themes coalesced with individual meaning units that supported them. The themes described were symptoms of CTS, protective factors/ support, self-efficacy towards holistic health, and culture of gun violence. Next, Chapter 5 presented the research participants' data and how it related to the study's research questions. Existing research will be reviewed, implications of this research, limitations, and recommendations for future research will be explored.

CHAPTER 5: DISCUSSION

A comprehensive literature review highlighted a need for research on the effects of gun violence on the holistic health of urban African Americans. The purpose of this phenomenological qualitative study was to explore continuous traumatic stress (CTS) due to gun violence in Chicago and how it has been affecting Black residents on the West Side and South Side of the city. Interview questions asked participants to describe their experiences with gun violence in their environment and how it affected their holistic health. The research questions that guided the study included: (1) How is the holistic health of urban African Americans affected by CTS, due to gun violence in Chicago?; (2) How do social and environmental factors contribute to the prevalence of CTS in urban African American communities?; and (3) How can counselors and counselor educators improve, create, and/or operationalize holistically healthy practices that address urban African Americans exposed to CTS?

The following themes were developed after analyzing the data received from the African American participants who were interviewed. Findings indicated that four major themes directly answered the research questions, including (I) Symptoms of CTS, (II) Protective Factors/ Support, (III) Self-Efficacy Towards Holistic Health, and (IV) Culture of Gun Violence. This chapter also includes the following sections: (a) Finding Compared to Literature; (b) Discussion of Findings; (c) Implications of the Findings; (d) Recommendations for Future Research; and (e) Conclusion.

Summary and Discussion of Findings

This section will discuss the research findings based on each research question and will compare the findings with the literature review in Chapter 2 of this dissertation. The findings of this study, compared to the literature review, will provide perspective on how the data is aligned

or will highlight areas that can be further researched. The lived experiences of each African American study participant who lived on the West Side and South Side of Chicago varied, but each of the four themes was a notable factor in each of their experiences navigating continuous traumatic stress (CTS) due to gun violence. Each theme varied with reference to each participant. The table below is an overview of the research questions and themes developed from participant interviews.

Table 8

Research Questions and Themes

Research Questions	Themes

1. How is the holistic health of urban African Americans affected by CTS, due to gun violence in Chicago?	Theme III: Symptoms of CTS
	• Structural Descriptions
	  ○ Symptoms of OTSR & PTSD
	  ○ Constant threat of gun violence
	  ○ Degrading of family unit/ Challenges communicating with youths
	  ○ Generational trauma
	
	Theme IV: Protective Factors/ Support
	• Structural Descriptions
	  ○ Family support
	  ○ Faith/ Moral values
	  ○ Friends & peers
	
	Theme V: Self-Efficacy Towards Holistic Health
	• Structural Descriptions
	  ○ Personal decision making
	  ○ Resilience
	  ○ Skills gained in the street culture

Table 8 (continued).

Research Questions and Themes

2. How do social and environmental factors contribute to the prevalence of CTS in urban African American communities?	Theme I: Inequitable Resources
	• Structural Descriptions
	  ○ Poverty & drug use
	  ○ No confidence in leadership
	  ○ Why are guns here?
	
	Theme II: Culture of Gun Violence
	• Structural Descriptions
	  ○ Pursuit of resources/ Power
	  ○ Peer influence
	  ○ Black mental health
	  ○ Gun violence is pervasive
	  ○ Guns are easy to acquire
	  ○ Media promotes violent street culture
	  ○ Self-defense
	
	Theme III: Symptoms of CTS
	• Structural Descriptions
	  ○ Degrading of family unit/ Challenges communicating with youths
	  ○ Negative consequences of the street culture

3. How can counselors and counselor educators improve, create and/or operationalize holistically healthy practices that address urban African Americans exposed to CTS?	Theme IV: Protective Factors/ Support
	• Structural Descriptions
	  ○ Family support
	  ○ Faith/ Moral values
	  ○ Accessible holistic healthcare
	  ○ Human resources cultivated within the community
	
	Theme V: Self-Efficacy Towards Holistic Health
	• Structural Descriptions
	  ○ Personal decision making
	  ○ Utilizing available resources
	  ○ Resilience
	  ○ Skills gained in the street culture

Research Question 1

Research question one asked: How is the holistic health of urban African Americans affected by CTS, due to gun violence in Chicago? Study findings suggested that African American residents living on the South Side and West Side of Chicago have experienced *symptoms of continuous traumatic stress (CTS)*. These symptoms include personal physiological symptoms and socio-cultural factors that worked to maintain the phenomenon. Findings also showed that *protective factors and/or support* were critical dynamics that affected the holistic health of African Americans in this urban environment. An individual's *self-efficacy towards holistic health* was also described as a significant factor affecting health-oriented outcomes on the South Side and West Side of Chicago.

Symptoms of CTS

This study found that African American residents of the South Side and West Side of Chicago are experiencing the symptoms of continuous traumatic stress (CTS). In Chicago, gun violence is a primary catalyst for trauma-related experiences. Four study participants were found to have *symptoms of CTS* as an overarching theme within their narratives, while the other two participants also described characteristics of these symptoms.

Identifying the occurrence and symptoms of a phenomenon can be essential in helping those experiencing it find resources and support. Continuous traumatic stress (CTS) due to gun violence, has been occurring for decades on the South Side and West Side of Chicago. This study found symptoms such as hypervigilance in identifying threats, avoiding them, and ensuring the safety of oneself and others. This correlates with research findings from Nuttman-Shwartz & Shoval-Zuckerman (2016), who described CTS environments as contributing to symptoms of

avoidance and hyperarousal and that many of these characteristics can be conceptualized as natural, protective, and adaptive.

Diamond et al. (2010) described the experience of symptoms that are adaptive to trauma as an ongoing traumatic stress response (OTSR). These non-pathological responses to trauma were found in this study to be experienced by African Americans living with the threat of continuous gun violence in Chicago. Even though these responses are adaptive, the context of violent trauma and stress being experienced by the population should not be lost in the conceptualization.

The results of this study also highlighted that the reactions to CTS are diverse. Hopelessness was a symptom found, along with resilience. CTS implies long-term exposure to a violent environment that may result in personality change through cumulative threat exposure consistent with the construct of *allostatic load* (Goral et al., 2021). An individual's vacillation towards or away from holistic health may depend on variables within one's psychology or environment.

Desensitization and appetitive aggression were also found to be symptoms of CTS occurring on the South Side and West Side of Chicago. An individual becoming desensitized to consistent gun violence may help that person reduce stress instead of experiencing acute trauma after each occurrence of violence, but this can also contribute to appetitive aggression where the individuals who were victims of violence eventually become the perpetrators of it. Elbert et al. (2010) defined appetitive aggression as victims engaging in violence that is appraised as fulfilling towards a perpetrator. A cycle of violence is occurring through the use of firearms, and it has been occurring in Chicago for decades.

A unique symptom of CTS found in this study was the effects of generational trauma. Generations of family members that are of African American descent on the West Side and South Side of Chicago have been exposed to CTS due to gun violence. Systemic racial discrimination has culminated in long-term poverty for many in these areas. This discrimination began with African Americans' Great Migration from Jim Crow law governed Southern states in 1915 through 1940 when five hundred thousand Black people migrated to Chicago (interactive.wttw.com). Generational trauma may require systemic-level interventions to encourage change in environmental conditions, along with personalized treatments for affected individuals and families.

The holistic health of urban African Americans who have experienced CTS due to gun violence is often affected in diverse ways that may help the individual survive within the affected environment but may also contribute to their participation in the cycle of violence. Gaining knowledge and experience with alternative lifestyles also facilitated the movement toward holistic health. Support was often necessary to facilitate exposure to diverse pathways. These experiences helped individuals gain perspective, navigate challenges, and influenced decision-making moving forward.

Protective Factors/ Support

The second theme found in participant data that described how the holistic health of African American study participants was affected by CTS due to gun violence, points to the availability of *protective factors and/or support*. Four out of six participants had this as an overarching theme. Protective factors and/or support came from family relationships, one's faith and/or moral values, and friends and peers.

This study found that familial support significantly affects the holistic health of Black people living in Chicago who were affected by continuous traumatic stress (CTS) due to gun violence. This finding was not represented in the literature as a factor contributing to CTS symptoms. Family dynamics are diverse on the West Side and South Side of Chicago. Many youths are growing up in single-parent homes while living in impoverished communities. Intact, two-parent family units are rare in many neighborhoods experiencing CTS due to gun violence. Single parents were found to be oftentimes resourceful and loving enough to provide the protective factors and/or support that youths needed, but this was also often not the case with many parents reported to be engaged in substance abuse, the often-violent street culture, and absenteeism.

This study also found a unique finding that faith and/or moral values were a component of theme protective factors/ support that significantly contributed to the holistic health of African Americans on the South Side and West Side who experienced CTS. Religious faith was found to be a significant protective factor in surviving this continuously violent environment. By embracing religious principles, study participants maintained confidence to navigate traumatic experiences and were able to move towards their goals. Ahmed (2007) studied PTSD and described religious beliefs as an external factor of resilience. The contribution of religious morals and beliefs to the resilience of those experiencing CTS deserves further research.

Study results also suggested that Black people in Chicago who embraced religious faith became indoctrinated into the respective moral values. The moral values learned by participants living in this often-violent environment contributed towards achieving holistic health. Moral values, often learned in youth, helped to guide social behavior. Faced with impoverished living conditions and an influential street culture that often involves gunplay, health-oriented moral

values significantly affected decision-making, which, in turn, affected one's subsequent outcomes.

Self-Efficacy Towards Holistic Health

The theme of *self-efficacy towards holistic health* was also found in participant data. Black people on the South Side and West Side have lived in impoverished conditions for decades. Due to systemic discrimination and racism, achieving genuine holistic health in one's life becomes difficult for many. Study participant data discussed how an individual working to improve their health may need to improve their social positionality. However, belonging to a marginalized group has often been met with dynamic systemic challenges that combine to limit access and opportunity.

Findings suggest that conditions of CTS affect the attainability of individual or family health. Because of persistent poverty and violence, adapting to the environment became of day-to-day importance. Surviving gunplay, substance abuse, and toxic street cultural elements was the norm. Chicago is a large metropolitan city where resources were available, if not in the immediate community or in the surrounding areas, but oftentimes, discrimination created barriers through transportation, housing, employment, and law enforcement, which prevented access to areas with a reduced threat of violence and increased resources.

Study results also highlighted the resilience of African Americans living in Chicago while facing CTS due to gun violence. Ahmed (2007) described self-efficacy as an internal factor that promotes resilience. As gun violence increased over time, so did experiences with gun-related trauma. Individuals who showed resilience through this often-chaotic environment could move more efficiently towards self-identified holistic health.

Research Question 2

The second research question asked: How do social and environmental factors contribute to the prevalence of CTS in urban African American communities? This study found the theme of *inequitable resources,* which described the lack of investment in many African American neighborhoods on the South Side and West Side of Chicago. The theme a *culture of gun violence*, was also found and described factors that contribute to CTS. Lastly, the theme *symptoms of CTS,* named environmental variables that contributed to this phenomenon.

Inequitable Resources

This study found that *inequitable resources* within the South Side and West Side communities of Chicago contributed to the prevalence of CTS among African Americans. Several factors were found to contribute to so many people living in poverty including racial discrimination. Leadership in the City of Chicago and within these specific communities has allowed systemic discrimination in terms of racism in housing, employment, education, social services, and law enforcement over nearly a century's worth of time. Wilson (1996) noted that racial discrimination in Chicago in the 1930's directly and indirectly caused poverty and isolation. Inequitable resources created a void in the ability of individuals and families to adequately provide for themselves within the structure of legal and healthy opportunities in the city. Many legitimate opportunities became *privileged opportunities* that excluded Black people and other marginalized cultures.

Inequitable community resources led to a significant intersection between *poverty and drug use*. Study results described how community residents turned to drug sales to supplement income. On the other side of the game, community residents turned to drug use to reduce stress and dissociate from the victimhood of discrimination and subsequent conditions of poverty they

experienced daily. Illegal drug sales within neighborhoods on the South Side and West Side were often regulated by gunplay between dealers and gangs. Gun violence occurred within the context of controlling territory and illegal drug sales opportunities to provide resources. Gunplay was also found to be committed because of personal disputes. Findings showed that individuals on the South Side and West Side have committed gun violence, not just stereotypically, gangs. Gun violence has occurred because of bullying over the perceived value of resources that others have. Bullying was a catalyst for gunplay because of the way peers were aggressive towards those who did not have adequate resources. Those victims may have then turned into perpetrators of violence out of self-defense and/or an attempt to gain competitive resources, perpetuating the cycle of violence. Armed robberies to acquire resources have also been a continuous and common occurrence in Chicago.

This study also found that because of the consistent violent and discriminatory experiences on the South Side and West Side of Chicago, many African Americans have lost faith in leadership. Resources for youth development opportunities have been taken out of communities over time. Community members have noticed and have been asking how the youth are supposed to avoid toxic elements present in the street culture when leadership has limited the holistically healthy opportunities available to them.

Violent confrontations are often not being reported to law enforcement, highlighting a lack of trust that action will be taken to remedy these well-documented threats. Black community members had a lack of faith that leadership would do anything to reduce the gunplay that is involved in the continuously traumatic situations that residents live with. Kirk and Papachristos (2011) described that within POCI communities, there is a legal cynicism and/or deep-seated belief in the incompetence, illegitimacy, and unresponsiveness of the criminal justice system

(Kirk & Papachristos, 2011). Community residents were also found to fear that reporting violent people in the community would conversely make them, the reporter, a significant target for retaliatory violence.

Study results described the discrepancy between the inequitable social and environmental resources available in communities and the increasing availability of guns. Many youths on the South Side and West Side of Chicago have had no barrier in acquiring illegal firearms in their neighborhoods. Residents challenge the effectiveness of the job that leadership and law enforcement are doing to reduce this access to guns and, therefore, reduce the frequency of shootings. Subsequently, it was found that along with the awareness of systemic discrimination and racism, residents believed that the influx of guns into the hands of young African Americans was designed to increase the rate of Black-on-Black violence and deaths, explaining the maintenance of CTS conditions in these areas.

Culture of Gun Violence

A *culture of gun violence* on the South Side and West Side of Chicago was a theme found in participant data for this study. As was discussed previously, the pursuit of resources and power is an extremely significant motivating factor for people to commit violence in Chicago. Armed robberies are often the result of those looking to acquire resources. The pursuit of power often sees violence committed for control of neighborhood drug sales markets and conflict between people being settled with the use of firearms. Because of this pervasive state of anticipated gun violence, study participants described feeling as if there were no safe spaces in the city. Residents feeling as if there are no safe areas where they live is consistent in the research literature that has described CTS environments. Voisin (2019) noted that in Chicago no safe havens or violence-free places truly exist. Mass shootings and mass casualty events are the

terms used in the US national media to describe these acts that have been traumatically affecting real families and communities in Chicago for decades.

Peer influence was found to be a significant factor in the maintenance of this culture of gun violence, which directly correlates with the persistence of continuous traumatic stress (CTS). Many African American youths were not found to be getting adequate resources from the family unit and therefore resorted to getting support from their peers who may have been involved in the violent street culture. This study found that bullying occurs within groups of peers to encourage gunplay. Within this culture, there has been a significant need to not appear weak or vulnerable. Therefore, the culture dictates that one must be capable of violence. This is a reaction that, on the surface, appears to be a stance of self-protection, but this cultural identity development can also encourage a pro-active culture of gun violence that then is a catalyst in the perpetuation of CTS in Chicago. Therefore, the need to be dangerous has been reinforced socially.

Study findings also highlighted *Black mental health* as a factor in the maintenance of the culture of gun violence in Chicago. As was described, historical racism and trauma have been significant influences on African Americans on the West Side and South Side of Chicago. These experiences have culminated into generational trauma for many Black people and subsequent mental health challenges have occurred without relevant diagnosis and/or treatment. Stress-related psychological dysfunction that is present within this culture of gun violence appears to have contributed to the maintenance of CTS.

Next, study results pointed to the influence that the media has had on the perpetuation of continuous traumatic stress (CTS) due to gun violence. Social media, music, radio, television, and movies have promoted gun violence through the sheer frequency of its use as subject matter. The media often sell the culture of gun violence set in marginalized neighborhoods and

communities, but the fallout of this imagery and energy is often the encouragement of these trauma-inducing behaviors within the impoverished and marginalized communities that it glorifies.

The use of firearms for self-protection was also found to contribute to the maintenance of CTS in Chicago. The literature review supports that because of the prevalence of violence on Chicago's West Side and South Side, residents have had guns within their homes and businesses for the purpose of self-defense and/or property defense. The Federal Bureau of Investigation (FBI) conducted 39,695,315 firearms background checks in 2020, which was up from 2019's background checks of 28,369,750 (FBI, 2022). The original purpose of these weapons is self-defense, but these firearms are also often stolen and are re-circulated on the streets, helping to perpetuate CTS. Interpersonal robberies, home invasions, and carjackings have been committed with firearms, experiences that subsequently encouraged residents to arm themselves for self-protection. Youths who were not proactively violent also carried guns and were involved in shootings to protect themselves and others.

Symptoms of CTS

Within the theme *symptoms of CTS*, study findings showed that the degrading of the family unit was a significant factor in the maintenance of continuous traumatic stress (CTS). The influence of the family unit deserves more attention in research on CTS. Many sociocultural dynamics have contributed to the phenomenon of an increasing percentage of single-parent households and absentee parenting in African American communities on the South Side and West Side of Chicago. Youths growing up in impoverished neighborhoods with few resources coming from home have had significant motivation to get support from peers who may be participants in the culture of gun violence.

Discriminatory conditions resulting in poverty, including law enforcement, have effectively worked to change the nature of parenting in many neighborhoods experiencing CTS in Chicago. Young adults and teenagers with minimal time to gain resources are frequently giving birth to children at young ages. Study findings suggest that many young parents in these communities have challenges with drug addiction, while others are engaged in selling illegal substances, which reliably results in participation in the criminal justice system. African American parents also felt that they were not able to rear their children in culturally effective ways because of the threat of law enforcement. A punishment that is acceptable in Black culture may have resulted in interventions from social services that have historically discriminated against Black families. The factors contributing to the deterioration of family units in Chicago are dynamic and were found to work towards perpetuating the conditions of CTS.

Study findings also highlighted the negative consequences of engagement in the South and West Side, *street culture*. Violence, terror, and tragic loss of life were all discussed as normal experiences when engaged in the street culture of Chicago. Psychological and physiological trauma are, therefore, commonplace. Selling drugs and participating in violence is a part of the culture, and therefore, participation in the criminal justice system is expected. Immature decisions made by Black youths can follow them into adulthood as criminal charges on their legal record. These charges have historically been used to deny opportunities in adulthood. Employment, housing, and financial industries have historically discriminated against Black people who have a criminal record.

Research Question 3

The third research question asked: How can counselors and counselor educators improve, create, and/or operationalize holistically healthy practices that address urban African Americans

exposed to CTS? This study found the overarching theme of *protective factors and/or support*, including family support, faith, and moral values, accessible, holistic healthcare, and the cultivation of human resources in the community, as significant factors for mental health professionals. Study findings also suggested that *self-efficacy towards holistic health* was a critical factor for counselors to examine when addressing holistic health in Chicago.

Protective Factors/ Support

This study found that counselor educators and clinical counselors may explore the systems of *family support* that African Americans are experiencing on the West Side and South Side of Chicago, as they have been exposed to continuous traumatic stress (CTS). The support that youth receive from family is critical to their development and agency in moving towards holistic health. Individuals who grew up in strong family units had support that often reduced the probability of them being consumed by a potentially violent street culture. Findings suggested that strong family cultures networked with other families in the area to provide support and awareness of things going on in the community. Strong single-parent families could identify and utilize the resources in their surrounding area to their children's benefit. Mental health providers supporting holistically healthy family dynamics may make a significant difference in the development and outcomes of youth living in neighborhoods experiencing CTS.

This study also found that protective factors/ support, such as faith and moral values, are critical variables to be aware of in communities facing CTS. African American spiritual culture on the South and West Side of Chicago revolved around religious-oriented faith and moral values. The root master narratives that individuals are guided by are critical in daily decision-making. The promotion of humanistic moral values that appreciate and preserve life is incredibly salient in communities that have been experiencing a culture of gun violence for over half a

century. Those affected by CTS may benefit from psychoeducation that reflects on philosophy about morals, and how they can contribute to achieving personal and community holistic health.

The need for *accessible holistic healthcare* was a significant finding in this study. Healthcare resources have been available through schools and community practices, but a significant percentage of the African American community feels that taking advantage of these services will make them appear socially *weak* or make them appear as if something is wrong with them. The street culture on the South Side and West Side of Chicago preys on people who appear dysfunctional or incapable of defending themselves, and therefore, individuals avoid taking advantage of many health-oriented services. This study highlights that counselor educators and clinicians can focus on reducing the stigma of participating in mental health services to increase accessibility.

Study results also suggest that accessible healthcare involves healthcare professionals relating to the population being served. African American communities experiencing continuous traumatic stress (CTS) have been experiencing a violent phenomenon through the lens of their unique cultural and ethnic positionality. Residents described the need for clinicians who relate to the people because they are from the community. Clinicians that have experienced and survived the same potentially traumatic situations as those they serve. Human resources cultivated within the affected neighborhoods can provide a much closer cultural and ethnic relationship to encourage positive outcomes for people experiencing CTS in Chicago.

Self-Efficacy Towards Holistic Health

Study results found that self-efficacy towards holistic health was a significant theme for counselor educators and clinicians to pay attention to. *Personal decision-making* is a critical skill when living in a dangerous environment. Communities on the South and West Side of Chicago

face conditions of poverty that make the acquisition of resources and the power to control one's outcomes a potentially deadly pursuit that often accrues collateral damage. Individuals living in this environment choose to move towards or away from holistic health for themselves and their families. Mental health providers can support individuals in making health-oriented decisions that may promote short-term and/or long-term goals.

Along with personal decision-making, support in utilizing available resources was found to be important on the South and West Side of Chicago. Navigating safe areas at safe times is a challenge that results in urban African Americans finding it difficult to access city resources. Public transportation in Chicago does not comprehensively connect all communities to areas with competitive employment opportunities and/or health resources. Mental health professionals can partner with community members to highlight and find access to vital resources within the area.

The concept of resilience was also found in participant data and applied to counselor educators and clinicians. Resilience is a critical skill in trauma-rich environments. The City of Chicago has shown an inability to reduce gun violence among other violent crimes. Therefore, promoting resilience skills to youths who are undoubtedly going to experience and be affected by gun violence becomes a proactive step to minimize trauma-related stress and improve personal outcomes.

Engaging in the often-violent street culture on the South Side and West Side of Chicago also gains participants many useful and transferable skills. African Americans living through continuous traumatic stress (CTS) were found to have learned socio-emotional skills that are unique to this type of environment. Reading and anticipating another individual's intent is a critical survival skill that is learned and often skillfully employed. Emotional regulation

techniques were acquired by navigating the environment and learning not to be so quick to react in a way that increases the probability of violence. Business skills are consistently being used on the streets and through the transactions of goods and services. These skills are applicable and transferable to work requirements in several employment industries. Understanding these skill-sets can help guide career counseling programs to better support the employment opportunities of urban African Americans experiencing CTS due to gun violence.

Recommendations for Counselors and Counselor Education

Awareness of the continuous traumatic stress (CTS) paradigm is critical for counseling and counseling education. Supporting clients' and students' holistically healthy human experience is key to the counseling field's mission. Continuous traumatic stress is a diverse and emerging descriptor of living with predictable violence and trauma. The differential nuances between the diagnosis of post-traumatic stress (PTS) and the symptoms of CTS are worth critical discussion. The unique characteristics of a phenomenon's symptomologies should inform treatment modalities.

This study highlighted that continuous gun violence has been contributing to generational trauma for African Americans living on the South Side and West Side of Chicago. Generational trauma extends from one generation of a family to the next and begins through economic, cultural, or familial stress that leads to physical or psychological distress (Brown-Rice, 2013). Significant and traumatic gun violence in Chicago has now been occurring in African American neighborhoods for over half a century. Generations of family members living in these neighborhoods have been exposed to a culture of gun violence. Therefore, education and treatment modalities should proactively reflect the causes and effects of this longitudinal state of trauma.

Social Justice Advocacy

Effective leadership is key to providing equitable support and resources within marginalized communities. African Americans on the South and West Side of Chicago are experiencing CTS due to gun violence because of a lack of investment. Counselors and counselor educators have the platform to advocate for equitable resources in marginalized communities. Investing in health-oriented resources and opportunities can create alternatives to the influence of violent elements present in the pervasive street culture. Equitable law enforcement is critical in reducing or eliminating systemic discrimination that culminates in impoverished communities. Advocacy that focuses on strategies to reduce access to illegal firearms may also make a significant difference in the mortality rates of community members. Through multiculturally based counseling education, counseling professionals can affect change in communities experiencing CTS.

The Multicultural Social Justice Counseling Competencies (MSJCC) developed by Ratts, Singh, Nassar-McMillan, Butler, and McCullough (2015) have application in developing action steps for counseling professionals to address the conditions that create and maintain dynamics of continuous traumatic stress (CTS). The MSJCC described skills for counselor-client relationships such as (a) have an understanding of the complexities of diversity and multiculturalism in the counseling relationship, (b) recognize the negative influence of oppression on mental health and well-being, (c) understand individuals in the context of their social environment, and (d) integrate social justice advocacy in the various modalities of counseling (Ratts et al., 2015). These tenants and an understanding of the micro, meso, and macro ecological levels of advocacy (Singh et al., 2020), provide a framework to guide action.

Cultivating Clinicians

Counselor educators can advocate for and engage in recruiting talented individuals from marginalized communities experiencing CTS. This study found that in communities that have faced historical and generational trauma, there is a need for clinicians to identify culturally and ethnically with the people they are serving. Clinicians with experience with the phenomenon may be able to relate better to those they are serving while supporting them in moving towards holistic health.

Mental health professionals may consider increasing visibility and access to counseling education programs. K-12 and undergraduate students from areas exposed to CTS may be inspired to work in public health-oriented professions if they see that these pathways are traversable. Providing financial incentives to these students can help to encourage and support them through the educational process. Scholarships, assistantships, and fellowships can increasingly be dedicated to students who are committed to giving back to their communities. Mental health professionals who can relate to aspiring counselors can provide mentorship during the licensure process and potentially increase the effectiveness of the supervision process.

Holistic Counseling

Clinical counseling has the capacity to support the entire individual. Holistic counseling as a psychotherapeutic intervention can provide a structure of support for people experiencing continuous traumatic stress (CTS). This therapeutic philosophy draws on individuals' ability to define their own health standards. Holistic health describes components of human life, including spirituality, physical health, intellectual health, emotional health, social health, occupational or career health, and nature-relatedness. These tenets can be used to guide therapeutic focus as individuals navigate CTS environments where there are relatively no safe spaces. Sweeney

(2019) explained that the components of holistic health are interactive, and the life tasks are interactive, and therefore improved health in one area can be a significant impetus for productive change in other areas.

African Americans experiencing CTS in urban environments may benefit from holistic counseling's focus on the multidimensionality of the human experience. With the diverse range of relevant therapeutic interventions that can be utilized within the holistic counseling framework, there are many options that therapists can choose from to support those affected by CTS due to gun violence.

Spirituality

The Council for Accreditation of Counseling and Related Educational Programs (CACREP) highlights the role that spirituality, morals, and worldviews play in clients' and clinicians' social and cultural identities (CACREP, 2024). This study's findings also suggest that therapists can focus more on the spirituality or religious practices that African Americans are utilizing as protective factors and/or support while living in CTS environments. Clinicians have the capacity to promote health-oriented spiritual practices that patients are accustomed to and believe in.

By championing a client's spiritual values, counselors can also encourage the exploration of moral values. Therapeutic focus on humanistic moral values may benefit individuals consistently exposed to violence and trauma. This study found that people living on the South and West Side of Chicago have been indoctrinated into a culture of gun violence where residents are perpetrators and victims of extreme violence that, over time, has effectively dehumanized people. Clinicians can prioritize analysis of the moral values present within their clients and encourage health-oriented valuation of themselves and others.

Physical Health

Within a holistic counseling framework, physical health is a tenet that mental health counselors should also focus on with clients who are navigating CTS environments. This study found that there are many barriers to achieving physical health because of the real threat of violence on the South and West Side of Chicago. Clinicians, for example, can utilize solution-focused brief therapy (SFBT), an evidence-based psychotherapeutic approach developed to support clients in taking control of their lives. By identifying an individual's strengths and previous successes, realistic goals and solutions can be identified to help solve the challenges within one's life (solutionfocused.net).

Clinicians promoting physical health to clients in this CTS environment could use SFBT to support patient analysis of the environmental conditions they face and physical health-oriented solutions that may be present. Study findings suggest that counselors can encourage clients to engage in physical activity at the safest times and places that can be identified. Counselors may also support patients in accessing preventative healthcare resources that impact their physical health.

Intellectual Health

Within the framework of holistic counseling, the tenet of intellectual health is important for individuals living in CTS environments. Intellectual wellness dimensions can examine a person’s willingness for lifelong learning, thinking critically, reasoning morally, expanding worldviews, and pursuing knowledge (McDaniel et al., 2021). Counselors working with urban African Americans exposed to CTS can promote self-efficacy toward holistic health, a significant theme for study participants living on the South and West Side of Chicago. One goal of holistic

counseling is to enhance clients' self-efficacy expectations (Bandura, 1977) or internal locus of control (Rotter, 1966) so that clients can take responsibility for their choices.

An example of a psychotherapeutic intervention that can be utilized in an urban CTS environment and works to improve intellectual health is eye movement desensitization and reprocessing (EMDR). This evidence-based treatment uses bilateral stimulation to reduce symptoms of PTSD and distress. An eight-step process is used to identify traumatic memories and reduce the symptoms associated with the previous traumatic experience. Therapeutic results include increased information processing, new learning, emotional distress elimination, and cognitive insights development (emdr.com).

Emotional Health

Emotional health was discussed by participants as a critical component to navigating the culture of gun violence present on the South Side and West Side of Chicago. Counselors working with Black people exposed to CTS in this environment can, for example, utilize mindfulness-related interventions to promote emotional awareness. Mindfulness describes the ability to be fully present and, in the moment, aware of our positionality and our intentions (mindful.org).

One example of a program that counselors can utilize in educational environments that reside in neighborhoods experiencing CTS is the mindfulness-based stress reduction (MBSR) program. Traditionally, these eight-week programs help participants cultivate self-awareness, which encourages knowledgeable decision-making and can be extremely beneficial to people living in predictably violent environments. These programs have significant empirical research that suggests they are effective in addressing chronic pain, anxiety, depression, and general stress reduction (mindfulleader.org).

Social Health

Counselors working with African Americans who are experiencing CTS due to gun violence may consider a significant focus on the individual's or family's social health. This study highlighted the influence of peers in moving towards or away from self-identified holistic health. Peers were found to be protective factors and/or supports but were also influences towards gunplay in the often-violent street culture. Counselors can encourage patients to identify and nourish healthy relationships while also challenging them to discriminate against toxic relationships.

Counselors may also assist Black people living in CTS environments with conflict resolution skills. This study found that conflict between people and gangs is often the catalyst for gun violence. Conflict resolution skills such as nonviolent communication strategies may be beneficial in reducing the probability of violence between residents of South and West Side Chicago neighborhoods.

Career/ Occupational Health

Counselors working with Black people in urban CTS environments can support clients in finding and accessing work or career-related opportunities. This study highlighted that communities on the South and West Side of Chicago have historically been impoverished because of decisions by leadership. Therefore, it has been challenging for residents to gain resources within these communities.

Counselors utilizing a holistic counseling approach can employ career counseling skills to support clients in gaining awareness of opportunities city-wide and assist them in accessing these occupational opportunities. Study participants mentioned areas in which clinicians can support Black people living in CTS environments, such as promoting individual skills that

translate to the workplace, identifying safe and accessible transportation, empathy in navigating racial discrimination in the workplace, and guidance in navigating and/or avoiding the criminal justice system.

Nature-Relatedness

African Americans living on the South and West Side of Chicago were found to experience the threat of gun violence on a daily basis leaving virtually no safe spaces within their communities. Study participants discussed the challenges with residents enjoying outdoor spaces such as parks or even children engaging in activities such as riding bikes. Counselors engaged in holistic counseling practices may help patients living in these areas identify safe spaces to enjoy nature while advocating for protected natural spaces.

Promoting a therapeutic relationship with nature can involve a multitude of strategies. Counselors may choose to highlight the opportunity to develop one's nature-related settings at home. Counselors may also encourage Black people experiencing CTS to travel outside of their immediate communities to access safer natural settings. This study found that gaining perspective outside of areas affected by consistent gun violence also promoted awareness of diverse lifestyles and pathways that are achievable. Clinicians who promote nature-relatedness can increase the self-efficacy of clients toward achieving self-defined holistic health.

Future Research

Findings from this study highlight potential areas of future research. Within Chicago, many diverse ethnic and cultural populations are living with the effects of gun violence. Continuing to investigate how the holistic health of different demographics of people are being affected by continuous traumatic stress (CTS) can provide useful insight into the phenomena. It is my belief that CTS is occurring in American cities and communities around the world.

Therefore, there is considerable opportunity to explore how CTS in these communities began, how it is maintained, and how resident populations are living with continuous violence.

Future studies may also utilize the tenets of holistic health as a base of inquiry to describe the effects of stress, trauma, and the human condition as a whole. The life domains that the holistic health framework specifies can be further studied in order to describe the human condition in diverse settings. Marginalized groups may find it beneficial to describe each component of their experiences to inform culturally specific interventions.

The components of theme protective factors/ support found in this study can also benefit from further research. Within diverse CTS environments, individuals employ and benefit from protective factors and supports within their frame of reference. Further study on marginalized populations experiencing continuous violence is key to identifying these factors and hopefully continuing to encourage the use of and access to health-oriented protective factors, supports, resources, and practices.

This study found spirituality and religious faith to be a protective factor and support for participants. The role that spirituality or religion specifically can play in encouraging health in communities experiencing CTS is not represented thoroughly in the research literature. Future research may focus on the effects that spirituality has on the attainment and maintenance of holistic health in neighborhoods exposed to chronic violence.

Future research may also revolve around methods to reduce the stigma surrounding accessing mental health services in communities experiencing CTS. African American people have historically been exploited by U.S. healthcare services, and this is well-documented. Black people's adverse experiences with healthcare in America have resulted in many deciding not to engage in modern healthcare practices such as counseling. Within the South and West Side

Chicago communities studied here, engaging in healthcare services was seen as a sign of weakness that could result in that person being preyed upon.

Increasing access to preventative healthcare, such as counseling, was found to be dependent on the relatability of clinicians to their clients within CTS environments. Study participants discussed the need for counselors to identify culturally with the unique populations present on the South and West Side of Chicago. Continued research may focus on the acceptability and effectiveness of health professionals who can identify with and are invested in those who are being served in communities experiencing CTS.

Another significant theme found in this study was that there is a culture of gun violence occurring in Chicago. This trauma-inducing culture of violence appears to now be a norm in American society, evidenced by the significant number of shootings that have frequently occurred. Hundreds of millions of guns are in circulation in the United States, while there is limited research on the destructive effects of gun violence on public health and relevant measures to reduce it. Gun violence in America is a critical public health issue that warrants transformative research.

Limitations

This study explored the diverse experiences of six urban African American residents of the West Side and South Side of Chicago who experienced continuous traumatic stress (CTS) due to gun violence. Utilizing a larger sample size would have yielded more interview data for analysis and interpretation. All participants of this study identified as experiencing CTS due to gun violence while living on the South or West Side of Chicago within the past ten years. Research subjects were required to be between eighteen and fifty years old. All study participants were in their early 30s to late 40s. Therefore, these specific participant demographics

allowed for in-depth analysis of this age group but also limited the generalizability of the results to younger or older people, who may present a different perspective. The unique perspectives studied may also differ from African Americans experiencing CTS while living in urban environments in different American cities. Socio-cultural dynamics that sustain CTS conditions are likely unique to each affected area.

Recruiting study subjects on the South and West Side of Chicago was a challenge because of the study's focus on gun violence and trauma. Potential study participants were often hesitant to explore their experiences. I utilized my social network of friends and family to identify potential study participants that met the demographic criteria. Potential research subjects were often survivors of recent shootings and/or were actively grieving people who had recently been victims of gun violence. I am a Licensed Clinical Mental Health Counselor (LCMHC) and was confident in recommending that study participants who described dysfunctional health or trauma seek appropriate healthcare. The primary researcher did not reside near participants to conduct in-person interviews. Therefore, interviews were conducted online using the Zoom application. The researcher gained rapport with study participants during the recruitment and interview process.

This study was conducted soon after the COVID-19 pandemic. This pandemic altered how Americans lived for a significant amount of time, and the ramifications continued to be felt. COVID-19 significantly impacted the socio-cultural dynamics present on the South and West Sides of Chicago at the time of this research study.

Conclusion

This study was the first of its kind to study the phenomenon of continuous traumatic stress (CTS) due to gun violence occurring in an urban African American community in the U.S. Experiences that are both personal and systemic in nature. Uniquely, this research utilized a holistic health framework to analyze the experiences of African Americans on the South and West Side of Chicago. Historical racism, inequitable resources, and a culture of gun violence contributed to maintaining this phenomenon and, therefore, warrant research on how to reduce these toxic influences on public health. This study also discussed counselors and counselor educators utilizing social justice advocacy and holistic health-oriented interventions to support marginalized communities affected by gun violence and CTS.

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APPENDIX A: RECRUITMENT FLYER

CHARLOTTE
CATO COLLEGE OF EDUCATION

Recruitment Flyer

Title of the Project: **Examining the Holistic Health of Urban African Americans Experiencing Continuous Traumatic Stress and Gun Violence in Chicago**

Principal Investigator: Jabari Q. Adams, LCMHC, NCC, University of North Carolina Charlotte

Contact: 309-255-8336, jadam121@uncc.edu

Faculty Advisor: Lyndon Abrams, Ph.D., University of North Carolina Charlotte

Contact: 704-687-8964, lpabrams@uncc.edu

- Hello! You are invited to participate in a research study. Participation in this research study is voluntary. The information provided is to help you decide whether or not to participate. If you have any questions, please ask.

Important Information You Need to Know

- The purpose of this study is to explore the holistic health of African Americans experiencing continuous traumatic stress (CTS) due to gun violence in South Side and West Side neighborhoods of Chicago to inform holistic health counseling and education practices.

- The selection criterion for participation involves the following: (a) self-identifying as African American and/or Black, (b) residing or previously lived, within 10 years, in a neighborhood that constitutes either the South Side or the West Side communities of Chicago, (c) consent to sharing their lived experiences in audio/video-recorded interviews, (d) self-identifying as experiencing continuous traumatic stress as a result of experiencing continuous gun violence, (e) and must be in the age range of 18 years old to 50 years old.

- Potential participants will contact the primary investigator, or the primary investigator would have been given permission by the potential participant to contact them. The primary investigator will provide the potential participant with the Demographic Questions through phone or email. The primary investigator will determine the eligibility of the individual to participate.

- Eligible participants will review the Informed Consent form using the DocuSign application, complete a 60-minute Primary Interview, and a 20-minute follow-up interview to review the transcript data. The Primary Interview will consist of questions about how CTS and gun violence affects the health of the study participants, how local leadership contributes to CTS in their community, and what the community needs from counselors and health professionals. Participation will require around 90 minutes of your time total.

Interviews will be conducted and recorded online through the Zoom application. At any time, research subjects may choose not to participate and immediately cease all responsibilities that were conditional of participation. All identifying information will then be destroyed by the primary investigator.

- Please submit your contact information if you are interested in participating and reply to jadam121@uncc.edu or call 309-255-8336 if you have any questions.

Participant Contact Info

Name: _____

Phone: _____

Email: _____

APPENDIX B: PHONE SCRIPT

CHARLOTTE
CATO COLLEGE OF EDUCATION

Phone Script

Title of the Project: **Examining the Holistic Health of Urban African Americans Experiencing Continuous Traumatic Stress and Gun Violence in Chicago**

Principal Investigator: Jabari Q. Adams, LCMHC, NCC, University of North Carolina Charlotte

Contact: 309-255-8336, jadam121@uncc.edu

Faculty Advisor: Lyndon Abrams, Ph.D., University of North Carolina Charlotte

Contact: 704-687-8964, lpabrams@uncc.edu

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    - The selection criterion for participation involves the following: (a) self-identifying as African American and/or Black, (b) residing or previously lived, within 10 years, in a neighborhood that constitutes either the South Side or the West Side communities of Chicago, (c) consent to sharing their lived experiences in audio/video-recorded interviews, (d) self-identifying as experiencing continuous traumatic stress as a result of experiencing continuous gun violence, (e) and must be in the age range of 18 years old to 50 years old.

    - Potential participants will contact the primary investigator, or the primary investigator would have been given permission by the potential participant to

contact them. The primary investigator will provide the potential participant with the Demographic Questions through phone or email. The primary investigator will determine the eligibility of the individual to participate.

- Eligible participants will review the Informed Consent form using the DocuSign application, complete a 60-minute Primary Interview, and a 20-minute follow-up interview to review the transcript data. The Primary Interview will consist of questions about how CTS and gun violence affects the health of the study participants, how local leadership contributes to CTS in their community, and what the community needs from counselors and health professionals. Participation will require around 90 minutes of your time total.

Interviews will be conducted and recorded online through the Zoom application. At any time, research subjects may choose not to participate and immediately cease all responsibilities that were conditional of participation. All identifying information will then be destroyed by the primary investigator.

- Please submit your contact information if you are interested in participating!

Participant Contact Info

Name: _____

Phone: _____

Email: _____

APPENDIX C: EMAIL SCRIPT

CHARLOTTE
CATO COLLEGE OF EDUCATION

Email Script

Title of the Project: **Examining the Holistic Health of Urban African Americans Experiencing Continuous Traumatic Stress and Gun Violence in Chicago**

Principal Investigator: Jabari Q. Adams, LCMHC, NCC, University of North Carolina Charlotte

Contact: 309-255-8336, jadam121@uncc.edu

Faculty Advisor: Lyndon Abrams, Ph.D., University of North Carolina Charlotte

Contact: 704-687-8964, lpabrams@uncc.edu

- Hello! You are invited to participate in a research study. Participation in this research study is voluntary. The information provided is to help you decide whether or not to participate. If you have any questions, please ask.

Important Information You Need to Know

- The purpose of this study is to explore the holistic health of African Americans experiencing continuous traumatic stress (CTS) due to gun violence in South Side and West Side neighborhoods of Chicago to inform holistic health counseling and education practices.

- The selection criterion for participation will involve the following: (a) self-identifying as African American and/or Black, (b) residing or previously lived, within 10 years, in a neighborhood that constitutes either the South Side or the West Side communities of Chicago, (c) consent to sharing their lived experiences in audio/video-recorded interviews, (d) self-identifying as experiencing continuous traumatic stress as a result of experiencing continuous gun violence, (e) and must be in the age range of 18 years old to 50 years old.

- Potential participants will contact the primary investigator, or the primary investigator would have been given permission by the potential participant to contact them. The primary investigator will provide the potential participant with the Demographic Questions through phone or email. The primary investigator will determine the eligibility of the individual to participate.

- Eligible participants will review the Informed Consent form using the DocuSign application, complete a 60-minute Primary Interview, and a 20-minute follow-up interview to review the transcript data. The Primary Interview will consist of questions about how CTS and gun violence affects the health of the study participants, how local leadership contributes to CTS in their community, and what the community needs from counselors and health professionals. Participation will require around 90 minutes of your time total.

  Interviews will be conducted and recorded online through the Zoom application. At any time, research subjects may choose not to participate and immediately cease all responsibilities that were conditional of participation. All identifying information will then be destroyed by the primary investigator.

- Please submit your contact information if you are interested in participating and reply to jadam121@uncc.edu or call 309-255-8336 if you have any questions.

Participant Contact Info

Name: _____

Phone: _____

Email: _____

APPENDIX D: INFORMED CONSENT

Informed Consent

Title of the Project: **Examining the Holistic Health of Urban African Americans Experiencing Continuous Traumatic Stress and Gun Violence in Chicago**

Principal Investigator: Jabari Q. Adams, LCMHC, NCC, University of North Carolina Charlotte

Faculty Advisor: Lyndon Abrams, Ph.D., University of North Carolina Charlotte
Study Sponsor: none

You are invited to participate in this research study. Participation in the study is voluntary and the information provided is to help inform you of your rights as a research subject. If you have any questions, please ask.

Important Information You Need to Know

- The purpose of this study is to explore the holistic health of African Americans experiencing continuous traumatic stress (CTS) due to gun violence in South Side and West Side neighborhoods of Chicago to inform holistic health counseling and education practices.

- Participation will require around 90 minutes of your time.

- Participants will sign the informed consent form using the DocuSign application and schedule the primary 60-minute interview. Participants will also complete a 20-minute follow-up interview to confirm transcript data. Interviews will be conducted and recorded online through the Zoom application.

- Gathering participant narratives about traumatic experiences may provoke uncomfortable feelings or memories as the goal of the research is to explore the phenomena of continuous traumatic stress (CTS). If at any time participants of the research feel that they are experiencing challenges as a result of their participation, they will be directed towards resources that may provide healthcare by the primary investigator who is a licensed clinical mental health counselor.

- Participants and others may benefit from the potential transformative nature of this study. The knowledge gained from exploring the experiences of those living with CTS may be extremely

insightful for individuals seeking healthy outcomes, and also for educators and health professionals that have opportunities to promote holistic health in affected communities. Hopefully this research will add to literature that is aimed at improving the human living condition.

- If you choose not to participate, you may immediately cease all responsibilities that were conditional of your participation.

Please read this form and ask any questions you may have before you decide whether to participate in this study.

Why are we doing this study?

The purpose of this study is to explore the holistic health of African Americans experiencing CTS due to gun violence in South Side and West Side neighborhoods of Chicago to inform holistic health counseling and education practices. African Americans living in many urban environments are exposed to traumatic and life-threatening incidents of gun violence. Holistic health-oriented counseling interventions focus on empowering the individual to take control of the relevant components of their whole health. This study seeks to identify CTS and inform counselors and counselor educators of the dynamic effects of gun violence and produce discussion about relevant holistic health counseling practices.

Why are you being asked to be in this research study.

You are being asked to be in this study because you live or have lived in Chicago South Side and West Side community neighborhoods. The selection criterion for participation will involve the following: (a) self-identifying as African American and/or Black, (b) residing or previously lived, within 10 years, in a neighborhood that constitutes either the South Side or the West Side communities of Chicago, (c) consent to sharing their lived experiences in audio-recoded interviews, (d) self-identifying as experiencing continuous traumatic stress (CTS) as a result of experiencing continuous gun violence, (e) and must be in the age range of 18 years old to 50 years old.

What will happen if I take part in this study?

- The informed consent form will be reviewed and signed by the research participant through the DocuSign application. Once the Informed Consent form is signed, the Primary Interview will be scheduled.

- The participant and primary investigator will meet on the Zoom application at the scheduled time to conduct the Primary Interview. Any questions about the process will be reviewed along with the Informed Consent. The Primary Interview will be conducted between the primary investigator and individual participant. The interview will be recorded through Zoom. Once the interview has concluded, the primary investigator will schedule the Follow-up Interview and ask the participant for any potential research participant referrals.

- The participant and primary investigator will meet on the Zoom application to complete the Follow-up Interview to review the transcribed data recorded during the Primary Interview. The primary investigator will have de-identified and transcribed the data from the original audio/video interview and will have destroyed the original data to maintain participant confidentiality.

- Once the Secondary Interview has been completed, the participants responsibilities for the study will have concluded.

- Transcripts of interview data will be de-identified and the original interview recordings will be destroyed upon completion of the study.
- Total time commitment for the participant should be around 90 minutes.
- Primary Interview and schedule Follow-up Interview. 60 minutes
- Follow-up Interview and Gift coordination. 20 minutes

What are the benefits of this study?

I believe that participants and others may benefit from the potential transformative nature of this study. The knowledge gained from exploring the experiences of those living with continuous traumatic stress may be extremely insightful for individuals seeking information to achieve healthy outcomes, and also for educators and health professionals that have opportunities to promote holistic health in affected communities. Hopefully this research will add to literature that is aimed at improving the human living condition.

What risks might I experience?

The phenomena being explored is sensitive in nature. Gathering participant narratives about traumatic experiences may provoke uncomfortable feelings or memories as the goal of the research is to explore the phenomena of continuous traumatic stress. I will use open-ended questions and person-centered strategies of reflection, to facilitate an in-depth, supportive, and safe interview environment. If at any time participants of the research feel that they are experiencing challenges as a result of their participation, they will be directed towards resources that may provide healthcare.

How will my information be protected?

We plan to publish the results of this study. To protect your privacy, we will not include any information that could identify you. Identifiers such as (e.g., name, phone number, email...etc. We will protect the confidentiality of the research data by transcribing the interview data that was recorded and de-identifying the transcripts. The recorded interview audio and video data will be destroyed once accurate transcription is confirmed.

Other people may need to see the information we collect about you. Including people who work for UNC Charlotte, and other agencies as required by law or allowed by federal regulations, but this information will be de-identified. Therefore, your personal identity will not be disclosed.

How will my information be used after the study is over?

After this study is complete, study data may be shared with other researchers for use in other studies without asking for your consent again or as may be needed as part of publishing our results. The data we share will NOT include information that could identify you. The information we share with these other investigators will not contain information that could directly identify you. There still may be a chance that someone could figure out that the information is about you, but there is not a high probability.

Will I receive an incentive for taking part in this study?

Participants that have completed all study requirements will receive a $20 Amazon Gift Card to be sent as a thank you. Participants will confirm an email address for the Gift Card after completing the Follow-up Interview.

What are the costs of taking part in this study?
There are no direct financial costs for participating in this research besides the participants donating their time and energy. Participants will need to have access to the Zoom application and a personal email.

Who can profit from this study?
No one will directly profit financially from this study.

What other choices do I have if I don't take part in this study?
Participation in this study is completely optional. If the individual does not want to participate, they are completely excused from providing data for the study.

What are my rights if I take part in this study?
It is up to you to decide to be in this research study. Participating in this study is voluntary. Even if you decide to be part of the study now, you may change your mind and stop at any time. You do not have to answer any questions you do not want to answer.
All data collected about a participant that wants to stop being involved in the study will be destroyed immediately upon the primary researcher receiving the request.
Who can answer my questions about this study and my rights as a participant?
For questions about this research, you may contact **Jabari Adams: 309-255-8336, jadam121@uncc.edu**
Faculty Advisor: Lyndon Abrams, Ph.D.: 704-687-8964, lpabrams@uncc.edu

If you have questions about your rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), please contact the Office of Research Protections and Integrity at uncc-irb@uncc.edu.

Consent to Participate
By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will receive a copy of this document for your records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I understand what the study is about and my questions so far have been answered. I agree to take part in this study.

_____
Name (PRINT)

_____
Signature Date

_____
Name and Signature of person obtaining consent Date

APPENDIX E: INTERVIEW GUIDE

Interview Guide

Protocol

I. Potential participants will contact the primary investigator, or the primary investigator would have been given permission by the potential participant to contact them.

II. During the initial meeting, through phone or email, the primary investigator will provide the potential participant with the Demographic Questions.

III. Once the research subject agrees to participate in the study, the primary investigator will schedule and conduct the Primary Interview.

IV. The primary investigator will conduct the Primary Interview with the research participant and ask them the Interview Questions. The primary investigator will also ask for referrals and schedule the Follow-up Interview.

V. The primary investigator will conduct the Follow-up Interview with the research participant and review the transcribed data that was collected and formatted from the Primary Interview. The participant will be asked to identify any inconsistencies and to elaborate on unclear content. The primary investigator will ask for referrals. The research participants' responsibilities in the study will have concluded.

VI. The primary investigator will confirm that the research participant can receive the participation gift by email.

Demographic Questions

I. Do you identify as Black American or African American?

II. Do you live in a Westside or Southside Chicago community?

a. How long have you been living in the community?

   Or…

b. How long did you live in the community?

   And/or…

c. How long have you lived away from the community?

III. How old are you? (Age ranges)

IV. What is your gender identity?

V. Do you agree to participate in the study?

VI. Do you have any questions about the Informed Consent Form?

Primary Interview Questions

I. Talk about your experience living in your community/neighborhood

II. Talk about the ways that gun violence affects your life?

III. Talk about factors that contribute to gun violence in your environment (Social/environmental factors)

a. What causes gun violence in your community? What forces maintain gun violence in your neighborhood/community?

b. Micro-Macro (Individual-Neighborhood-Local Leadership/Government)

c. How could these institutions contribute to your health?

IV. Narrowed Focus of holistic health

a. Talk about your spirituality and how continuous gun violence affects you

b. Describe how continuous gun violence affects your physical health

c. Describe how continuous gun violence affects your intellectual or mental health
d. Describe how continuous gun violence affects you emotionally
e. Describe how continuous gun violence affects your relationships (Family, Community, Work…etc.)
f. Describe how gun violence affects your occupation or career

(Holistic Health disclaimer)

V. Tell me about your connection with nature while being affected by continuous gun violence
    a. *What is a connection to nature?
VI. How do you cope with continuous gun violence?
    a. Positive strategies vs. negative?
    b. How did you get support and who did you seek help from?
    c. What helped you move towards health?
    d. What didn't help you?
    e. How are you currently experiencing health resources?
    f. In what ways have you had access to help?
    g. Describe what this community needs from counselors and/or health professionals