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Early Life and Post-Traumatic Growth Among Urban African Americans

J. Howard Streeter III
Walden University

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Walden University

College of Social and Behavioral Health

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Jack Howard Streeter III

has been found to be complete and satisfactory in all respects,
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Walden University
2025

Abstract

Early Life and Post-Traumatic Growth Among Urban African Americans

by

Jack Howard Streeter III

MA, Ashland Theological Seminary, 2009

BS, The University of Akron, 2003

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

August 2025

Abstract

Post-traumatic growth (PTG) has received increasing attention in psychological research, yet the PTG experiences of African Americans remain underexplored. Trauma researchers have established the common prevalence of trauma within this population, but there have been very few studies on how African Americans traverse trauma according to PTG. Understanding PTG in this population is essential for clergy, coaches, parents, counselors, and others who work in these communities. The purpose of this quantitative survey study was to determine whether there was a statistically significant relationship between rumination, religious orientation, religious commitment, and stressful life events (SLEs) and PTG among urban African American adults aged 25 and above. Grounded in religious commitment theory (RCT), the PTG Inventory (PTGI) was used as the dependent variable and included the Quest Religious Orientation Scale, the Traumatic Life Events Questionnaire (TLEQ), the Religious Commitment Inventory - 10 (RCI-10), and the Event-Related Rumination Inventory (ERRI) as independent variables. A sample of 81 participants completed valid survey responses. Data were analyzed using a multiple linear regression in SPSS. Results of the full model indicated a statistically significant relationship between all four independent variables and PTG, $F(4, 76) = 13.29, p < .001, R^2 = 0.41$. These findings suggest that religious and cognitive processes play a significant role in fostering growth after trauma and highlight potential avenues for promoting resilience and well-being in African American communities.

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Dedication

I dedicate this work on PTG to my lovely wife, who gets “sweeter and prettier” as the days go by, our gifts from God, who carry our names – Julie D., Stephe J., and Isaiah the First – for their patient support in this extended endeavor. I also dedicate this to my Mom (Diane), Dad (Jack Jr.), and Baby Brother (Dr. Xavjah Sr.), who “beat me to the PhD” for their faith, hope, and love. To all of the Cloyds, Streeters, and Browns who encouraged me from infancy, and finally to those brave enough to accept the challenge to seek opportunities for growth after trauma, along with the counselors, parents, pastors, coaches, and caregivers who will lead and nurture them to “let patience have [her] perfect work, that ye may be perfect and complete, lacking nothing” as they persevere through trial (James 1:4 KJV and NKJV).

*For it was fitting for Him, for whom are all things
and by whom are all things, in bringing many sons to glory,
to make the captain of their salvation perfect through sufferings.*

~ Hebrews 2:10 NKJV ~

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Table of Contents

List of Tables	v
List of Figures	vi
Chapter 1: Introduction	1
Background	2
Problem Statement	5
Purpose of the Study	7
Research Question	7
Conceptual Framework	8
Nature of the Study	9
Definitions	10
Assumptions	11
Scope and Delimitations	11
Limitations, Challenges, and Barriers	12
Significance	12
Summary	13
Chapter 2: Literature Review	14
Problem Statement	14
Purpose of the Study	15
Literature Strategies	18
Conceptual Framework: Religious Commitment Theory (RCT)	19

RCT: Religious Commitment	20
RCT through an Interdependence Approach	21
Religious Commitment and African Americans' Well-Being.....	25
Religious Commitment and PTG in Nigerian Trauma Survivors.....	25
Event-Related Rumination.....	26
Religious Orientation	30
Stressful Life Events (SLEs).....	32
Post-Traumatic Stress Disorder	40
PTG Inventory (PTGI).....	46
PTG in Related Populations.....	46
Post-Traumatic Stress versus PTG After the Hurricane in African American Women	51
Population-Based SLEs and Responses.....	55
Summary and Conclusions	57
Chapter 3: Research Method.....	59
Introduction.....	59
Research Design and Rationale	59
Revised Study Design.....	60
Methodology	61
Data Analysis Plan.....	66
Threats to Validity	68
Ethical Procedures	69

Summary	69
Chapter 4: Results	71
Introduction.....	71
Data Collection and Results.....	72
Outliers and Assumptions of Normality	78
Multiple Regression Output Interpreted and Statistical Assumptions	
Evaluated.....	88
The Model Evaluated.....	91
Independent Variables Evaluated	92
Summary	93
Chapter 5: Discussion	94
Introduction.....	94
Interpretation of Findings	94
Event-Related Rumination.....	95
Religious Orientation.....	95
Religious Commitment.....	96
Stressful Life Events (SLEs).....	97
Analysis in the Context of the Theoretical Framework	97
Limitations of the Study.....	98
Recommendations.....	98
Implications for Positive Social Change.....	100
Conclusion	101

References.....	103
Appendix A: Quest Religious Orientation Scale	132
Appendix B: PTG Inventory.....	133
Appendix C: Event-Related Rumination Inventory (ERRI).....	135
Appendix D: Traumatic Life Events Questionnaire--Revised.....	136
Appendix E: Religious Commitment Inventory – 10 (RCI-10).....	137
Appendix F: Demographic Questionnaire	138
Appendix G: Advertisement for Participation	140

List of Tables

Table 1. Checklist of Stressful Life Events	76
Table 2. Religious Involvement Questions	77
Table 3. Descriptive Statistics.....	81
Table 4. Tests of Normality	82
Table 5. Coefficients	89

List of Figures

Figure 1. Boxplot of TLEQ_R.....	79
Figure 2. Boxplot of PTGI.....	79
Figure 3. Boxplot of RCI_10	80
Figure 4. Histogram of TLEQ_R.....	83
Figure 5. Histogram of ERRI_Total	84
Figure 6. Histogram of PTGI_Total.....	84
Figure 7. Histogram of QROS	85
Figure 8. Histogram of RCI_10	85
Figure 9. Normal Q-Q Plot of TLEQ_R.....	86
Figure 10. Normal Q-Q Plot of ERRI_Total	86
Figure 11. Normal Q-Q Plot of PTGI_Total.....	87
Figure 12. Normal Q-Q Plot of QROS	87
Figure 13. Normal Q-Q Plot Of RCI_10	88
Figure 14 Normal P-P Plot: PTGI.....	90
Figure 15 Scatterplot: PTGI.....	90

Chapter 1: Introduction

The topic of this study is post-traumatic growth (PTG) and how event-related rumination and religious adherence may impact PTG in urban locales among African Americans. To date, there is a dearth of research on PTG among African Americans, especially women (Mushonga et al., 2021). The African American population experiences significant trauma from slavery, Jim Crow laws, oppression, and discrimination. More recently, this group has been the object of unjust police killings of Black people shown on social media and various news outlets, which has left an indelible mark on their current health (Banks et al., 2016).

In this chapter, I explain the rationale and plan for studying this phenomenon at work. First, I provide background information, taking a brief look at the existing literature and the keywords researchers have used. Next, I present a problem statement to introduce the issue addressed in this study. Following that, I include the purpose statement and research questions to justify the study. In the research questions section, I describe how I investigated the phenomenon and explore the theoretical framework and the nature of the study. I also examine additional definitions of key concepts that will offer insight into how this study represents the components of the research. Furthermore, I investigate the assumptions, scope of delimitations, and limitations to ensure objectivity by acknowledging my limitations and assumptions. Finally, I present the significance of this study and summarize the chapter.

Background

Some research exists on adults with childhood trauma, but not specifically on African American adults and their experiences with PTG (Arpawong et al., 2016). In a study of more than 500 primarily Latino individuals, researchers explored the relationship between stressful life events (SLE) and PTG experiences (Arpawong, 2016). Participants came from alternative high schools, with an average age of approximately 17. Researchers reported that most respondents in their study experienced positive changes in their lives following stressful life events over the past 2 years (Arpawong et al., 2016). Predictors of PTG were fewer stressful life events, having hope for the future, and having a better understanding of their developmental stage (Arpawong et al., 2016). These findings point to the need for interventions that help with frequent stressful life events to foster PTG.

Researchers have explored the experiences of adolescents in China on rumination and PTG in the aftermath of an earthquake. Still, these researchers, like those noted above, do not highlight the urban African Americans, which encompasses a wide array of adults from various socioeconomic backgrounds (Zhou et al., 2015). These researchers found a statistically significant relationship between intrusive rumination, which had a positive association with PTSD ($r = .33$), and deliberate rumination, which was associated with PTG ($r = .56$). Not only do these results point to PTSD and PTG as being on opposite ends of the spectrum after adverse experiences, but different mechanisms influence them, namely intrusive or deliberate (i.e., intentional) rumination (Zhou et al., 2015).

McClatchey (2018) conducted a quantitative study on bereaved children and adolescents who participated in a trauma-informed care camp. Although there has been considerable research on PTSD in this population, there is scant research on PTG with these children (McClatchey, 2018). McClatchey examined 32 bereaved children before and after attendance at a healing camp that provides trauma-informed care. McClatchey used a pretest-posttest design and a regression model to analyze predictors of PTG (i.e., circumstances of the death of the loved one). There was a statistically significant increase ($p < .05$) in PTGI-C (PTG – children) scores for those who attended the camp as evidenced by the rise in the mean scores from the pretest (57.00, SD = 12.77) to the mean scores of the posttest (68.28, SD = 10.28; McClatchey, 2018). This camp did not consist of many urban African Americans (35% Black), but bereavement (and grief) is a chronic stressor many African Americans experience due to violence in their communities (McClatchey, 2018).

Another study illustrated the protective factors that promoted resilience and PTG among college students (Schaefer et al., 2018). This quantitative study focused on the experiences of 161 college students with an average age of 19 years from a predominantly white university. The researchers indicated that optimism was a core prerequisite for PTG; however, religious coping also related to PTG in these participants (Schaefer et al., 2018). The researchers found that early intervention may promote PTG, namely family help and assistance, positive thinking, and gratitude (Schaefer et al., 2018). In my study, a protective factor may be intentional event rumination as a means to grow through adversity.

Researchers conducted a study with childhood cancer survivors on the relationship between ethnicity, religious service attendance, and PTG (Tobin et al., 2018). The sample consisted of individuals from various racial backgrounds, representing 235 childhood cancer survivors. The participants were between 14 and 25 years old at the time of their involvement in the study. The researchers found that PTG increased in participants with moderate attendance at religious services (Tobin et al., 2018). In addition, Latino and Caucasian participants had the highest PTG scores. Regardless of religious service attendance, Latinos who lacked a strong sense of cultural identity needed targeted efforts to promote PTG or psychosocial adaptation after being diagnosed with cancer as a child. I also assessed religious backgrounds, which may yield a higher PTG score in the population. Cancer was possibly one of the stressors in the lives of my participants.

Finally, Milam and Schmidt (2018) conducted a mixed-methods study and highlighted the PTG experiences of children of divorce. They examined 232 participants who had been children of divorce and found that perceived social support, intrinsic religiousness (devout believers), and religious coping fostered PTG in the participants of this research. Of note, positive and negative religious coping impacted PTG as children sought to make sense of their relationship with God in the aftermath of their parents' divorce. According to Pargament's theory of religious coping, negative religious coping (e.g., viewing God as punitive and experiencing spiritual discontent) may lead individuals to adopt an independent outlook that excludes divinity, which in turn may impact PTG scores (Pargament et al., 1998). Due to the inherent pain associated with being a child

whose parents divorced, the researchers suggested that children would benefit from interventions that promote PTG and avoid the maladaptive effects of the breakdown of the nuclear family. Like this study, I surveyed adults who may have experienced traumatic childhoods.

There is a gap in the literature, namely, the experiences of PTG in African American populations. Research is scarce on this population. However, this people group experiences trauma at high rates, as evident throughout this paper. This study was needed because African Americans need guidance and support to facilitate PTG in their lives as they are frequent survivors of trauma, directly and indirectly (vicariously).

Problem Statement

In this study, I addressed the lack of scholarly inquiry into the PTG experiences of urban African Americans. My study focused on the PTG experiences of urban African Americans. This is a population where intergenerational trauma is rampant, but not many studies on the PTG experiences of these adults exist in the scholarly literature (Barlow, 2018). According to McLoyd (1998), 80% of all African Americans live in distressed communities with high levels of poverty and crime. This has been confirmed more recently by researchers who study distressed communities (Hastings & Snowden, 2019). Based on this population's high exposure to trauma, there is a need to examine how they persevere through trials.

In this study, I examined event-related rumination, which defines how trauma victims think about their experiences (Calhoun et al., 2000). Calhoun et al. (2000) suggested this as an essential factor for growth in conjunction with religious activity.

Individuals may experience intrusive or intentional cognitive activity related to a stressful life event (Calhoun et al., 2000). Martin and Tesser (1996, as cited in Tedeschi and Calhoun, 1996) employed this concept to describe meaning-making in the lives of trauma victims. Other researchers have determined that self-punitive rumination (i.e., feeling sorry for oneself) does not lead to PTG (Nolen-Hoeksema et al., 1997). In addition to event-related rumination, I focused on participants' religious background.

Previous researchers have examined the PTG experiences of high-risk youth (Arpawong et al., 2016). Researchers have also conducted studies on the religiosity of participants with a religious background who are not at high risk and have found a correlation between religion and PTG (Laufer et al., 2009). Although they account for a significant portion of individuals with a religious background and are considered high-risk, researchers have not explicitly explored the experiences of African Americans.

Research also exists on those who have experienced a terror event and have a religious orientation (Laufer & Solomon, 2011). I also studied African Americans with a spiritual orientation who have experienced trauma in childhood. Laufer and Solomon (2011) suggested that intrinsic religiosity impacted posttraumatic symptoms; the higher the religiosity, the lower the symptoms. The studies mentioned above are just a few examples of research on PTG and religion. However, there is a lack of research conducted on PTG in the lives of urban African American adults. Through this research, I contributed to the literature by examining the relationship between event-related rumination, religion, and PTG in African Americans (Michl et al., 2013; Nolen-Hoeksema et al., 1997).

Purpose of the Study

In this quantitative survey study, I examined the relationship between rumination, religious orientation, religious commitment, and stressful life events (SLEs) with PTG for an urban African American population. I focused on how independent variables, including rumination (i.e., cognitive processing) about a stressful life event (SLE), religious commitment, religious orientation, and SLEs, impact PTG, the dependent variable. Calhoun et al. used a primarily Caucasian sample (80%). Through this correlational study, I extended the urban African American experience to the research model developed by Calhoun et al. (2000). Urban African Americans have not been exclusive subjects of PTG studies.

Research Question

Research Question: Do event-related rumination, religious orientation, religious commitment, and SLEs predict PTG among urban African Americans?

H₀: There is no statistically significant relationship between event-related rumination, religious orientation, religious commitment, and SLEs, and the variable of PTG in urban African Americans.

H_a: There is a statistically significant relationship between event-related rumination, religious orientation, religious commitment, and SLEs and the variable of PTG.

The following are the variables and statistical analysis. I examined PTG via the PTG inventory (PTGI) as the dependent variable. The independent variables assess religious orientation using the Quest Religion Scale (Batson et al., 1993), the Traumatic

Life Events Questionnaire-Revised (TLEQ-R; Kubany et al., 2000), religious commitment via the RCI-10 (Worthington et al., 2020), and rumination on the event via the ERRI (Calhoun et al., 2000).

Conceptual Framework

The conceptual framework underlying this study was the religious commitment theory (RCT). RCT shows believers' commitment to their espoused religion (Finney, 1978). According to RCT, five dimensions of religious commitment are connected and interrelated in the following order: ritual practice, knowledge, experience, belief, and devotional practice (Finney, 1978). These dimensions indicate the relevance of a ritualistic ecclesiastical setting for individual religious experience, commonly held religious beliefs (common to their religion), and private devotion.

RCT was most appropriate for this study because it illustrates the religious commitment of my participants. Using an RCT lens, I examined the relationship between PTG, rumination, and spiritual experience. One such experience is religious commitment. RCT contributed to my study as a component that impacted PTG. The instrument (RCI-10) is also brief and straightforward, making it an adequate measure of the construct.

Existing research applies this theory, derived from general propositions and axioms presented or deduced to explain religious commitment in educational experiences of African Americans, which is directly relevant to my study. Another study comparable to mine examines the well-being of African Americans in relation to their religious commitment. Finally, another study that corresponds to mine explores religious commitment and PTG in Nigerians (Zacchaeus, 2021). Although it is with a distant

population (Africa), researchers examined these two constructs simultaneously (PTG and RCT), as in my study. To gain a more nuanced understanding of religious commitment, I reviewed a survey of religious commitment that targeted four aspects: God, denomination, community, and spiritual leader (Wesselmann et al., 2016).

Nature of the Study

I employed non-experimental research, utilizing a correlational quantitative research design and survey method ([see Creswell & Creswell, 2017](#)). I used the survey method to collect data to understand if SLEs, religious commitment, religious orientation, and event-related rumination predicted PTG. Survey methodology enables the use of a variety of instruments and scales that I administered to collect data from my sample. I used tools that measure each of the constructs mentioned above. I also employed a correlational data analysis method to examine my data and identify linear relationships between the selected variables (Laureate Education, 2010).

I examined PTG via the PTG inventory (PTGI) as the dependent variable. The independent variables assess religious orientation using the Quest Religion Scale (Batson et al., 1993), SLEs through the Traumatic Life Events Questionnaire-Revised (TLEQ-R; Kubany et al., 2000), religious commitment using the RCI-10 (Worthington et al., 2020), and rumination on the event via the Rumination Scale (Calhoun et al., 2000).

I employed a survey research methodology to gather information from African American adults through surveys about their experiences with PTG, rumination, and religion (Creswell, 2014). This information was the source of data via convenience sampling. Responses to the surveys dictated the data type, which was textual, as per the

scales used, and entailed Likert scales. I used multiple linear regression to analyze my data because of the numerous continuous independent and dependent variables. This data allowed me to examine the correlation between PTG and the independent variables selected in this study.

The following steps were used in my analysis. First, I checked for assumptions and calculated the mean of the data under examination (including responses for religious orientation, religious commitment, SLEs, rumination, and PTG). Then, I determined the variance and standard deviation for the variables I considered. Lastly, I calculated the correlation coefficient. This was facilitated by SPSS statistical software based on responses to surveys.

I received the approved informed consent and recruitment advertisement from the IRB via email, but in error, I used a template from the Walden resources site at the time for a previous version of the Walden Informed Consent, which would violate anonymity according to my original study design. Identifiable information was included in the Informed Consent, which was collected with the data. My committee notified me of my mistake and urged me to delete all identifiable information from my data before submitting it to the IRB, as per the approved Informed Consent. IRB approved this change and allowed me to proceed with the study with no further changes.

Definitions

The following terms are relevant definitions of independent and dependent variables used:

PTG: The phenomenon that impacts personal growth via traumatic stress (Calhoun et al., 2000).

Rumination: The process individuals use when thinking about their past trauma, whether intrusive (involuntary) or deliberate (voluntary) cognition (Cann et al., 2011b).

Religious: A construct to be used that describes the level of devotion to one's faith tradition and their literal and figurative understandings of their faith (Pargament et al., 1998).

Religious orientation: Indication of how a devotee uses religion to answer existential questions of life (Maltby & Day 1998).

SLEs: The traumatic history of an individual (Kubany et al, 2000).

Religious commitment: One's level of commitment to their religion (Worthington et al., 2020).

Assumptions

An assumption contingent on this study is the accuracy of respondents' recollections. I assumed that respondents answered the questions on the instruments correctly. Their memories may be inaccurate, or they may have deliberately fabricated responses. In addition, participants may have faked good or faked bad, which could have distorted both the independent and dependent variables. For instance, they may have incorrectly assessed their rumination, which could have also affected PTG.

Scope and Delimitations

I focused on specific aspects of the research problem in this study. The first is examining how PTG can be predicted or fostered in African Americans. Secondly, are

the effects of event-related rumination on PTG? Lastly, is how religious attitudes, values, and beliefs contribute to PTG among African Americans. African Americans in my study came from inner-city locales and were between 25 and 77 years old.

Limitations, Challenges, and Barriers

Although some of the assessment scales for this study are short, there were many to be completed by each participant, which may have caused some respondents to choose not to participate. Also, since I surveyed adults, their memories of the trauma as a child or adolescent may not have been accurate. Mine is a convenience sampling of African Americans and cannot be generalized to the entire population of this demographic. In addition, conducting a non-experimental study of this sort during a pandemic may have presented another obstacle to completing surveys, as many people faced more pressing issues, such as health concerns, financial difficulties, family concerns, and the trauma that may have ensued. This concern could also affect outcomes on rumination, religious adherence, and PTG.

Significance

The findings from this study can inform the efforts of counselors, teachers, parents, and clergy in their work with African Americans who have not been previously included in research efforts. Also, other African Americans not in my study may benefit from this research, as they may be able to position themselves for adaptive functioning if (or when) they experience trauma. I provided a framework for beginning the academic conversation about African Americans and PTG, considering trauma experiences.

Trauma is a part of life for African Americans from traumatized inner-city locations. Whatever community leaders or educators can do to prepare African Americans for such stressful events, the better they will fare when trauma enters their lives (Hardy & Qureshi, 2012; Valentine et al., 1998). If religion and cognitive processing are indicators of growing through adversity, stakeholders in these lives need to be aware of this valuable knowledge. Through my research, I have equipped them with knowledge based on data and have impacted the lives of many urban African Americans subject to traumatic experiences. This impact is one aspect of social change I have addressed through my work here.

These are valuable insights for counselor educators who work with African American clientele. From a social justice standpoint, this liberates those who mistakenly believe they are “less than”.

Summary

In this study, I investigated whether event-related rumination, religious orientation, religious commitment, and SLEs predict PTG among urban African Americans. This population has not been the focus of much research for PTG. This non-experimental study has five variables (four independent and one dependent). There are very few definitions and assumptions required. Analyzing the data helps this population and their stakeholders tremendously, namely those with traumatic backgrounds. In this chapter, I introduced the concept of PTG and possible factors that may impact it in the lives of urban African Americans. In the following chapter, I provided a thorough literature review to provide a solid foundation for my study.

Chapter 2: Literature Review

Problem Statement

In this study, I addressed the lack of scholarly inquiry into the PTG experiences of urban African Americans. I focused on the PTG experiences of urban African Americans with this study. This is a population where intergenerational trauma is rampant, but not many studies on their PTG experiences exist in the scholarly literature (Barlow, 2018). According to McLoyd (1998), 80% of all African Americans live in *distressed* communities with high levels of poverty and crime. This has been confirmed more recently by researchers who study distressed communities (Hastings & Snowden, 2019). Based on this population's high exposure to trauma, there is a need to examine how they persevere through trials.

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Previous researchers have examined the PTG experiences of high-risk young adults (Arpawong et al., 2016). Researchers have also conducted studies on the religiosity

of young adults with a religious background who are not high-risk and have found a correlation between religion and PTG (Laufer et al., 2009). Although they account for a significant portion of individuals with a religious background and are considered high-risk, researchers have not explicitly explored the experiences of African Americans.

Research also exists on those who have experienced a terror event and have a religious orientation (Laufer & Solomon, 2011). I also studied participants with a religious orientation who have experienced childhood trauma. Laufer and Solomon (2011) suggested that intrinsic religiosity impacted posttraumatic symptoms; namely, the higher the religiosity, the lower the symptoms. The studies mentioned above are just a few examples of research on PTG and religion. However, there is a lack of research conducted on PTG in the lives of urban African Americans. Through this research, I contributed to the literature by examining the relationship between event-related rumination, religion, and PTG in African Americans (Michl et al., 2013; Nolen-Hoeksema et al., 1997).

Purpose of the Study

In this quantitative study, I examined the relationship between rumination, religious orientation, religious commitment, and SLEs with PTG for an urban African American population. In particular, I focused on how the independent variables, including rumination (i.e., cognitive processing) about a stressful life event (SLE), religious commitment, religious orientation, and SLEs, impact PTG, the dependent variable. Calhoun et al. used a primarily Caucasian sample (80%). This correlational study extends the urban African American experience to the research model developed by

Calhoun et al. (2000). Urban African Americans have not been exclusive subjects of PTG studies.

African Americans residing in stressful urban areas experience high levels of stressful life events (SLEs; Alim et al., 2006). SLEs are events in one's life that may often precipitate PTSD. More than two-thirds of a sample of adult African Americans who live in stressful urban environments reported being exposed to trauma in their lifetime at least once or having what is known as an SLE (Alim et al., 2006). A stressful urban area is typically characterized as an inner-city locale with a high crime rate, low socioeconomic status (SES), high infant mortality, and low life expectancy. Traditionally, low SES links with increased proximity to SLEs, as well as higher rates of post-traumatic stress disorder (PTSD), other anxiety disorders, and major depressive disorder (MDD; Myers et al., 2015). African Americans with low SES in urban (inner-city) environments experience more SLEs (or traumatic events) than other civilians (Dixon et al., 2020).

Compared to White populations, there is a lack of scholarly material on this population (African Americans in urban environments) regarding trauma and PTG. A few researchers on the topic have done some work (Orejuela-Davila, 2020; Thompson, 1996). These results indicate the need for more research on this population and their experience with trauma. According to one study, African Americans experience historical trauma (Henderson et al., 2021). This is trauma that compounded over generations of African Americans.

Conversely, PTG is based on incidents that may promote positive change or growth in the face of adversity (Tedeschi & Calhoun, 2004). People can live more in

accord with their values and enjoy life despite stressful experiences. PTG (PTG) may provide some relief for those grappling with the effects of PTSD (Evans et al., 2016). Evans et al. asserted that PTG can be a protective factor against the damaging effects of race-based SLEs against African Americans that may lead to PTSD. With the prevalence of SLEs that may lead to PTSD in the African American community and the possibility of being associated with resilience found in PTG, more work needs to be done around PTG to better understand how to help African Americans exposed to trauma. To assist in understanding PTG, my research also includes contributing factors to PTG in African Americans.

Potential contributing factors for fostering PTG in this population include religion and rumination. As I examined this phenomenon among African Americans, I also surveyed the impact of these two areas of life (i.e., religious and mental). Religion and event-related rumination are factors influencing PTG that need to be explored, as research on these topics has shown a positive correlation (Hamilton et al., 2013). The faith background is rooted in religion, and how individuals think about their SLEs is characterized by rumination (Calhoun et al., 2000).

This study's primary focus includes examining the relationship between PTG, religion, and rumination in the urban African American population (Calhoun et al., 2000a; Cann et al., 2011b). As stated above, this population commonly experiences various SLEs that could lead to PTSD or, if fostered, PTG (Evans et al., 2016). The problem is that this population is not well-represented in academic studies. In this literature review, I examined the extant research on PTG related to religion and

rumination (Hanley et al., 2017; Zhou et al., 2015). This review began with an examination of the conceptual framework for the study. Then, I highlighted various studies on the conceptual framework, including event-related rumination, Religious Orientation, Religious Commitment, Stressful Life Events, PTSD, and PTG. Event-related rumination describes how one thinks about previous trauma experiences. Religious orientation assesses how much a person's religion entails a flexible discussion about existential questions posed by the complexities of the human experience, according to the Quest Religious Orientation Scale ([QROS] Maltby & Day, 1998).

Stressful Life Events (SLEs) are traumatic events in one's life. PTSD (post-traumatic stress disorder) is a maladaptive result of trauma. PTG (PTG) is how a person may grow through adversity, also called negative growth.

Literature Strategies

Through this Literature Review, I critically analyzed and synthesized the extant research on PTG, PTSD, religious commitment, rumination, and SLEs among African Americans. I also examined the role of religion and event-related rumination on mental health, namely, PTG. I explored relevant articles selected for this study via the EBSCO database service. The EBSCO Discovery Service was the database tool searched via Academic Search Complete, Education Source, Expanded Academic ASAP, MEDLINE, PsycINFO, SocINDEX, and Google Scholar. Academic Search Complete is a popular resource for scholarly research, featuring a wide range of journals, periodicals, reports, and monographs. Education Source is the largest research database available for education students, covering all areas of education. Available here are full-text journals,

books, and conference papers. Expanded Academic ASAP is a database that yields full-text articles from scholarly journals, magazines, and newspapers that span such topics as arts, humanities, social sciences, science, and technology. MEDLINE contains abstracts and citations for healthcare professionals and researchers. PsychINFO is a well-established source for research in behavioral and social sciences. It is an interdisciplinary, peer-reviewed publication published by the APA. SocINDEX is a peer-reviewed sociology research database that covers topics such as social psychology, social work, race issues, and religion. Google Scholar is a straightforward way to research scholarly literature across many disciplines, powered by Google's popular search engine. Researchers may search articles, theses, books, and abstracts from academic publishers and professional organizations.

I used key search terms to locate research that concerns this study using EBSCO. EBSCO identified each study according to the applicable database. Key search terms used in the EBSCO search for this project include *PTG, stressful life events (SLEs), religion, religious, religiousness, religiosity, religious commitment, event-related rumination, cognition, spiritual, spirituality, faith, event-related rumination, inner city, urban environments, African American, Black adults, adolescents, young people, teen, and young adults.*

Conceptual Framework: Religious Commitment Theory (RCT)

The chosen conceptual framework for this study was religious commitment theory (Finney, 1978; Ryan RM & Deci EL, 2000). Religious commitment theory conceptualizes the degree to which individuals adhere to their respective religious

doctrines. Religious commitment is a crucial concept to examine in the study of religion. A significant tenet of RCT is that adherence to religious practices and life satisfaction can be ascertained from this notion of religious commitment (Wesselmann et al., 2016). Based on RCT, five dimensions of religious commitment are connected and interrelated in the following order: ritual practice, knowledge, experience, belief, and devotional practice (Finney, 1978). I will also examine a study (comprising four individual studies) on religious commitment through four targets associated with the five dimensions noted above: God, denomination, community, and spiritual leader (Wesselmann et al., 2016).

RCT: Religious Commitment

Stark and Bainbridge (1980) presented axioms and propositions to construct a general theory of religion . These researchers made deductions to provide three testable, non-trivial propositions regarding religious commitment. They suggest these propositions illuminate the extant research on the topic. The axioms begin with the assertion that humans act within time and swiftly progress to rewards and costs, power, and the emergence of religious organizations, culminating in the final proposition (Prop. 27) that suggests socialization plays a significant role in human action and perception (Stark & Bainbridge, 1980).

The writing also reveals the inherent power and privilege in religions, as in some cultures, being an adherent to a particular religion comes with various perks or benefits. For example, in the United States, Christianity is the dominant religion, and others are sometimes ostracized. In addition, Stark and Bainbridge (1980) proposed that religions are not just otherworldly organizations, but also offer rewards in the present life. Stark

and Bainbridge (1980) divided religious commitment ideals into *sect-like*, *church-like*, and *universal* categories based on humanity's potential for deprivation or a sense of lacking something in life. Power is negatively associated with promises for reward (sect-like). Power is positively related to promises for reward (churchlike). Finally, regardless of power, people often accept promises as a reward when no tangible reward exists. Those promises are also called compensators. The conclusion of this paper highlights the potential for schisms within the church due to power dynamics.

RCT through an Interdependence Approach

Study 1

Wesselmann et al. (2016) examined religious commitment via contentment, alternatives, and investment in their faith. The contentment aspect of their study may also directly relate to mine, as PTG may impact happiness with one's religion. Wesselmann et al. (2016) hypothesized that one's contentment with their religion, investment in their faith, and the presence of religious alternatives would influence their commitment to their religion. Researchers used a Venn diagram called the Inclusion of Others in the Self Scale (IOS) to measure respondents' subjective closeness to their religious community. They revised the diagram to reflect their spiritual connection by changing the circles to represent self and commitment (Wesselmann et al., 2016). Researchers asked 401 participants (who believe in [a] God) how often they attended church using a Likert Scale with 1 = *never* and 7 = *once per week or more*. They also measured participants' level of satisfaction ($\alpha = .91$), investment ($\alpha = .91$), alternatives ($\alpha = .88$), and commitment ($\alpha = .91$). According to the findings, the alphas in this experiment indicate strong internal

reliability of the instrument used. However, the use of Venn diagrams did not yield more accurate, quantifiable results (Wesselmann et al., 2016).

Study 2

Wesselmann et al. conducted four studies, which are combined in a single writing (Wesselmann et al., 2016). Researchers hypothesized that plans with one's denomination predict their level of commitment to their religious denomination. Researchers asked 182 students about their plans with their current denomination, personal goals, and questions about four U.S. states. Participants then completed the religious commitment measure from Study 1 with denomination as the commitment target ($\alpha = .91$). As hypothesized, plans influenced their commitment to their denomination (Wesselmann et al., 2016). Similar to Study 1 (Wesselmann et al., 2016), I examined how experiences with PTG can impact one's plans with their denomination and religion in general. The QROS also illuminated similarities here, as one's religious orientation can inform one's religious commitment and planning to adhere to their religious denomination.

Study 3

Whereas Study 1 and Study 2 from Wesselmann et al. (2016) focused on religious community and denomination, Study 3 provides insight into four various targets of religious commitment and whether satisfaction, alternatives, and investment each significantly influenced loyalty to their respective target. The targets are (a) God or deity, (b) congregation, (c) denomination, and (d) spiritual leader. During Wave 1, researchers asked 358 college students about their satisfaction, investment, alternatives, and commitment toward the above four targets. Four months later, researchers asked

participants if they had changed their religious denomination, believed in God or a higher power, and changed their denomination affiliation since Wave 1. The researchers found that the respondents' satisfaction with, investments in, and alternatives to every one of the targets were strong influencers, or predictors, of commitment to each target (Spiritual Leader, $R^2 = .63$; Denomination, $R^2 = .64$; God, $R^2 = .58$; Congregation, $R^2 = .69$; where R^2 represents how well the model explains the data).

Researchers also considered stability and change in religious commitment by examining Wave 2 data in comparison to Wave 1 (Wesselmann et al., 2016). Commitment in Wave 1 was stable at Wave 2 as commitment to a God in Wave 1 negatively predicted not believing in a God at Wave 2 ($R^2 = .09$). Commitment at Wave 1 to a God predicted stability for adherence to one's present congregation ($R^2 = .00$). Commitment to congregation by Wave 2 was only marginal ($R^2 = .05$). Commitment to a spiritual leader was stable by Wave 2 with regards to congregation changes ($R^2 = .02$).

This study focuses on satisfaction, which can be another way of conceptualizing contentment, as mentioned in Study 1 above. These targets noted above may or may not influence PTG in my sample. I would be interested in exploring how each target would impact PTG in my study.

Study 4

Wesselmann et al. (2016) further hypothesized that religious commitment would fluctuate over time; commitment to different religious targets would influence results based on such targets better than commitments to other targets; and interdependence-based measures would predict whether an individual would stay or leave their religious

influences better than, or as good as, religious commitment measures (Wesselmann et al., 2016). In Study 4, 256 students participated over an entire school year, answering questions about their religious commitment in four waves. The researchers used various instruments for Study 4, including the Religious Commitment Scale (alpha = .86), the Commitment-Consensual Measure (alpha = .91), and the Intrinsic Subscale (alpha = .87) of Religious Orientation (Wesselmann et al., 2016).

They found that there is variability in religious commitment over time (Wesselmann et al., 2016). They also discovered that commitment to denomination predicted denominational variability. In addition, devotion to God and denomination predicted variability regarding believing in God. As to whether the other measures mentioned earlier in this paragraph predicted variability in belief in God or denominational variability, neither did they for either outcome. However, the Religious Commitment Scale and the Religious Orientation Scale each significantly predicted belief in God variability/stability, but neither predicted denominational variability. The Commitment-Consensual Measure predicted neither target (belief in God nor denominational adherence). Lastly, the interdependence measure predicted belief in God variability/stability better than the Religious Commitment Scale and the Religious Orientation Scale.

Like this study, mine exposes religious commitment at a specific time, but I did not use waves for testing. Additionally, I utilized the Religious Commitment Scale and the Religious Orientation Scale. Limitations or critiques of these studies include small sample sizes, a need for a more distinct delineation between God/deity and denomination,

and the review of only three measures when there may be more that impact religious commitment.

Religious Commitment and African Americans' Well-Being

Ajibade et al. (2016) noted the lack of studies on positive psychology among African Americans. The researcher explored work on religious commitment, racial/ethnic identity, meaning, and life satisfaction, also referred to as well-being. The study hypothesized that there would be a positive association between these life components for Black people. Researchers interviewed 199 self-described African Americans from southeastern and southwestern universities (Ajibade et al., 2016). Most participants identified themselves as Christian, with a mean annual income of approximately \$47,000.00. Two-thirds of the participants were female, and one-third were male.

Ajibade et al. (2016) used the RCI-10 to measure religious commitment. The data supported the hypothesis. Ethnic/Racial identity was positively associated with satisfaction with life when mediated by religious commitment. In addition, ethnic/racial identity was positively related to the meaning of life when mediated by religious commitment. Limitations of this study include its correlational design and response bias due to self-reporting.

Religious Commitment and PTG in Nigerian Trauma Survivors

Zacchaeus (2021) explored the PTG experiences of Nigerian trauma survivors based on their resilience and religious commitment. Zacchaeus (2021) sought to determine whether religious commitment and strength predicted PTG aside from the relationship between resilience and religious coping, as hypothesized. The study

consisted of 519 male and female participants between 35 and 65 years of age who were survivors of the Odi Massacre of Nigeria in 1999.

This cross-sectional survey comprised three measures/instruments to examine the phenomenon: the RCI-10, PTGI, and Resiliency Scale-14 (RS-14), as well as basic demographic information (Zacchaeus, 2021). The RCI-10 measures religious commitment/adherence in daily life. Its Cronbach's alpha was between .93 and .96, and its test-retest reliability was .87 (at 3 weeks and 5 months). The RS-14 measured one's ability to transcend trauma by showing resiliency. The Cronbach's alpha was between .91 and .93. The PTGI measures PTG in participants who survive trauma and grow, also known as *adversarial growth*. The Cronbach's alpha was between .90 and .94 across all five subscales.

Study outcomes validated Zacchaeus' (2021) assumption that religious commitment and resilience predicted PTG. Plus, they found a direct correlation between religious commitment (p-value <.001 and effect size of $R^2=.35$) and resilience (p-value <.001 and effect size of $R^2=.06$). A limitation of this study is that its correlational design is not rigorous enough to generalize findings, and the convenience sample is not as representative as other means. My study expanded upon Zaccheus's (2021) study by including the variable of event-related rumination, and the sample of my study consists of African Americans.

Event-Related Rumination

Frequently, individuals with SLEs have the residual cognitive effects of trauma (Cann et al., 2011b). There are two broad types of rumination: intrusive and deliberate

rumination. Intrusive rumination occurs when an unwanted memory or thought intrudes into the mind of one who has experienced trauma. This person has no intention of thinking about the trauma or its effects, but involuntary thoughts can surface (Cann et al., 2011b). Intrusive rumination is not always a negative experience and can sometimes be a regular occurrence as individuals try to make sense of life events.

Conversely, sometimes SLEs tend to precipitate deliberate thoughts about trauma as individuals try to make sense of what is often a senseless act (Cann et al., 2011b). Deliberate rumination is intentional and usually does not cause as much pain as intrusive rumination, as the latter is against one's will, and the former is voluntary. Deliberate rumination often leads to PTG (Cann et al., 2011b). The Event-Related Rumination Inventory (ERRI) measures these two constructs as they relate to PTG (Cann et al., 2011b).

ERRI: Study 1

Cann et al. (2011a) conducted a study (Study 1: Development of the ERRI) of 323 participants. There were 221 women and 102 men, ranging in age from 18 to 60 years old, with an average age of 21 years. Participants were primarily college students, and researchers analyzed their responses to SLEs via rumination using exploratory factor analysis. Seventy percent of the participants were Caucasian, and the significant event occurred on average 223.8 days prior to the study. Participants also took a pre-test to ensure they would be a good fit for the research study based on a pre-selected set of nine very stressful events that included the death of someone close to them, identifying as having experienced prior assault, and having severe medical problems. Most responses

were regarding a serious medical issue (42%), the death of someone close to them (34%), or a victim of assault (11%).

A separate confirmatory factor analysis was also conducted for this study using a separate sample (Cann et al., 2011b). Participants included those enrolled in a psychology course. The sample consisted of 141 women and 45 men, totaling 186 participants. The average age was 21.76, with participants ranging from 19 to 58 years old. As the main prior study noted above, they were also primarily Caucasian (68%). The stressful event took place an average of 334.4 days ago. This study included the same major SLEs discovered above in the prior survey, with the addition of serious personal injury at 7%.

According to the exploratory factor analysis, researchers found that individuals with more intrusive thoughts tend to focus on deliberate rumination. The high correlation of .60 supports this premise. Internal consistencies were also good, with an alpha of .94 (intrusive) and .88 (deliberate). According to the confirmatory factor analysis, two factors are strongly correlated ($r = .61$): 1. intrusive thoughts and 2. deliberate rumination.

ERRI: Study 2

In Study 2 (Evaluation of ERRI), researchers further evaluated the ERRI (Cann et al., 2011b). The first sample consisted of 198 students, comprising 129 females and 69 males, with an average age of 21. The sample consisted of 67% Caucasians, 21% African Americans, 6% Asians, and 6% from other ethnic backgrounds. The SLE occurred less than six months before the study. Participants self-reported the stressfulness (5.9) and the amount of fear and horror induced by the SLE as 5.2 out of 7 (e.g., deliberate and intrusive rumination; Cann et al., 2011a). The second sample size consisted of 202

students who had expressed an SLE within the past five months. Their average age was 21, with 117 women and 85 men. Caucasians represented 60% of the sample, African Americans 20%, 6% Asians, 5% Latina/Latino, and 8% other. They also rated their SLE as a 5.8 on the 7-point Likert scale for stressfulness and a five on the fear and horror scale, accompanied by the SLE.

A confirmatory factor analysis was employed in this study to verify the two-factor format of the ERRI. The data indicate the presence of two factors, intrusive thoughts and deliberate rumination (Cann et al., 2011b). In addition, people who typically engage in self-analysis and employ more cognitive processing are more prone to deliberate rumination about an SLE. This research indicated that the more a person engages in negative thinking (potential loss or threats), the more they experience intrusive rumination immediately after an SLE (Cann et al., 2011b). In addition, coping by using emotional manipulations and diversions led to more intrusive thoughts ($p = .83$), which was not the case for deliberate rumination. Focusing on emotions and distractions also hinders the growth of PTG. Specific deliberate rumination positively correlated with PTG ($\text{adj}R^2 = .225$). Researchers also noted that when one attempts to cope by avoiding or denying the SLE and its subsequent effects, intrusive thoughts increase (Cann et al., 2011b).

Researchers also found that those who are deliberate about their rumination are more likely to seek help to make sense of their lives. The ERRI also indicated the current distress level of an SLE quite well. The researchers found that intrusive thoughts predict distress, and deliberate rumination predicts PTG in both study samples. This idea is

relevant to my study as my subjects may also reflect this positive finding if they have deliberate thoughts about their SLEs. Many of my participants' experiences may stem from various sources, some self-inflicted, and others not self-inflicted; however, personal reflection can help them understand that their trauma was not always self-inflicted.

Future work with the ERRI could focus on a longitudinal study with a broader and more inclusive participant sample. This means having more participants from the dominant culture and historically marginalized groups representing all genders, sexualities, and races. A limitation of this study is that it used only a cross-sectional design. Another limitation is that this study focused on a young sample. Future work could incorporate various age groups, as my research focused on a wide age range of adult African Americans. In addition, deliberate rumination among my population of interest may foster PTG, as there are annual holidays African Americans celebrate as a form of deliberate rumination on their experiences (Flores-Pena & Evanchuk, 1997; (Mayes, 2013). They appear to foster positive psychology among those who celebrate regularly. As I explored more of positive psychology, I next focused on religion, which has been a traditional source of strength for African Americans (Cook et al., 2002; Hamilton et al., 2013).

Religious Orientation

Quest Religious Orientation Scale

In many cultures, faith serves as a vehicle for self-determination, and the QROS measures religious orientation (QROS; Batson & Schoenrade, 1991; Leak, 2011; Shaw & Joseph, 2004). The QROS measures one's openness to diverse understandings of faith

and religion. The question it raises is how one views contradictions and tragedies in life (Shaw & Joseph, 2004). Are individuals' perceptions rigid and dogmatic, or are they more flexible concerning these matters? Quest religion differs and is distinct from intrinsic and extrinsic religiosity. The QROS is a self-report instrument built on three pillars or theoretical constructs: complexity, doubt, and tentativeness. These subscales assess one's ability to engage with existential questions without diminishing their complexity, the ability to view self-criticism and doubting faith as beneficial, and finally, tentativeness refers to openness to changing one's religious beliefs. The higher the score, the greater the quest religion. Each subscale comprises four items (totaling 12), and this study examines whether the three-component model is accurate for Quest religion (Shaw & Joseph, 2004).

Shaw and Joseph (2004) used the QROS to assess participants' religious orientation. Researchers examined the experiences of 286 people who attended church in the United Kingdom (Shaw & Joseph, 2004). Although this study did not include African Americans, their robust religious experiences may provide relevant information to the current study. (Black, 2012; Bruce et al., 2020). About one-third were men, and the rest were women. Their ages ranged from 18 to 90 years old. This study did not include detailed demographic information; therefore, the racial makeup of the sample is unknown.

Outcomes from the QROS yielded good validity when tested (Batson & Schoenrade, 1991; Leak, 2011). Concerned researchers reviewed many unpublished reports, theses, dissertations, and conference works. Their efforts enabled them to

conclude that the measure accurately assesses the personal religious experience as intended, a dimension of religious orientation.

In addition, researchers in Australia used this measure to determine the contribution of personal psychology and religious experience to the participants' lives in their sample (Francis et al., 2019). These shaped their religious explorations (openness) versus religious certainties (dogmatism). One finding was that Catholics maintained a higher openness to mystical experiences, Protestants were less open, and Pentecostals were even less (Francis et al., 2019). Their scores were: Mean 19.7 and SD 4.3, Mean 18.8 and SD 4.3, and Mean 16.1 and SD 4.3. With the assurance of comprehensive testing (such as the one for validity noted above) and usage (as demonstrated in the Australian study), I can use this measure with reasonable confidence, expecting effective results that accurately reflect the authentic experiences of my subjects (Francis et al., 2019). African Americans are represented in various types of churches mentioned above in the study, and my research revealed findings that support the connection between religious interest and positive psychology; Barnes, 2009).

Stressful Life Events (SLEs)

Stressful life events (SLEs) refer to various experiences that cause significant stress in one's life (Assari, S., 2018). A person, mainly an African American, may have financial stress, according to Assari (2018). One example was during the Great Depression of the 1930s, and another was the Great Recession (from 2007 to 2009). Educational stress is also a fundamental factor in the lives of many African Americans

(Schmitz et al., 2020). The SLEs I will discuss in this section include COVID-19, family upheaval, death of a loved one, educational trials, racism, and police brutality.

Types of SLEs: Coronavirus (COVID-19)

Notably, there is a significantly disproportionate effect of the Coronavirus and the subsequent disease of COVID-19 on the African American population of the United States (Ebor et al., 2020; Yancy, 2020). This reality is due, in part, to low health equity and social determinants of health, as exemplified by involuntarily high rates of poor health among African Americans that include diabetes, hypertension, obesity, and heart disease, among others (Yancy, 2020). This situation is not because African Americans choose to be unhealthy but because fewer options have been afforded to them based on where they live, work, and play (Yancy, 2020). Blacks represent a disproportionate rate of COVID-19 fatalities. In Illinois, African Americans comprise only 14% of the population, but they comprise 67% of the deaths in that state as of April of last year (Shah et al., 2020). Of note, Blacks, Latinx, and older people of color are among the most brutally hit in the United States (Ebor et al., 2020). Significant work exists on institutionalized older people of color, but those outside of this context grapple with impacts due to the effects of COVID-19 (Ebor et al., 2020). This has prompted creative initiatives from the African American church community (Thompkins et al., 2020). One study reported that Pastors in the San Francisco Bay area produced videos to inform their congregants about the COVID-19 crisis, combating rumors, conspiracies, and misinformation about the disease that were circulating in their communities (Thompkins et al., 2020).

Experienced Racism

Another concern producing SLEs for African Americans is the confluence of Black Lives Matter and COVID-19 in 2020 (Schachter, M., 2020). Black Lives Matter is a movement by African Americans to highlight the systemic injustices of the U.S. inflicted upon them as a people. Recent high-profile police shootings recorded via cellphone footage have brought to light an allegation of many African Americans, namely, that there is a miscarriage of justice by police, courts, and prisons, which results in unjust incarcerations (Alexander, 2011; Madeleine Schachter, 2020). Many unjust shootings of men, women, boys, and girls are evident in cellphone videos, including the trauma of George Floyd and Tamir Rice (Wilson & Wolfer, 2020).

Racial capitalism is a source of stress for African Americans as it refers to the institutionalized procedures that create and maintain racial inequities (Anand & Hsu, 2020). Grosfoguel described racism as “dehumanization related to the materiality of domination used by the world system in the ‘zone of non-being’ using violence and dispossession, as opposed to the materiality of domination in the ‘zone of being’ characterized by regulation and emancipation” (Grosfoguel, 2016, p.9). Racism and racial trauma, which have also been mitigating factors in human trafficking, are the adverse residual effects of racism on an individual (Bryant-Davis & Tummala-Narra, 2017). There is a disproportionate rate of minorities in human trafficking, and they experience racism in treatment centers (Gerassi et al., 2019). Additionally, former President Trump enacted an executive order to prohibit training on race and gender concerns, and he classified protesting with Black Lives Matter as a felony. Currently, many state

legislatures prohibit teaching critical race theory, which stifles efforts to teach the truth about the United States' ills in education. The racial trauma that resulted in the emergence of Black Lives Matter and the racial disparities of COVID-19 care can be considered SLEs along with other current national issues (e.g., forest fires, hurricanes, and political unrest stemming from racial injustice). There are many types of SLEs, and I list a few below.

Other Types of SLEs

Death of a loved one or educational trials can also be considered SLEs for school-aged children (de Moor et al., 2019). Bereavement is the experience of many African Americans who lose family and friends to violence and disease, which may be the experience of those in my study (de Moor et al., 2019). Many other SLEs may play a prominent role in one's trauma history, such as severe injury or health concerns, family upheaval (the breakdown of the nuclear family due to death or divorce), racism, police brutality, and any other mechanism for marginalization in society (i.e., sexism, ageism, etc.; Stevens-Watkins et al., 2014). These are all part of the experience of African Americans and may also be part of my study (Halloran, 2019). Such SLEs can affect the development of young adults and adults, which may lead to PTSD (de Moor et al., 2019). SLEs that may be prevalent in my population may precipitate from racism and discrimination that individuals may have experienced. In addition, low health equity and social determinants of health affect the mental health of African Americans.

Measurement of SLEs: Traumatic Life Events Questionnaire-Revised (TLEQ-R)

Stressful life events show up in the lives of those who experience them (Stevens-Watkins et al., 2014). The Traumatic Life Events Questionnaire-Revised (TLEQ-R) measures an individual's SLEs and provides what is called "trauma history" (Kubany et al., 2000). In their study, Stevens-Watkins et al. examined the effects of SLEs on African American women, as African Americans are 20% more likely to experience and report severe psychological distress than non-Hispanic white people (Stevens-Watkins et al., 2014). Researchers used the TLEQ-R to explore the experiences of African American college students and African American men (Aruguete & Edman, 2019; Kibler et al., 2011).

Stevens-Watkins et al. (2014) used data from 204 Black women located in an urban area in the southeastern part of the U.S. Their education, income, and marital status were significantly different than the national average (lower educational level, lower pay, and many were single), so the findings are not generalizable. Researchers measured psychological distress in these women, accounting for sociodemographic data, including age, marital status, race, and annual income.

The TLEQ-R consisted of six subscales. The subscales are employment and finances, personal illness and injury, social network loss, childbirth and motherhood, childhood victimization, and lifetime victimization. The alpha level was .78, so it measured the intended variables proficiently (Stevens-Watkins et al., 2014; Kubany et al., 2000). The broad scope of the measure covers traumatic experiences that other instruments may not address (Kubany et al., 2000). Researchers also used the TLEQ-R to

measure and study the effects of PTSD on alcohol consumption by young adult college students (Kubany et al., 2012). They found that intervention for PTSD could moderate alcohol use by these students (Kubany et al., 2012). Lastly, researchers compared the TLEQ to the Structural Clinical Interview for DSM-IV (SCID) and found that the TLEQ was overwhelmingly more accurate than the SCID, nine times better.

Responding to SLEs

A researcher noted that SLEs could contribute to depressive or anxiety symptoms through rumination (Rood et al., 2012). These researchers concur with Beck's view (Beck, 1977) and argue that children and adolescents may harbor negative views of themselves and the world that become realized or activated later in life through SLEs (Łosiak, W. et al., 2019). They also report that negative associative processing needs to be mediated by reflective processing to avoid becoming vulnerable to depression. Researchers have also found that SLEs affect the ability of subjects to maintain attention in clinical trials (Łosiak, W. et al., 2019). This poor attentiveness links to my study, as many African Americans experience ADHD as a possible effect of SLEs. However, many are over-pathologized with ADHD and other behavioral disorders (Behnken et al., 2014; Zablotzky et al., 2020).

Władysław Łosiak et al. (2019) examined the experiences of 108 high school and college students aged 18 to 25, comprising 19 men and 89 women. Researchers recruited participants using snowball sampling techniques, as students who responded to the advertisement for the study recruited other peers for the study. These participants had no diagnosable disorder and were not using any medications before or during the study.

The participants volunteered for a 45-minute self-administered computer-based test (Łosiak, W. et al., 2019). They received no compensation whatsoever. This study used a specifically designed test (computer program) that tested and measured attention, memory, rumination, and depression.

The measures used in this study include the Center for Epidemiologic Studies Depression Scale (CES-D), Rumination Questionnaire, Stressful Life Events Scale, Memory Task, and Rapid Serial Visual Presentation (RSVP), also known as RSVP (Łosiak, W. et al., 2019). The CES-D is a self-report measure of depression in the general population. This measure assesses the frequency of symptoms experienced within the last week, such as "I felt gloomy." It uses a 4-point rating scale, ranging from 0 (less than one day) to 3 (five to seven days), to represent answers regarding depressive symptoms experienced throughout the past week. For this study, a score of 16 or above indicated depression.

Władysław Łosiak et al. (2019) employed the Stressful Life Events Scale to investigate the experiences of 65 students, comprising 37 females and 28 males. Researchers listed recent and hypothetical stressful life events for young adults of the respondents' age. They identified 45 life events, including family concerns, health issues, and academic problems. They rated these items on a 5-point Likert scale, with 1 being "not stressful" and 5 being "very stressful." The Cronbach's alpha for the present study was good, at .88, which is higher than the benchmark of .70.

The Memory Task was used to ascertain whether participants focused on positive or negative ideas (Łosiak, W. et al., 2019). Participants were shown different words for

half a second on a computer screen with 5-minute breaks between terms. Results indicated that they focused more on the negative comments than on the positive words.

The Rapid Serial Visual Presentation (RSVP) was employed in this study, which was similar to the Memory Task (Łosiak, W. et al., 2019). Participants viewed positive and negative words for very short durations. Like the Memory Task, participants focused more on negative than positive words.

This section addresses SLEs and individuals' responses. The following section focuses on Post-Traumatic Stress Disorder, and the experiences of African Americans and Latinx Americans will be explored.

Responses to SLEs among African Americans

As stated above, there are plenty of SLEs in the African American community. My study focuses on this population, and I was concerned about SLEs and their responses. The following are a few studies that connect music to psychological healing among African Americans. These highlight how music helps African Americans transcend trauma and promotes PTG. A survey among African American cancer survivors illustrated how songs significantly impacted their health and well-being under duress (Hamilton et al., 2016). Hamilton also conducted a study on the role of religious music in healing African Americans undergoing other health problems (Hamilton et al., 2013). Psychology has the potential to join the efforts of music in shaping the psyche of African Americans experiencing SLEs (Bernal-Marcos et al., 2017; Odum, 1909). One study unearthed the habit of Nelson Mandela while imprisoned in Robben Island prison (Buis, 2013). Eye-witness accounts testify to his use of music (singing and dancing) in

jail to help him and other prisoners cope with their injustices that included extreme versions of SLEs (Buis, 2013). Lastly, researchers have observed how listening to music that their patients like can increase therapeutic rapport (Avent, 2016).

SLEs among African Americans have been studied by few researchers, as noted above (Bernal-Marcos et al., 2017; Odum, 1909). One notable study examined the role of religious music in the lives of young people undergoing stressful experiences, and participants spent 15 minutes each, receiving a \$30 gift card for their time. A preliminary inquiry stem consisted of three questions, with a few follow-up questions as needed.

The responses used five categories of songs: Instructive (i.e., songs about activities one can do and means for worship), Thanksgiving and Praise, Communication (i.e., Prayers), Memory of Ancestors, and Life after Death. These are all the diverse ways participants used religious songs to cope with SLEs. This study showed that Instructive songs were the most encouraging in all age groups and genders. Secondly, there were songs of Communication with God, Thanksgiving and Praise, Memory of Ancestors, and finally, songs about Life after death. This study indicates how music can play a massive role in the mental health of African Americans and could impact their therapy experience.

Post-Traumatic Stress Disorder

African Americans

African Americans have one of the highest rates of PTSD in the United States (Asnaani & Hall-Clark, 2017). In addition, race-related stress also indicated PTSD in various ethnicities, including African Americans (Khaylis et al., 2007). This PTSD may

be due to race-related stress, ethnic identification, or even the latent effects of slavery (George, 2015; Leary, 2005; Wilkins et al., 2013). Intergenerational trauma is also a factor for this population (Barlow, 2018; Bryant-Davis et al., 2010; Womack, 2016). Researchers have found a statistically significant relationship between race-related stress and ethnic identity with $r = .24$ and $p = .02$ (Khaylis et al., 2007). The stronger the ethnic identity (i.e., the more one identifies and is comfortable with their ethnicity), the more race-related SLEs one experiences (Khaylis et al., 2007). Finally, studies show the effects of slavery on African Americans, and, according to the researchers, there are residual effects of slavery that still exist among African Americans (Leary, 2005; Womack, 2016). PTSD, or Post Traumatic Slave Syndrome, as some call it, for African Americans, is both a process and an outcome for this population (Womack, 2016). It is something they must go through and bear, and at the same time, it is the product of hundreds of years of subjugation and oppression (Miller et al., 2020). The implications for my study include the reality that participants have experienced race-related stress in their background and as part of their trauma. These experiences inform the realities that African Americans are very familiar with and must continue to participate in an unjust society that marginalizes and oppresses them (Halloran, 2019; Leary, 2005). Next, I move from PTSD in African Americans to PTSD among young adults.

Causes of PTSD Among Young Adults

Post-traumatic stress disorder is a reality for many young adults in the United States (Bernard et al., 2020; Smith, 2014). PTSD has many causes from a diverse array of situations that may arise in the life of young people (Schmitz et al., 2020). Most

researchers have focused on one-time SLEs in the lives of children, but many children experience multiple SLEs (Smith, 2014). African American adolescents experience SLEs at a much higher rate than other ethnicities of the same age group (Voisin et al., 2014).

Health inequities and social determinants of health contribute to high divorce rates, community violence, shootings, physical violence, abuse, human trafficking, and parental incarceration, and all can affect the emotional well-being of African American children. Other stressors may include COVID-19, disproportionate suspensions and expulsions in K-12th grade, misdiagnosis, low expectations, domestic problems, single-parent homes, and access to abused substances (Brissett-Chapman, 1997; Butler-Barnes & Inniss-Thompson, 2020; Friedman & Paradis, 2019; Thompkins et al., 2020). “Polyvictimization” was an indicator in young adults (primarily African American males) at a northeastern detention center where they had comorbidity of PTSD and depression (McNair et al., 2019, p. 1). Polyvictimization describes an individual with various traumas or SLEs versus repeated and isolated SLE (McNair et al., 2019). For instance, physical abuse, sexual abuse, and community violence, instead of repeated sexual abuse, may only characterize polyvictimization (Brissett-Chapman, 1997; Bensley et al., 2004). Polyvictimization exacerbates problems associated with PTSD tremendously, as this population experiences the anxieties of PTSD and the sadness and helplessness of depression (Asnaani & Hall-Clark, 2017; Alim et al., 2006).

Although there are many causes of PTSD in African American young adults, I will highlight a few based on the extant research. One such concern, the incarceration of a parent, can wreak havoc on a child's psyche (Smith, 2014). Incarceration of a parent is

the cause of many difficulties for children (Murray et al., 2012). African Americans experience incarceration more often than the general population, and many of their children tend to have higher rates of PTSD (Smith, 2014). Many young people do not know how to handle the conflicting emotions resulting from their parents' conviction of a crime (frequently serious offenses) and their love for their mom or dad (Smith, 2014). Some children experience incarceration themselves in what is known as *the school-to-prison pipeline* (Desai & Abeita, 2017; Will et al., 2014). In addition, Black students are suspended, expelled, and arrested more than their White peers (Hassan & Carter, 2021). Excessive discipline is an area that needs more research to inform counselors, teachers, and clergy on how to effect positive change in the lives of these children. Still, there is a lack of research on this population. This population is relevant to my study because my subjects shared similar experiences.

There are links between community violence and risky sexual behaviors among young African Americans with $r = .19$ and $p < .01$ (Voisin et al., 2014). There is a connection between dangerous sexual encounters and community violence (whether gang-related or otherwise) and negative attitudes about safer sex (in boys and girls) and aggression (in boys; Voisin et al., 2014). In this way, traumatic stress may become the conduit for other SLEs (leading to PTSD) for these young people, such as contracting an STD through unsafe sex (Hong et al., 2019). Research highlights the role of parenting and the prevalence of these concerns, and although parental monitoring does help reduce risky sexual behavior, community violence plays a prominent role (Udell et al., 2017). In addition, the media inundates African American young adults with images in movies and

lyrics in songs that center around sex and sexuality (Williams, 2012). This population relates to my sample because many African American participants have had similar experiences.

Another area deserving further study is the impact of parents serving in the military and relocating their families worldwide or separating from them (Williamson & Yates, 2016). There has been a significant difference in deployment rates between Blacks and other ethnicities during the wars in Iraq and Afghanistan. Namely, only 26% of blacks were deployed, and only 19% of different ethnicities, per this study sample using 100,000 servicemen and women (Arney et al., 2021). This difference can also be a trauma for African American children of servicemen and women, as children do not get the stability afforded to their peers in school and the neighborhoods where they reside temporarily. These young adults sometimes have to endure the mental health concerns of their parents and can feel the need to be hypervigilant at home (McClendon et al., 2019; McGaw et al., 2019). This issue explodes with the reality that African Americans experience discrimination, even in the military (Aragon, 2015). Children can feel doubly marginalized, not only as strangers or outsiders but also as black. They miss out on other children's stability and experience racism. Within this context, children may experience double adversity when they are part of racial segregation, neighborhood distress, and the effects of poor mental health (Do et al., 2019). There are various programs available for such families, including Operation BRAVE Families; however, there is still room for further improvement (Smith et al., 2013).

PTSD symptoms increase when such individuals experience trauma over a prolonged period (chronic exposure or complex trauma) that is untreated, which happens more often than not in African American communities (Smith, 2014). There are numerous studies on the academic lives of African Americans under stress (Boyras et al., 2013; Brownlow et al., 2014; Nowicki, 2018; Thompson & Massat, 2005). Boyraz and colleagues (2013) found that students need extra-curricular and academic support to thrive. Thompson and Massat (2005) found that academic performance was directly related to PTSD. There is also a link between the effects of PTSD and sleep and cognition in African Americans (Brownlow et al., 2014). Through polysomnography (a type of sleep study), researchers have discovered that sleep disruption is a PTSD symptom in African Americans. Their cognition is negatively affected by a sustained attention measure and verbal memory (Brownlow et al., 2014). This data can assist teachers who have African American students who are underperforming to understand their students better. They might not be just a class disruption or simply a lack of sleep (Brownlow et al., 2014).

Childhood sexual abuse is another source of distress and cause of PTSD in the African American community (Ullman & Filipas, 2005). Greeson et al. (2011) found a connection between post-traumatic stress and complex trauma. Salazar et al. (2013) studied the prevalence of abuse in foster care, leading to PTSD in young adults. This ties into my population of interest, as some of my participants may come from the foster care system. Ullman and Filipas (2005) revealed that African American women college students experience childhood sexual abuse more than Whites, Hispanics, or Asians

(Hayes, 2021). In addition, childhood sexual abuse among boys relates to depression as an SLE (Williams et al., 2015). According to Williams et al. (2015), childhood sexual abuse among boys was highly correlated with intimate partner abuse later in their lives. Childhood sexual abuse is just one more way African Americans experience the harmful effects of PTSD (Sharpe, 2018; Ullman & Filipas, 2005). This problem is pervasive and demands more attention from the academy. Once again, this is a problem for this population that the literature underrepresents.

PTG Inventory (PTGI)

A commonly used way of measuring PTG is the PTGI (PTG Inventory; Tedeschi & Calhoun, 1996). Five domains are highlighted in the PTGI that Tedeschi and Calhoun devised (Tedeschi & Calhoun, 1996). They include improved relationships with others, enhanced spirituality, increased personal strength, new possibilities, and an appreciation for life (Tedeschi & Calhoun, 1996). The PTGI indicates that people can grow closer to God, cherish relationships more, become more robust, affirm life, and experience new opportunities that would not have become available except for prior trauma. For instance, an example of new possibilities could be the chance to enter the workforce for a widow after the death or abandonment of her husband, who served as the “breadwinner,” the primary contributor to household finances.

PTG in Related Populations

PTG Among African American Women

There has been fruitful research on Black women due to their predisposition for PTG (Manove et al., 2019). People in an oppressed group tend to have more evidence for

PTG than the majority or privileged culture (Manove et al., 2019). For example, people who identify as Black (African American) in the U.S. report higher PTG rates than Whites in the U.S. (Manove et al., 2019). Using the Tedeschi and Calhoun (1996) model, one can see the correlation of PTG factors that promote PTG in this population.

One study illustrated the need for more support programs and patient-provider encounters to determine the factors that produce PTG in Black women who had breast cancer because they decided that there is a possible connection between these components and higher PTG experiences (Kent et al., 2013). The literature has noted that PTG might be fostered in this group as “a group” instead of the traditional individualistic counseling paradigm, according to the Historical Trauma – PTG framework (HT-PTG; Ortega-Williams et al., 2021). This model focuses on the collective historical trauma experienced by various groups subjected to discrimination and racism (Ortega-Williams et al., 2021). Another study found that the higher the post-traumatic stress, the higher the PTG in African American mothers after a natural disaster, showing their strength (Lowe et al., 2013). Next, I will elaborate on the Manove study to clarify the experiences of this population.

First, according to Manove et al. (2019), social support, faith, and trauma-related self-disclosure are standard in this group, especially Black women, and serve as prerequisites for PTG, according to Tedeschi and Calhoun (1996). Women report higher PTG levels than men because they use social networks more and participate in more positive self-talk (Manove et al., 2019). Finally, Black people tend to rely more on their religious roots than White people (Manove et al., 2019; Ahrens et al., 2010). Therefore,

Black women are more prone to develop PTG than other races of men and women, and Black men, due to the supports mentioned above and their exposure to traumatic events in life (Manove et al., 2019).

These five domains affect my target group for this study in various ways. Improved relationships with others, namely family and friends, can be experienced (Tedeschi & Calhoun, 1996). Participants may harken back to spirituality from their youth, or individuals may seek religion afresh. The women in the study may become more resilient to face future life problems as young adults and may find new possibilities based on their experiences. The women here may not have explored these possibilities without the trauma. Ultimately, these subjects may develop an appreciation for life at a young age that will follow them throughout their lives.

While PTG is a widely researched construct, there is a lack of research on PTG in the African American population in the U.S. (Manove et al., 2019). As mentioned earlier, Black people are at high risk for traumatic stress, and research into these experiences may be revealing (Manove et al., 2019). Three of the only PTG studies available as of this writing focused on the experiences of female survivors of Hurricane Katrina.

Reintegrating into everyday life after a hurricane is a major SLE. This population had to navigate life with a high risk of traumatic stress due to their racial and gender identities, and the devastating effects of the hurricane. However, many African American women persevere through the pain and the trauma (Lowe et al., 2013).

Hurricane Katrina was one of the most devastating natural disasters in modern U.S. history (Manove et al., 2019). It left the lives of many in the southeast U.S. in tatters

and called into question the leadership of the U.S. government from then-President George W. Bush to FEMA (The U.S. Federal Emergency Management Administration). This weather event damaged 71% of the housing units in New Orleans, displaced more than 650,000 citizens, and caused almost 2,000 deaths (Lowe et al., 2013). This most notable storm left many residents, family, and friends dismayed. The following section highlights the experiences of African American women, who were disproportionately affected by Hurricane Katrina (Lowe et al., 2013). I explored oppression and the lasting effects of the storm.

The first study highlighted the fallout from Katrina in the lives of low-income African American mothers. Manove and colleagues (2019) noted that a natural disaster such as Hurricane Katrina could exacerbate the harmful effects of oppression, such as racism, sexism, and marginalization based on socioeconomic status. In addition, the toxic residue of a natural disaster, like widespread flooding, home loss, and grieving over loved ones who succumbed to the ravages of the hurricane, places further stress on these survivors.

Although many women in New Orleans experienced psychological distress after Katrina (symptoms included anxiety and depression), others were able to transcend their trauma and persevered to a more adaptive mental status according to the five domains: New Possibilities, Relating to Others, Personal Strength, Appreciation for Life, and Spiritual Change as examined by researchers (Tedeschi & Calhoun, 1996). This adaptive psychology, also called “resilience” or “positive psychology,” has been termed PTG. PTG refers to the positive psychological change that occurs in response to new

opportunities arising from traumatic experiences, also known as SLEs or stressful life events (Tedeschi & Calhoun, 2004). Resilience is bouncing back (i.e., dropping a basketball), while PTG is bouncing back higher (i.e., throwing a basketball down with force). It is influenced by strong sociocultural factors, as evident in the lives of many Black women who often come from close-knit families and regularly interact with not only parents and siblings but also cousins, aunts, and uncles from various generations.

Researchers revealed the PTG experiences of these women and found that positive religious coping promoted PTG (Chan & Rhodes, 2013). Also, researchers found that African American women with HIV in New Orleans after the hurricane had higher PTG levels when they had more coping self-efficacy, indicating that they had the propensity to proceed with life after Hurricane Katrina (Cieslak et al., 2009).

The first study on PTG exposed the experiences of low-income Black women after Hurricane Katrina (Manove et al., 2019). This study highlights what it must have been like for these women, who may have been guardians or single parents of young children. (Manove et al., 2019). Manove et al. employed a mixed-methods approach that not only examined the quantitative reports of survivors via the PTGI (PTG Inventory) but also explored the participants' lived experiences through qualitative means. Comparing these two methodologies provided the researchers with a broad yet deep understanding of PTG in this population, which was the aim of a mixed-methods study. This study tested the PTGI's validity using a qualitative study by Manove and colleagues (2019), which examined the experiences of 32 parents between the ages of 18 and 34 who had at least one child under 19 years old at the time of the hurricane. Most were Black and female,

had a high school education or equivalent, and were living at or below 200% of the federal poverty level. There were pre-Katrina and post-Katrina research activities conducted with this group. Eighty-one percent of participants reported experiencing PTG, and the qualitative codes for PTG correlated well with the PTGI scores, indicating the apparent validity of the instrument (Manove et al., 2019). The Black mothers experienced PTG with the following order of importance: New Possibilities, Relating to Others, Personal Strength, Appreciation for Life, and Spiritual Change. Their study showed significant PTG experiences in these women's lives (Manove et al., 2019). Further research can reveal the impact of natural disasters on the lives of marginalized groups (Manove et al., 2019).

Post-Traumatic Stress versus PTG After the Hurricane in African American Women

Another group of researchers also used Hurricane Katrina as the backdrop for their research (Lowe et al., 2013). They proposed to examine the relationship between post-traumatic stress (PTS) and PTG after the hurricane. Lowe and colleagues (2013) also planned to examine how demographics, pre-disaster psychological distress, hurricane-related stressors, and psychological resources, such as purpose and optimism, affect the lives of Katrina survivors. They noted that there must be a significant amount of post-traumatic stress for an individual to be poised for PTG. There is an inconclusive relationship between the two phenomena that researchers have studied, with mixed results regarding the influence of one on the other (Lowe et al., 2013).

This study consisted of 334 low-income mothers (82% non-Hispanic Black) who lived in New Orleans (Lowe et al., 2013). They used a pre-hurricane survey and two post-hurricane surveys (1 and 3 years after Katrina). Measures utilized include the following: the PTGI, the IES-R (Impact Event Scale-Revised; a self-report measure of PTSD symptoms); the K6 scale measured psychological distress (Mewton et al., 2016), a screening tool for nonspecific psychological pain; the HRSS (Hurricane-Related Stressors Scale; questions about the hurricane experience up to one week after the malicious weather event); the LOT-R (Life Orientation Test-Revised); a self-report measure of optimism; and finally, the Purpose in Life subscale of the Sense of Self measure (Lowe et al., 2013). These researchers found a significantly positive correlation between non-Hispanic Blacks and PTG. In addition, the higher the PTS levels, the higher the PTG experience. The researchers suggest more research to influence more instances of PTG instead of PTSD.

Above, I discussed African American Women and PTG. Then, I focused on comparing PTG and post-traumatic stress in African American women. Next, I close this section by discussing genetics and PTG.

Genetics and PTG

Lastly, another research study focused on survivors of Hurricane Katrina, but this one highlighted gene variants as predictors of PTG (Dunn et al., 2014). Other researchers have found a connection between specific genes and PTSD (Mellman et al., 2009). The genetic markers of African Americans who experienced childhood emotional abuse were also examined and showed that particular genes moderate the residual experiences of the

abuse, such as reexperiencing and arousal severity (Walsh et al., 2014). Still, other researchers have used genetic research to inform the traumatic experiences of African Americans. They suggested that African Americans' genetic risk and trauma exposure are linked (Almli et al., 2014). All these studies are relevant to my research because they address the genetics of African Americans who experienced trauma. The present study also sought to include African Americans who have experienced trauma.

In the Dunn et al. (2014) study, gene-environment interaction (GxE) predicted PTG in disaster survivors. This study comprised 10 variant polymorphisms of 7 genes, and the data were collected from 205 low-income, non-Hispanic Black residents of New Orleans. Researchers used one pre-disaster survey and three post-disaster surveys administered by phone. Added to the Washington Post, Kaiser Family Foundation, Harvard School of Public Health, and the Impact of Events Scale, PTGI was the PTGI. Sex, age, and social support were measured using the Social Provisions Scale (Dunn et al., 2014). Participants supplied DNA samples of saliva. One gene, RGS2, showed a significant correlation with PTG (Dunn et al., 2014). With low levels of hurricane exposure, RGS2 exhibited the lowest level of PTG; however, with moderate to high levels of exposure, RGS2 showed the highest level of PTG (Dunn et al., 2014). In this study, exposure levels to the hurricane differed significantly through interaction with this gene (GxE: gene-environment interaction). Due to the limited genetic research on PTG, further studies can provide valuable insights into this topic. My study does not address genetic makeup, but since all my participants are African American, they may have similar genes and traumatic outcomes, PTSD, or PTG.

This Literature Review contains studies on trauma and PTG. In addition, my research conceptual framework encompasses rumination and religious orientation. SLEs provided discussion with various responses to SLEs. This review culminates in the identification of a gap in the literature.

There is limited research representation of African Americans and PTG experiences (Ahrens et al., 2010; citations needed). African Americans have PTG experiences and need examination for healthy living in light of constant stressors and SLEs, including natural disasters, compounding the myriad of other stressors for African Americans (Lowe et al., 2013). Most recently, our country has witnessed many incidents of African Americans dying at the hands of the police. It is taking a toll on the psyche of our country, primarily African Americans (Evans et al., 2016) This gap has implications for not only underserved African Americans but also the efforts of clergy, counselors (school and community-based), teachers, coaches, and parents. They need to know how to address the effects of societal ills on this population.

How does a nation recover from these systemic ills that impact African Americans more than others (Myers et al., 2015)? How do young Black boys and girls cope with seeing their people killed in their neighborhoods, on TV, and social media (Massat & Thompson, 2005)? One suggestion is religion, as some researchers have asserted, and this project has explored this aspect (Ahrens et al., 2010; Hamilton et al., 2016). We must pursue an effort that allows them to experience trauma without being traumatized, which is the essence of PTG. African Americans have a long heritage of strength amid adversity (Zakour & Harrell, 2003), but maybe a gentle nudge in the right

direction (through education) can place this population in space among those who not only survive but thrive after trauma (Hamilton et al., 2013; Stevens, 2002; Manove et al., 2019). PTG is the answer, but many are unfamiliar with the phenomenon. Through this study, and others like it that are to come, we can provide people with hope.

This study calls for social change that is so gravely needed today. African Americans need to see themselves through a different lens—a lens of adaptation and tenacity. PTG holds up the mirror we need to see our true selves. This research will help alleviate hopelessness in our communities and reduce crime on our streets. When African Americans view themselves as assets rather than liabilities, actual change can occur.

Population-Based SLEs and Responses

As mentioned above, African Americans are an underserved population in PTG and SLEs. With the attendant low SES and living in communities mired by violence, African Americans are prone to experiencing SLEs (Cutrona et al., 2005). There is no lack of stressors for this population, but the existing research is not commensurate with this reality (Manove et al., 2019; Weiss & Berger, 2010). In addition, African American women have a history of adapting well to stressors, such as breast cancer, compared to their White counterparts (Bellizzi et al., 2010). Still, there is a lack of research on this unique phenomenon. This section will focus on the experiences of other underserved populations. The following study reveals the SLEs of refugees. They were selected because they are often underserved, as are African Americans, who comprised my study.

Refugees

A study indicated the experiences of refugees with PTSD who suffered more SLEs after they departed from their home country (Schock et al., 2016). Researchers found that new stressors exacerbated their pre-existing traumatic symptoms (include citations). Stress, anxiety, and depression were all elevated after the new SLE was introduced into their lives (via life circumstances).

This longitudinal study consisted of 94 outpatients at a center for torture victims. Twenty-three had experienced subsequent trauma (Schock et al., 2016). There was a comparison between these participants and those who did not experience further trauma. Schock and fellow researchers used the Harvard Trauma Questionnaire event list, List of Life Events, the Post-Traumatic Diagnostic Scale (PDS), and the Hopkins Symptoms Checklist (HSCL).

Researchers employed the Harvard Trauma Questionnaire Event List to measure trauma experiences using 23 types of traumatic events (Schock et al., 2016). The measure identifies whether participants have experienced, witnessed, or heard about traumatic events. Experiential or observed trauma received a designation of 1, and trauma they only heard about received an assignment of 0. The validity and reliability of this study were unknown.

The Life Events Scale consists of typical SLEs that precipitate from migration concerns for refugees (Schock et al., 2016). They were asked monthly about their experiences with SLEs as a new refugee. They answered '0' for *'no'* and '1' for *'yes'*. This

list contained 8 SLE items and one open-answer field; if they answered 'yes' for at least one of the items, the HSCL-25 and the PDS provided the evaluation.

The PDS is used to assess the severity of PTSD symptoms (Schock et al., 2016) and measures intrusion, avoidance, and hyperarousal symptoms. This 17-item questionnaire measured the frequency of PTSD-related symptoms over four weeks. It is designed with a 4-point Likert scale with 0 = never and 3 = nearly always. Researchers combined the items and calculated an index by summing them together. The rating was mild (1-10), moderate (11-20), moderate to severe (21-35), and severe (36-51) PTSD symptoms. The symptom clusters provided ranges, including an intrusion range (1-15), an avoidance range (0-21), and a hyperarousal range (1-15). The tool exhibits excellent internal consistency, with an alpha of .92, and good test-retest reliability ($r = .74$). Validation across several populations, including refugees, characterizes this instrument.

The Hopkins Symptoms Checklist (HSCL-25) comprises 10 items to measure anxiety and 15 items for depression symptoms. Respondents indicated their experience with stress during the previous week on a 4-point Likert scale from 1 (not at all) to 4 (extremely). The items adapted for this study reportedly had good validity and reliability. This description sums up the discussion on population-based SLEs and responses. Next, I summarize and conclude this review of the literature.

Summary and Conclusions

The problem in extant research is the dearth of data on the experiences of urban African Americans with PTG (Barlow, 2018). In this study, I focused on the relationship between rumination, religious orientation, religious commitment, and SLEs (independent

variables) with PTG (dependent variable) for urban African Americans. It has been found that SLEs may cause PTSD and the rumination that can be attendant with PTSD (Alim et al., 2006).

Furthermore, I employed the RCT framework, as espoused by Finney et al. (2000), as the guiding conceptual framework for this study. The basic tenets of RCT link religious practices to life satisfaction. The five dimensions of RCT include ritual practice, knowledge, experience, belief, and devotional practice (Finney, 1978). In a series of four studies, Wesselmann et al. (2016) found significant connections between commitment level, investment in a religious denomination, satisfaction, and contentment, as well as how religious commitment may fluctuate over time. Using the RCT as a conceptual framework, I analyzed participant responses to the ERRI, QROS, and TLEQ-R to explore the relationship between SLEs and PTG among African Americans.

I addressed the prevailing gap in the literature by illuminating the PTG experiences of African Americans, which is not well-researched. Outcomes from this research may be used to highlight the experiences of African Americans due to the prevalence of SLEs and trauma in their community. Additionally, the data from this research can inform the efforts of those who advocate for this population, such as parents, coaches, counselors, and other stakeholders. Research on the aforementioned concepts was gleaned from many database services. Key terms to be used are various word forms of the variables above, such as religion, religious, religiosity, and religiousness.

Chapter 3: Research Method

Introduction

I examined the relationship between rumination, religious orientation, religious commitment, and SLEs with PTG for an urban African American population using this quantitative survey study. This study focused on how independent variables, including rumination (i.e., cognitive processing) about a stressful life event (SLE), religious commitment, religious orientation, and SLEs, impacted PTG, the dependent variable. Calhoun et al. used a primarily Caucasian sample (80%). This correlational study extends the urban African American experience to the research model developed by Calhoun et al. (2000). Urban African Americans have not been exclusive subjects of PTG studies.

This chapter contains the following components of the study: (a) Research Design and Rationale, (b) Methodology, (c) Data Analysis Plan, (d) Threats to Validity, and (e) Summary.

Research Design and Rationale

This study was non-experimental because there was no control group to compare findings. I focused on the relationship between the independent variables of religious commitment, SLEs, religious orientation, and rumination in this population. The independent variable used in this study is PTG. I examined stress-related experiences through event-related rumination. I used multiple regression analysis as it is conducive to addressing the research question, which is, do event-related rumination, religious

orientation, religious commitment, and SLEs predict PTG among urban African Americans?

I also considered time and resource constraints. Since I used four instruments to measure three independent variables and one dependent variable, administering all four instruments to each participant may take considerable time. Including this information as part of informed consent helped to present transparency and increase the likelihood that participants would complete all the surveys. I used Jotform to complete the assessments. Resource constraints consisted of the compensation I provided as an incentive for participation in this study, considering the time it would take my subjects to complete them and the costs of obtaining the necessary instruments for analysis. Apart from these potential issues, I did not encounter any other constraints.

This non-experimental design allows for examining observations and interactions to arrive at a conclusion, rather than controlling or manipulating variables or subjects. This quantitative design is a valued means of conducting research, and it addressed the PTG experiences of the sample. This research can advance knowledge in the discipline as I carefully ascertained the relationship between my variables.

Revised Study Design

I received the approved informed consent and recruitment advertisement from the IRB; however, I mistakenly used a template on the Walden site at the time for another informed consent that would violate anonymity, as per my original study design. My committee notified me of the errors, and I was encouraged to remove all identifiable information from my data before submitting it to the IRB. IRB ruled that this was a

sufficient change and allowed me to proceed with the study. My mistake did not warrant any changes in subsequent data analysis.

Methodology

I studied PTG based on religious orientation and event-related rumination. The measure assesses religion as a coping mechanism and how rumination may predict PTG. My study participants had at least one childhood trauma experience (or stressful life event [SLE]) as inner-city youth, and this study allowed them to reflect on their experiences. Prior exposure to trauma was a criterion for participation, in addition to being an African American adult aged 25 and over from an urban locale.

Population

The target population for my study was urban African Americans. They assessed their childhood for trauma (also called stressful life events or SLEs) by evaluating their SLEs, religious orientation, and event-related rumination to predict PTG. They also answered the questions on the instruments. The participants in my sample were 25 and over. Since I studied adults, I did not face the research constraints associated with studying children. My participants came from the urban African American population.

Sampling and Sampling Procedures

I used convenience sampling for this study. Convenience sampling is a type of non-probability sampling that utilizes readily available subjects. Convenience sampling is not as rigorous as other methods, and it has limitations in generalizing to a whole population. However, convenience sampling is commonly used in quantitative survey research because participants are readily accessible (Wu Suen, L.-J. et al., 2014).

Although it employs non-probability sampling, it can provide valuable insights into the experiences of this population, and it is an inexpensive and expeditious method for conducting research.

I recruited my sample through social media and emailed the Jotform surveys to participants for completion. I offered each participant a nominal gift card for participation (\$5.00). I assured them of the confidential nature of the study by including informed consent with information on counseling support if needed. All respondents were unidentifiable, and I destroyed the data after the analysis was complete, per university guidelines.

I have used the G*Power Analysis software version 3.1, to determine the appropriate sample size to make the findings from my study more generalizable, conducting an a priori analysis to control for Type 1 and Type 2 errors. The Test Family is F tests. I used the linear multiple regression fixed model. Input parameters include an Effect Size of 0.15, an alpha error probability of .05, a Power 1-beta error probability of .8, and three predictors. According to G*Power Analysis, my sample size required 77 participants. I had 81 participants. Generalizability was limited due to the small sample size, which contrasts with extensive studies involving hundreds or thousands of participants.

I based my rationale for using the G*Power Analysis on comparing the PTG with religion and rumination variables to discover if there is a significant relationship between the dependent (religion measures and rumination measures) and the independent variable (PTG). I used a screener question to ensure that I obtained participants who have

experienced SLEs in their youth (i.e., have you experienced significant trauma, or a stressful life event, as a child or adolescent?). SLEs in their childhood were the inclusion criteria.

Procedures for Recruitment, Participation, and Data Collection

My recruitment efforts for this convenience sampling were based on social media and the Walden Research Pool. I collected demographic data to ensure that study participants met the inclusion criteria, specifically being African American from an inner-city area, aged 25 and over, and that none of them were my professional counseling clientele, thereby eliminating any potential conflict of interest within my study.

I compensated all my participants for their time with a token gift for participating in my study. That amount was a \$5.00 gift card per participant. They were provided informed consent via email using Jotform. All data was collected via Jotform using the instruments for my study. Jotform has an excellent reputation as a professionally reviewed, effective, and efficient method for gathering data (Gibbs, 2011). The informed consent portion of the study included information on the voluntary nature of the study, the participant's ability to withdraw at any time, the confidentiality of responses, and the offer of referral for services.

Survey Research Method

I employed the survey research method, a non-experimental design under the quantitative research category. This method allowed me to measure a statistically significant relationship (if any) between my independent variables and my dependent variable per my research question in the following paragraph (Laureate Education, 2010).

The survey method helped me understand how my participants conceptualize PTG concerning three variables that may influence PTG (Calhoun et al., 2000). Those variables are SLEs, religious commitment, religious orientation, and event-related rumination (Calhoun et al., 2000; Martin & Tesser, 1996). Survey methodology permits the use of a variety of instruments and measures, which I used to collect data from my sample. I used instruments with strong psychometric properties that measure each of the abovementioned constructs. I also used a correlational data analysis method to analyze my data. This method allowed me to use correlational analysis to determine possible linear relationships between two or more variables (Laureate Education, 2010).

Participants may need guidance from a counselor after exploring experiences from their youth. I explained sensitive issues in this study that may require psychological support from an ethical perspective in the Informed Consent. I provided a statement in the survey regarding potential risks, in addition to the following link:

<https://www.nbcc.org/search/counselorfind>. Ethical considerations include emotional distress activated by traumatic memories, a challenge to the participants' coping skills, and reliving past trauma during the survey.

Instrumentation and Operationalization of Constructs

I used four published instruments for this study. I used the PTG Inventory (PTGI) (Weinrib et al., 2006), the Quest Religious Orientation Scale (a self-contained, independent scale (Batson et al., 1993), SLEs through the Traumatic Life Events Questionnaire-Revised (TLEQ-R; Kubany et al, 2000), the RCI-10, and rumination on the event via the Rumination Scale (Calhoun et al., January 1, 2000b). These are relevant

to my study because I explored the PTG experiences of my sample and how rumination and religion influence their growth.

The PTG inventory measures PTG, also called adversarial growth. This inventory measures the PTG of the participants of my study. It has 21 items and a 6-point Likert scale, where 0 = *I did not experience this change as a result of my crisis*, to 5 = *I experienced this change to a very great degree as a result of my crisis*. The PTGI validity is $r = .98$, and the reliability is $.81$ (Arpawong et al., 2016a). This measure exhibits good internal consistency ($\alpha = .90$) and satisfactory test-retest reliability over two months, with a correlation coefficient of $r = .71$ (Arpawong et al., 2016b).

The ERRI contains 20 items on a 4-point Likert scale (Cann et al., 2011a). The validity for the ERRI is $.94$ for intrusive rumination and $.88$ for deliberate rumination, which is relatively high (Cann et al., 2011b). In addition, the measure's reliability (internal consistencies) is $r = .61$. Studies using this instrument mainly consisted of college-age Caucasian women and 30 Portuguese undergraduate students (da Silva, T. L. G. et al., 2016). This tool was valuable to me as I assessed my participants' rumination habits.

The Quest Religious Orientation Scale comprises 12 items, each using a nine-point Likert scale. Answers range from (1) *strongly disagree* to (9) *strongly agree*. The Quest Orientation Scale's internal consistencies for reliability are $.69$ for the Readiness scale, $.77$ for the Doubt scale, and $.59$ for the Openness scale (Calhoun et al., July 2000a). This study consisted of churchgoers from the United Kingdom. Another study examined the experiences of 54 young adults from a large university in the southeastern U.S.

(Calhoun et al., July 2000a). The Cronbach's alpha for the Quest Religious Orientation Scale was .67 (Calhoun et al., July 2000a). The participants in this study were mainly Caucasian males in a large southeastern U.S. university. According to the study, Quest Orientation predicted PTG.

The RCI-10 is a brief instrument that assesses religious commitment (Worthington et al., 2020). It contains ten items, each accompanied by a Likert scale. The 5-point Likert scale ranged from 1 = *Not at all true of me* to 5 = *totally true of me*. It has an approximate internal consistency, as measured by Cronbach's alpha, ranging from .93 to .96. The scale consists of two subscales: intrapersonal commitment and interpersonal commitment.

Trauma history was measured using the Traumatic Life Events Questionnaire-Revised (TLEQ-R; Kubany et. al, 2000). This instrument is comprised of 11 kinds of trauma experienced, and each is rated on a 3-point scale with the options 0 = never, 1 = once, or 2 = more than once for its prevalence in the life of the respondent. It was found to have strong reliability between intraclass correlation coefficients (0.69 to 0.78), indicating acceptable reliability and acceptable levels of convergent validity ($r = .71-.82$) also (Johnston et al., 2025). In this study, SLEs were found to predict PTG.

Data Analysis Plan

I used IBM SPSS software for analysis. I used this software package because it facilitated the statistical analysis of my data, and it is well-suited for quantitative research, such as mine. I used the licensed version of this software and entered data manually from Jotform surveys. After I had amassed the required number of participants,

I exported the data to an Excel file. I proceeded with Data Screening and Cleaning to ensure that the data from surveys was accurate and well-organized. I investigated the dataset for corrupted entries, incorrect formats, duplicate data, and incomplete data to produce clean data. I checked for errors and fixed or removed them to ensure my data was accurate. Finally, I imported the data into SPSS and checked the data for outliers, kurtosis, and skewness that may influence the normal distribution of my data.

The Research Question and Hypotheses explored follow here: Do event-related rumination, religious orientation, religious commitment, and participation predict PTG?

H₀1: Event-related rumination, religious orientation, and SLEs do not predict PTG. There is no statistically significant relationship between a regression model including event-related rumination, religious orientation, and SLEs and the variable of PTG in urban African Americans. The aforementioned independent variables do not predict PTG.

H_a1: Event-related rumination, religious orientation, and SLEs predict PTG. There is a statistically significant correlation between a regression model and the variables of event-related rumination, religious orientation, and SLEs, as well as the variable of PTG. The previously mentioned independent variables do not predict PTG. The following are the variables and statistical analysis:

- Independent Variables (IVs): Event-related rumination, Religious Orientation, Religious Commitment, and SLEs
- Dependent Variables (DV): Post Traumatic Growth (PTG)
- Statistical Analysis: Regression model

I used the Correlational Multivariate Model as a statistical test for my data, and I did not anticipate any confounding variables. Key parameter estimates were items such as gender and religion. The confidence interval was 95%.

Threats to Validity

External Threats

External threats to validity existed, such as response bias and faking good or bad (Geiger et al., 2021). There was very little ability to minimize such threats. Testing Reactivity is a threat that can be best mitigated by allowing participants to complete surveys in a private, controlled area with minimal interaction with the researcher (Linden et al., 2010). I did not anticipate the interaction effects of selection. They all have acceptable validity, so there was no concern there. I did not expect the reactive effects of experimental arrangements, as no pre-testing or experimental manipulation was necessary; therefore, there was no concern about the Hawthorne Effect (Adair, 2000). There was no multiple-treatment interference because this is not a group design, where multiple groups are compared to one another (Frey, 2010). One potential concern was the statistical reality that convenience sampling can impact generalizability.

Internal Threats

I did not foresee history as an internal threat because there was no second measurement for an experiment. Maturation and testing were not issues, as this was a one-time project that did not span a prolonged period. Instrumentation was not a threat, as the instruments never changed, and statistical regression was not a problem since I did not select the best or worst participants. Experimental mortality was a threat as

participants may not persevere and complete all instruments. To counter this, I offered them an incentive to participate fully in the project. Since this is a non-experimental study, there was no selection-maturation interaction. Statistical conclusion validity may have been an issue here due to the small sample size I will be using. The instruments I used have already demonstrated that they measure what they profess to measure, so construct validity was not a legitimate threat. One issue that may have compromised internal validity is faking bad or faking good, as some respondents attempt to manipulate the data.

Ethical Procedures

I used Consent Forms to gain data from participants; since they are adults, child/parent consent was not necessary. After the Proposal was accepted, I submitted it to the IRB for approval. There are no ethical issues to navigate other than ensuring participants are referred to appropriate counseling if completing measures induces significant distress, and my use of the wrong Informed Consent, which my committee and IRB addressed. The data was anonymous and stored on my drive for safekeeping. No one will have access to the data except my Dissertation Committee. I will destroy the data after the research study is complete.

Summary

In summation, my efforts here provided a scholarly examination of PTG based on religion and rumination variables in reflections of African Americans' experiences, as this is a traditionally underserved population regarding the PTG phenomenon. This is a quantitative non-experimental research survey design that disclosed the experiences of

these African Americans. A convenience sampling design will provide a cross-sectional view of the African American population. My null hypothesis is (H_0): there is no statistically significant relationship between a regression model that includes event-related rumination, religious orientation, and SLEs, and the variable of PTG in urban African Americans. Constraints include the time needed to conduct the surveys and the nature of convenience sampling. Through this study, I explored the interaction between variables by recording the results of my experiment and examining their significance.

Transition to Chapter 4: I collected and analyzed data for the Results in Chapter 4 and the Discussion in Chapter 5.

Chapter 4: Results

Introduction

I used this quantitative survey study to examine the relationship between rumination, religious orientation, religious commitment, and SLEs and PTG in an urban African American population. I examined the impact of independent variables, including rumination (i.e., cognitive processing) about a stressful life event (SLE), religious commitment, religious orientation, and SLEs, on PTG, the dependent variable. Calhoun et al. (2000) conducted a study like this one, but their sample was primarily comprised of Caucasian participants (80%). This correlational study adds the urban African American experience to the Calhoun et al. research model. Urban African Americans have not been exclusive subjects of PTG studies.

Research Question: Do event-related rumination, religious orientation, religious commitment, and SLEs predict PTG among urban African Americans?

H₀: There is no statistically significant relationship between event-related rumination, religious orientation, religious commitment, and SLEs, and the variable of PTG in urban African Americans.

H_a: There is a statistically significant relationship between event-related rumination, religious orientation, religious commitment, and SLEs and the PTG variable.

The following are the variables and statistical analysis. I examined PTG via the PTG inventory (PTGI) as the dependent variable. The independent variables assess religious orientation using the Quest Religion Scale (Batson et al., 1993), SLEs through the Traumatic Life Events Questionnaire-Revised (TLEQ-R; Kubany et al., 2000),

religious commitment via the RCI-10 (Worthington et al., 2020), and rumination on the event via the Rumination Scale (Calhoun et al., 2000).

The Results section of my Dissertation, labeled Chapter 4, includes the following. I discussed data collection using an IRB-approved Invitation, Informed Consent, and the well-known survey form builder, Jotform. I defined treatment fidelity as guided by my dissertation committee, the results of my study, and a summary that addresses the research questions.

Data Collection and Results

The data for this study were collected over 5 months. Initial recruitment yielded 50 responses to surveys during the first two months. I amassed 115 participants by the end of 5 months.

I deleted all participants from the suburbs because my survey was designed for participants from inner-city and urban locales, as per the proposal's inclusion criteria. Thirty-two respondents who identified "suburbs" as their place of growth were excluded, resulting in 83 participants. One participant who was not 25 years of age or older (another inclusion criterion) was also deleted. The respondent affirmed with a "yes" that they were over 25, but the other age question, which asked for their actual age, revealed they were only 22 years old, leaving 82 participants. Respondents who did not answer more than two items on an inventory or scale were also excluded, yielding 81 valid respondents. G*Power analysis indicated a minimum sample size of 77, which was sufficient for my required minimum sample size, but has a low generalizability as there are 46 million African Americans in the U.S. as of the 2020 Census.

Some respondents were retained, despite not answering specific demographic questions, as per consultation with my dissertation committee. Three respondents were retained because even though they indicated that they had not experienced trauma as a child on one question, they identified that they had experienced trauma in another question. Two respondents who did not indicate their type of trauma were retained due to their possible desire not to divulge such information, and the type of trauma was not an inclusion criterion. Seven respondents, who did not indicate trauma due to being a victim of racism, were retained due to racism being included as a traumatic experience. One respondent who did not indicate a gender was retained, as it was not an inclusion criterion. One respondent who did not indicate the highest degree attained was retained, as this was not an inclusion criterion. Two respondents who did not indicate their parents' marital status when they were young were retained because that was not an inclusion criterion. One respondent who did not indicate that children's services were involved in their family as a child was retained, as this was not an inclusion criterion. One respondent who scored a zero (.00) on the TLEQ_R was retained because that person indicated that they had experienced trauma and noted that it was Emotional: Spiritual Type, but may not have considered their exact example or form of trauma listed in the TLEQ_R. That may be the reason they scored zero on the TLEQ_R.

I conducted a spot check to verify that each inventory was completed without error. An error in the TLEQ_R Survey was noted. I could have included a definition of the term 'polyvictimization,' as many readers may not be familiar with it. Question 1 of the original ERRI was missing on my Jotform Survey, so I measured only 19 items

instead of the original 20 in the ERRI. I checked maximums and minimums using ascending and descending fields to ensure responses were within the allowed range per instrument. The QROS I used by Batson and Schoenrade stated that Items 7 and 11 are reverse-scored. I consulted the SPSS handbook, entitled “SPSS Made Easy: A Practical Guide to Statistical Analysis for Students and Researchers,” by David Robinson, published in 2024. I used this resource for help to reverse-score those items for each entry to comply with the stated format of the QROS inventory/survey. I recoded the variable using “999” and, in Variable View, defined “999” as Missing Values for missing variables in the inventories. One respondent had “0” as a Rumination Score on the ERRI, which indicates no rumination at all for that person, which is possible, so it was deemed a valid entry.

Demographic frequency was clear and valid for everyone. However, Birth, City, Gender, and Level of Education are presented in various formats, including spacing, synonyms, and capitalization, among other spelling inconsistencies (e.g., Seattle, WA, and Seattle, WA; Woman and female; Bachelor’s and bachelor’s degree). The Birth Cities were tabulated to identify the number of respondents from various locations. All respondents were African Americans reared in African American environments and inner-city neighborhoods from 45 different US cities. However, two indicated a year instead of a city, and one came from Ghana, Africa. Since “Birth City” is not a variable in my primary analysis, those three responses do not confound my study.

Participants represented a diverse range of ages, gender identities, family backgrounds, and educational levels attained. Most respondents fell within the young

adult age range of 25 to 35 years old (70 participants, accounting for more than 80% of the sample). The youngest was 25, and the oldest was 77, with a mean age of 31 years.

The sample consisted of 39 Males (48.1%), 40 Females (49.4%), one participant who did not report their gender (1.2%), and one gender non-conforming participant (1.2%). The parental marital status of participants included 33 divorced (40.7%) and 34 married (42.0%), resulting in an almost equal distribution between the two groups. Six were raised by a widowed parent (7.4%), and eight either responded with “I would rather not say” or no response at all (9.9%). Twenty came from foster homes or adoptive parents (24.7%). Sixty-one (75.3%) originated from birth parent households. Regarding involvement in children’s services during their youth, 24 individuals (29.6%) reported involvement, while 56 (69.1%) reported no involvement, with one respondent not responding. Forty-seven were either second- or third-born children (58.1%), with 19 being the first-born (23.5%), eight only children (9.9%), and seven fourth-born children (8.6%).

The sample represented a wide range of education levels attained, from GED to Doctorate Level, with 6 High School (7.4), 24 Associate’s (29.6%), 36 Bachelor’s (44.4%), or 10 Master’s (12.3%), which comprised almost all of the sample with the exceptions of one participant from the GED, Graduate Diploma, Tertiary, Doctorate levels respectively (1.2% each); and one non-response.

In the final sample, 78 respondents (93.6%) reported experiencing some traumatic or stressful life event before the age of 18. In contrast, three participants (3.7%) indicated that they had not experienced such an event before the age of 18. Two of these

three respondents experienced racism, but the other of these three respondents indicated neither general trauma nor racism before age 18, but later indicated that they experienced an emotional type of stressful life event. It is unclear whether they experienced this event as youths or adults. I decided to retain this subject due to the possible error in completing the survey. Refer to Table 1 for details on the types of stressful life events reported by participants. Sixty-nine participants underwent counseling at some point (85%), with five receiving crisis intervention (6.2%), 16 undergoing inpatient treatment (19.8%), and 48 receiving outpatient care (59.3%).

Table 1

Checklist of Stressful Life Events

	N	%
EMOTIONAL type	11	13.6%
EMOTIONAL type; Sexual	1	1.2%
EMOTIONAL type; SPIRITUAL type	6	7.4%
Not Reported	2	2.5%
PHYSICAL type	6	7.4%
PHYSICAL type; EMOTIONAL type	49	60.5%
PHYSICAL type; EMOTIONAL type; Parents were on drugs	1	1.2%
PHYSICAL type; EMOTIONAL type; SPIRITUAL type	3	3.7%
PHYSICAL type; Sexual type	1	1.2%
PHYSICAL type; SPIRITUAL type	1	1.2%

Involvement in religious organizations appears important to those who completed my survey. Participants from this study indicated high rates of involvement in religious organizations. Refer to Table 2 for details on the rates and types of religious involvement.

Table 2*Religious Involvement Questions*

<i>How often, if at all, do you attend religious services?</i>		
	N	%
Don't know	1	1.2%
Never	2	2.5%
Once a year or less	5	6.2%
Several times a year	7	8.6%
About once per month	9	11.1%
More than once a week	15	18.5%
About once per week	20	24.7%
Several times per month	22	27.2%
<i>Are you currently a member of a church or synagogue?</i>		
	N	%
Don't know	1	1.2%
No	16	19.8%
Yes	64	79.0%
<i>How many special activities, programs, or committees are you currently involved with in your congregation?</i>		
	N	%
More than five	1	1.2%
Refused	1	1.2%
None	14	17.3%
Three to five	25	30.9%
One or two	40	49.4%

Prior to conducting the multiple linear regression, I checked the assumptions for the analysis. The numeric responses for PTGI and RCI_10 were split into multiple parts per question in SPSS, as SPSS breaks each question down into six variables per Likert

scale choice (0-5). I combined those variables into one variable for each of the inventory questions in SPSS.

The Descriptive Minimum Statistic in Table 3 for TLEQ-R (0.00) and ERRI (0.00) was due to a possible judgment call by a respondent who possibly did not see their particular type of trauma listed on the TLEQ-R. However, that participant indicated the type of trauma they endured in the Demographic section. So, they did experience some traumatic life event. In addition, the Descriptive Minimum Statistic for ERRI may be due in part to the respondent reporting no rumination at all about their trauma, which is possible.

Outliers and Assumptions of Normality

My data violated the assumption of normality based on eight outliers. Outliers emerged in the TLEQ-R (frequency 1), PTGI (frequency 3), and RCI-10 (frequency 4), as indicated graphically in the Boxplots in Figures 1, 2, and 3 for the TLEQ-R, PTGI, and RCI-10, respectively. These outliers needed to be addressed before moving forward.

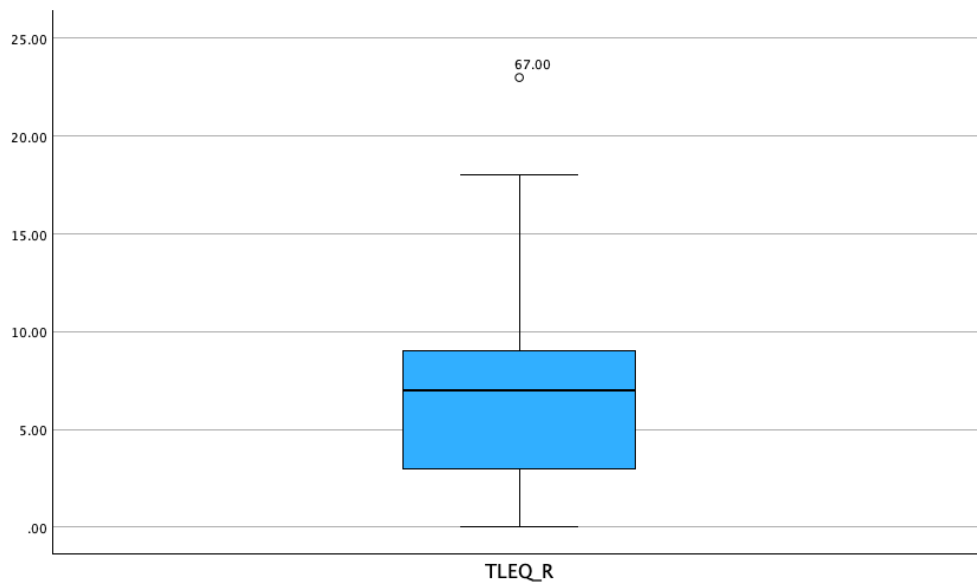
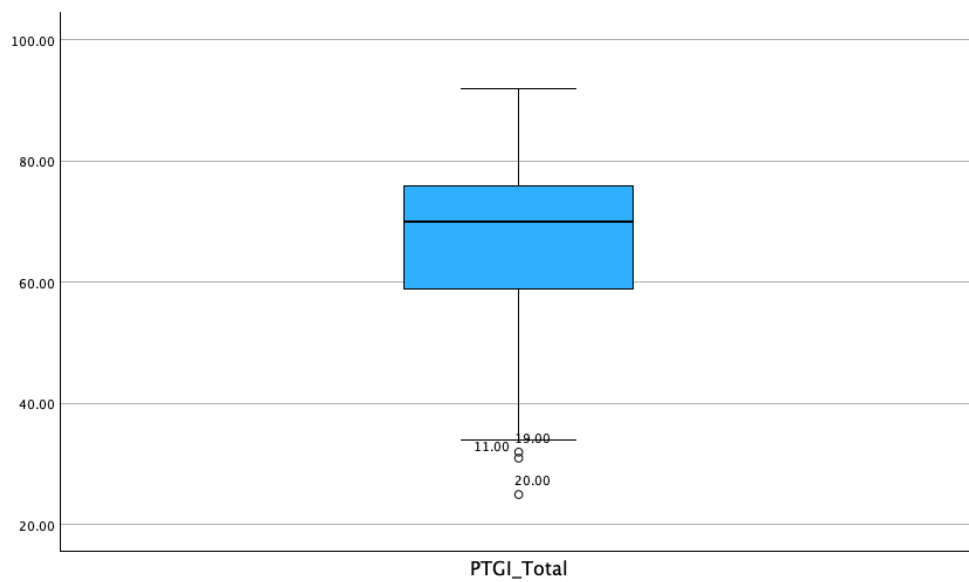
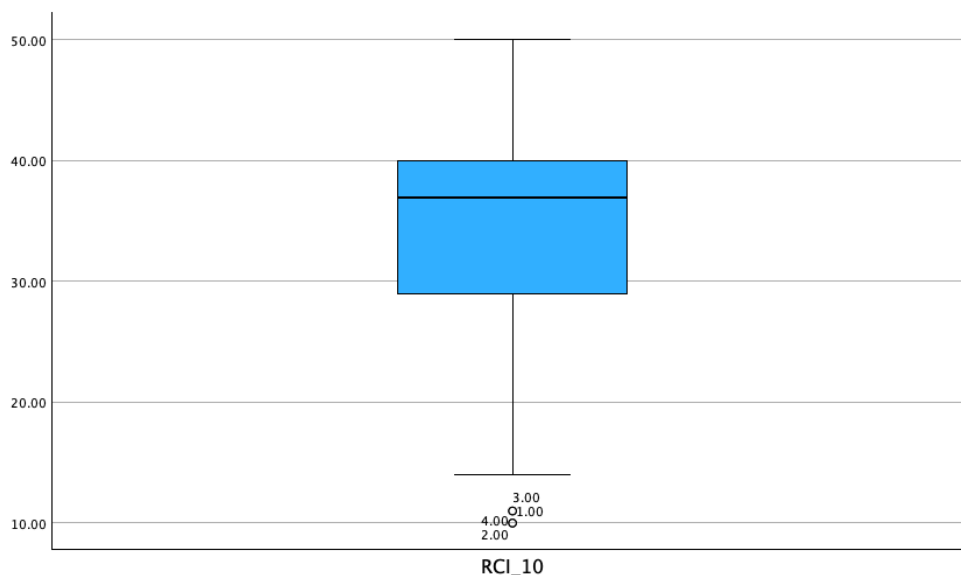
Figure 1*Boxplot of TLEQ_R***Figure 2***Boxplot of PTGI*

Figure 3*Boxplot of RCI_10****Winsorization***

According to the SPSS Survival Manual: A Step-by-Step Guide to Data Analysis Using IBM SPSS, 7th Edition by Julie Pallant (Pallant, 2020), one method I could have used is to remove all extreme outliers or change the values to less extreme ones. However, another check suggested in this book is to compare the 5% Trimmed Mean to the Mean. The cases can remain in the data file if the 5% Trimmed Mean and the Mean are very similar. If they are very different, further investigation may be warranted.

In the case of my TLEQ, PTGI, and RCI_10, which contain outliers, the TLEQ has a mean of 7.21 and a 5% trimmed mean of 6.91, both of which are similar. PTGI: Mean = 66.78 and 5% Trimmed Mean = 67.44, both are similar. RCI-10: Mean = 33.94 and 5% Trimmed Mean = 34.38. Since all three of the inventories in question have similar Means and 5% Trimmed Means, these cases can be retained. I determined the

Test for Normality

I tested for normality using the Kolmogorov-Smirnov (KS) and Shapiro-Wilk (SW) tests. The Tests of Normality table for all inventories is less than 0.05, indicating a violation of the assumption of normality, except for QROS at 0.200 (KS) and 0.956 (SW), as shown in Table 4 and supported by the visual inspection of normality in Figures 9 through 13. All the variables listed, except QROS, violated the normality assumption.

However, since some researchers consider the KS test invalid, I focused primarily on the Shapiro-Wilk and ignored the KS (Aguirre et al., 1998). According to an SPSS tutorial page on the Shapiro-Wilk test, "...the normality assumption is only needed for small sample sizes of -say- $N \leq 20$ or so." (*SPSS Shapiro-Wilk Test - The Ultimate Guide*, n.d.) Since my sample size was well above 20, the Shapiro-Wilk assumption violations do not impede multiple linear regression analysis.

Table 4

Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
TLEQ_R	.120	81	.006	.925	81	<.001
ERRI_Total	.207	81	<.001	.878	81	<.001
PTGI_Total	.112	81	.013	.959	81	.011
QROS	.058	81	.200*	.993	81	.956
RCI_10	.159	81	<.001	.921	81	<.001

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

Additionally, my study exhibits normal kurtosis and skewness, with no outliers. Q-Q plots in Figures 9 through 13 are very close to a straight line, further justifying my

analysis, as these two conditions support the assumption of normality. However, a visual inspection of the histograms in Figures 4 through 8 indicates that only QROS has a normal distribution. Although four histograms do not indicate normality, and SW does not support normality, a normal kurtosis and skewness can still be relied upon because SW may be unreliable for samples over 50 (Demir, 2022). This is evident in the data from the Demir study, where the significance level is indicated by the Sig. value is .144 at a sample of 40, .070 at a sample of 50, then .001 at a sample size of 100. At a sample size of 50 or more, the standard error (SE) is highly volatile (Demir, 2022).

Figure 4

Histogram of TLEQ_R

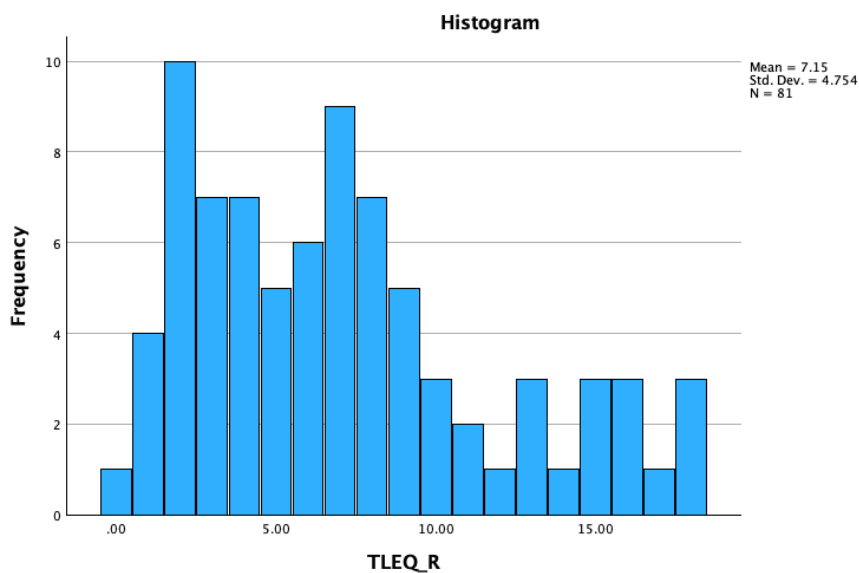


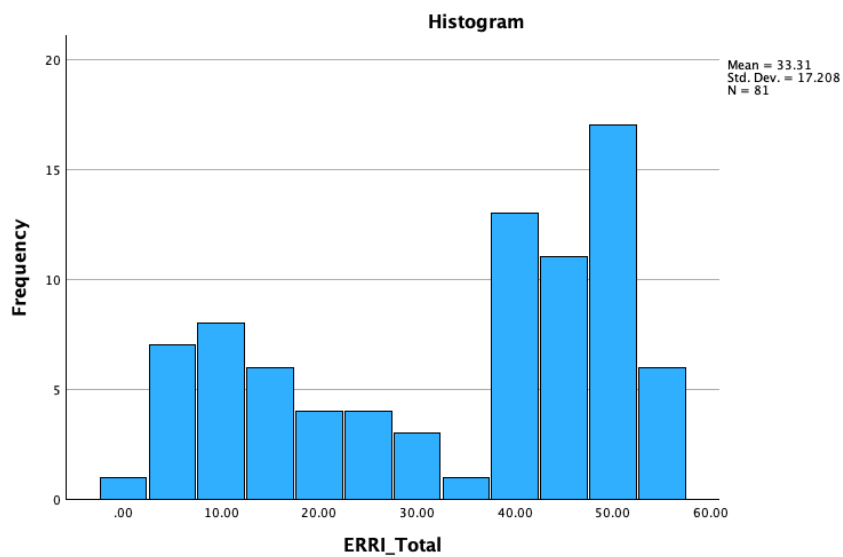
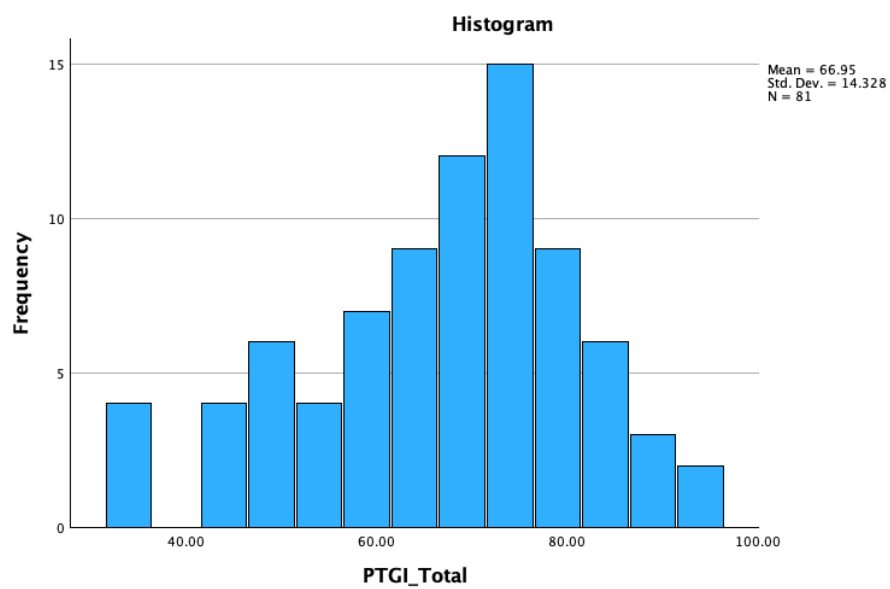
Figure 5*Histogram of ERRI_Total***Figure 6***Histogram of PTGI_Total*

Figure 7

Histogram of QROS

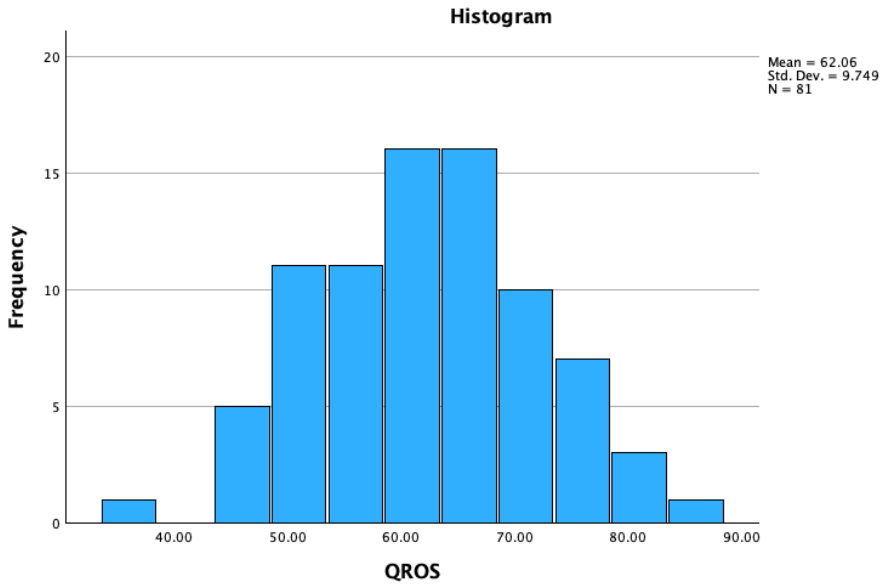


Figure 8

Histogram of RCI_10

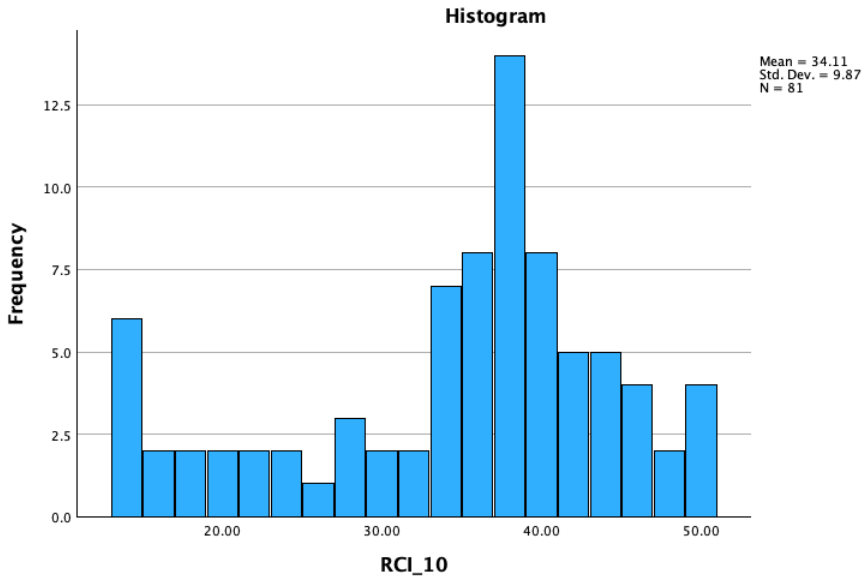


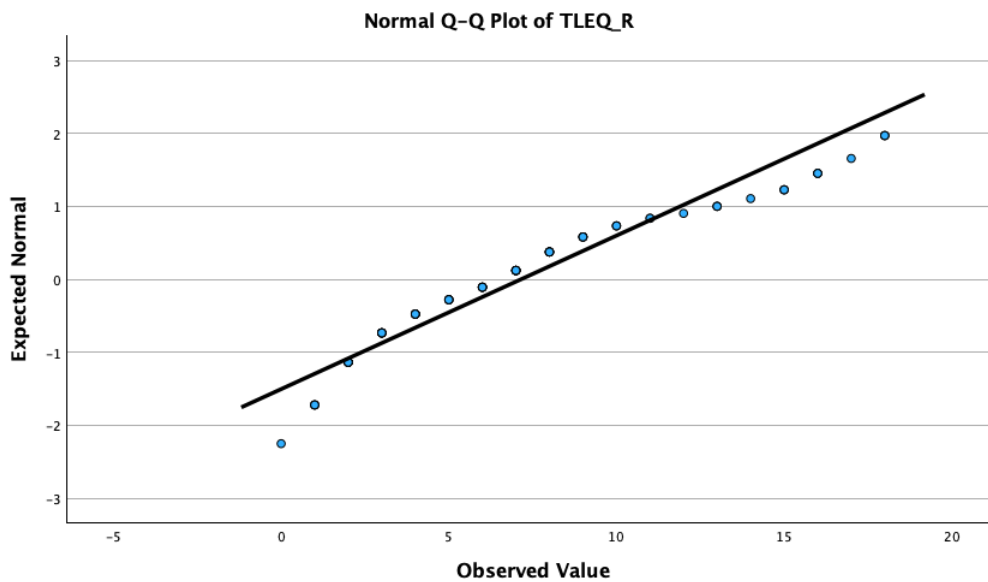
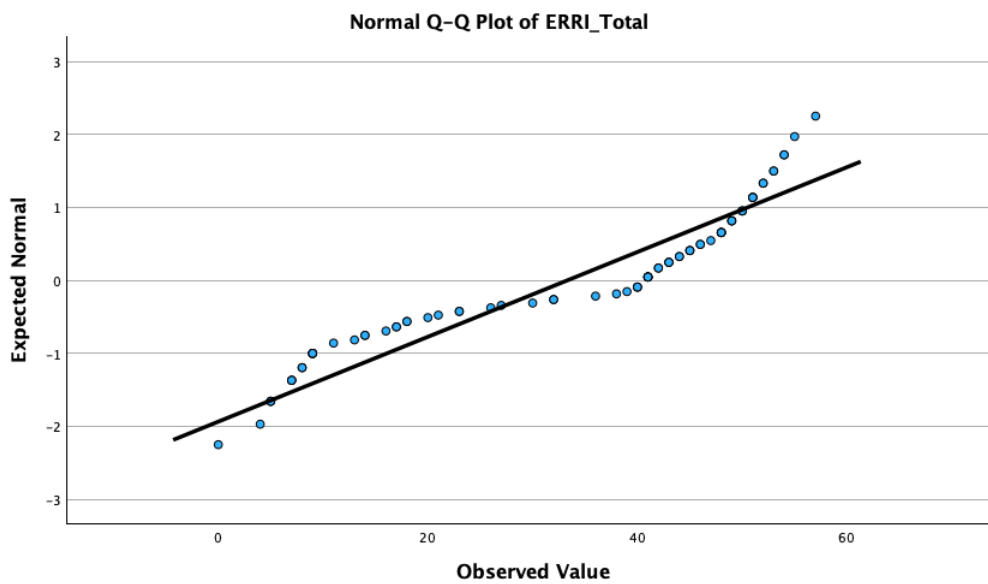
Figure 9*Normal Q-Q Plot of TLEQ_R***Figure 10***Normal Q-Q Plot of ERRI_Total*

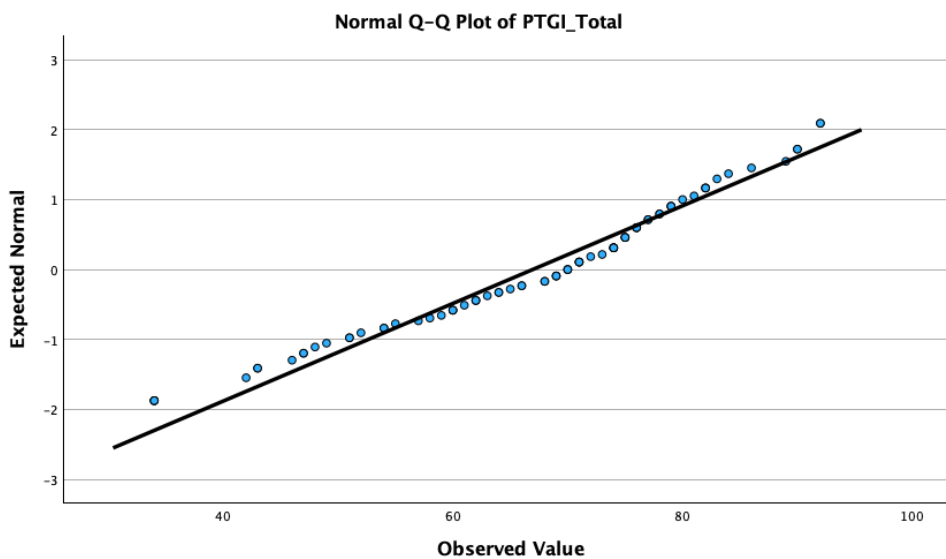
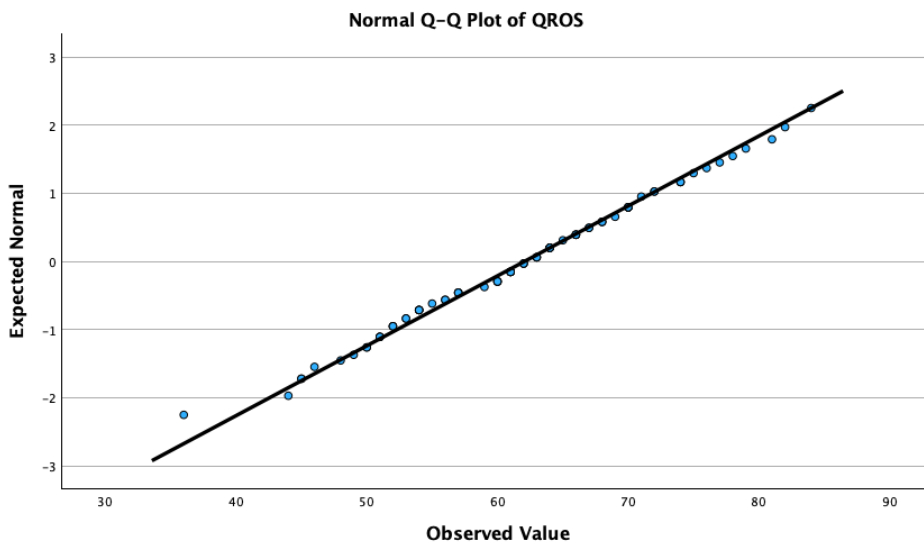
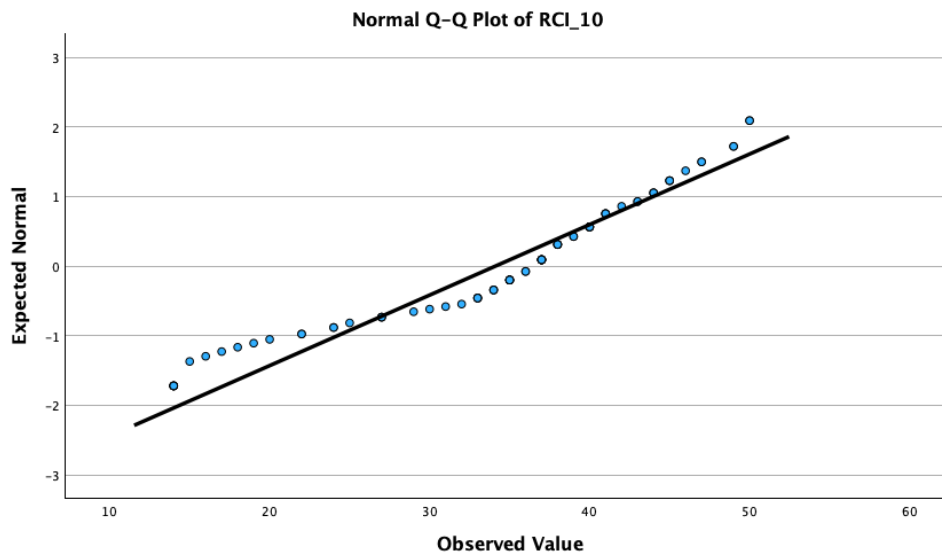
Figure 11*Normal Q-Q Plot of PTGI_Total***Figure 12***Normal Q-Q Plot of QROS*

Figure 13*Normal Q-Q Plot Of RCI_10*

Multiple Regression Output Interpreted and Statistical Assumptions Evaluated

Multicollinearity

The following Correlations, Tolerance, and VIF (value inflation factor) Table 5 illustrates how my model does not suggest multicollinearity. The Bivariate Pearson Correlations of all independent variables are each less than .7. Therefore, they do not exceed the threshold (Pallant, 2020). Table 5 shows that the Tolerance is greater than 0.10 for all independent variables, indicating that the multiple correlation with other variables is low and therefore does not lend itself to the possibility of multicollinearity (Pallant, 2020). VIF, which is the inverse of Tolerance, is less than 10, so I have not violated the multicollinearity assumption (Pallant, 2020). Based on these findings, I do not need to remove any of my independent variables from the model.

Table 5*Coefficients*

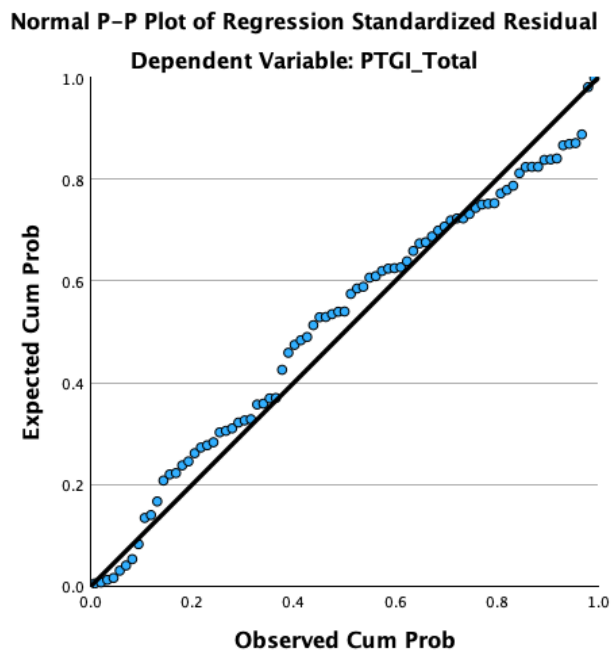
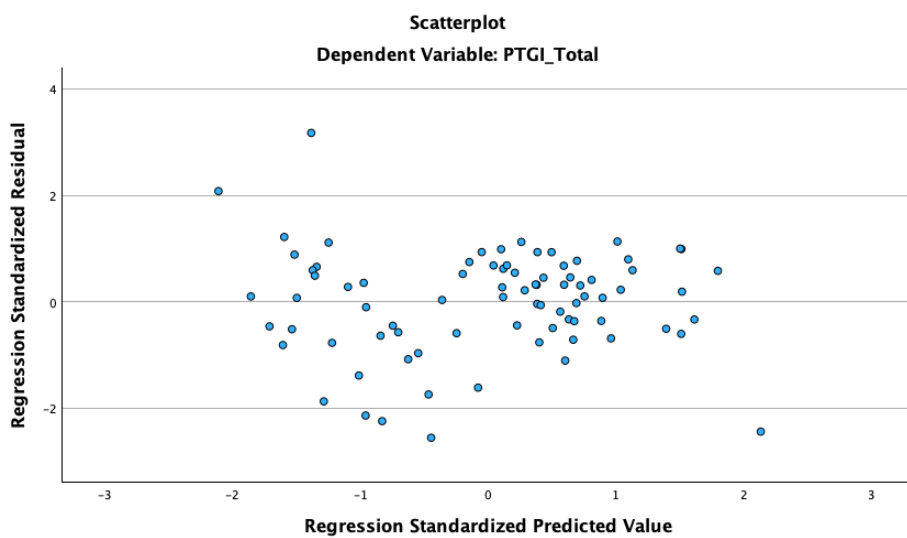
Model		Unstandardized		Standardized	t	Sig.	95.0% Confidence			Collinearity			
		Coefficients		Coefficients			Interval for B		Correlations		Statistics		
		B	Std. Error	Beta			Lower Bound	Upper Bound	Zero-order	Partial	Part	Tolerance	VIF
1	(Constant)	48.148	11.067		4.350	<.001	26.105	70.190					
	TLEQ R	-.971	.305	-.322	-3.182	.002	-1.578	-.363	-.277	-.343	-.280	.756	1.323
	ERRI_Total	.117	.089	.140	1.314	.193	-.060	.294	-.202	.149	.116	.681	1.469
	QROS	-.111	.139	-.076	-.800	.426	-.388	.166	-.265	-.091	-.070	.867	1.153
	RCI 10	.843	.140	.581	6.033	<.001	.565	1.121	.569	.569	.531	.836	1.196

a. Dependent Variable: PTGI_Total

Outliers, Normality, Linearity, Homoscedasticity, and Independence of Residuals

In this section, I examine the outliers, normality, linearity, homoscedasticity, and independence of residuals to provide more evidence for normality within my study.

Normality P-P Plot of the Regression Standardized Residual is very close to a straight line from bottom left to upper right (See Figure 14). The Scatterplot of the regression standardized residuals has a relatively rectangular form, with most values concentrated in the center (See Figure 15). There is only one outlier above +3.3, suggesting no deviation from normality, as the presence of only a few outliers does not necessitate any action to be taken (Pallant, 2020). If the Normality P-P Plot was not close to a straight line, or the Scatterplot was not rectangular, then this would indicate a violation of normality (Pallant, 2020).

Figure 14*Normal P-P Plot: PTGI***Figure 15***Scatterplot: PTGI*

To determine if there are outliers, I found that the critical Chi-Square value for my four Independent Variables is 18.47(Pallant, 2020). Additionally, I have no Mahalanobis Distances above 15. Therefore, no outliers are indicated here since my distance is less than the critical value of 18.47.

To determine if I accurately predicted PTGI, I utilized Casewise Diagnostics. I found that Case 10 has a Standard Residual of 3.173, which is above +3, the highest allowed range for standardized residual values(Pallant, 2020). The predicted PTGI score was 54.21, but the recorded PTGI score was 90.00 with a Residual Value of 35.78, resulting in my model being a poor predictor for that case.

To determine if Case 10 had a significant influence on my study, I checked the Cook's Distance Value, which is .195. This value is considerably less than 1.0. If it were higher than 1.0, I would need to consider removing this case (Pallant, 2020). Since it is less than 1.0, the Cook's Distance Value suggests that there are no real issues with my study.

The Model Evaluated

The results of the multiple linear regression indicated statistical significance in the main effect, $F(4, 76) = 13.29, p < .001, R^2 = 0.41$. Approximately 38.1% (adjusted R^2) to 41.2% (R^2) of the variance in the outcome variable is explained by the predictor variables. This ANOVA shows a statistically significant relationship between event-related rumination, religious orientation, religious commitment, and SLEs, and the variable of PTG.

Independent Variables Evaluated

I wanted to ascertain the unique contribution of each independent variable to the dependent variable. I elected to examine the Coefficients Table for the Sig. Values of each independent variable (See Table 5 above). The ERRI and the QROS had Sig. Values of more than .05 (at .20 and .43, respectively); therefore, they did not significantly contribute to the prediction of PTG, but RCI-10 and TLEQ were both below .05 (at <.001 and .002, respectively), making unique significant contributions to the prediction of PTG in my study.

To determine the contribution of each variable to the variance in PTG, I used the Part portion of the Coefficients Table (See Table 5). The Part Correlation Coefficients for the independent variables are: TLEQ: $-.28 = .08$, and this uniquely explains 8% of the variance in PTG; ERRI: $.12 = .01$, uniquely explaining 1% of the variance in PTG; QROS: $-.07 = .01$, which uniquely explains 1% of the variance in PTG; RCI-10: $.532 = .28$, and this variable uniquely explains 28% of the variance in PTG. RCI-10 made the most significant *unique* contribution, followed by the TLEQ as a *unique and significant* contributor to PTG.

I evaluated the independent variables per the Standardized Beta Values to learn how increasing the standard deviation by one affects the PTG score. I found that increasing the TLEQ by one standard deviation reduces the PTG standard deviation by 0.32 units. Increasing the ERRI by one standard deviation increases the PTG standard deviation by 0.14 units. When this is applied to the QROS and RCI-10, the PTG

decreases by 0.08 and increases by 0.58, respectively. The TLEQ and RCI-10 increases in standard deviation by one have the largest effects on PTG (See Table 5).

I used the Unstandardized Regression Coefficients B and the Constant values to prepare a prediction equation (See Table 5). Future researchers can use the following prediction equation to allow them to predict an outcome using their independent variable scores: $PTG\ Score = constant\ (48) + (-.97\ x\ TLEQ-R) + (.12\ x\ ERRI) + (-.11\ x\ QROS) + (.84\ x\ RCI-10)$.

Summary

As presented above, I collected data from my convenience sample to evaluate my hypothesis. To analyze my results, I compiled demographic details for my sample. I then conducted data analysis using the Descriptives Table, where I found a few genuine outliers that necessitated winsorization. I winsorized the data and tested for normality to ensure that my post-winsorized data was normal, and it proved to be so.

I proceeded using a multiple linear regression. I evaluated the model using *R-squared* and ANOVA, and I discovered that there is a statistically significant relationship between event-related rumination, religious orientation, religious commitment, and SLEs, and the variable of PTG. I evaluated the contributions of each independent variable to the dependent variable and found that RCI-10 and TLEQ made significant contributions to PTG. The next chapter will discuss the interpretation of the findings, limitations, recommendations, and implications of my study.

Chapter 5: Discussion

Introduction

The purpose of the quantitative survey study was to examine the relationship between rumination, religious orientation, religious commitment, and SLEs with PTG for an urban African American population. There are extant studies on PTG, but research is scarce on the African American experience of traumatic childhoods.

The findings of this study indicate there is a statistically significant relationship between event-related rumination, religious orientation, religious commitment, and SLEs, and the variable of PTG. I found that RCI-10 (religious commitment) and TLEQ (traumatic life events) made significant, unique contributions to PTG.

Interpretation of Findings

Although there is not an abundance of research on Black people in general, there has been some valuable research on Black women due to their propensity for developing PTG (Manove et al., 2019). The lack of research and subsequent data on the Black population's experience with PTG betrays the absolute need for such research because those from oppressed people groups tend to have more evidence for PTG than the majority or privileged culture (Manove et al., 2019). It has also been noted that people who identify as Black or African American in the United States (of which my sample was included) report higher PTG rates than White individuals in the United States (Manove et al., 2019). According to the Tedeschi and Calhoun (1996) model, one can see the correlation of PTG factors that promote PTG in this population, such as religiosity, as illustrated in the Theoretical Framework section below. However, first, I will explain

how each of my independent variables relates to PTG and how my findings compare with those from my Literature Review in Chapter 2.

Event-Related Rumination

Oftentimes, stressful life events can precipitate cognitive effects of trauma (Cann et al., 2011a). This is referred to as event-related rumination, which can manifest as intrusive rumination (thoughts) or deliberate rumination (Cann et al., 2011a). The measure researchers use to measure this construct is the ERRI. I must note here that intrusive rumination is not necessarily more detrimental to an individual than deliberate rumination because these thoughts are attempts by the mind of an individual to make sense of their trauma, which can lead to PTG as they grow and develop through their experience (Cann et al., 2011a). The results from the studies by Cann et al. indicated that event-related rumination contributed to traumatized individuals making sense of their suffering and promoted growth. Although my research yielded a significant contribution by the independent variables as a whole, event-related rumination did not uniquely contribute as much as other independent variables to PTG; hence, my research was not consistent with the findings of Cann et al. (2001).

Religious Orientation

In the face of adversity, many people turn to their faith tradition to make sense of their trauma, a phenomenon referred to as religious orientation (Batson & Schoenrade, 1991). This is measured using the QROS, which assesses how dogmatic or flexible one is in these matters based on three pillars of the theory: complexity, doubt, and tentativeness (Batson & Schoenrade, 1991). It addresses the question, *Is there room for ambiguity*

within one's strictures of faith? Researchers used this scale to determine the openness and dogmatism of three different faith traditions. They discovered that Catholics were more open to mystical experiences than protestants, who were more open than Pentecostals (Francis et al., 2019). Openness regarding matters of faith may facilitate more adaptive functioning in the face of trauma and lead to growth, rather than dogmatic or severely rigid assertions, according to my research. The independent variable, religious orientation, was one of the highest unique contributors to PTG in my study, confirming this construct as a factor in promoting PTG.

Religious Commitment

Religious Commitment is defined as the level of devotion to one's faith tradition and their literal and figurative understandings of their faith (Pargament et al., 1998). Stark and Bainbridge (1980) divided the religious commitment construct into *sect-like*, *church-like*, and *universal* categories based on the possibility that humanity may experience deprivation or a sense of missing something in life. Zacchaeus (2021) researched the PTG experiences of Nigerian trauma survivors per their observed resilience and espoused religious commitment. Study outcomes supported Zacchaeus' (2021) hypothesis that religious commitment and resilience predicted PTG in their sample. Researchers measured religious commitment in more than 4,000 students and found that there is variability in religious commitment over time (Wesselmann et al., 2016). Religious commitment can change over time. Based on my research, the religious commitment levels of my sample at their current respective stages of life significantly impacted PTG in my sample.

Stressful Life Events (SLEs)

Another variable used in this study was stressful life events (SLEs) using the TLEQ-R. The Traumatic Life Events Questionnaire-Revised (TLEQ-R) measures an individual's SLEs and provides what is called "trauma history" (Kubany et al, 2000). Researchers contend that children and adolescents may harbor negative views of themselves and the world that manifest later in life through SLEs (Łosiak, W. et al., 2019). They also report that negative associative processing can be countered by reflective processing to avoid impairment through depression. My research suggests that the myriad of stressful life events of my sample were conducive to PTG outcomes to promote psychological development through adversity.

Analysis in the Context of the Theoretical Framework

The theoretical framework for this study was the RCT (Religious Commitment Theory), which links life satisfaction to religion and faith. The five dimensions of RCT include ritual practice, knowledge, experience, belief, and devotional practice. The RCI-10 showed a strong correlation with PTG, a form of life satisfaction, even in the face of traumatic experiences. This is further supported by research by Wesselman et al. (2016), which found significant connections between commitment level, investment in a religious denomination, satisfaction, and contentment, as well as how religious commitment may fluctuate over time. Hence, not only can religion play a significant role in life satisfaction and contentment, but it can also play a role in the face of adverse childhood experiences of African Americans.

Limitations of the Study

The assessment scales for this study are brief, but there were many to be completed by each participant, which could have caused some respondents to opt out of participating. Also, since I surveyed adults, their memories of childhood trauma or adolescence may not be clear or accurate. My study is a convenience sample of African Americans and cannot be generalized to the entire Black population in the United States, much less the world. Furthermore, I conducted this non-experimental study in the aftermath of the COVID-19 pandemic, which could have added another barrier to obtaining completed surveys, as many people had more pressing concerns to address, such as health issues, financial difficulties, family complications, and the trauma that those stressors may entail. This concern can also affect outcomes on rumination, religious adherence, and PTG. Another limitation was the inadvertent omission of a question from an inventory (the ERRI) that was not transferred to the Jotform survey builder for later analysis in SPSS. This reduces the reliability and validity of the survey; however, this error was brought to the attention of my committee and addressed in Chapter 4.

Recommendations

I propose a few recommendations for future research based on this study. They include determining other factors that may influence PTG in African Americans such as arts and sports to add to my choice of religiosity (RCI-10); examining various religious denominations' influence on PTG due to the findings here that shows the impact of religion on PTG in African Americans; conducting this same study but targeting rural or

suburban African Americans, and a utilizing a much larger sample that would afford more generalizability. I will elaborate on these recommendations below.

The United States has a long history of financially supporting the arts in public and private schools, with an increase in resources allocated toward sports and a decrease in funding for the arts (W. Chen & Noonan, 2024; Xie, Y. Q., 2024). According to research (J. Chen et al., 2020), the physical activity from leisure time is a contributing factor to PTG. It can warrant governmental efforts to allocate more resources to sports based on their effectiveness in helping individuals recover from trauma (J. Chen et al., 2020).

However, the data on PTG reveals that it manifests in those who grow, adjust, change, and modify their lives after experiencing a trauma (Sattari, 2022). This research suggests cognitive flexibility (as in the QROS I utilized for my study) is one of the many factors of PTG (Sattari, 2022). More research in this area could prove beneficial to the study of PTG, especially for counselors who can help their clients become less rigid in their thinking about their trauma and its effects. Additionally, positive reappraisal, values clarification, mindfulness, and social support are other factors supported by data that contribute to PTG, as experienced in many religious settings, including the variables I chose, namely, religious commitment, SLEs, and event-related rumination (Jayawickreme & Blackie, 2014; Quan et al., 2022; Sattari, 2022; Shiyko et al., 2017; Yin et al., 2025). These peripheral aspects of faith should be explored and highlighted among religious traditions to promote growth among their adherents.

As my research has indicated, the significant role that religion plays in PTG warrants further study, particularly in examining the comparative contributions of various religious denominations to PTG. This could also serve as a means of evaluating the traditions of each denomination for their capacity to foster adversarial growth and resilience in the face of trauma, specifically PTG.

Additionally, it would be interesting to explore the differences in this population based on location and compare them with rural and suburban African Americans in my inner-city sample. Such information could inform church denominations on how to distribute parishes in such locales to serve the traumatized African American youth better and promote PTG among this population.

Implications for Positive Social Change

These findings have the potential to supplement the work of counselors, teachers, parents, and clergy regarding their work with African Americans with histories of childhood trauma who are not part of extant research efforts. Also, other African Americans who are not a part of my study can be encouraged by this research as they encounter trauma in their lives as they endeavor to traverse their adversities. My study provides a framework for starting conversations among academicians about African Americans and PTG.

As discussed in the Literature Review above, trauma is commonplace in the lives of African Americans from inner-city neighborhoods in America. It is of vital importance that community leaders and educators are equipped to prepare African Americans from these backgrounds for such stressful life events (Hardy & Qureshi, 2012; Valentine et al.,

1998). As indicated here, the religiosity of these African Americans promotes growth through adversity, and stakeholders in their lives need to be aware of this valuable knowledge. My research can equip them with knowledge based on data and impact the lives of many urban African Americans subject to traumatic experiences, especially in childhood. This is also beneficial for the efforts of counselors who work with an African American clientele and the counselor educators who train them. From a social justice standpoint, this may liberate those who may traditionally have mistakenly believed they are inferior if they can see the data highlight their resilience in the face of marginalization. These realities are components of social change that I address through my work here. It will give hope to an oppressed population (oppressed from both within and without), and by changing their world, I can ultimately impact the world.

Conclusion

This study was born out of a desire to explore factors that promote PTG in a population that has not been examined widely for PTG experiences (Mushonga et al., 2021). As shown in this study, African Americans are no strangers to trauma in the United States, so in light of this fact and the lack of data on this population's PTG experiences, my study emerges (Henderson et al., 2021).

This study examined the factors that promoted PTG among African Americans who experienced childhood trauma, and the data analysis revealed a statistically significant relationship between event-related rumination, religious orientation, religious commitment, and SLEs, and the independent variable PTG. I found that RCI-10 (religious commitment) and TLEQ (traumatic life events that described the sample's

traumatic experiences) made highly significant contributions to PTG in my sample. My findings align with Religious Commitment Theory (RCT), which posits a link between religious commitment and life satisfaction, even in the face of traumatic childhood experiences, providing extraordinary support for the role of religion in the lives of African Americans. This realization will inform the efforts of stakeholders in the lives of this population.

I was first introduced to the concept of PTG through an article in *Counseling Today Magazine* of the American Counseling Association, and I was immediately intrigued, as I have long admired the remarkable lives of those who, throughout history, have demonstrated extraordinary resilience in the aftermath of trauma. Many in my own family, including me, have experienced the adversarial growth of PTG, growing through adversity. Such a study as mine and others, hopefully to come, will inspire and encourage African Americans to persevere according to the message behind an ancient song that teaches *weeping may endure for a night [of trauma], but joy comes in the morning [of growth]*.

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Appendix A: Quest Religious Orientation Scale

Please indicate to what extent you agree or disagree with the following statements.

1 = *Strongly Disagree*.....9 = *Strongly Agree*

Readiness to face existential questions without reducing their complexity.

1. I was not very interested in religion until I began to ask questions about the meaning and purpose of my life. 1 2 3 4 5 6 7 8 9
2. I have been driven to ask religious questions out of a growing awareness of the tensions in my world and in my relation to my world. 1 2 3 4 5 6 7 8 9
3. My life experiences have led me to rethink my religious convictions. 1 2 3 4 5 6 7 8 9
4. God wasn't very important for me until I began to ask questions about the meaning of my own life. 1 2 3 4 5 6 7 8 9

Self-criticism and perception of religious doubt as positive

5. It might be said that I value my religious doubts and uncertainties. 1 2 3 4 5 6 7 8 9
6. For me, doubting is an important part of what it means to be religious. 1 2 3 4 5 6 7 8 9
7. I find religious doubts upsetting. 1 2 3 4 5 6 7 8 9
8. Questions are far more central to my religious experience than are answers. 1 2 3 4 5 6 7 8 9

Openness to change.

9. As I grow and change, I expect my religion also to grow and change. 1 2 3 4 5 6 7 8 9
10. I am constantly questioning my religious beliefs. 1 2 3 4 5 6 7 8 9
11. I do not expect my religious convictions to change in the next few years. 1 2 3 4 5 6 7 8 9
12. There are many religious issues on which my views are still changing. 1 2 3 4 5 6 7 8 9

Scoring: Items 7 and 11 are reverse scored. Scoring can be at the subscale level or as a whole. Scoring is kept continuous.

Appendix B: PTG Inventory

Client Name:

Today's Date:

Indicate for each of the statements below the degree to which this change occurred in your life as a result of the crisis/disaster, using the following scale.

0 = *I did not experience this change as a result of my crisis.*

1 = *I experienced this change to a very small degree as a result of my crisis.*

2 = *I experienced this change to a small degree as a result of my crisis.*

3 = *I experienced this change to a moderate degree as a result of my crisis.*

4 = *I experienced this change to a great degree as a result of my crisis.*

5 = *I experienced this change to a very great degree as a result of my crisis.*

Possible areas of Growth	0	1	2	3	4	5
1. I changed my priorities about what is important in life.						
2. I have a greater appreciation for the value of my own life.						
3. I developed new interests.						
4. I have a greater feeling of self-reliance.						
5. I have a better understanding of spiritual matters.						
6. I more clearly see that I can count on people in times of trouble.						
7. I established a new path for my life.						
8. I have a greater sense of closeness with others.						
9. I am more willing to express my emotions.						
10. I know better that I can handle difficulties.						
11. I am able to do better things with my life.						
12. I am better able to accept the way things work out.						
13. I can better appreciate each day.						
14. New opportunities are available which wouldn't have been otherwise.						
15. I have more compassion for others.						
16. I put more effort into my relationships.						
17. I am more likely to try to change things which need changing.						
18. I have a stronger religious faith.						
19. I discovered that I'm stronger than I thought I was.						
20. I learned a great deal about how wonderful people are.						
21. I better accept needing others.						

PTG Inventory Scoring

The PTG Inventory (PTGI) is scored by adding all the responses. Individual factors are scored by adding responses to items on each factor. Factors are indicated by the Roman numerals after each item below. Items to which factors belong are not listed on the form administered to clients.

PTGI Factors

Factor I: Relating to Others Factor II: New Possibilities Factor III: Personal Strength
Factor IV: Spiritual Change Factor V: Appreciation of Life

1. I changed my priorities about what is important in life. (V)
2. I have a greater appreciation for the value of my own life. (V)
3. I developed new interests. (II)
4. I have a greater feeling of self-reliance. (III)
5. I have a better understanding of spiritual matters. (IV)
6. I more clearly see that I can count on people in times of trouble. (I)
7. I established a new path for my life. (II)
8. I have a greater sense of closeness with others. (I)
9. I am more willing to express my emotions. (I)
10. I know better that I can handle difficulties. (III)
11. I am able to do better things with my life. (II)
12. I am better able to accept the way things work out. (III)
13. I can better appreciate each day. (V)
14. New opportunities are available which wouldn't have been otherwise. (II)
15. I have more compassion for others. (I)
16. I put more effort into my relationships. (I)
17. I am more likely to try to change things which need changing. (II)
18. I have a stronger religious faith. (N)
19. I discovered that I'm stronger than I thought I was. (III)
20. I learned a great deal about how wonderful people are. (I)
21. I better accept needing others. (I)

Appendix C: Event-Related Rumination Inventory (ERRI)

Intrusive items

After an experience like the one you reported, people sometimes, but not always, find themselves having thoughts about their experience even though they don't try to think about it. Indicate for the following items how often, if at all, you had the experiences described during the weeks immediately after the event. Rate yourself per this 4-point Likert Scale (0 = *not at all* to 3 = *often*).

- I thought about the event when I did not mean to.
- Thoughts about the event came to mind and I could not stop thinking about them.
- Thoughts about the event distracted me or kept me from being able to concentrate.
- I could not keep images or thoughts about the event from entering my mind.
- Thoughts, memories, or images of the event came to mind even when I did not want them.
- Thoughts about the event caused me to relive my experience.
- Reminders of the event brought back thoughts about my experience.
- I found myself automatically thinking about what had happened.
- Other things kept leading me to think about my experience.
- I tried not to think about the event, but could not keep the thoughts from my mind.

Deliberate items

After an experience like the one you reported, people sometimes, but not always, deliberately and intentionally spend time thinking about their experience. Indicate for the following items how often, if at all, you deliberately spent time thinking about the issues indicated during the weeks immediately after the event. Rate yourself per this 4-point Likert Scale (0 = not at all to 3 = often).

- I thought about whether I could find meaning from my experience.
- I thought about whether changes in my life have come from dealing with my experience.
- I forced myself to think about my feelings about my experience.
- I thought about whether I have learned anything as a result of my experience.
- I thought about whether the experience has changed my beliefs about the world.
- I thought about what the experience might mean for my future.
- I thought about whether my relationships with others have changed following my experience.
- I forced myself to deal with my feelings about the event.
- I deliberately thought about how the event had affected me.
- I thought about the event and tried to understand what happened.

Appendix D: Traumatic Life Events Questionnaire--Revised

Format: The 11 items are each rated on a 3-point scale with the options 0 = *never*, 1 = *once*, or 2 = *more than once*.

Items:

1. Sudden death of a close friend or loved one
2. Robbery involving a weapon
3. Physical assault by an acquaintance or stranger
4. Sexual assault by acquaintance or stranger
5. Witness to severe assault
6. Threat of death or serious bodily harm
7. Physical assault by an intimate partner
8. Sexual assault by an intimate partner
9. Saw someone overdose on drugs
10. Personally overdosed on drugs
11. Polyvictimization on streets

Appendix E: Religious Commitment Inventory – 10 (RCI-10)

RCI-10

Instructions: Read each of the following statements. Using the scale to the right, CIRCLE the response that best describes how true each statement is for you.

	Not at all true of me 1	Somewhat true of me 2	Moderately true of me 3	Mostly true of me 4	Totally true of me 5
1. I often read books and magazines about my faith.	1	2	3	4	5
2. I make financial contributions to my religious organization.	1	2	3	4	5
3. I spend time trying to grow in understanding of my faith.	1	2	3	4	5
4. Religion is especially important to me because it answers many questions about the meaning of life.	1	2	3	4	5
5. My religious beliefs lie behind my whole approach to life.	1	2	3	4	5
6. I enjoy spending time with others of my religious affiliation.	1	2	3	4	5
7. Religious beliefs influence all my dealings in life.	1	2	3	4	5
8. It is important to me to spend periods of time in private religious thought and reflection.	1	2	3	4	5
9. I enjoy working in the activities of my religious affiliation.	1	2	3	4	5
10. I keep well informed about my local religious group and have some influence in its decisions.	1	2	3	4	5

Appendix F: Demographic Questionnaire

Qualifying Questions:

1. Are you African American (at least one parent is Black/African American)?
2. Were you raised (reared) in an African American environment/neighborhood?
3. Are you at least 25 years old?
4. Have you experienced a stressful/traumatic life event as a child (under 18)?
5. Have you experienced racism as a young adult (under 18)?

Participant Demographics:

1. Where were you born (City, State)?
2. Did you grow up in the suburbs or the inner-city?
3. What is your age?
4. What is your gender identity?
5. What type of stressful life event(s) have you experienced? Check all that apply:
 - a. Stressful life event 1 (physical)
 - b. Stressful life event 2 (emotional)
 - c. Stressful life event 3 (spiritual)
 - d. Other _____
6. What is your highest level of education?
7. Where your parents married, divorced or widowed when you were young?
8. Were you in the foster system or adopted?

9. Was your local Children's Services Agency involved with your family when you were young?
10. What is your Birth order?
- a. Only child
 - b. 1st child
 - c. Second child
 - d. Third child
 - e. Fourth child
 - f. Middle child
 - g. Other _____
11. Have you ever participated in counseling services before?
- a. Outpatient
 - b. Inpatient
 - c. Crisis intervention

Appendix G: Advertisement for Participation

Invitation Template for Email, Social Media, and Flyers

There is a new study about post-traumatic growth among African-Americans. You are invited to complete a 15-minute anonymous survey.

Seeking volunteers who meet these requirements:

- 25 years old or older
- Who've experienced trauma as a youth or young adult years
- Identifies as an African-American/Black

This study is part of the doctoral program for [Researcher], a doctoral student at Walden University. The survey will be open until the end of May. Questions should be directed to [Researcher].

Please click [here](#) to view the consent form and begin the survey online via Jotform.