2019

Insomnia, Race, and Mental Wellness

Debbie D. Hendley

INSOMNIA, RACE, AND MENTAL WELLNESS

A dissertation presented to the faculty of

ANTIOCH UNIVERSITY SANTA BARBARA

In partial fulfillment of
The requirements for the
Degree of

DOCTOR OF CLINICAL PSYCHOLOGY

By

DEBBIE D. HENDLEY
April 2019

INSOMNIA, RACE AND MENTAL WELLNESS

This dissertation, by Debbie D. Hendley, has been approved by the committee members signed below who recommend that it be accepted by the faculty of Antioch University Santa Barbara in partial fulfillment of requirements for the degree of

DOCTOR OF PSYCHOLOGY

Dissertation Committee:

_____
Daniel Schwartz, Ph.D.
Dissertation Chair

_____
Brett Kia-Keating, Ed.D.
Second Reader

_____
Kimberly Finney, Psy.D.
External Reader

Abstract

This phenomenological study examines the experiences of insomnia among sixteen Americans who are descendants of people who lived in the United States during chattel slavery. The investigation is guided by the following two central questions: Is the lived experience of insomnia among African Americans the same as the experience among non-Hispanic White Americans? In addition, what is the lived experience of sleep among African Americans and Non-Hispanic White Americans? Each participant met individually with the researcher and privately reflected on their experience with insomnia defined here as a condition in which individuals have difficulty initiating and maintaining sleep that furthermore affects their daytime functioning. As the investigation unfolded, the researcher studied the experiences of the participants through a multimodal lens informed primarily by Festinger's Cognitive Dissonance Theory and Heidegger's Hermeneutics. As participants of this research investigation reflect on their experience, we observe the interplay between insomnia, race, and mental wellness coming into focus. Emotional experiences are captured, and the reflective experience allows for a re-examination of the legacies and effects of American history. Findings in this study support the notion that people tend to use cognitive dissonance when their beliefs are challenged, and those participants with a preference for consistency also experienced insomnia more frequently. No evidence was uncovered of the participants' insomnia being a direct effect of the inter-generational transmission of the trauma associated with chattel slavery. However, many African American families continue to report being severely negatively impacted by their ancestors' experiences during slavery and its aftermath. Insomnia, a common symptom of posttraumatic stress disorder can credibly be considered one likely sequela of the traumatic impact of slavery on the lives of African Americans. This dissertation is available

Keywords: Preference for Consistency, Residual Effects, Cognitive Dissonance, Intergenerational Trauma, Phenomenology, non-Hispanic White American, African American, Insomnia, Sleep, Heidegger, Hermeneutics, Chattel Slavery

Acknowledgement

After several months of interviewing and writing, I have come to the moment when I would like to say thank you. Completing my dissertation has been a valuable learning experience. As I reflect on all the time spent and the amazing support which I have received, I would like to say thank you to those who have helped me.

I began my research with the support of my two most cherished instructors, Dr. Gabriel Crenshaw and Dr. Sal Trevino. They seemingly showed more confidence in me than I had in myself. Although Dr. Trevino was not able to see the completion of my final work, I would like to acknowledge him for his help.

Now I would like to thank everyone on my dissertation committee for their guidance and willingness to help me throughout this process. Dr. Daniel Schwartz stepped in when he did not have to and accepted my request to take over as chairperson of my dissertation committee. Also, Dr. Kimberly Finney stepped in as expert reader on my dissertation committee and took time out of her busy schedule to meet with me. Dr. Brett Kia-Keating expressed confidence in me despite wanting to see more of my quantitative work.

Finally, I would like to acknowledge my family and others who inspired me to work hard. From childhood my father Lloyd Hendley wanted me to become a doctor. My mother Verlie (Doll) Hendley has supported me in all that I do. Throughout my entire life she has never said anything negative to me. I am who I am mostly because of her. My sisters Joyce, Lounette, Janet, Betty and Jacqueline supported me in completing yet another advanced degree in psychology. I promise, to my family and friends, that I will make more time to spend with them because this is my last degree.

Table of Contents

List of Tables Page

Chapter 1: Introduction

Background

For more than 300 years, African Americans have been losing sleep due to the trauma of chattel slavery. Wilkins, Whiting, Watson, Russon, and Moncrief (2012) commented on residual effects of slavery on the African American community, noting that throughout American history, African Americans have been subject to poor living conditions and oppression. Beyond slavery's palpable and present-day legal, economic, and social ramifications for African Americans, its traumatic legacy abides in the psyche (DeGruy, 2005). Even in its aftermath then, slavery has continued to shape societal dynamics of racial stratification with no political, economic, or social reparations offered for the amelioration of its residual effects, which includes negative psychological impacts (Wilkins et al., 2012). A few such residual effects include: (a) bondage due to the pressure of having to perform better and receive less or no compensation (i.e., having to work longer hours for less pay), (b) being treated as unimportant and invisible, (c) fear of harassment, abuse, and death at the hands of law enforcement and/or other factors, (d) unequal access to the housing market; fears regarding the safety of family and friends, and (e) the experience of being pathologized and labeled primitive (Brook, 2008; Jung, 1931).

Insomnia, or sleep difficulty leading to a lack of sleep, has received considerable attention from the psychological community and the medical community. In the United States alone, at least 50 to 70 million people have trouble sleeping (Center for Disease Control, 2011). Insomnia can result in distress and functional impairment during waking hours. The National Sleep Foundation has thus recommended that adults attempt to get more than 6 hours of sleep (CDC, 2011). It is significant then that 48.3% of Black Americans reported sleeping less than seven hours per night, compared to only 34.9% of White Americans based on a 2009 survey on unhealthy sleep related behaviors conducted in twelve states (Centers for Disease Control, 2011).

Statement of the Problem

Over the past several years, concerns about the physical and mental health of individuals due to insomnia have increased dramatically. Approximately five to ten percent of people in the United States experienced insomnia in 2005 according to one study (Carey, Moule, Pilkonis, Germain & Buysse, 2005), whereas 40% of the adult population experienced the condition as observed in the 2009 survey of twelve states mentioned earlier. Insomnia negatively impacts mental and physical health. The National Institute of Health (NIH) delineates insomnia-related mental health issues ranging from an individual's capacity to learn how well an individual perceives and responds to emotions in others (National Institute of Health, 2016**).** The NIH also identified insomnia-related physiological complications with organs and tissues at the cellular level in response to stress and altered production of insulin.

In further support of the effects of brain pathways on the rest of the body, Lezak, Howieson, Bigler, and Tranel (2012) noted that prolonged lack of sleep causes stress on the body and the brain. They have evidence from studies that warranted various parts of the cerebral cortex have been identified as being compromised when individuals lack sleep.

Yet, sleep disruptions are of serious concern to this researcher as individuals who have been exposed to violent trauma, and consequently suffer from severe functional impairment (American Psychiatric Association, 2000) may experience insomnia. In addition to well respected studies which document that there may be a connection between trauma and sleep disturbance, according to the DSM-V an individual who suffers from PTSD experiences avoidance of reminders of disturbing events the connection between trauma (American Psychiatric Association, 2013). Considering the clinical expression of post-trauma symptoms as well as the noted negative legacies of chattel slavery in America, in the literature review this researcher will present research data which describe findings on the longitudinal impact of

slavery on the psyche of Americans. This research is concerned with the continued hyper-arousal state experienced by some African Americans.

Purpose

Brutality, redlining, disenfranchisement, mass incarceration, and state violence all continue to afflict African Americans (DeGruy, 2005). This researcher contends that (a) such treatment is a product of America's past, particularly its experience with chattel slavery, and (b) such treatment has potentially had a negative effect on African American sleep patterns. After exploring these connections, the present study investigates possible new insomnia treatment interventions to help African Americans. It is the belief of this mental health researcher that increasing mental wellness programs will enable individuals to learn to decrease their hyper-arousal state, and thus potentially mitigate their insomnia. If in fact a link can be identified between the transgenerational impact of chattel slavery and insomnia, then there is a need for programs aimed at assisting all Americans to overcome insomnia related to the enslavement of Africans and their descendants, a concern that appears particularly pressing for African Americans.

Context

This research investigates if insomnia and mental wellness relate to the condition of race in America. The major research questions are: Is the lived experience of insomnia among African Americans the same as the experience among non-Hispanic White Americans? In addition, what is the lived experience of sleep among African Americans and Non-Hispanic White Americans? Understanding the lived experiences of people who suffer from a specific type of insomnia is central to these questions. This investigation aims to help insomnia sufferers gain insight into their conditions by exploring historical factors here in the United States.

Definitions of Terms

DIMS – Difficulty initiating or maintaining sleep

DSM - Diagnostic statistical manual of mental disorders

EDS – Excessive daytime sleepiness

Hyperarousal – Aggressive or irritable behavior related to anxiety and the sympathetic nervous system

NOS- Not otherwise specified

PFC – Preference for consistency

Polysomnography Technologist – A healthcare professional who works in Sleep Medicine to help doctors diagnose sleep disorders such as sleep apnea and insomnia

Prognostic factors - Pre-trauma, peri-trauma, post-trauma factors

RLS- Restless legs syndrome

Self-confirmation - A participant may identify herself or himself as an individual with a lived experience and will be included in the research sample

Sleep- A natural state of rest when close your eyes, and become unconscious

Sleep architecture - The distribution and amount of various sleep stages captured

Significance

According to the CDC (2011), insomnia is a public health problem. We also know that insomnia affects daily lives because it has distinct causes and distinct consequences (Buysse et al. 2005). This qualitative research attempts to understand the phenomenon of how insomnia might, for certain populations, have origins in historical events and their legacies that account for changes in the human psyche—cognitive, behavioral, and affective isolation. This investigation is important for psychologists treating African Americans who complain of insomnia because potentially one underlying issue may not have received the attention it deserves.

Conceptualization

The symptoms of trauma were present in Africans enslaved during American chattel

slavery and are observable too in their descendants. Although sleep-wake disorder is not explicitly recognized as a culturally related comorbidity of diagnosable mood disorders and posttraumatic stress disorder (PTSD), there is a possible link between genetics and insomnia outlined in the DSM-IV (American Psychiatric Association, 1994). However, insomnia due to historical trauma is not readily expressed as a trauma reaction in the DSM. When it comes to social context and arousal, per the DSM V, disrupted sleep may run in families (American Psychiatric Association, 2013).

Theoretical Framework

For this research the reader needs to understand that there are two types of frames to choose from in phenomenological research. They are work that follows in the tradition of Husserl which involves bracketing (which means suspending prior understandings), and Heidegger's hermeneutics framework which involves revisions of preconceived understandings based on cultural implications. This research is based on Heidegger's hermeneutics in which awareness that the ancestors pave the way is an important consideration for understanding how one's own path is developed. For this research, chattel slavery refers to the condition of inherited human enslavement in which people were sold and traded as property in the United States prior to the Civil War. Not replacing one's own experience but building on the supposition that beliefs are re-evaluated in social interactions supports the idea that foreknowledge is cognitive (Crusius, 1991). Because Heidegger's approach allows for other ideas to be included as an aid to critical analysis, the theoretical framework used in this project is defined as a "Cognitive Dissonance Theoretical Heideggerian" model.

Hermeneutics includes the following key components:

- Individual existence is important (Solomon & Higgins, 1996)
- There is no bracketing; reflecting one's own background is important for the researcher

(Gadamer, 1960)

- Self-understanding is based on one's disposition, being in touch with one's emotions and by not detaching ourselves (Solomon & Higgins, 1996)

Cognitive Dissonance Theory includes the following components:

- In confusing or poorly understood circumstances individuals seek to justify themselves and so invent reasons for unfulfilled expectations or to resolve uncertainty (Festinger 1962)
- Dissonance reduction, meaning the person changes the item by changing the information to give back or produce consistency (Festinger 1962), helps people cope with anxiety (Gazzaniga, 2006)
- An individual can intentionally change his or her thoughts when facing a conviction which she or he does not wish to hold (Mc Kimmie, 2015)

Chapter 2: Literature Review

This chapter will review the effects of sleep on health, the ways in which sleep relates specifically to mental wellness, and how we can determine if a person experiences disruption in their sleep. As problems related to sleep may not be present in individuals who have experienced Posttraumatic Stress Disorder (PTSD), this section will address theories of psychological trauma and explore its connection with intergenerational transmission of trauma. The chapter will pay attention to the transmission of the trauma that is associated with the experience of chattel slavery in America and the impact of that trauma on subsequent generations. This researcher will explore the intersection of cognitive behavioral and psychodynamic views of PTSD and identify important mechanisms of intergenerational transmission of trauma.

This section will also identify the impact of insomnia on health. As identifying the etiology of insomnia suffering is important, this researcher will explore the evaluation of insomnia and trauma, as well as the behavioral and medical treatment of insomnia. Intergenerational trauma, having difficulty initiating and maintaining sleep are important expressions of suffering.

Trauma

The three primary symptoms of trauma identified by Herman (2012) are hyperarousal, intrusion and constriction. Hyperarousal is when the nervous system is unable to tune out stimuli because the body remains in a state of alert for danger. Intrusions are when little things such as physiological characteristics become reminders of the trauma and the person loses confidence that he or she will be safe. Constriction is an altered state of consciousness due to the perception of being endangered. According to Herman (2015) the central dialectic of psychological trauma is the desire to deny unspeakable secrets and yet not withhold or deny the truth of what happened. In summary, hyperarousal, intrusion and constriction describe Dr. Herman's claims

that after the traumatic event has occurred, the victim's body continues to act out memories of the experience.

Theories of psychological trauma. In cognitive models, a special mechanism view of active memory storage, voluntary memory impairment, is activated to protect the individual against having unwanted, disturbing thoughts (Berntsen, Ruben, and Johansen, 2008). In the face of internal conflict (in this case over the activation of distressing cognitions) there is a tendency to prefer consistency of previously established schemas within the active memory. Berntsen et al. found that participants experience the activation of two commonly used defense mechanisms, repression and denial, which serve as defaults in the face of the intense stress activated by reliving the trauma (Berntsen et al, 2008).

Freud's early theory of Hysteria asserted that trauma produces full-blown hysterical symptoms despite the individual's efforts to maintain focus by engaging defense mechanisms (Ringel, & Brandell, 2012). Freud describes hysteria as "reminiscence" which become unbearable when the individual is no longer capable of suppressing unwanted memories, adding that these reminiscences may lead to the activation of more wholesale defenses such as dissociation (Ringel, & Brandell, 2012). Herman's (2015) research supports Freud's idea that defensive dissociation can occur in situations where a person is exposed to traumatic experiences (2015).

Post-Traumatic Stress Disorder. PTSD is a psychological disorder in which an individual who has been exposed to violent trauma suffers from severe functional impairment resulting in increased arousal during sleep, flashbacks, and avoiding stimuli associated with the trauma (APA, 2000). These manifestations of trauma have neurological connections. Parts of the brain involved in memory need to function properly if the memory process is to remain

uncompromised (Lezak et al., 2012). Memory is in part the ability to hold information or evidence and use it for adjusting goals. Berntsen, Ruben, and Johansen (2008) address cognitive models of PTSD**.** The researchers suggest that one hallmark of PTSD is its impact on both voluntary and involuntary memory. They write that there is a direct link between stress and memory. Stressful memories serve to echo the traumatic event by either presenting as repetitive flashbacks in which the person expresses very strong emotions and/or impulsive behavior, or by the person activating more powerful defenses that lead them to ignore much of what gets activated inside them (Berntsen, Ruben, & Johansen, 2008).

PTSD and American Chattel Slavery

PTSD is a debilitating mental condition that is due to witnessing or being threatened with death, serious injury or rape (DSM 5, 2013)—all of which were directly witnessed and repeatedly experienced by slaves. According to the DSM, the event must be so devastating that the individual has intrusive distressing memories of the event; or the memories are involuntary/ recurrent. While it is impossible to measure the distressing memories of the trauma which enslaved ancestors experienced, one can imagine the devastating violence experienced after being kidnapped, violently assaulted, tortured, sexually attacked, held in captivity, or sold as property, and when lacking any voice in, or even being considered a member of, society.

The criteria for diagnosing PTSD are applied to people of varying ages and from all walks of life. There are varying ways and degrees to which humans experience trauma Additionally, there is no evidence that once-enslaved individuals ever received any kind of treatment for what we now identify as PTSD symptoms.

Intergenerational Transmission of Trauma. Intergenerational transmission of trauma is the presence of generalized anxiety and fear of acts of violence that cross over from a generation that experienced these events to subsequent generations (Rowland-Klein & Dunlap,

1997). While the precise mechanisms that are involved in such transmission of trauma are currently under intense scrutiny, it is well known that hearing and being in the presence of others as they describe their traumatic experiences can have profound effects on those who bear witness. The concept of vicarious traumatization is well known to occur in those who treat trauma sufferers, and current research has begun to identify subtle pathways by which trauma is passed from parents to children and from one person to another. Positive identification and deposited representation are two mechanisms of intergenerational transmission of trauma (Fromm, 2012). Fromm described primitive identification as development of a damaged self-image which occurs during interactions of a child with their parent (Fromm 2012). The writer claimed that deposited representation occurs when a parent forces her or his ideas onto the child. Such as, you will always be overlooked, and your opinion does not matter because of the color of your skin.

According to Fromm (2012), because of deposited representation, mental representations of parent's life-threatening trauma cause the children to become reservoirs of trauma**.** He claims that conscious fantasies of external reality transmit images that unconsciously link the child to the trauma in instances where the parent has experienced abuse, humiliation and/or victimization. This may trigger mourning, guilt, and shame, and is especially influential because the child neither understand fully the source of their distress and does not have the ability to separate sufficiently from these experiences to build a life of her or his own (Fromm, 2012).

Unconscious identifications with a parent's lifelong feelings of human debasement can be internalized as mental representations of atrocities (Fromm, 2012, p. 6). According to Simon, Rosenberg & Eppert (2000) re-experiencing the pain of remembrance may not seem rational because it promotes conflict, increases anxiety, and promotes historical trauma. Yet, they argue

one may view intergeneration transmission of trauma as having an adaptive function; the child's remembrance may be a means of prompting a historical collective consciousness that can help prevent repeating past mistakes (Simon, Rosenberg, & Eppert, 2000).

Historical trauma post slavery. Human chattel slavery, which America legalized in 1641 and abolished in 1863, was traumatizing and resulted in multigenerational impacts. Trauma is often metamorphosed and can be overwhelming to the children of the survivors who often carry unconscious identifications with their parents (DeGruy, 2005). This transmission of trauma leads the children of survivors to experience powerful and sometimes unexplainable emotions, which then need to be enacted. What was defensively removed from conscious awareness by parents comes alive again in the behavior of their children and their children's children (Fromm, 2012

The United Nations World Conference Against Racism has identified American chattel slavery as a crime against humanity (Degruy, 2005). Written accounts of chattel slavery describe extremely traumatic abuse. Marrin (2014) acknowledged the physical abuse of enslaved people taken from Africa who were branded with hot irons**,** stripped entirely naked to be bull whipped leaving them with raw opened wounds, and their body parts were mutilated. According to Marrin (2014), some of the enslaved people were forced to wear iron face masks with long neck hooks to obstruct them from being able to sleep lying down, a brutally dehumanizing trauma.

Enslavement of another human is accomplished when the perpetrator succeeds in controlling another by using techniques motivated by the desire to undo the victim's self-propelling drive (Herman, 2015). Universal techniques used by perpetrators who enslaved people they had taken from Africa were: deprivation of the victim's body functions by having them defecate and urinate on themselves, mutilation of body parts as mentioned above;

disconnection from family members; and direct threats of harm, violence, rape, coerciveness and criminal activities to disempower and destroy the victims (Herman, 2015). According to Herman (2015), such techniques were used to keep people in constant fear and had and have lasting effects across multiple generations. Descendants of slaves have endured internalized memories of the trauma inflicted upon their ancestors as it appears that the legacy of trauma has crossed several generations of African American people post chattel slavery (Degruy, 2005). Dreams of persecution, separation from family members, and anticipatory anxiety based on real or imagined fear is not uncommon in subsequent generations of victims of violence (Rowland-Klein & Dunlap, 1997).

Despite efforts of the Civil Rights movement, the legacy of historical trauma post chattel slavery in America remains. Active re-traumatization exists in the form of oppression as well as violence against descendants of African slaves because of the color of their skin (DeGruy, 2005). According to DeGruy, the trauma experienced by African American people inflicts psychological, spiritual and serious physical harm.

Hence, African Americans are more likely to experience phobias related to violence and victimization than are White Americans (Huertin, 1997). Yet, research shows that African Americans are less likely than other cultural groups to seek mental health treatment (Huertin, 1997). Perhaps this is due to a preference among the African American population to make personal disclosures only to individuals whom they trust given their historical experiences of exploitation and maltreatment. One example of imbalance of power which led to distrust is the well-known 1932 Tuskegee Syphilis Study in which African Americans were given syphilis and were not offered the cure even after the experiment ended (Wasserman, Flannery, & Clair).

Many African Americans and their families were deceived and did not receive appropriate treatment.

Posttraumatic Slave Syndrome

A variant of PTSD, Posttraumatic Slave Syndrome (PTSS) is a term used to refer to the legacy of slavery-related trauma for African Americans; specifically, it refers to the transmission of behaviors and beliefs necessary to survive (De Gruy, 2005). Dr. Joy De Gruy recognizes that much like physical injuries, when it comes to psychological injury, different people respond in different ways, and the dehumanizing effects of the trauma of slavery remain for many a source of suffering. As the prevalence of racism remains something of a constant in the United States, African Americans continue to feel the pain of a wound never allowed to heal (De Gruy, 2005). As stated earlier, this continuous state of re-injury includes oppression and unequal access to societal benefits; the effects of trauma are expressed by behavioral patterns of low self-worth, present anger, and racist socialization because the hemorrhaging is passed down through the power of belief (De Gruy, 2005).

Based on the fifth edition of the Diagnostic Statistical Manual (DSM-5), dissociative symptoms displayed by those suffering from chronic depression may exist in people who suffer from PTSD (APA, 2013). Previously, dissociative symptomology has generally indicated involuntary pathological defenses from psychological trauma in personality disorders. Because post-trauma is not limited to arousal, and includes anxiety and depression symptoms, having a general understanding of depression and anxiety will be important for understanding the current research.

Normal anxiety and depression compared to chronic pathological symptomology determine the significance and level of treatment. Anxiety that may seem normal could lead to poor evaluation of the self and augment undesired outcomes. It seems that being informed of the

symptoms of these chronic health conditions may position individuals to take advantage of resources that offer better treatment strategies and outcomes. Pathological depression is chronic and can affect the whole person—spiritually, psychosocially, and physically. Racial discrimination has been identified as a stressor that increases the likeliness of depression. Thus, many African Americans adopt high effort coping at a mental cost (Hudson, Neighbors, Geromus, & Jackson, 2016). High effort coping is what Geromus and Jackson identify as African American women going above and beyond usual duties in order to maintain a productive and possibly peaceful work environment. Unfortunately, these efforts to control a hostile environment have not led to a reduction in discrimination. Racial discrimination is more hazardous to mental health than to physical health despite problem-focused coping strategies in which a person perceives situations as controllable (Hudson et al., 2016).

Sleep

Previously established research has determined that when a person is asleep the brain remains metabolically active although the person appears to be simply resting (Maroti, Folkeson, Jansson-Fröjmark, & Linton, 2011). Highly organized brain connections that maintain and regulate the quality of sleep are what make sleep more than a passive state (Maroti et al. 2011). In their review of brain anatomy, Lezak et. al. (2012) note that the brain has a structure called the reticular formation which is composed of intertwined nerve cell bodies that interconnect with all major neuronal tracts that enter and exit the brain. The reticular formation contains the reticular activating system site responsible for awakening, modulating arousal, drowsiness, comatose state, stupor and sleep.

Regarding those who endured the deplorable conditions of slavery in America, it is difficult to provide evidence that there was awakening naturally, or modulating their arousal, drowsiness, comatose state, stupor and/or sleep in general. Some of these individuals wore neck

collars to keep them from sleeping. Enslaved individuals were told when to sleep and when to arise. More than that, there was pressure of having to get up earlier than their white counterparts, work harder, and for longer hours, and perform exceptionally well only to be deemed less than average can have lasting effects on a psyche.

Working harder and longer hours may produce physiological effects. Hudson, Neighbors, Geronimus, and Jackson (2016) referred to a type of physiological costs, which accumulate because of social discrimination. John Henryism is a distinct character of willingness to eagerly contend with psychosocial circumstantial causes stress by having a sense of control (Kiecolt, Hughes, & Keith, 2009). In addition to obvious concerns regarding premature death, African Americans continue to lose sleep due to John Henryism despite their prolonged methods to cope with psychosocial stress (Hudson, Neighbors, & Jackson, 2016).

When a person does not get enough sleep, there are alterations in brain activity, such as increased neuronal activity in the anterior cerebral cortex (ACC), which is a deep structure of the brain which becomes dysregulated and heighten perceptions or emotional reactivity (Gilbert, Pond, Haak, Dewall, & Keller, 2016). The prefrontal cortex, a higher structure of the brain, which is responsible for executive control, including attention and decision-making, may become compromised when there is sleep deprivation (Lezak et al., 2012).

In terms of normal sleep architecture, the American Academy of Sleep Medicine (AASM) identified stages of human sleep (wake, NREM, and REM) and unrelated to a person's ethnicity. Per the AASM, stage W (wake) will produce an alpha rhythm in most individuals. The Academy also states that N1 to N3 are non-REM stages of sleep and stage R (REM) represents the dream state characterized by mixed frequency and continuous low voltage electroencephalograph (EEG) activity (AASM, 2009).

Iber, Ancoli-Israel, Chesson Jr., and Quan (2007) specified recommendations for identifying arousal. They considered arousal to be an abrupt shift in brain wave frequency that lasts a minimum of three seconds following ten seconds of sleep. It is not normal to awaken from sleep too many times during the night.

Disruption of Sleep. Variations in the need for sleep is not based on being African, European, Native American, Hispanic/Latino or Pacific Islander. The lack of sleep compromises attention and normal brain patterns for all humans (Lezak et al., 2012). Heuer, Kohlisch, and Klein (2005) further suggest that difficulty in sustaining attention is because the prefrontal lobes of the cerebral cortex, an area of the brain responsible for impulse control and decision making, become compromised (Heur et al., 2005). Because of the interconnectivity of the brain's superior hemispheres and vertical inferior axis, the prefrontal lobes are not the only significant areas of the brain vulnerable to sleep deprivation (Lezak et al., 2012).

The CDC (2014) identified insomnia as a key sleep disorder in which individuals may experience a disruption of sleep severe enough to make them report the problem to their health care providers. Insomnia has been among one of the most common complaints in healthcare. Medical comorbidities of insomnia include dementia, neurological disorders, congestive heart failure, and other sleep disorders (American Psychiatric Association, 2000). Based on the fifth edition of the Diagnostic and Statistical Manual (DSM-5), insomnia can be a symptom or a condition (American Psychiatric Association, 2013). According to the National Sleep Foundation (2002), there is a 60% greater cost for healthcare in these individuals. Additionally, 50% of cancer patients and up to 93% of traumatic brain injury patients experience insomnia.

Bobbett et al. (2007) discussed problems people have with staying asleep. The researchers mentioned that outcome measures of individuals who experience continued sleep

loss become consistent with individuals that experience no sleep at all. These outcomes include the following: a) difficulty performing tasks at an optimal level due to delay in reaction time; b) problems with attention and memory that result from being tired and sleepy; c) decreased production of hormones; d) low oxygenation and increased upper airway collapsibility; and e) moodiness commonly associated with sleepiness (irritability, anger, tensity, and unfriendliness).

Not only has insomnia become an increasing focus of the CDC, but the World Health Organization of International Classification of Diseases (ICD-10) has identified insomnia as a physical symptom of burnout, a state of vital exhaustion (Fralick & Flegel, 2014). Fralick and Flegel determined that burnout is chronic and can lead to comorbid depression, anxiety, addiction, and suicide because it is not simply a temporary problem. Moreover, according to Johnson et al. (2016) when African Americans are experiencing psychosocial stress they tend to sleep less. All stress is not bad stress—it is chronic stress which leads to exhaustion and illness. Additionally, Johnson et al. (2016) reported that African Americans may also experience a lower sleep quality, which put those individuals with continued stress levels at risk for potential health concerns.

Mental Wellness and Sleep

When it comes to potential health risk, mental wellness and sleep are influenced by alterations in brain neurochemistry (Afrika, 2009). An important neurochemical of the brain is the neurotransmitter dopamine, which has a role in calming the body and the brain (Afrika, 2009). Enough dopamine is secreted when individuals obtain optimal levels of sleep (Lezak et al., 2012). The basal ganglia, located in the inferior structure of the brain, releases reward chemicals that reinforce learning as implicated by its dopaminergic cells (Chakravarthy, Joseph, & Bapi, 2010). These researchers found that functions of the basal ganglia include goal-directed behavior, working memory, estimating time, apathy, and fatigue.

In addition to prefrontal lobe cortical area involvement, Lezak et al. (2012) identified fatigue more commonly in individuals who experience depression than in patients who do not. Researchers attribute the depression experience to involvement of the basal ganglia (Lezak et al., 2012). As mood disorders impact sleep, this suggests that insomnia can limit an individual's quality of life and mental wellness.

Furthermore, there is a direct link between PTSD and insomnia experienced by individuals who, after being exposed in some way to violent trauma, suffer from severe functional impairment. This can then result in increased arousal during sleep (American Psychiatric Association, 2000). Due to this clinical expression of post-trauma symptoms, this research is concerned with continued hyper-arousal states in some adults.

Impact of Insomnia on Health

Quality of life (QOL) refers to the perception an individual has about her (or his) own satisfaction in terms of health, social status, and occupational status that impacts on lifestyle (Ishak et al., 2012). The legacy of slavery is such that it continues to shape the social dynamics. As the effects of oppression tarries in the African American mind, the possible link between insomnia and psychosocial stress that precipitates insomnia can no longer be ignored (Buysse, Germain, and Moul, 2005).

The implication is not that insomnia is occurring in African American people because they are losing sleep due to the conditions of their employment or underemployment, nor is it due to resistance to adapt to one's environment. This research takes a closer look at factors that may influence sleep difficulties among Americans, with the supposition, to be explored, that chattel slavery continues to impact the quality of life in Americans more than 150 years after slavery's abolition.

The World Health Organization (2013) has determined that insomnia influences people's

reports of quality of life satisfaction on health assessments. The assessments were not simply collected from African American people, but presumptively designed to observe negative and positive qualities across cultures. The World Health Organization (WHO) attributes high and low QOL to culture, goals, expectations, and value systems.

The ability to obtain adequate sleep may improve quality of life for those who have been impacted by insomnia and comorbid conditions (Ishak et al., 2012). Insomnia may directly impact the quality of people's life because of poor cognition, stress, anxiety, and the strain it produces may lead people to be extra sensitive about their life circumstances. Instruments on self-assessment measures may not account for how insomnia may impact one's perception of their current situation (Gilbert, Pond, Haak, Dewall, & Keller, 2016). Individuals who may experience lack of sleep may have heightened sensitivity to their perceived situation due to dysregulation of brain areas such as becoming more sensitive to rejection, per Gilbert et al. (2016). An example would be fear of harassment by law enforcement and other actors, even when unlikely, can have significant impacts on mental wellness. Another example is fear that a family member may not make it home alive without being violently brutalized.

The problem is when a person does re-experience trauma, the body-mind responds as one memory (Othmer & Othmer, 2009) because the state memory has been registered. For this research, the mind-body response refers to body memory of trauma. According to Othmer & Othmer (2009), the body-mind anticipates threat and assumes a state of readiness for perceived survivability. Functional integration of neuronal and non-neuronal networks has communicated.

Etiology of Insomnia

One can only imagine the quality of sleep an individual might have sleeping on rags or in a hole, without any kind of bed or proper shelter from the elements. Such were the deplorable conditions endured by many slaves. Insomnia is associated with conditioning factors such as

timing, quality, and the amount of sleep that an individual receives (American Psychiatric Association, 2000). Primary insomnia disorder is a type of dyssomnia in which individuals generally experience excessive daytime sleepiness, irregular quality and amount of sleep, (and abnormal events associated with sleep or sleep-wake transitions (American Psychiatric Association, 1994). Phenotypes related to perceived insomnia include inadequate sleep hygiene, sleep-state misperception, psychophysiological insomnia, and idiopathic insomnia (American Psychiatric Association, 2013)

In comparison, in the DSM-5, the diagnosis of insomnia is still classified among sleep-wake disorders as it was in the DSM-IV. However, in the DSM-5, as opposed to risk factors regarding comorbidity (which may be non-sleep disorder, medical or other sleep disorder), there seems to be more focus on specifiers, and the coding note to indicate which specifiers apply.

Conditioning factors may include time spent using electronic devices while avoiding sleep (Afrika, 2009). Due to a nanosecond society in America, there is a constant feed of information via internet or other attractive devices such as digital television, cell phones, and iPods leaving individuals over-stimulated. Having the convenience of technological advances should help people spend less time accomplishing tasks and allow more time to sleep. Yet studies have shown that habits and environments contribute to poor sleep (Afrika, 2009).

According to Chahal, Fung, Kuhle, & Veugelers (2013) availability and nighttime use of electronic entertainment and communication devices are associated with short sleep duration and obesity among Canadian children. Visual pollution (aesthetics to enjoy the view) of television screens, cell phones, computer monitors and earphones that expose the pineal gland to negative stimulation; and overstimulation of the pineal gland has been known to lead to sleep disruption (Afrika, 2009).

Despite technological advances today, or maybe because of them in some cases, there is a culture of sleep-wake disorders in America. Intermittent wakefulness, difficulty falling asleep from the onset, and feelings of restless are examples of complaints by individuals who suffer from distress or impairment in Primary Insomnia (American Psychiatric Association, 2013). Risk factors include, age, gender, familial history (American Psychiatric Association, 1994), and, more recently, prior histories of insomnia (American Psychiatric Association, 2013). Per clinical and epidemiological studies, when it comes to PTSD, sleep disturbance has been identified as one of the disorder's core features (Germain, 2009). The study further suggests that sleep avoidance may be involved. Due to its close relationship with sleep disturbance, characteristics of PTSD have been associated with short-term memory impairment, attention disruption, suicidality, depression, and alcohol use (Germain, 2009; Lezak et al., 2012).

Evaluation of Insomnia

The DSM-5 defines insomnia as:

(a) predominant complaint of dissatisfaction with sleep quantity or quality, associated with one or more symptoms of difficulty sleeping, difficulty maintaining, sleep early morning wakening with inability to return to sleep; (b) clinically significant distress; (c) impairment in social occupational educational academic behavioral or other important areas of functioning as a result of the disturbance; (d) a history of difficulty sleeping at least three nights weekly for a minimum of three months; (e) difficulty sleeping is not better explained by (and does not occur exclusively) during other Narcolepsy, breathing related disorder, parasomnia, circadian rhythm disorder; (f) not attributable be the physiological effects of substance, and (g) coexisting mental disorders or medical conditions. Insomnia is classified as one of the ten sleep-wake disorder groups—daytime impairment due to sleep problems. (American Psychiatric Association, 2013, Sec II)

In addition to use of the DSM, questionnaires have been the standard for diagnosing daytime sleep impairment. To determine the course of treatment and the extent of the sleep disturbance, Milner and Belicki (2010) noted that questions (which do not target any specific ethnic group) to evaluate insomnia should include: What are the factors, which contribute to the lack of sleep? How long does it take for the individual to fall asleep? And to what extent does the sleep disturbance cause daytime deficits? Per Milner and Belicki (2010), assessing insomnia should include the following steps:

1. Assessment diary
2. Assessment Interview to assess treatment of predominant complaints
3. Outline factors that course maintain and exacerbate insomnia such as hyper-arousal, normal aging, and comorbid conditions

Although Milner and Belicki (2010) noted questions and steps in evaluating sleep disturbance, the insomnia sufferer can provide additional information. Information can be obtained from medical records and physical examination results. Today, a list of medications has been added as an important component in a comprehensive evaluation of sleep history (Neubauer, 2014), but there are possibly omissions of psychosocial factors including familial links to and understandings of historical events; this is an area that this research aims to investigate.

Medications and Behavioral Treatment of Insomnia

Approaches to insomnia treatment have traditionally included over the counter or prescribed medications. Neubauer (2014) recognized that insomnia is not a recent affliction caused by chaotic schedules; but a problem that has persisted in history, along with various treatments, including fermented beverages. In Egypt, in and around 1300 BC, opium was used to

treat insomnia (Garrison & Libby, 2010). Cannabis, with its sedating effect, has its ancient homeopathic origins in treatment that was used long ago—and even now people are citing health benefits as to why it should be legalized.

Today benzodiazepines, specifically hypnotics, which are problematic barbiturate-related compounds with safety concerns, are used for chronic insomnia but their effects wear off over time (Neaubauer, 2014). Melatonin supplements and antihistamines with common side effects (dizziness, drowsiness and fatigue) are readily available in markets and drugstores. Neubauer (2014) identified that in addition to next-morning drowsiness, insomnia medications cause normal thinking impairment and possible anaphylaxis. Although people use medications to improve sleep, overall, sleeping medications have side effects and do not promote restful sleep.

Insomnia sufferers in America are seeking alternative ways to improve their symptoms of fatigue, irritability, memory loss, and concentration. Cognitive behavioral therapy (CBT) is one alternative method used to treat the effects of insomnia. CBT is a short-term therapeutic treatment modality in which the cognitions and irrational thoughts are challenged by cognitive restructuring (Yuan et al., 2016). Treatment studies have shown that CBT has helped normalize sleeping patterns and resulted in a reduction of anxiety and depression scores in patients with insomnia symptoms related to mental disorders (Maroti, Folkeson, Jansson-Fröjmark, & Linton, 2011). Maroti et al. also used relaxation techniques and psychoeducation as effective interventions during CBT in patients who have been directly and indirectly affected by trauma or diagnosed with psychiatric disorders.

While CBT training may include relaxation techniques, there are therapists who exclusively rely on mindfulness. Mindfulness refers to meditation training that is linked to functional and anatomical neuronal changes (Ferrarelli et al., 2013). Per Ferrarelli et al. (2013).

Mindfulness has gained popularity because it has longer lasting effects of promoting mental wellness and alleviating medical symptoms than pharmacopeia. Ferrarelli et al. found that spontaneous changes such as increased alpha rhythm EEG activity occurs immediately following mindfulness training and determined that long-term mindfulness meditation causes lasting cortical-thalamic circuit neuroplasticity changes that improves sleep.

Summary

Insomnia, which generally involves difficulty initiating and maintaining sleep, is experienced by individuals who seek to improve their sleep. There is a wealth of data already established regarding the effects if sleep disturbance and the prevalence of insomnia. Traditional medicine, as well as the field of sleep medicine, has established protocols for assisting individuals with sleep disruption. Because insomnia treatment remains a serious concern in the United States, this review of literature addresses concerns of insomnia and how it relates to Americans today.

In this research investigation, individuals who primarily use dissonance might suffer from insomnia more than individuals who do not, and they seem to experience mental illness more often and at higher rates. Due to its close relationship with sleep disturbance, characteristics of PTSD have been associated with short-term memory impairment, attention disruption, suicidality, depression, and alcohol use (Germain, 2009; Lezak et al. 2012).

There is a lack of specifiers for familial attributions related to insomnia. In this research investigation participants share a common experience through the residual effects of human enslavement in America. Understanding additional factors related to insomnia as a manifestation of underlying conflict is important for this research. Availability and night-time use of electronic entertainment and communication devices are associated with short sleep duration and obesity among Canadian children as reported by Chahal, H., Fung, C., Kuhle, S., & Veugelers, P. J.

(2013). These are some of the environmental influences which impact the brain and are seemingly related to societal beliefs among varying groups of individuals.

Chapter 3: Methodology

Qualitative Research

Qualitative research is a method of research in which evidence for the evaluation of hypotheses is taken from statements of the people involved and necessitates subjective evaluation of participants (Field, 2013; Fischer, 2006). It is different from quantitative research in that it is not limited to relying on numbers, an approach that is often considered less subject to the researcher's active interpretation. Qualitative research instead analyzes language (Field, 2013). Although quantitative research methods may offer useful information for describing and making inferences about the proposed population, qualitative research is the necessary method for this research study that seeks to investigate the lived experience of research participants.

This researcher has decided that qualitative research as the best method for this study is based on: (a) the desire to understand the ritualistic factors that contribute to the lack of sleep; and (b) the desire to learn the extent to which sleep disturbances cause daytime deficits.

Phenomenology

Phenomenology is a type of qualitative research paradigm that allows the researcher to engage with participants personal explanations of their subjective experiences. (Zinker, 1978). Data are gathered by asking broad open-ended questions, and the researcher seeks to understand the participants lived experience (Creswell, 2003). The researcher engages in a process that is essentially existential in nature and helps limit personal bias in the research design (Zinker, 1978).

Study Design

The researcher gathered data from African Americans and non-Hispanic White Americans (see Appendix A for checklist and interview questions). Participants were scheduled for an interview. The interviews were conducted in an environment where the interviewee engages in usual activities. For example, participants were given the option of scheduling their

interviews to take place at their work or home environment.

Procedure

Heidegger's hermeneutical framework guides this research. Because hermeneutics involves constant revisions of understandings, the researcher maintained a posture of openness. Three components of Heideggerian hermeneutics important to this research investigation were: a) self-understanding; b) no bracketing, which means to set aside prior learning by temporarily preventing thoughts from influencing the research by detaching and not making assumptions (Crusius, 1991); and c) maintaining an awareness of individual existence, which means it is not possible to remain purely objective.

This is a phenomenological research investigation. Phenomenology is not merely a technique, but truly involves describing the essence of something. That is, as the research came into focus, I was able to look at individuals in context.

It was inspiring to read that Gadamer, a student of Heidegger, a major contributor to hermeneutics did not believe it reasonable to unnecessarily grope around in the dark (Crusius, 1991). The assertion is that knowledge comes from what an individual has practiced or learned from her or his cultural background. The opportunity to address past experience is equally important to an individual's current experience. Having the ability to engage through discourse was important because it made possible a rich experience for this researcher.

The importance of having some understanding about the topic of interest and reflecting on one's own background is where Heideggerian hermeneutics differs from pure Husserl's Transcendentalism. Unlike this research investigation, Transcendental research is when preconceived understandings of a phenomenon are reduced by bracketing. Unlike bracketing, self-understanding is based on our mood and not by detaching ourselves (Solomon & Higgins, 1996). According to Gadamer (1960), it is through exchange and conversation that understanding

is increased. The implication is that understanding is determined by the degree to which beliefs are re-evaluated (McKimmie, 2015).

Participants

This research included a total of sixteen men and women. Eight participants were African American, and eight were non-Hispanic White Americans. A minimum of eight participants is adequate for this type of research (Groenewald, 2004). Only one participant per household participated in the research investigation. Limiting participation to one person per household helps maintain privacy. Participants did not receive testing for medical conditions. They answered questions about their experience of suffering from insomnia, understanding of history and culture, and experience with mental health issues.

Inclusion and Exclusion Criteria

The following is a list of inclusion criteria used for this research study: participant must (a) be an African American or non-Hispanic White who is of adult age; (b) have at least a high school education or equivalent, and (c) reside in the state of California during the time of interview. Exclusion criteria include the following: (a) individuals who are minors and (b) individuals who were born outside of the United States.

Prescreening

A preliminary 5 to 10-minute meeting with the participants took place in an environment where the participant typically engages in her or his usual activities. The purpose of the preliminary meeting was to: (a) establish rapport; (b) explain the risks of the study and the limits regarding the confidentiality was provided to participants; (c) obtain written consent; (d) obtain de-identifying code name; and (e) assure participants of proper storage of data.

Participants also had a chance to discuss concerns and ask questions about the research study. Each participant was invited to participate in the study following their brief prescreening meeting (see Appendix B for invitation to participate). Information regarding age, gender,

ethnicity, and highest level of education, as well as mental health and emotional health was gathered. This information and data gathered from the prescreening were reviewed and used to further inform the research. The meeting was followed by a scheduled interview.

Recruitment

People's experience of their sleep patterns is something generally considered private and not typically discussed with strangers. I decided to use snowball sampling (Eland-Goossensen, Van De Goor, Hendriks, & Garretsen, 1997) as a cost-effective way for this phenomenological researcher to access insomnia sufferers. In this method, the sample size, like a snowball, gets larger by asking informants to refer other people to survey for the research study. Unlike random sampling, the method is to find the target population through nominee selection (Eland-Goossensen et al., 1997).

Data Collection

Instrumentation. The researcher interviewed participants individually. Questionnaire of research questions and supportive questions were prepared in advance for each interview. This researcher followed the seven stages of interviewing as explained in the writings of Kvale and Brinkmann (2015). They are:

1) Thematizing - being clear about the purpose of the study
2) Designing - planning how the interview will be conducted
3) Interviewing - having a detailed guide which includes specific questions and time limit
4) Transcribing - transcribing the recorded information verbatim
5) Analyzing – categorizing the data in the context of interpretation
6) Verifying and reporting – checking for interviewer and scorer reliability and validity of interpretations
7) Reporting- reporting the results of the findings

Data Analysis

Data were then analyzed for common themes. As analysis of the data in phenomenology is accomplished through providing a structured picture, themes (clusters of concepts which convey similar meanings) were assigned meaning for understanding (Polkinghorne, 1989). Codes (titles which represent themes) were given to relationships that emerged among common connections, patterns, and categories. Themes in the collected data were identified, and the data were coded again for verification, which is important in manual coding. Codes were then revised based on coding filters of the participant-observer and include a variety of descriptive codes, IN vivo codes, emotion codes, value codes, and attribute codes.

Validity

Once the interviews were conducted and the codes collected, the participants were contacted to confirm the representativeness of their reporting. Similar findings were categorized. variations in meaning may have been influenced largely by the researcher's background in psychology and as a descendent of American slaves. In order to avoid bias this researcher made every effort to maintain a neutral stance. This researcher challenged prior understandings by remaining open and maintaining objectivity by not implying that there was any correct response.

Understanding the tragic aspects of human enslavement allowed this researcher to empathize with participants. Simple denial seems to be one common type of defense mechanism. Such as, participants seemingly in their responses needed to distance themselves from the psychological traumatic effects of American history. A general phenomenon of becoming tense due to the unsatisfied longings of a person, or when a person lives with a feeling of insecurity, seems to lead to anxiety or depression. It may be very difficult for individuals to deal with internal conflict and easier to use defense mechanisms that protect the mind from experiencing unwanted thoughts.

Limitations and Delimitations

There were limitations to the research investigation related to geographical location. This research took place in California and may not be generalizable to African descendants of other countries. In addition, it is important to note that participants who reside in California may have a very different experience than individuals who reside in other parts of the US—such as African Americans who live in Southern states.

Researcher bias may interfere with data analysis; having parents raised in Southern states required this researcher to monitor personal biases**.** This research required carefully observing themes and patterns based on the actual data obtained from participants. Not being judgmental, not holding on to one outlook on life and asking supportive questions in addition to the research questions helped reduce researcher bias. Although some phenomenologists believe that researchers must detach themselves during research (Groenewald, 2004), this study does not include bracketing. This researcher engaged each participant as fully as possible throughout the primary interviews.

Ethical Considerations

This research investigation is guided by the rules and regulations established by Antioch University and the professional code of ethics. The APA's Ethical Principles of Psychologists and Code of Conduct (2002/2010; hereinafter referred to as the Ethics Code) has provided guiding principles about honesty, integrity, accountability, responsibility, and performing in a professional role. These principles of the Ethics Code guided sessions with clients, and when conducting research on humans.

Confidential Storage of Data

Data collected in this study is being stored and protected in a secure location for a minimum of seven years, utilizing APA mandated confidentiality protocols. The researchers in general have a legal and ethical responsibility to maintain confidentiality. To maintain

confidentiality, appropriate safeguards were taken to protect information obtained. All recorded and transcribed data were labeled using a numerical identification, and personal information was not used for identification purposes.

Consent

The researcher obtained written consent to participate in the overall research from each participant. According to Kvale (1996), making use of informed consent is important for conducting ethical research. As required by law, an acknowledgement waiver of any fee will also take place to avoid deception and concealment. At the time of consent, it was explained that participation in the research study was voluntary and all participants' rights related to withdrawing would be protected. Participants were informed of their right to withdraw at any time from the research study and were not required to answer any questions that they did not feel comfortable responding to. Participants were also provided with follow-up details (see Appendix C for informed consent).

Risk Factors

Risk factors of this research study were minimal. They were explained to each participant before and after the interview was conducted (see Appendix B). At the beginning of the research, the following potential risks were stated:

- Participants will be at risk for unintentional activation of traumatic memories and psychological problems.
- Disclosing personal information may cause emotional discomfort and embarrassment.

Following the research, participants were informed of the following:

- Participants may experience empty feelings after not having received anything concrete in exchange for being open with the researcher.
- Should there be any indication that additional support is needed for the participant, every

effort will be made to respond efficiently and appropriately.

The primary investigator is an experienced mental health counselor in substance abuse, marriage and family therapy, as well as a doctoral trainee. My qualifications include five years' experience in assessing, diagnosing, and treating mental illness, enabling me to immediately recognize if a participant becomes overwhelmed during the interview. This researcher Anticipated that some participants would experience affective reactions, need for community resources that offered appropriate mental health services for adults to utilize, and a list of community agencies should the need for an outside referral arise**.**

Benefits of Participating in the Research

Participants might experience insight, improvements, and benefits. These might include creative thinking and changes to self-conceptions. Improvements in areas such as social interactions, in work functions, and family relationships may also occur. Benefits are not limited to the participant but may possibly include an increase of useful knowledge about the population of interest (Kvale & Brinkmann, 2015).

Procedure

Data Collection. In the investigation of insomnia, race and mental wellness, the first task was to recruit participants. The purpose of the research was clearly explained so that potential candidates could make an informed decision to participate. This included explaining my role as a student researcher and providing an invitation to participate. Upon accepting the invitation to participate, candidates were asked to complete a checklist to obtain the following demographic information: a) age; b) gender; c) ethnicity; d) highest level of education; e) mental health issues, and f) emotional problems (Appendix A). A list of medications was obtained later at the interview.

Prescreening. The second task was to meet with each person for an individual prescreening to be followed by the interview. Although participants expressed interest in the research, some failed to complete the demographics checklist prior to their prescreening appointment. During each prescreen meeting, participants were thus aided in completing the prescreen checklist. This allowed the researcher to become more familiar with the interviewee. Additionally, the checklist obtained during the prescreening was used to identify attribution information for the research study and exclusions of participants who did not meet criteria for this study.

Interview sessions. After the checklists and prescreening were completed, interviews were scheduled and conducted. Interviews were scheduled in advance or immediately following the prescreen meeting. Participants were informed that initial interviews would be limited to 30 minutes. On average, the first interviews lasted no more than 17 minutes. Participants who were selected for a second interview were informed that the interview would take approximately 40 minutes to 1hour. On average, the second interviews lasted 40 minutes. At times, interviews were rescheduled due to unforeseen circumstances.

Although occasional interviews required rescheduling, other potential candidates kept their scheduled appointments. Twenty-three interviews were conducted, but five males and two females were disqualified for the following reasons: participant BO3 was disqualified because he was born outside of the United States; A09 did not sign the consent form; A03, A05, A07 and B06 did not answer all the required questions; and A08 was intoxicated during the interview. As a result, this research investigation included a total of 16 participants.

For this phenomenological research study, this researcher used the method of snowball sampling to access Americans who were progeny of slaves and non-slaves who lived in America

during chattel slavery. As part of the snowballing method used, participants were asked to refer others for the research. I started with one participant who referred others. Like a snowball gets larger with progression, the number of participants for this research investigation increased when participants referred other people to interview for the research study (Eland-Goossensen et al., 1997). This data collection method has been useful for other research studies to sample populations when participants have been difficult to contact. As time progressed, the number of interviewees increased.

The research investigation was guided by two research questions. The research looked at the experience of insomnia among non-Hispanic White Americans, African Americans and explored the relationship between insomnia and the legacy of chattel slavery. Other questions were applied in order to stipulate views of overarching questions. The researcher had collaborated in advance with committee members for suggestions to prepare sub-questions prior to the semi-formal interviews. Table 1 below specifies the research questions with a list of sub-questions which would later serve as anchors in developing codes after the data were transcribed and organized into themes and categories. Table 2 below includes additional sub-questions for participants who were selected for a second interview.

Table 1

Interview Questions

Research questions	Sub-questions
"Do African Americans experience insomnia more than Hispanic White Americans?"	1) What is your age, gender and highest level of education? 2) Do you suffer from insomnia? (yes or no) 3) Tell me about your insomnia; can you describe your experience with insomnia?

	4) Were there any effects of your insomnia?
"Is there a relationship between insomnia and the legacy of chattel slavery?"	5) "What effect does history have on your culture?" (DeGruy, 2005) 6) Do you have mental health issues? 7) Have you been diagnosed with a mental illness or a medical condition? 8) Do you have any emotional problems? 9) Please, list current treatment:

Table 2

Second Interview Questions

Research question	Sub-questions
"Is there a relationship between insomnia and the legacy of chattel slavery?"	10) Do you know for how long members of your family were in the United States and for how long they lived as slaves? 11) How many generations are you away from that time in slavery? 12) Do you feel that you or your family members (including your parents and the generations before your parents) have been (or remain) traumatized by learning about what occurred during slavery?

	13) When did you come to know that your family members were held as slaves, and how did you find out? 14) Having the awareness of the trauma inflicted on those who suffered from the devastation of experiencing or even witnessing chattel slavery, would you like to change the way you understand yourself and relate to others? 15) Think about your family, what was it like when the topic of slavery came up in your family? 16) Who talked about in your family? 17) How was the topic of slavery discussed; and how did the various family members react? 18) Did you ever approach the topic of slavery with your parents when you were a child? How did your family discussion about slavery evolve from your youth up until the present time?

	19) How did your discussion about slavery with your mother differ from your discussion with your father, and how were they similar? 20) Are there ways in which you try to view slavery like or not like each of your parents? 21) Did you ever feel your knowledge or awareness of history of slavery challenged the ideas of your parents? 22) Think about the topic of slavery in America. When it comes to social effects how has your knowledge of the trauma of slavery impacted the way you feel? 23) When it comes to emotional effects how has your knowledge of the trauma of slavery impacted the way you feel? When it comes to physical effects how has your knowledge of the trauma of slavery impacted the way you feel? 24) When it comes to your sleep have you ever had disturbing dreams about slavery? 25) Think about your sleep. For this research I want you to understand that insomnia is a disturbance of sleep which is not uncommon.

	Have you ever experienced problems sleeping? 26) When it comes to your sleep, do you have difficulty starting sleep or staying asleep because of social issues? 27) Have you recently experienced insomnia? 28) Think about the person who has told you that you are powerful, special or important because you are. How does that motivate you to overcome the effect that history in America has on your culture?

The specific questions in Table 1 were prepared in advance, printed out, and used for questioning. This maintained consistency during the interview process. Interviews were audio recorded for accuracy in the data collection process.

Transcribing. The recorded interviews were transcribed for identifying similarities and differences within and between groups. Transcribing the data takes a long time. Special attention to accuracy was obtained by carefully transcribing the data. The task involved deciding on important information to include such as when to take out or leave filler words (e.g., “uh” or “um” or “hmm”) which occurred from time to time. Revisions were required on an ongoing basis. This involved confirming transcribed data by reviewing audio recordings. At one point, it

seemed that I would miss pieces no matter how many times I reviewed the recordings and transcriptions. The process of transcribing required several hours to complete.

Chapter 4: Results

The research questions were analyzed with respect to each participant's experience of insomnia. Although the research findings were based on the participants' description of their personal experiences, and the researcher's prior understandings are important as well in this type of research. The following quote is from the 1979 edition of *The Basic Problem of Phenomenology Revised Edition*:

> The consideration of being takes its start from beings. This commencement is obviously always determined by the factual experience of beings and the range of possibilities of experience that at any time a peculiar to a factual Dasein, and hence to the historical situation of a philosophical investigation. Because the Dasein is historical in its own existence possibilities of access and modes of interpretation of beings are themselves are diverse varying in different. (Watts, 2011, p.129-132).

According to the DSM-5, insomnia refers to having difficulty initiating and maintaining sleep resulting in problems functioning during the following day. Problems related to sleep can exist in individuals who have experienced posttraumatic stress syndrome. Understanding the tragic aspects of human enslavement allowed this researcher to empathize with participants who seemingly needed to distance themselves from the psychological traumatic effects of American history. For example, whenever the needs and deeper longings of a person go unsatisfied or when a person lives with a feeling of lack of safety or insecurity, tension increases, which may lead to anxiety or depression. It may be very difficult for individuals to deal with internal conflict and easier to use defense mechanisms that protect the mind from experiencing unwanted thoughts. Simple denial seems to be one common type of defense mechanism.

It should be noted that this perspective on stress and tension is not considered a purely

objective fact. These findings are supported by previous research in the field of psychology and is affected by this researcher's knowledge in the field of psychology and knowledge of the field of American History. This knowledge was important for the structure used as a guide to reasonable judgement as observation of prior knowledge was reciprocally connected.

Despite having an awareness of physiological and psychological trauma inflicted on the ancestors of African Americans, participants of this research struggled to address how their life experience has been impacted by chattel slavery during the first set of interviews. During the second set of interviews participants were more open to talk about their family. Participants seemed to express self-compassion as they resolved to talk about the impact of racism and slavery on their emotional life.

Participants all shared one common trait: they reported that they were descendants of slaves and non-slaves who lived in America during chattel slavery. They were African Americans and non-Hispanic White Americans who described the essence of their experiences by sharing stories, words, sentences and phrases that had personal meaning to them. I used information from lectures and readings to decide on the best way to label the data on each transcript containing these descriptions. I then analyzed data from this research using manual coding due to the small number of transcripts. A combination of value coding, descriptive coding, emotion coding and even some attribution codes were derived from the transcripts. Actual names of participants were not used in this research study. Names of African Americans were replaced with sequential codes ranging from A01 to A10; and names of non-Hispanic White Americans were replaced with sequential codes ranging from B01 to B10

Data from the Research

Question: Tell me about your insomnia. Can you describe your experience with insomnia?

Participant #A02:

- "With melatonin I usually sleep 4 to 6 hours."

Participant #A04:

- "Do not stay asleep […] I have a view of my sleep."
- "I get between 3 and 4 hours of sleep."
- "Four hours and thirty-one minutes of sleep—this is average."
- "Praying that I can fall back asleep."
- "I'm asleep"; "I'm tired"; "I'm sleepy."
- "I have not gotten better."

Participant #A12:

- "Yes, I have difficulty maintaining sleep on my first night when I have to go back to work."
- "…So, at night right before I have to go to work."
- "In the morning, I have to work until 1 o'clock am, and the night before I can't sleep if I work the next day. Like I have to go to work tomorrow morning, and I have to deal with that.

Participant #A12:

- "Yes, I have difficulty maintaining sleep on my first night when I have to go back to work."
- "…So, at night right before I have to go to work."
- "In the morning, I have to work until 1 o'clock am, and the night before I can't sleep if I work the next day. Like I have to go to work tomorrow morning, and I have to deal with that.

Participant # A11 said:

- "Yes, I don't' know that I'm having problem until I go to bed, and then at some point, usually about 1 or two o'clock in the morning I am awake. And maybe I have gone to the bathroom or maybe I thought I heard a noise, and maybe none of them-- neither of those two have occurred, and I just find myself awake.
- "And I have toyed with a number of different ways to approach it. Sometimes I lay there, and you know, have random thoughts. Just keeping my mind occupied or not intentionally thinking about anything in particular, and occasionally glancing at the clock counting how many hours I have been up or sometimes I decide that I need to be productive because I can't go to sleep. Then I'll get on and start arranging things in the house that don't make noise because it don't want to disturb my husband and or plugging in my ears my earbuds and listening to something (…) you know how you feel like an overwhelming tired? (…)"

Participant #B01 said:

- "No not (suffer) currently (with treatment)"
- "I have during my life yeah"
- "When I don't take medication, I have during my life, yeah"
- "I also take 5HTP for sleep because I don't get enough serotonin in my brain"
- "I would be up all night"
- "I would feel like a vampire daytime because soon as the sun came up, I was sleepy"
- "Sleep during the day"
- "My internal clock is not good"

Participant #B02

- "Trouble falling asleep"

- "Tossed and turned in bed"
- "It would feel like I would go nights in a row without sleeping, but I know that I would fall asleep for like an hour or two."
- "I was sluggish"; "able to stay up during the day"; "able to focus and control"
- "So yeah not being able to pay attention um now that I am older"; "going through the psych program I've like taught myself how to pay attention"
- "I started having anxiety, some depressive symptoms […]"

Participant #B05:

- "Psychosis, hallucinating, hearing things, um in a nutshell"
- "I was up weeks at a time due to the drugs"

Participant #B07:

- "Sometimes, so yes"
- "My PTSD makes me have bad dreams"; "I would wake up and have to like reset myself and go back to sleep"
- "I was grumpy"; "I have just felt like strung out"; "I could tell that my body needed sleep, but I couldn't do it'; "appetite is kind of off"
- "Sometimes I worry"; "PTSD"

Participant #B08:

- "Heavy into methamphetamines"
- "Gotten used to being awake all the time"
- "My body doesn't want to shut off" "I get really emotional after a few days of being awake"
- "(Methamphetamine and alcohol) made it worse"

- "PTSD, depression, Substance Use Disorder, methamphetamine in resolution"

Participant #B09:

- "No, I just settle that with caffeine [smiled]"
- "I've had some issues with falling asleep sometimes, but I wouldn't classify it as insomnia"

Participant #B10:

- "It is a huge process for me to fall asleep"
- "I can't stay asleep"; "weird dreams will wake me up"; "I kind of not get sleep for two or three days"
- "Just couldn't sleep"; "would fall asleep and wake up"; "couldn't go back to sleep"
- "It was time for me to start taking care of myself"; "Learn how to fall asleep again"
- "Start getting groggy"; "not as alert"; "moody"
- "I had trouble sleeping"
- "I have Sleep Apnea too"; "it was caused by the stress"
- "Started uh drinking"
- "Now I take melatonin and Benadryl"
- "I have to go back to it (CPAP) again"
- "I need to go back to using it (CPAP) again […] my wife wants me to start using to it (CPAP) again to fall asleep"
- ((joking)); "I don't have trouble sleeping or whatever, you know, it's like that's why God invented Jim Bean"

Question: What effect does history have on your culture?

Participant #A01:

- “As far as my culture goes, I don’t know much about what happened prior to coming over here [laughed] to America.
- “So, I can only speak to that, but because we were brought over here—because the slaves were brought over here then it kind of disconnected them from making their original culture in Africa.
- “What effect has history had on my culture?”
- “Being African American I can go so many directions with that”
- “As far as slavery goes it had a really big effect on my culture”
- “It kind of separated us if that makes sense and ultimately made us stronger”
- “African Americans were enslaved […] ended up being stronger because they persevered”; “resiliency”
- “Uh, history, well I don’t know—that question’s kind of loaded”
- “I can only speak to that”
- “I can go so many directions”
- “I don’t know”

Participant #A04:

- “I If I go to bed too early, I wake up at twelve and can’t sleep”
- “Sleep is just one of the benefits”
- “As an African American woman”
- “As a woman and African American”; “not treated fairly or kindly
- “Seeing an out and influx of racism”; “it’s more upfront and personal”
- “African American who happens to be a woman […] I definitely see the challenges in both areas”

- "Do history"; "Effects do history."
- "It was more dormant and behind the scenes racism"
- "Trying to move up the ladder"
- "Trying to figure out what's going on"

Participant A11:

- Repeated/restated the question instead of answering it the first time; "Well, history in terms of the united states history"
- "Okay, it is having an effect on me individually now because I can go for a long time and be oblivious because as an African-American (…), but right now at the same time people are making more conscious that I am an African-American female and some of the things I must remove myself."
- "Because my husband is an avid supporter of Trump and I don't necessarily like Trump and Trumpism. So, there is some element of strain and conversations around politics, and right now I see this as a society regressing because concerns of this day happen in a division by nationality."
- "It is as if I am the only one who is aware that there is only one race and thus the human race in the division that is created by white people to make themselves more relevant or special to allow to put injustices on other people that they need to regress based one nationality, based on ethnicity, based on identity, you know their trump is dividing people (….)"
- "I'm fearful that our president is making himself also comfortable with Russia because of some of the tactics that he is using in the White House is demeaning (…) He is defaming the messenger that is one of the tactics that he is using (…)"

- "I am fearful that we are becoming the victim — and that's far stretching now but if he can change, he can make changes into the law and use those excuses. It could be done--whatever you want. That's not exciting for me because a history of minorities and the fact that across-the-board hasn't been good here, not in terms of treatment from some people (….)."
- "I feel like I need to learn more about my own people. I'm obligated to do some additional research because I don't feel safe, and I did some, in my naïve state, feel somewhat safe."

Participant #A12:

- Repeated/restated the question instead of answering it the first time; "What effects does history have on my culture? What kind of? I don't know—I don't understand. That's kind of a broad question."
- "Well, it's just day to day things. Like, sometimes I can't go to the store without people looking at me because I am black. And it just feels like they think that all Black people steal, and I don't steal."

Participant #B01:

- "So, if you don't know the larger history, as Churchill says you're doomed to repeat it"
- "A lot of people have fear over Trump—you are losing sleep on both sides"
- "What does history have on my culture…?"
- A lot of people don't like it on both sides, but the history is the history"
- "Just because somebody doesn't like it, it gets removed"
- "I think that the fact that people think that history can be rewritten, after its happened, leaves people with no foundation because it shifts in my opinion."

Participant #B04

- “So, I am not really aware of my culture having any impact at all on me”

Participant #B05 said:

- “Like history as in society?”
- “The wars that we have fought, the freedoms that we have was a result of men and women who have lost their lives to protect what we have”
- “Racism um how our country was built in regard to that, and currently in our country as a result of that”
- “Some people’s inability to admit that we—that there is racism”

Participant #B07 said:

- “Uh, that’s a pretty big question”
- “I guess not much for my culture, rather”

Participant #B08 said:

- “(Methamphetamine and alcohol) made it worse”
- “Feminist issues”; “objectified women”
- “We have women on trying to sell cars, you know, things like that.”
- “That’s because we have objectified women for hundreds of years
- “What effect does history have on my culture?”
- “You get labeled as something you’re not necessarily, but based on our history that’s who we are”
- “Aww, we had White man for president hundreds of years, and now suddenly we have a Black man who is president everybody creates an uproar about it”
- “My whole family dynamic has just change in the last 4 or 5 years”

- "Oh man—I mean that's not an easy question"

Participant #B09 said:

- "White side of them had an effect on them"
- "Imperial and England and its effects on the entire globe, and its effects on many different cultures, I think, that has been larger"
- "What has history had on my culture?"
- "Any effects—how?
- "Yeah because I think that it has been, yeah I will go with that (culture affected history)"
- "I try to stay away from the topic about race"; "that's why I answered it the way I did"

Participant #B10 said:

- "On my culture personally, um not much. I mean, not much."

Coding

Information collected from the interviews was coded, sorted, synthesized, and placed in categories based on themes (Appendix D). Saldana (2016) described it best when he said that codes are equivalent to writing short summaries. Unlike transcendental research**,** which refers to suspending foreknowledge by bracketing, in hermeneutics research, reducing data is done by applying labels to summarize data (Saldana, 2016). These short summaries for describing the transcribed data required prioritizing information based on the research questions. Single words were used as codes to describe the essence of common experiences among African Americans which emerged, including (a) awareness and (b) change. Codes that seemed to describe the essence of common experiences among non-Hispanic White Americans included: (a) insomnia issues and (b) unacceptability.

Sorting and Synthesizing

Codes were sorted and categorized based on their relationships or how often they occurred, and then assigned common themes. Categories were a) history; b) culture; and c) insomnia. Themes that were not relevant to the research questions were not included in the findings. Main dimensions were consistent with the research questions and included the issue of insomnia, the effects of history on American culture, and new knowledge about mental wellness (Table 3).

Table 3

Categories

African American		White American
Category: History (22)	>	Category: History (14)
Subcategory 1: reflection • Code: UNACCEPTABILITY • Code: AWARENESS • Code: ACCEPTANCE • Code: CHANGE		Subcategory 1: reflection • Code: UNACCEPTABILITY
Subcategory 2: present • Code: AWARENESS • Code: ACCEPTANCE • Code: CHANGE		Subcategory 2: present • Code: UNACCEPTABILITY
Subcategory 3: future • Code: CHANGE • Code: UNACCEPTABILITY		Subcategory 3: future • Code: UNACCEPTABILITY

Category: Culture (16) Subcategory 1: residual effects/impact of legacy of chattel slavery • Code: AWARENESS • Code: ACCEPTANCE • Code: CHANGE • Code: MEDICAL CONDITION Subcategory 2: challenges • Code: AWARENESS • Code: ACCEPTANCE • Code: CHANGE Subcategory 3: resiliency • Code: AWARENESS • Code: ACCEPTANCE • Code: UNACCEPTABILITY • Code: CHANGE	>	Culture (11) Subcategory 1: residual effects/impact of legacy of chattel slavery • Code: UNACCEPTABILITY Subcategory 2: challenges • Code: MENTAL HEALTH ISSUES • Code: UNACCEPTABILITY Subcategory 3: military • Code: AWARENESS • Code: CHANGE
Category: Insomnia (9) Subcategory 1: treatment • Code: INSOMNIA ISSUE • Code: AWARENESS	<	Category: Insomnia (13) Subcategory 1: treatment • Code: INSOMNIA ISSUE • Code: AWARENESS

Subcategory 2: experience • Code: INSOMNIA ISSUE • Code: AWARENESS • Code: CHANGE Subcategory 3: suffering • Code: UNACCEPTABILITY		Subcategory 2: experience • Code: INSOMNIA ISSUE • Code: AWARENESS Subcategory 3: suffering • Code: INSOMNIA ISSUE
<u>Category: African (7)</u> • Code: CHANGE • Code: AWARENESS • Code: UNACCEPTABILITY		
		<u>Category: Mental Health Issues (11)</u> Subcategory 1: treatment • Code: MENTAL HEALTH ISSUE • ACCEPTANCE Subcategory 2: experience • Code: INSOMNIA ISSUE • Code: AWARENESS
<u>Category: Sleep (7)</u> Subcategory 1: precipitating factors • Code: INSOMNIA ISSUE • Code: AWARENESS	<	<u>Category: Sleep (11)</u> Subcategory 1: precipitating factors • Code: MENTAL HEALTH ISSUE

• Code: CHANGE		• Code: INSOMNIA ISSUE • Code: AWARENESS • Code: MEDICAL CONDITON

Results

During the second set of interviews for a study examining the impact of race on insomnia, and mental wellness the participants were asked about slavery. The impact of social issues on sleep, and the link between anxiety and fear post chattel slavery were explored. Participants tended to deny problems sleeping because of social issues. At the same time, and perhaps in line with this denial, they talked more about the desire to move forward rather than accept the social legacy of American chattel slavery. The following is an excerpt of the interviews with participants who identified as African Americans.

Most participants were not avoidant and dismissive during their second interviews. They addressed the impact history has made on African American culture. They seemed to endorse the notion that someone can learn from remembering difficult topics to ensure that the trauma is compensated for and not repeated. Take for example the quote from participant A01 when asked how the topic of slavery was discussed, and how various family members reacted:

> She [mother] just would say, she would just say we would be treated this way, and we would be treated that way, and this is the food we had to eat, and this is the way we had to live. She always kept me grounded. I sometimes would hear people say why do you say we, I'm not a slave, I'm not a slave, and my mom always kept me in the mix. Like we, that is you. It was like your great, great, great grandmother, whoever, but it's still you, and this is the way we had to live. And so, she would always say that. She would always talk about the experience, and how the slaves died and fought. And I think, you know, it was a way to kind of push me to do more work because we've come so far. And get as high as you can and do as much as you can. And get a degree that no one can ever take from you. It was that kind of push. So, my mom would provide

> knowledge for me and let me know what she knew about it, but it was also to push me and let me know where we'd come from.

Participant A01 maintained a positive self-concept which was reportedly modeled by at least one parent. Although learning of extreme circumstances of family trauma can lead to lifelong depression, somatization, and anxiety because of survivor's syndrome, family stories promote a sense of identity and opportunity to create new narratives (Fromm, 2012). Telling stories about concerns related to social issues that have resulted from American chattel slavery can contribute to solidarity towards effective change such as overcoming racism (Greenwood, 2015).

Consequentially, not all descendants of individuals who were enslaved during American chattel slavery have escaped social judgment. Within the current inequitable social structure some biological groups are viewed as deficient and do not share the same quality of privilege with others. Participants drew on social issues for which they have heightened awareness, such as experiencing generalizations firsthand which clearly lead to frustration. Below is the response when participant A12 was asked if her or his knowledge of the trauma experienced from slavery has impacted how she or he feels about society in general.

> Like going to the store or just anywhere people act as though we are a threat. I don't understand why we are viewed like that in society. We are the ones who have been raped and murdered and hung. We have not done anything to other people. So, I don't understand the way we are viewed in society the way we are, and in history we are not the ones who have done all of these bad things. Like Black men are rapists, and you know, black women have attitude problems. Okay, first of all, Black men are not all rapists. There are rapists in every race, and Black women don't have attitude problems. We are no different than anyone else. When we get angry, we are

> going to voice that or show that. So, I don't understand the way people show us the way they feel about us.

The above narrative given by participant A12 illuminates false stereotypes and gives an account of observing coercive methods of faulting the moral character of victims. It is not uncommon for society to judge a victim more severely than the perpetrators who have abused her or him (Herman, 1997). This narrative gives a clear example of how victims are treated or judged more harshly than perpetrators depending on ethnicity and status which is captured when the participant stated, "We are the ones who have been raped and murdered and hung."

The focus of this research is not limited to victimization. Understanding the basis for blaming victims and the extent of the impact is complex. Finding out about extreme abuse experienced by family members or someone with whom participants identify seemed overwhelming. Take for example the response of participant A12 in the following excerpt when asked do you feel that you or your family members (including your parents and the generations before your parents) have been (or remain) traumatized by learning about what occurred during slavery?

> Yeah me. [laughed]. I think it just comes in periods. You know, like I can hear different things and I'll be okay. You know like, other times I'll hear certain things see things on a movie, and I'll become a little angry. You know, it still brings a lot of anger out of me, and then I hear about all these police shootings of Black individuals, and it pisses me off because I know they are doing it because they are Black.

Psychic trauma damages the mind, identity, feelings of self, and normal adaptive coping ability (Fromm, 2012). Laughter and humor were seen as ways of coping for participant A12 while talking about something so substantial. Cumulative traumas contribute to a range of responses;

feelings of anger related to loss of control over the external reality from the impact of hearing about unjustifiable deaths and threats of deaths of African Americans (Hernandez, 1997).

Although the focus is not unjustified victimization, criminalization has been a social legacy of American chattel slavery. Participants recalled having experienced safety issues at times. The following quote is from participant A10 who reflected on a specific time when asked if he felt that his or family members (including parents and previous generations) have been (or remain) traumatized by learning what occurred during slavery.

> Uh, yeah, I guess so. I guess because I know I do. I know I am. I am because I couldn't even watch Roots. I can't watch Roots. It makes me angry. […] Sometimes it makes--like I had to go to my uh. Because I was in jail. I had to go to my bunk because I didn't want them to see me crying, and they was [were] like forcing people to watch it. All the Black guys. […] Just telling us uh to come on in there. I can't watch it now. I can't watch none of them movies about slavery, and I uh, actually, I can't read books about slavery.
>
> To come on in the dayroom. It was like, it was like a 16-men dorm right next to the dayroom. They was [were] like come on, come on because I guess they didn't want you to—it was like kind of, kind of, back then it was like we were still separated from Whites. They didn't want you to be by yourself with them White guys. Never know what they would do if they caught you by yourself.

In the above quote, participant A10 is giving an account of a time when faced with loss of control. This participant talks about struggling with trauma while having safety concerns. According to Herman (1997), basic safety can be established when there are caring people in the

environment. In this account, it was important to emphasize the need to be protected from White men.

I do not want to imply that all victims of trauma eventually feel protected or learn to trust others. Participants talked about hypervigilance in interpersonal relationships. Psychological trauma affects relationship outcomes; hearing about or having experienced fearful tactics firsthand makes it difficult to trust others. This is illustrated in the following quote when participant A11 was asked if having awareness of the trauma inflicted on those who suffered from the devastation of experiencing, or even witnessing, chattel slavery would change the way she or he understood her/himself and the way they relate to others:

> How does that affect me? I Think we need to constantly be vigilant because I think we don't watch out there will be great risk that we would return to be slaves and they would benefit. (…) I don't want to place myself in the position where I don't want to be.

During the second interview, participant A11 placed emphasis on collective responsibility so that conditions of the way it was before do not get repeated. Despite having a sense of forward moving, participant A11 expressed that anxiety manifests as hypervigilance; and in the first interview, this participant had discussed problems sleeping when a parent had a problem. Lingering effects of captivity seems to have been transmitted throughout generations. During the second interview, participant A11 placed emphasis on collective responsibility so that conditions of the way it was before do not get repeated. Remaining hypervigilant is not the only effort made to reduce vulnerability related to exploitation. Participants found various modes of communication useful; body language and dress attire are effective ways of communicating.

Take for instance the following quote when participant A12 was asked the following question: Having the awareness of the trauma inflicted on those who suffered from the devastation of experiencing or even witnessing chattel slavery, would you like to change the way you understand yourself and relate to others?

> No, I think I relate to others very well. You know, unlike some people who—some races that choose not to get to know other races. I realize we all are all different, and that we have certain things about us that need to be understood by others, and…I choose to try to understand. Even down to the point of people's hair. Like Black people's hair versus White people's hair or Mexican people's hair, or just other people's hair. White people act so fascinated by Black people's hair. We've been around a long time. Since the beginning of time. I don't understand the fascination with hair that they actually want to touch my hair, and it's very annoying. I even have a shirt that says thou shalt not touch my hair.

This participant gave an account of taking desperate measures to communicate the desire against being exploited. Participant A12 recalled when unspoken language was useful. For example, an effort to express messages of dissatisfaction was explicitly made through clothing.

Not all participants expressed the desire to improve communication about dissatisfaction as a method of moving forward. There are varying levels of dealing with social issues related to unspoken, unmentionable secrets. Trauma affects people differently; some families choose to ignore it all together. Here is the response when participant A02 was asked, think about your family, what was it like when the topic of slavery came up in your family. How was the topic of slavery discussed; and how did the various family members react?

> Hmmm. The topic of Slavery never really came up. Except for like prejudice, and I

> think that would be like a result of which. A long time ago my mom said, "Hey there are people out there who may not like you because you are Black. You don't have to like or respect them." That's pretty much where that ended. (…) Uh, it wasn't talked about much, when it was talked about, we were mostly kids at school like you know. You know, my siblings we aren't pretty much close in age. You know, it was more like, that--that really happened, oh my gosh. It was more like, wow I'm glad we don't live back then. That was pretty much it.

In the passage above, participant A02 noticeably maintained a very casual tone. There was no indication nor mention of having an emotional reaction related to finding out about the trauma experienced by ancestors who had been enslaved. Some survivors of the Black Holocaust do not want to engage in the topic of slavery as it relates to intergenerational transmission of trauma in response to historical injustice. Instead of focusing on the impact of American chattel slavery, it was important to emphasize that the topic of slavery in the family was limited. Descendants of slaves have tolerated traumatic memories inflicted on their ancestors through socialization of incorporated values within the self as it appears that the legacy of trauma has crossed multigeneration of African American people post chattel slavery (Degruy, 2005).

To clarify, not all participants have traumatic memories. Avoiding details of social injustice helps focus on positive emotions (Greenwood, 2015). When asked if family discussions evolved from their youth until the present time, and if knowledge of the trauma of slavery has impacted their feelings, participant A06 responded:

> Well, I think that whatever happened in the past just leave it in the past. I don't like the sound of none of that honestly. Nothing, my parents weren't slaves, I don't know any slaves. So, that, I wasn't a part of it. I know we are all African

> American Blacks, but I am not concerned with that. It didn't affect me personally. I wasn't a part of that.

This participant expressed the desire to change the direction of the narrative that gets passed down to family members of those who have been enslaved. Although it has been emphasized that stories about ancestors link us to our past and tell us who we are, others chose to differentiate themselves from the traumatic memories of parents. When the self disappears, the psychic survival is threatened, and there is often the presence of withdrawal, apathy or splitting off (Fromm, 2012). Trauma has served as a primary link between generations, and there is an unspoken demand which says do not allow the future to become a repetition of the past (Fromm, 2012).

Despite their methods, participants demonstrated passion in and desire to break the chains of the continuance of multigenerational trauma. All but one participant from the small group did not talk about experiencing recurrent dreams or fantasies related to stories they heard about trauma their ancestors experienced and survived during enslavement. For example, below is a quote from participant A10 when asked, when it comes to your sleep have you ever had disturbing dreams about slavery?

> Well, I wouldn't say it's a disturbed dream. I would say it's more like a nightmare. I have had nightmares when I was asleep. Nightmares that I was the slave whipped. I was like, to me, I was like Kunta Kente and they changed my name to Tobe. I would leave, and they would chop off my toes off. I've had dreams like that, and I was like not going to accept the name that they were going to give me.

The dialogue about sleep deepened when the interviewee reflected on a humiliating dream. The participant openly shared how his sleep has been affected because of torture and the threat of death inflicted on American slaves which he learned about from watching a television show several years ago. A perception based on events of equal interest fosters over-identification (Fromm, 2012). As a participant observer, the researcher also experienced empathy for the participant because of shared cultural conditions.

Lateral transmission occurs when individuals have shared a common trauma; intergenerational transmission of trauma occurs when vertically passed down throughout generations (Fromm, 2012). Yet, not all participants of this research investigation talked about sleep disturbance related to the social legacy of American chattel slavery. Below is an excerpt of responses given when participants were asked the following: when it comes to your sleep, do you have difficulty starting asleep or staying asleep because of social issues?

Participant A01 said, "No, not really."

Participant A02 said, "No. Well, no. Usually, academic issues. Like I am always stressed about school, or I cannot go to sleep because I ate poorly just before going to bed—anxiety over tests or deadlines."

Participant A04 said, "No"

Participant A06 said, "No"

Participant A10 said,

"My issue is not that I can't fall asleep, but I can't stay asleep. I have to use the

> restroom, and it wakes me up. And then when I go use the restroom, I can't go back to sleep. That's my problem. Like every morning, I'll say around 2 or something, I automatically wake up and have to use the restroom. I should try not to drink nothing after a certain time."

Participant A11 said, "No"

Participant A12 said, "No"

Participants considered influences on sleep. Specifically, African American participants did not identify social issues as a factor related to sleep disturbance. Participants in this research who identify as African American and who have experienced insomnia attribute difficulty initiating and maintaining sleep as inconsistent and related to pain, concern for a parent upcoming school project or work-related deadline.

Main Dimensions Catalog

Dimension #1: Insomnia issue

- African American themes on insomnia issues included awareness and change.
- Non-Hispanic White Americans themes on insomnia issues included suffering, mental health issues, and unacceptability.

Dimension #2: Effects of history on American culture

- African Americans and non-Hispanic equally appeared to struggle when asked to reflect on their culture and history

- African Americans focused on forward moving more than non-Hispanic White Americans
- Non-Hispanic White Americans often focused on unacceptability and denial
- Non-Hispanic White Americans struggled to address the effects of history on American culture despite having the freedom to do so

Dimension #3: New knowledge and mental wellness

- African Americans and non-Hispanic White Americans seek treatment when they experience insomnia in order to reduce their symptoms and get a good night sleep
- There are African Americans and non-Hispanic White Americans who have not experienced insomnia.
- In this study non- Hispanic White Americans suffered from insomnia more than African Americans and reported
- Non-Hispanic White Americans reported mental health issues more than African Americans

Chapter 5: Discussion and Conclusion

Insomnia Issue

The primary objective of this study was to explore the potential roots of insomnia hidden in the consciousness of American people post chattel slavery. In this research, individuals who suffer from insomnia also seem to manifest a few defense mechanisms such as simple denial, rationalization and possibly projection, which may represent internal conflict. Of the participants in this research investigation, non-Hispanic White Americans suffered from insomnia and reported mental health issues more than African Americans

Although many Americans in this research study who suffer from insomnia are non-Hispanic White Americans, this does not imply that ethnicity is the basis of insomnia. African American participants (11) who experienced insomnia equally received treatment. Both African Americans (5) and non-Hispanic White Americans (3) who experienced insomnia identified precipitating factors and solutions. Some factors included stress, sleep habits, PTSD, unhealthy coping, worrying more than usual, and work demand.

Unacceptability

Participants of this study had, at minimum, a high school education, and their ages ranged from 22-years old to 65-years old. Although education is determined to a large extent by state, and different states teach history in different ways, the assumption is that at some point, the study's participants likely watched a movie, had a conversation, or have read about chattel slavery because of the history of slavery in America. Either directly or indirectly slavery has impacted the lives of Americans despite unacceptability to recognize it.

All 16 participants verbally or physically expressed their discomfort when reflecting on the effects of history on their culture; Six non-Hispanic White Americans and two African Americans did not care to discuss history as having any impact on American culture. They seemingly used silence or limited their comments when confronted with the question of the relationship between history Silence may be explained by other factors such as upbringing and not simply used as a defense to protect against psychological pain.

Many of the things that happened in history might conflict with our current beliefs about that history. Trauma can impact victims, witnesses, victimizers, observers, and the family and friends of those involved. All such actors may react differently to the same trauma, but, in all cases, the reader needs to ask the following question: What do people do with trauma?
I will never forget the time when my former clinical supervisor told me that trauma is an injury. Whenever there is an injury, tissue disturbance exists. The injured remains vulnerable to re-injury if proper treatment and precautions are not taken.

To reiterate, all 16 participants verbally or physically expressed discomfort when reflecting on the effect of history on their culture. At first, non-Hispanic White American (8) and African American (8) participants visibly seemed surprised or struggled when asked to talk about the effects of history on culture despite knowing in advance that the topic of the research investigation is Race, Insomnia and Mental Wellness. While some individuals were seemingly stuck in unacceptability mode and did not answer the question of their experience with the

effects of history on their culture, others acknowledged the injury of African American people and residual effects. There were more themes of acceptance and change among African Americans than non-Hispanic White Americans, and more themes of unacceptability [dissonance] among non-Hispanic White Americans than African Americans identified in this research study.

Acceptance and Change

Seven African Americans identified living in their skin as an ongoing stressor in post-chattel slavery America compared to only one non-Hispanic White Americans. African Americans discussed moving forward in America. Non-Hispanic White Americans (7) expressed having mental health issues more than African Americans (0); but African Americans expressed having medical illnesses (4) slightly more than non-Hispanic White Americans (3). Those who experienced medical illness and anxiety used more themes of unacceptability; they also suffered from insomnia more than those who used themes of acceptance and forward moving.

Covering up psychological or physical trauma to distance yourself from it, pretending that it's not important, ignoring or assigning more positive qualities to the individual who caused the injury, leads to suffering. In hermeneutics, individual existence is important (Solomon & Higgins, 1996). As emphasized earlier, self-understanding is not based on detaching ourselves (Solomon & Higgins, 1996). With practice, engaging in actions to reduce pain may lead to automatic responses.

According to the DSM-5 (2013), PTSD can be observed even in individuals who have heard of a death threat against a close family member. Clearly, slaves would qualify. But trauma symptoms can be expressed in various ways. Change is a conscious choice given awareness. Viewing this through a lens of hermeneutics to support these findings that there is some element of resistance in the presence of acceptance is further supported by cognitive dissonance theory.

Cognitive Dissonance

When a person is aware of conflicting behaviors, feelings, opinions, environmental factors, or other things that are not psychologically consistent, the person will seek out various ways to make them consistent (Festinger, 1962). Although the items do not fit together, the individual psychologically engages in dissonance-reducing changes, meaning the person changes the item by changing the information to return to a state, or produce a state, of consistency (Festinger 1962). This is what Leon Festinger (1962) defined as Cognitive Dissonance Theory.

In his contribution to the theory, Festinger also recognized dissonance reduction as a motivating state. Such as, acknowledging the devastation of chattel slavery is so impactful that it causes a visceral effect when consciously connecting to the experience of the trauma. For one group of people having ancestors who openly justified their inhumane abuse inflicting trauma on a people based on skin color it is easier to use dissonance than to acknowledge the failure of morality. For another group, lives have been so impacted by the moral failure of those who inflicted trauma on their ancestors that it continues to inflict anxiety and distress in the present

despite 150 years post American emancipation. Today, people can speak freely yet knowing about the impact on families and lives due to slavery the topic seemingly continues to fall in the category of the unspeakable—unthinkable, forbidden dialogue.

Limitations

Biases. The goal of this research was different from some other research methods. The reader must consider that there are two different frameworks within phenomenology—transcendentalism and hermeneutics. The background of the research is vital to how the research is presented. In hermeneutics it is essential to understand through the exchange of information between individual which is quite different from pure Husserl. Being able to suspend preunderstanding is purely Husserl.

On the one hand, a researcher may have a similar cultural background as a participant and thus demonstrate bias. Because this research investigation does not include bracketing, researcher bias may interfere with data analysis; having parents raised in Southern states required this researcher to monitor personal biases. On the other hand, having cultural awareness because of a shared personal experience is an attribute to the research.

As an American with ancestors who lived in America during the time of chattel slavery, I can understand firsthand what it is to be an African American woman. In an interview, a participant talked openly about her experience of being a woman in corporate America as well as

African American. She said, “I try to pretend that these things do not affect me, but they do.” Understanding this background, I was able to engage in conversation with the participant. Reflecting on being in the moment with each participant in this research was an amazing experience, and I identified with everyone on some level as demonstrated in my research notes. I understand what it is like to use socially appropriate language or to have only a limited amount time available to talk especially given the work environment—and the researcher scheduled most of the interviews to be conducted privately.

Number of Participants. Including numerous participants can increase saturation. 30 participants or more is a good number of participants for quantitative research. However, the primary goal for this study is not simply saturation. Anyone who is familiar with phenomenological qualitative research may have noticed studies with the number of participants ranging from 1-8 people; this research project included sixteen people. Quantitative research methods with lots of participants are used to measure mean values while qualitative research methods are used to measure experiential meaning (Saldana, 2016).

This research was limited to Americans. This included 8-African Americans and 8-non-Hispanic White Americans. This does not imply that only individuals who are American people experience insomnia. However, this study did not include people of other ethnicities from other countries who considered themselves as White and were disqualified.

Conclusion

This phenomenological research looked at the experiences of insomnia among sixteen

Americans who are descendants of those who lived in America during the period of chattel slaves per report of participants. Each participant met individually with the researcher and had a chance to reflect on their experience with insomnia. This research investigation had the following strengths: a) true phenomena are evoked as participants reflect on their experiences; b) these emotional experiences are captured; and c) reflective experience allows the study to manifest beliefs on the effects of American history. Understanding the participants' experiences with internal conflict one discovers the meaning of suffering experienced by some and not by others.

One criticism might be that the selection of the label resistant is seemingly subjective. Use of the word resistant is a code that reflects the researcher's interpretation of the participant's behavior. For the reader the word resistant may be replaced with unacceptability and dissonance.

A second criticism is given the bloodline of African Americans has been diluted because of intermixing, since today's African Americans have taken on other groups of ancestors compared to the original ancestors who lived during the actual time of chattel slavery, descendants of Africans who were enslaved have a very different experience with factors that impact sleep. In addition, this research may not be generalizable to all individuals who have lived a different experience outside of the United States.

A third criticism which might be apparent the researcher's background. When it comes to understanding participants, the researcher is subject to previously established ontology largely influenced by personal background despite their willingness to engage participants. As the investigation unfolds, the researcher views the experiences of the participants through a multimodal lens. Informing this study are theories of Festinger's Cognitive Dissonance and Heidegger's hermeneutics philosophy. This research investigation of insomnia, race and mental

wellness was guided by two central questions to look at the experience insomnia among non-Hispanic White Americans, African Americans; and explored the relationship between insomnia and the legacy of chattel slavery. I arrived at the results of my research findings by following a series of organized tasks.

Organization of the Study Chronology

A wealth of recorded information was transcribed from sitting in interviews with African American and non-Hispanic White American. My goal was to make sense of the unstructured data which I had transcribed at least twice. The first step was to reread the transcripts. I read the transcripts several times as I listened to the recordings of interviews. My second task was able to transform the data into small summaries. My third task was to create a table of categories. My fourth task was to draw a figure of the analyzed data.

As I analyzed the transcripts, I arrived at new information by looking at the different parts of the whole. These parts included trauma, unacceptability, awareness, insomnia, physical symptoms, mental health issues, and acceptance. Some parts were representations of change, cognitive dissonance, moving forward and even retraumatized.

I decided to describe the categories. As I described the categories which I had extracted from all the data, it started to make sense. My endeavor to describe the essence of insomnia among African Americans included non-Hispanic White Americans as well. I had a sparkling moment while reflecting on something that was said by one of the participants, a 54-year old African American. During her interview, the participant said, “My culture, the African American Culture has been oppressed, […] and that is something that we are all trying to overcome.” It was clear to me that truly whole was impacted by the sum of the parts.

Being able to look at the whole also allowed me to value each part the participants shared with me through words, sentences, phrases and even silences. There were times when I

understood and times I did not. There were instances when I wondered if I had immediately asked for clarification whether the data would have been richer (e.g., when participants were evasive, and I interpreted it as resistant).

However, if I had asked for clarification immediately after I did not understand what a participant meant, I would have been using a Husserlian transcendental framework. Husserl emphasizes suspending judgment of the object which may have made this research study richer. The following are three key opinions of Husserlian Transcendental philosophy:

- Doubting is problematic (Solomon & Higgins, 1996)
- Conscious acts are intentional (Solomon & Higgins, 1996)
- Phenomenology is accomplished through reductions (Solomon & Higgins, 1996)

What Has Been Done

Although Husserlian Transcendental philosophy might have captured a richer experience, Heidegger hermeneutics allowed this research to be viewed through an additional lens—that of Leon Festinger's Cognitive Dissonance Theory. Considering the cliché that grass is always greener on the other side, Festinger explored the possibility of a psychological process that comes into play immediately after choosing to favorably or unfavorably color one's attitude toward a decision (Festinger, 1962). He considered that when children or adults are presented with two equally attractive objects and told which they can keep, they often positively exaggerate reasons for keeping the required object and come to view the discarded object as less desirable. Festinger recognized that cognitive dissonance may occur even in the most difficult situations.

Cognitive dissonance may occur in difficult situations because it is a motivating state (Festinger 1962). According to Festinger, the motivating state can be compared to being impelled to eat when experiencing hunger. Cognitive dissonance motivates an individual to change their

opinion or behavior even if unfulfilled expectations occur over long periods of time (Festinger, 1962). In support of Festinger, McKimmie (2015) wrote that a person's existing thoughts can even change in a social context. Meaning, if there is a lack of support for the behavior, dissonance can be aroused in a social context. In addition to recognizing that dissonance reduction can occur in a group setting, McKimmie stresses that having no support can influence the person to behave counter attitudinally as demonstrated in this research study by non-Hispanic Whites who refused to acknowledge the devastating impact and consequential legacy of slavery on the American people more often than African Americans, and had difficulty acknowledging the effects of chattel slavery on American culture.

What Has Been Found

This qualitative research attempted to explore the phenomena of how insomnia might have origins in historical events the legacies of which effect changes in the human psyche—cognitive, behavioral, and affective isolation. Insomnia influences daily lives because it has distinct causes and consequences (Carey et al., 2005). Overall, participants had a good attitude but seemed to struggle when asked to talk about the effects of history on their culture. Their reflection on personal experience as American descendants of family members who lived in the United States during arguably the country's most traumatic event, chattel slavery, elicited a truly phenomenological experience. African Americans and White Americans visibly wanted to separate themselves from the issue entirely. Some participants repeated the question, sighed, or used a more primitive response—denial. Yet, most White Americans denied that history had any effects on their culture while most African Americans accepted that history has majorly affected the culture; they discussed the ongoing stressor of living in their skin, and the importance of moving forward.

When they identified precipitating factors and solutions to their experience with insomnia, African Americans reported that they no longer suffered from insomnia. Yet, African American participants had more medical conditions. Also, they were less likely to disclose the actual names of their medications than White Americans who did not hesitate to disclose current medications. They also disclosed their experiences with emotional problems other than normal anxiety levels. In this research investigation, although White Americans may have identified precipitating factors and solutions to their experience with insomnia, they continued to suffer from insomnia.

Significance

This research is important because according to the CDC (2011), insomnia is a public health problem in the United States of America. This investigation contributes to the field of psychology for mental health professionals treating African American women and men who complain of insomnia because the issue that these underrepresented individuals are experiencing deserve attention. In addition to previously established research that emphasizes sleep patterns commonly seen in humans, this current research study investigates sleep efficiency as described by Americans themselves post-chattel slavery.

Acceptance, unacceptability and change seem to be helpful strategies when it comes to experiencing from insomnia in Americans. This research showed that individuals who primarily use resistance more than change might suffer from insomnia and seem to experience mental illness at greater numbers compared to individuals who use acceptance and change.

Future research should identify potential psychosocial stressors, which predispose individuals to stress. Measures of vulnerability to stress would be significant in identifying the mitigation of insomnia and improving the quality of sleep in Americans.

References

Afrika, L. (2009). Melanin: What makes black people black. Long Island, NY: Seaburn Publishing Group.

Ajibade, A., Hook, J., Utsey, S. O., Davis, D. E., & Van Tongeren, D. R. (2016). Racial/ethnic identity, religious commitment, and well-being in African Americans. *Journal of Black Psychology*, 42(3), 244-258. https://doi.org/10.1177/0095798414567757

Alós-Ferrer, C., & Shi, F. (2015). Choice-induced preference change and the free-choice paradigm: A clarification. *Judgment and Decision Making*, 10(1), 34-49.

American Academy of Sleep Medicine (2009). Online CBT is effective in treating chronic insomnia. (2009*). Psychology & Psychiatry Journal*, 21.

American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed.). Washington, DC

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC https://doi.org/10.1176/appi.books.9780890425596

Baddeley, J. L., & Gros, D. F. (2013). Cognitive behavioral therapy for insomnia as a preparatory treatment for exposure therapy for posttraumatic stress disorder. *American Journal of Psychotherapy*, 67(2), 203-214. https://doi.org/10.1176/appi.psychotherapy.2013.67.2.203

Bei, B., Coo, S., Baker, F. C., & Trinder, J. (2015). Sleep in women: A review. *Australian Psycho*logist, 50(1), 14-24. https://doi.org/10.1111/ap.12095

Berntsen, D., Rubin, D. C., & Johansen, M. K. (2008). Contrasting Models of Posttraumatic Stress Disorder: Reply to Monroe and Mineka (2008). *Psychological Review*, 115(4), 1099-1106. https://doi.org/10.1037/a0013730

Boden, Z., & Eatough, V. (2014). Understanding more fully: A multimodal hermeneutic-phenomenological approach. *Qualitative Research in Psychology*, 11(2), 160-177. https://doi.org/10.1080/14780887.2013.853854

Bolge, S. C., Joish, V. N., Balkrishnan, R., Kannan, H., & Drake, C. L. (2010). Burden of chronic sleep maintenance insomnia characterized by nighttime awakenings. *Population Health Management,* 13(1), 15-20. https://doi.org/10.1089/pop.2009.0028

Bourke-Taylor, H., Howie, L., Law, M., & Pallant, J. F. (2012). Self-reported mental health of mothers with a school-aged child with a disability in Victoria: A mixed method study. *Journal of Pediatrics and Child Health*, 48(2), 153-159. https://doi.org/10.1111/j.1440-1754.2011.02060.x

Brooke, R. (2008). Ubuntu and the individuation process: Toward a multicultural analytical psychology. Psychological Perspectives, 51(1), 36-53. https://doi.org/10.1080/00332920802031870

Carey, T.J., Moul, D.E., Pilkonis, P., Germain, A. & Buyssee, D.J. (2005). Focusing on the Experience of Insomnia. *Behavioral Sleep Medicine*, 3(2), 73-86. https://doi.org/10.1207/s15402010bsm0302_2

Cartwright, S. A. (1851). Diseases and Peculiarities of the Negro Race. *The New Orleans Medical and Surgical Journal* 7(6).

Centers for Disease Control and Prevention. (2011). Unhealthy sleep related behaviors-12 states, 2009. Morbidity Mortality Weekly Report, 46(60,) 224-227. Retrieved from CDC U.S. Department of Health and Human Services Centers for Disease Control and Prevention.

Chahal, H., Fung, C., Kuhle, S., & Veugelers, P. J. (2013). Availability and night-time use of electronic entertainment and communication devices are associated with short sleep duration and obesity among Canadian children. *Pediatric Obesity*, 8(1), 42-51. https://doi.org/10.1111/j.2047-6310.2012.00085.x

Chang, J. J., Salas, J., Habicht, K., Pien, G. W., Stamatakis, K. A., & Brownson, R. C. (2012). The association of sleep duration and depressive symptoms in rural communities of Missouri, Tennessee, and Arkansas. *The Journal of Rural Health*, 28(3), 268-276. https://doi.org/10.1111/j.1748-0361.2011.00398.x

Chakvararthy, V.S., Joseph, D., & Bapi, R.S. (2010). What do the basal ganglia do: A modeling perspective. *Biological Cybernetics*, 103(3), 237-253. https://doi.org/10.1007/s00422-010-0401-y

Chauvin, B., Thibault-Stoll, A., Chassagnon, S., Biry, S., Petiau, C., & Tassi, P. (2015). Sleep-related cognitions mediate the impact of neuroticism on insomnia. *American Journal of Health Behavior*, 39(5), 623-631. https://doi.org/10.5993/AJHB.39.5.4

Churchill, S. D. (2013). Heideggerian pathways through trauma and recovery: A 'hermeneutics of facticity.' *The Humanistic Psychologist*, 41(3), 219-230. https://doi.org/10.1080/08873267.2013.800768

Creamer. M., Wade, D., Fletcher, S., *& Forbes, D. (2011). PTSD among military personnel. International* Review of Psychiatry, 23(5), 160. https://doi.org/10.3109/09540261.2011.559456

Creswell, J. (2003). Research Design: Qualitative, Quantitative and Mixed Methods Approaches. Thousand Oaks: Sage.

Cricco, M., Simonsick E., & Foley, D. (2001). The impact of insomnia on cognitive functioning in older adults. *Journal of the American Geriatrics Society*, 49(9), 1185-1189. https://doi.org/10.1046/j.1532-5415.2001.49235.x

Crusius, T. (1991). Philosophical hermeneutics: A teacher's introduction to philosophical hermeneutics. Urbana, IL: National Council of Teachers of English.

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

DiBonaventura, M., Richard, L., Kumar, M., Forsythe, A., Flores, N. M., & Moline, M. (2015). The association between insomnia and insomnia *treatment side effects on health status, work productivity, and healthcare resource use.* Plos ONE, 10(10), 2-14. https://doi.org/10.1371/journal.pone.0137117

Eland-Goossensen, M. A., Van De Goor, E.C., Hendriks, V. M. & Garretson, F. L. (1997). Snowball Sampling Applied to Opiate Addicts outside the Treatment System. *Addiction Research* 5(4), 317-330. https://doi.org/10.3109/16066359709004346

Exelmans, L., & Van den Bulck, J. (2015). Sleep quality is negatively related to video gaming volume in adults. *Journal of Sleep Research*, 24(2), 189-196. https://doi.org/10.1111/jsr.12255

Eland-Goossensen, M. A., Van De Goor, E.C., Hendrik, V. M. & Garretson, F. L s Ferrarelli, F., Smith, R., Dentico, D., Riedner, B. A., Zennig, C., Benca, R. M., Lutz, A., Davidson, R., & Tononi, G. (2013). Experienced mindfulness meditators exhibit higher parietal-occipital EEG gamma activity during NREM sleep. *Plos ONE*, 8(8), https://doi.org/10.1371/journal.pone.0073417

Festinger, L. (1962). Cognitive Dissonance. *Scientific American*, 207(4), 93-106. https://doi.org/10.1038/scientificamerican1062-93

Field, A. (2013). Discovering statistics using IBM SPSS statistics, 4th edition. Thousand Oaks, CA: Sage Publications.

Finlay, L. (2008). A dance between the reduction and reflexivity: Explicating the 'phenomenological psychological attitude.' *Journal of Phenomenological Psychology*, 39(1), 1-32. https://doi.org/10.1163/156916208X311601

Finlay L. (2014). Engaging phenomenological analysis. *Qualitative Research in Psychology*, 11(2):121-141. https://doi.org/10.1080/14780887.2013.807899

Fischer, C. T. (2006). Qualitative psychological research and individualized/collaborative psychological assessment: Implications of their similarities for promoting a life-world orientation. *The Humanistic Psychologist*, 34(4), 347-356. https://doi.org/10.1207/s15473333thp3404_4

Floam, S., Simpson, N., Nemeth, E., Scott-Sutherland, J., Gautam, S., & Haack, M. (2015). Sleep characteristics as predictor variables of stress systems markers in insomnia disorder. *Journal of Sleep Research*, 24(3), 296-304. https://doi.org/10.1111/jsr.12259

Fralick, M. & Flegel, K. (2014). Physician burnout: who will protect us from ourselves? *Canadian Medical Association Journal,* 186 (10), 731. https://doi.org/10.1503/cmaj.140588

Gadamer, H.G. (1960). Wahrheit und Methode: Grundzuege ener Philosophischen Hermeneutic. Berlin: Mohr.

Garrison, R., & Libby, L. (2010). Insomnia treatment: Interdisciplinary collaboration and conceptual integration. *The Journal of Individual Psychology*, 66(3), 237-252.

Gazzaniga, M. S. (2006). Leon Festinger: Lunch with Leon. *Perspectives on Psychological Science,* 1(1), 88-94. https://doi.org/10.1111/j.1745-6924.2006.t01-3-.x

Germain, A. (2009). Sleep disturbance in posttraumatic stress disorder. *Psychiatric Annals*, 39(6), 335-341. https://doi.org/10.3928/00485713-20090514-02

Gilbert, L. R., Pond, R. S., Haak, E. A., DeWall, C. N., & Keller, P. S. (2015). Sleep problems exacerbate the emotional consequences of interpersonal rejection. *Journal of Social and Clinical Psychology,* 34(1), 50-63. https://doi.org/10.1521/jscp.2015.34.1.50

Giorgi, A. (1985). Phenomenology and psychology research. Pittsburgh, PA: Duquesne University Press.

Gomez-Merino, D., Chennaoui, M., Burnat, P., Drogou, C., & Guezennec, C. (2003). Immune and hormonal changes following intense military training. *Military Medicine*, 168(12), 1034-1038. https://doi.org/10.1093/milmed/168.12.1034

Green, M. J., Espie, C. A., & Benzeval, M. (2014). Social class and gender patterning of insomnia symptoms and psychiatric distress: A 20-year prospective cohort study. BMC Psychiatry, 14(152), 1-4. https://doi.org/10.1186/1471-244X-14-152

Greenwood, R. M. (2015). Remembrance, responsibility, and reparations: The use of emotions in talk about the 1921 Tulsa Race Riot. *Journal of Social Issues*, 71(2), 338-355. https://doi.org/10.1111/josi.12114

Groenewald, T. (2004). A phenomenological research design illustrated. *International Journal of Qualitative Methods* 3(1). Article 4. https://doi.org/10.1177/160940690400300104

Haaramo, P., Rahkonen, O., Hublin, C., Laatikainen, T., Lahelma, E., & Lallukka, T. (2014). Insomnia symptoms and subsequent cardiovascular medication: A register-linked follow-up study among middle-aged employees. *Journal of Sleep Research*, 23(3), 281-289 https://doi.org/10.1111/jsr.12116

Healey, A. C., Rutledge, C. M., & Bluestein, D. (2011). Validation of the Insomnia TreatmentAcceptability Scale (ITAS) in primary care. *Journal of Clinical Psychology in Medical Settings*, 18(3), 235-242. https://doi.org/10.1007/s10880-011-9257-0

Huer, H., Kohlisch, O., & Klien, W. (2005). The effects of sleep deprivation on the generation of random sequencing of key presses, numbers and nouns. *Quarterly Journal of Experimental Psychology*, 58 (2), 275-307. https://doi.org/10.1080/02724980343000855

Huertin-Roberts, S., Snowden, L., & Miller, L. (1997). Expressions of anxiety in African Americans: Ethnography and the Epidemiological Catchment Area studies. *Culture, Medicine and Psychiatry*, 21(3), 337-363. https://doi.org/10.1023/A:1005389007836

Iber, C., Ancoli-Israel, S., Chesson, A., and Quan, S.F. (2007) The American Academy of Sleep Medicine Manual for the Scoring of Sleep and Associated Events: Rules, Terminology and Technical Specifications, 1st. Westchester, Illinois: American Academy of Sleep Medicine.

Hudson, D., Neighbors, H. W., Geronimus, A. T., and Jackson, J. S. (2016). Racial discrimination, John Henryism and depression among African Americans. *Journal of Black Psychology*, 42(3) 221-243. https://doi.org/10.1177/0095798414567757

Ishak, W. W., Bagot, K., Thomas, S., Magakian, N., Bedwani, D., Larson, D., & Zaky, C. (2012). QOL in patients suffering from insomnia. *Innovations in Clinical Neuroscience*, 9(10), 13-26.

Johnson, D.A, Lisabeth, L., Lewis, T.T., Sims, M., Hickerson, D.A. Samdarshi, T., Taylor, H., & Diez Roux, A.V. (2016). The contribution of psychosocial stressors to sleep among African Americans in the Jackson Heart Study. *Sleep,* 39(7), 1411, 1419. https://doi.org/10.5665/sleep.5974

Jung, C.G., (1931). The Collected Works of C.G. Jung. Vol. 10. Princeton: Princeton University Press.

Kemp, J., & Bossarte, R. M. (2012). Surveillance of suicide and suicide attempts among veterans. *American Journal of Public Health*, 102(S1), e4. https://doi.org/10.2105/AJPH.2012.300652

Kiecolt, K. J., Hughes, M., & Keith, V. M. (2009). Can a high sense of control and John Henryism be bad for mental health? *The Sociological Quarterly*, 50(4), 693-714. https://doi.org/10.1111/j.1533-8525.2009.01152.x

Kloss, J. D., Tweedy, K., and Gilrain, K. (2004). Psychological factors associated with sleep disturbance among perimenopausal women. *Behavioral Sleep Medicine*, 2(4), 177-190. https://doi.org/10.1207/s15402010bsm0204_1

Krakow, B. Artar, A., & Warner, T. (2000) Sleep disorder, depression, and suicidality in female sexual assault survivors. *Crisis,* (21), 163-170. https://doi.org/10.1027//0227-5910.21.4.163

Kredlow, M. A., Capozzoli, M. C., Hearon, B. A., Calkins, A. W., & Otto, M. W. (2015). The effects of physical activity on sleep: A meta-analytic review. *Journal of Behavioral Medicine*, 38(3), 427-449. https://doi.org/10.1007/s10865-015-9617-6

Kvale, S., & Brinkmann, S. (2015). Interview analysis focusing on meaning. Third edition. Interviews: Learning the craft of qualitative research interviewing (pp. 231-265). Thousand Oaks, CA: Sage.

Kyle, S. D., Espie, C. A., & Morgan, K. (2010). '… Not just a minor thing, it is something major, which stops you from functioning daily': QOL and daytime functioning in insomnia. *Behavioral Sleep Medicine,* 8(3), 123-140. https://doi.org/10.1080/15402002.2010.487450

Lezak, M. D., Howieson, D. B., Bigler, E. D. & Tranel, D. (2012). NeuropsychologicalAssessment (5th ed.). New York, NY: Oxford University Press.

Liu, X., Hubbard, J. A., Fabes, R. A., & Adam, J. B. (2006). Sleep disturbances and correlates of children with autism spectrum disorders. *Child Psychiatry and Human Development*, 37(2), 179-191. https://doi.org/10.1007/s10578-006-0028-3

Manber, R., Steidtmann, D., Chambers, A. S., Ganger, W., Horwitz, S., & Connelly, C. D. (2013). Factors associated with clinically significant insomnia among pregnant low-income Latinas. *Journal of Women's Health*, 22(8), 694-701. https://doi.org/10.1089/jwh.2012.4039

Matsui, K., Sasai-Sakuma, T., Takahashi, M., Ishigooka, J., & Inoue, Y. (2015). Restless legs syndrome in hemodialysis patients: Prevalence and association to daytime functioning. *Sleep and Biological Rhythms*, (13), 2, 127- 135. https://doi.org/10.1111/sbr.12095

Maroti, D., Folkeson, P., Jansson-Fröjmark, M., & Linton, S. J. (2011). Does treating insomnia with cognitive-behavioral therapy influence comorbid anxiety and depression? An exploratory multiple baseline design with four patients. *Behavior Change*, 28(4), 195-205. https://doi.org/10.1375/bech.28.4.195

McKimmie, B. M. (2015). Cognitive dissonance in groups. *Social and Personality Psychology Compass*, 9(4), 202-212. https://doi.org/10.1111/spc3.12167

Milner, C. E., & Belicki, K. (2010). Assessment and treatment of insomnia in adults: A guide to clinicians. *Journal of Counseling & Development*, 88(2), 236-244. https://doi.org/10.1002/j.1556-6678.2010.tb00015.x

National Institute of Neurological Disorders and Sleep. (2008) Brain basics: Understanding sleep. .Retrieved from http/www.ninds.nih

Neubauer, D. N. (2014). New and emerging pharmacotherapeutic approaches for insomnia. *International Review of Psychiatry*, 26(2), 214-224. https://doi.org/10.3109/09540261.2014.888990

Nicolau, Z. M., Andersen, M. L., Tufik, S., & Hachul, H. (2015). Can sleep hygiene behaviors improve sleep quality in midlife women? *Journal of Women's Health*, 24(3), 252-253. https://doi.org/10.1089/jwh.2014.5163

Polkinghorne, D.E. (1989). Phenomenological Research Methods. Existential-phenomenological Perspectives in Psychology: Exploring the Breadth of Human Experience. New York: Plenum Press.https://doi.org/10.1007/978-1-4615-6989-3_3

Quine, L. (2001). Sleep problems in primary school children: Comparison between mainstream and special school children. *Child: Care, Health and Development*, 27(3), 201-221. https://doi.org/10.1046/j.1365-2214.2001.00213.x

Saldana, J. (2016). The Coding Manual for Qualitative Researchers. Thousand Oaks, CA: Sage

Solomon, R.C. & Higgins (1996). A Short History of Philosophy. New York: Oxford PressOthmer, S, & Othmer, S. (2009). Post-Traumatic Stress Disorder-the neurofeedback remedy, *Biofeedback.* 37(1), 24-31.https://doi.org/10.5298/1081-5937-37.1.24

Umlauf, M., Bolland, A., Bolland K., Tomek, S., & Bolland. (2015). The effects of age, gender, hopelessness, and exposure to violence on sleep disorder symptoms and daytime sleepiness among adolescents in impoverished neighborhoods. *Journal of Youth and Adolescence*, 44(2), 518-542. https://doi.org/10.1007/s10964-014-0160-5

Vaz Fragoso, C. A., Miller, M. E., King, A. C., Kritchevsky, S. B., Liu, C. K., Myers, V. H., &.Gill, T. M. (2015). Effect of structured physical activity on sleep-wake behaviors in sedentary elderly adults with mobility limitations. *Journal of the American Geriatrics Society*, 63(7), 1381-1390. https://doi.org/10.1111/jgs.13509

Wasserman, J., Flannery, M., & Clair, J. (2007). Rasing the Ivory Tower: The Production of Knowledge and Distrust of Medicine among African Americans. *Journal of Medical Ethics*, 33(3), 177-180. Retrieved from https://doi.org/10.1136/jme.2006.016329

Watts, M. (2011). The Philosophy of Heidegger: Continential European Philosophy. New York: Berne Convention

Whealin, J.M., Decarvalho, L.T., & Vega, E. M. (200) Review of clinician's guide to treating stress after war: Education and coping interventions for veterans. Hobroken, NJ: Wiley & Sons Inc.

Wilkins, E. J., Whiting, J. B., Watson, M. F., Russon, J. M., & Moncrief, A. M. (2013). Residual effects of slavery: What clinicians need to know. *Contemporary Family Therapy: An International Journal,* 35(1), 14-28. https://doi.org/10.1007/s10591-012-9219-1

Woosley, J. A., Lichstein, K. L., Taylor, D. J., Riedel, B. W., & Bush, A. J. (2012). Predictors of perceived sleep quality among men and women with insomnia. *Behavioral Sleep Medicine*, 10(3), 191-201. https://doi.org/10.1080/15402002.2012.666218

Zinker, J. (1978). Creative process in Gestalt therapy. New York: Vintage Watts-Jones, D. (2002). Healing internalized racism: The role of a within-group sanctuary among people of African descent. *Family Process*, 41(4), 591-601. https://doi.org/10.1111/j.1545-5300.2002.00591.x

Appendix A: Pre-Qualifying Demographic Interview Questions

Checklist (to be completed prior to research investigation)

- Age:
- Gender:
- Ethnicity:
- Highest level of education:
- Mental health issues:
- Emotional problems
- De-identifying
- Interview scheduled/not scheduled Note: List of current medications and diagnoses addressed during the interview

Interview Questions

Research Questions (and related supportive questions prepared in advance)

- What is your age, gender and highest level of education?
- Do you suffer from insomnia? (yes or no)
- Tell me about your insomnia; can you describe your experience with insomnia?
- What effect does history have on your culture? (Joy DeGruy, 2005)
- Do you have mental health issues?
- Were there any effects of your insomnia?
- Have you been diagnosed with a mental illness or a medical condition?
- Do you have any emotional problems?
- Please, list treatment and current medication(s):

Appendix B: Invitation to Participate in Research Project

Invitation to Participate in Research Project: Insomnia, Race, and Mental Wellness

I invite you to participate in a research study entitled Insomnia, Race and Mental Wellness. I am currently enrolled in the PsyD Program at Antioch University in Santa Barbara, CA. I am in the process of completing my dissertation as partial fulfillment of the doctorate program in Clinical Psychology. The Purpose of the research is to improve mental health outcomes of individuals who have difficulty initiating and maintaining sleep in the absence of obvious traumatizing stressors. The enclosed questionnaire has been designed to collect qualifying information to participate in this study. You may decline altogether or leave blank any questions you do not wish to answer. The information will be obtained later if you are selected for an interview. Your responses will remain anonymous and confidential. Your participation in this research project is completely voluntary. There are no known risks to participation beyond those encountered in everyday life. Data from the research will be kept under lock and key and reported only as a collective combined total. No one other than the researcher will know your individual answers to personal information. If you agree to participate in this project, please answer the questions to the best of your ability. It will take less than 5-minutes for you to complete. Please, return the pre-qualifying information form as soon as possible to the address which will be provided to you. If you have any questions about this project, feel free to contact Debbie Hendley, Doctoral Student of Clinical Psychology. Thank you for your help in this important endeavor

Debbie Hendley, MA Clinical Psychology

AUSB Doctoral Candidate

Appendix C: Informed Consent and Limitations of Confidentiality

Informed Consent and Limits of Confidentiality

Project Title: Insomnia, Race and Mental Wellness

Project Investigator: Debbie Hendley, MA Psychology

Dissertation Chair: Salvador Trevino, PsyD, PhD, MFT

1. The purpose of this research is to investigate interventions to help insomnia sufferers. There may be a need for programs to provide adequate psychological support that will help individuals who suffer from insomnia.

2. My participation in the research study titled *insomnia, Race and Mental Wellness* is voluntary. I may refuse to answer questions. I may withdraw at any time without being penalized; and I understand that the investigator may drop me from the research study at any time.

3. I agree to participate in the following procedure: A preliminary meeting to obtain a de-identifying code, verify that I meet criteria for this research, and schedule interview. The prescreening/preliminary meeting will take no longer than 30 minutes, and the scheduled interview to follow will be recorded by audiotape.

4. Benefits may include: Insight into life experience, better interpersonal relationships and knowledge about the population of interest. The nature of the study is research and may offer no benefit for me.

5. Potential risks will include: (a) no more than usual memories of past trauma/ unintentional activation of psychological issues; (b) Discussing my experiences may cause discomfort or

embarrassment, and (c) following the study, I may experience empty feelings after being open to the primary investigator who is a qualified mental health counselor in substance abuse, marriage and family therapy, as well as a doctoral intern. Participants will be linked with community agencies should need for a referral arise.

6. Personal information, such as my identity, will be kept confidential. Instead of using my actual name, I will be given a special code to protect my identity. In addition, returned documents will be stored in a locked file cabinet accessible only to the Primary Investigator, Debbie Hendley.

7. This research project satisfies partial fulfillment of the primary investigators doctoral program requirements. Additionally, data and results of the study may be submitted in scholarly publications and used in presentations.

If you have any questions or concerns about the study, you may contact the Primary Investigator, Debbie Hendley, or Dissertation Chairperson Salvador Trevino at s.trevino@antioch.edu.

I have read and understood this form, and my questions about this research have been answered to my satisfaction. My participation in this research is voluntary. My signature indicates that I am voluntarily participating in this research and willing to be a participant in this research project.

_____ _____

Participant Signature Date

_____ _____

Primary Investigator Signature Date

Appendix D: Schedule of Interviews

De-identifying Code	Initial Research Code		Invitation/Prescreen Checklist	Interview Appointment	Transcribed
A01	Black Female J		6-01-17	9-14-17 6-17-18	9-14-17 6-18-18
A02	Black Male A		6-16-17	6-16-17 6-17-18	9-07-17 7-13-18
A03*	Black Female N		9-15-17	9-15-17	9-16-17
A04	Black Female C		9-01-17	9-01-17 6-26-18	9-07-17 7-02-18
A05*	Black Female R		8-31-17	8-31-17	9-07-17
A06	Black Female K		9-08-17	9-08-17 7-16-18	9-09-17 7-16-18
A07*	Black Male W		8-30-17	8-31-17	9-07-17
A08*	Black Male K		9-11-17	9-11-17	9-12-17
A09*	Black Male L		9-14-17	9-15-17	9-15-17
A10	Black Male J		9-11-17	9-11-17 6-17-18	9-12-17 7-02-18
A11	Black Female L		7-28-18	7-29-18 7-29-18	7-29-18 7-29-18
A12	Black Female S		7-12-18	7-18-18 7-18-18	7-22-18 7-23-18
A13	Black Male G		7-28-18	7-31-18 7-31-18	8-17-18 8-17-18
B01	White Female CA		4-20-17	5-25-17	8-07-17
B02	White Female ST		4-20-17	4-21-17	8-07-17
B03*	White Male GE		5-25-17	5-26-17	8-17-17
B04	White Female ER		5-30-17	6-22-17	9-07-17
B05	White Female EL		9-01-17	9-01-17	9-07-17
B06*	White Male KE		6-02-17	6-02-17	8-30-17

B07	White Female SA		9-15-17	9-15-17	9-15-17
B08	White Male DY		8-31-17	9-01-17	9-01-17
B09	White Male JO		8-31-17	9-01-17	9-01-17
B10	White Male BR		8-31-17	8-31-17	9-08-17

Note: 7 participants disqualified *

Appendix E: Themes and Subthemes

African Americans	More, Less or same	White Americans	Categories for sub-themes of primary themes, secondary themes and left-over themes
7	**≤**	**8**	**experienced interpersonal relationship issues with their father**
8	=	**8**	**surprised or struggled when asked to talk about the effects of history on culture**
1	≤	2	Were veterans and discussed the military culture in USA
1	<	4^	suffer from insomnia
2	=	**2**	**receive treatment**
5	=	**7**	**have experienced insomnia**
5	>	3	have experienced insomnia but do not suffer
5	>	3	identified precipitating factors of (and solutions to) their experience with difficulty starting/staying asleep and impaired functioning including stress, not getting enough sleep, PTSD, unhealthy coping, worrying more than usual, work demands or preoccupation prior to sleeping
5	>	3	Discussed forward moving in the context of psychosocial conditions
7	=	**7**	**Discussed adjustments and change**
3	=	3	Discussed change in the context of physical conditions
0	<	7	Mental Health Issues
0	=	**0**	**mental illness other than PTSD, Depression and Anxiety**
4	>	3	Medical Conditions
0	<	2	Emotional problems other than normal anxiety levels
7	>	1	living in skin as an ongoing stressor
6^	>	2	See history as having an impact on American culture
2	>	0	Would not to disclose the actual name of medication
8	=	**8**	**good attitude**

Note: 2 Significant Finding^

Quantitative Parallel

AFRICAN AMERICAN THEMES		WHITE AMERICAN THEMES
History (22) ^	>	History (2)
Culture (16) ^	>	Culture (11)
American (13) ^	>	American (4)
Insomnia (9)	<	Insomnia (13) ^
African (0)	None	Mental Health Issues (11) ^
Sleep (7)	<	Sleep (11)
Struggled (5)	>	Struggled (4)