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Trauma Reverberations: Intersected Lived Experiences of Food Insecurity, Eating Disorders, Chronic Diseases, and Food Relationships among University Students

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ABSTRACT

Current research shows a clear relationship between trauma and health. Yet, the intersectionality of trauma, food insecurity, eating disorders, chronic diseases, and food relationships is minimally examined in counseling and family therapy scholarship. Though the academic environment is optimal for healing, interconnected trauma and health encounters, including those of marginalized students, are not well understood. A phenomenological study, therefore, examines how intergenerational trauma intersects with student-participants' lived experiences of food insecurity, eating disorders, chronic diseases, and food relationships. Results indicate intergenerational health, environment, food accessibility, imprinting, and food relationships influence how students utilize resources and protective factors in lived experiences. Interlineal factors also impact how students experience campus culture related to food insecurity, eating disorders, chronic diseases, and food relationships, and the systemic racism endured by marginalized students when seeking help. Future implications for inclusive campus resources are discussed.

Keywords: intergenerational trauma, eating disorders, chronic diseases, food insecurity, students, food relationships

The intersectionality of intergenerational trauma, food insecurity (FI), eating disorders (EDs), chronic diseases (CDs), and food relationships (FRs) is complex (Becker et al. 2018). Current ED research notes a clear relationship between Adverse Childhood Experiences (ACEs), ED behaviors (Kells et al., 2024), and FI (Chilton et al., 2015). Still, this correlation has been minimally examined in counseling and

family therapy scholarship (Talmon & Tsur, 2023). Trauma proximity is also disregarded in intersected cases, though witnessed or inherited devastation impacts individuals and lineages, as does its transmission (Talmon & Tsur, 2023). Current inquiries, therefore, confer significant insights into this intersectionality, yet call for continuous disquisition of its factors.

First, a recent study observed structural equation modeling (SEM) between 168 mother-daughter dyads and 143 grandmother-mother-daughter triads to understand how intergenerational relationships influence offspring health (Talmon & Tsur, 2023). Results found that maternal ACEs and EDs corresponded with daughters' EDs (Talmon & Tsur, 2023). These conclusions reiterate a need to explore intergenerational predispositions to FI, CDs, and EDs. Another vital recognition derived from the SEM observation is the significance of attachment styles in familial trauma (Kostova & Matanova, 2024), including FRs.

In cases of group devastation, transgenerational trauma is transmitted through family secrets, silenced stories, and avoidant attachment (Kostova & Matanova, 2024). Traumatized predecessors "stimulate" (Kostova & Matanova, 2024, p. 2) trauma in progenies, so it is common for descendants to develop CDs identical to those of their parents (Kostova & Matanova, 2024). Further, Boszormenyi-Nagy (2014) discussed how traumatized parents are loyal to the *family mandate* (Lebovici, 1993), or unspoken roles wherein children pay "debt" for historical trauma. Holding family secrets, however, negatively impacts progeny wellness. In cases of inherited trauma, offspring develop emotional dysregulation, pain, somatoform, conversion, depersonalization/derealization symptoms, and dissociative disorders (van der Kolk et al., 2005). Schore (2009) noted how attachment trauma often mimics inherited trauma.

Second, a single case study of a Turkish female descendant of intergenerational trauma highlights differences in trauma symptoms between the second and third generations. The client suffered personal anxiety, alongside familial catastrophes, matriarchal somatic pain, and parental unresponsiveness to her emotional needs. In this inquiry, somatic symptoms manifested in the second generation, and psychopathology in the third. Kostova & Matanova (2024) suggest physiological symptoms "migrate" (p. 4) throughout the body in CDs to buffer against anticipatory distress.

In indigenous studies, this migration is also called a *reverberation* (Brave Heart & DeBruyn, 1998; Harrison, 2019) of historical trauma. Bodies become "sounding chambers" (Harrison, 2019, p. 9) for ancestral trauma transmitted through epigenetics and human recesses, which then live inside the body (Hogan, 2001). In our study, trauma reverberations refer to body, historical, and land-based traumas. Though progenies may de-identify from transgenerational devastation, collective traumas are still silenced in public discourse (Kostova & Matanova, 2024).

Our phenomenological study, therefore, contributes to counseling scholarship by examining how intergenerational trauma intersects with students' lived experiences of FI, EDs, CDs, and FRs. We chose a student population because of the healing

capacity found in higher education, despite growing institutional health concerns (Loofbourrow & Scherr, 2023). Research shows a prevalence of FI among 11% of

American young adults aged 24-32, but little information is known about FI and other CDs among minority students (Goel et al., 2022). To address this scholarly deficit, we invite in and feature the marginalized and intersected lived experiences of student-participants. Statements of positionality preface our literature review to disclose our proximity to participant narratives and how we maintained "epistemological humility" (Romanyshyn, 2010, p. 278) within the research findings.

STATEMENTS OF POSITIONALITY

First Author

I (first author) state my positionality in this research inquiry for the reader. I am an associate professor of Counselor Education and Supervision at a public university and am drawn to the study of intergenerational trauma transmission. I am a third-generation Ashkenazi Jewish descendant of historical trauma, and grew up surrounded by generational silence (Danieli, 1998) that was unspoken, yet reverberated throughout my mind, body, and spirit. I was exposed early to my Holocaust-surviving grandmother's preoccupation with food, and embodied her fragile FR. I absorbed her dance between marveling over food bounty, supply preservation, and fear of hunger. I also internalized the family mandate (Lebovici, 1993) of appeasing my grandmother's food fears. I suffer from latent autoimmune diabetes in adults (LADA) and recognize a need for intergenerational recovery from FI and my own FR. I believe descendants of intergenerational trauma become "the collective unconscious of subsequent generations" (Henderson et al., 2016, p. 72), and lay a healing touch on ancestral suffering otherwise unacknowledged. I hope for transgenerational liberation through this inquiry and invite the reader to do so.

Second Author

As the second author of this study, I state my positionality to the research with transparency and self-reflexivity. I am a first-generation Clinical Mental Health Counseling graduate at a Western university. Additionally, I am a Cuban-American cisgender female whose ancestors escaped the Castro regime in the mid to late 1960s and immigrated to America. Because of my ancestors' challenging beginnings in acculturating to this country, many stories of struggle and pain were overpowered by rich foods, bilingual quick tongues, and a soul-filled community. Undertones of scarcity and fear manifested as white noise, making moments of joy, satisfaction, and peace just as fuzzy and difficult to marinate.

The family elders silenced trauma and focused on the "American Dream", which led to family secrets, challenging relational dynamics, and hope reliant on a tenacious work ethic. At 20 years old, during my undergraduate studies, I developed an ED. It was the first time we recognized mental illness and the prevalence of avoidant attachment relationships within our family, which contributes to intergenerational trauma transmission (Isobel et al., 2019). While this was the most challenging time of my life, it also laid the groundwork for my interest in the research of

intergenerational trauma and its impacts on FI, EDs, CDs, and FRs. My intergenerational story is one of resilience, strength, grit, and perseverance, which allows me to deeply empathize with the patients I interact with and the participants of this study who share similar multifaceted narratives. As a co-author, I hope this study ignites further conversation filled with curiosity and intentionality toward the development of purposeful trauma-informed resources for students living with FI, EDs, CDs, and FRs.

Third Author

As the third author of this study, I state my proximity to the research. I am a clinical mental health graduate student at a public university. In my studies of intergenerational content, I have become interested in how intergenerational elements contribute to EDs, FI, CDs, and FRs. Until I began studying counseling, I never considered how previous generations play a role in progenies' FRs. This study has allowed me to admire the participants' strength in navigating CDs and FRs. Furthermore, it allowed me to examine how I might approach working with future clients who struggle with these conditions.

It is also important to note I am the father of a 1.5-year-old boy who occupational therapists and speech language pathologists have treated for his aversion to chewing and swallowing solid foods. I am concerned about what this means for his future FRs and eating tendencies. I cannot help but wonder if he will experience DE due to the pressures of making progress with eating. Having a child who has eating difficulties gives me a small glimpse into the intergenerational transmission of FI. I hope this study will inform future researchers and clinicians about the intersectionality of FI, CDs, EDs, and FRs. Most importantly, I hope the research uncovered helps alter treatment protocols in more inclusive ways, which are beneficial to survivors of intergenerational trauma.

LITERATURE REVIEW

Intergenerational trauma is transmitted through familial and communal attachment (Isobel et al., 2019). To explain this complex transmission, research inquiries first investigate the impact of parental ACEs on children and adolescents. One study which examined links between caregiver ACEs exposure and childhood mental health found that adolescent children of traumatized caregivers experience increased PTSD symptoms (Leslie et al., 2023). Second, a systematic review discovered correlations between maternal ACEs and childhood behavioral problems in over eleven recent studies (Cooke et al., 2021). Third, a pandemic-related study revealed maternal ACEs were a risk factor for family health during the COVID-19 pandemic. Results indicated traumatized mothers were more vulnerable in crises and maternal symptoms induced health complaints among children (Köhler-Dauner et al., 2023).

In cases of collective trauma, genocide (Kizilhan et al., 2021), war (Ullah et al., 2023), and systemic racism (Kaufman et al., 2023), trauma reverberations are compounded. Compounded reverberations are threaded into the lives of third-

generation descendants, ensuing psychological distress and biological impairments like obesity (Schafte & Bruna, 2023), compromised immunity, and poor nutrition (Kaufman et al., 2023). Exposure to trauma stressors induces shame, guilt, isolation, and fear. These emotions then prompt maladaptive coping strategies linked to ED behaviors (Ziobrowski et al., 2021), CD susceptibility (Kaufman et al., 2023; Eades et al., 2020), and FI (Kizilhan et al., 2021; Testa & Jackson, 2020). Health predisposition informs our guiding research question of how intergenerational trauma intersects with students' lived experiences of FI, EDs, CDs, and FRs. In addition to family health predispositions, we discuss home environments, co-occurring disorders, family relationships, and FRs below to illuminate how intergenerational trauma converges with student health.

Home Environment

Psychosocial Family-Level Mediators

Family-level psychosocial factors play a critical role in mediating intergenerational trauma transmission (Mew et al., 2022). Until recently, findings of epidemiological studies produced limited evidence of intergenerational trauma and focused primarily on transmission from first to second generation (Isobel et al., 2019). Few inquiries have addressed transmission from first to third generations; however, results are mixed among existing scholarship (Sagi-Schwartz et al., 2008). Mediation studies (Lee et al., 2015) are therefore helpful in uncovering causal procedures which inform interlineal distribution. Causal methods integrate epigenetic, genetic, relational, and biopsychosocial factors (Dashort et al., 2019; Yehuda & Lehrner, 2018) to prove household conditions mediate intergenerational trauma transmission (Cerdeña et al., 2021; Dashort et al., 2019; Flanagan et al., 2020; Isobel et al., 2019). We examine the impact of family-level mediators in adverse environmental situations which arose in student-participants' intersected experiences in the following sections.

Family violence. Intergenerational trauma amplifies descendant vulnerability toward repeated cycles of violence. Not surprisingly, childhood exposure to assault is detrimental to psychosocial and neurocognitive development (Booth et al., 2023). A related longitudinal study found how, over 20 years, 7010 adults with ACEs carried a heightened risk for ED development when compared to non-traumatized groups (Ziobrowski et al., 2021). Family violence also impacts stress management and wellness maintenance. An inquiry which examined psychosocial factors that influenced CDs in Aboriginal women concluded that trauma, substance use, violence, and incarceration reduce women's systemic support and perpetuate diminished CD management (Eades et al., 2020). Since Aboriginal females prioritize the care of others, personal CD symptoms are sometimes neglected. This is an example of how cultural trauma must be acknowledged in FI, CDs, EDs, and FRs treatment.

Cultural trauma. ACEs are higher among females, older adults, families of low socioeconomic status, and marginalized communities (Thapa et al., 2024). Moreover, racial trauma experiences often amplify minority mistrust of societal resources like hospitals, health clinics, police, and shelters (Eades et al., 2020). Without individual

or communal buy-in for societal support, oppression continues. We provide two examples of cultural trauma-induced health care mistrust among Black Tuskegee descendants and the Aboriginal gap in Australian healthcare to reiterate the significance of ACEs contextualization among marginalized communities.

Dolan and Bell (2023) discovered an ongoing health barrier amidst Black male descendants of the Tuskegee Study of Untreated Syphilis in the Negro Male. Because original participants endured medical abuse, male offspring experience a human trauma response, which provokes vulnerability in medical settings. Medical racism elicits a "reactive health care distrust" (Dolan &Bell, 2023, p. 2) in progenies, which manifests in healthcare rejection for self-protection or to honor ancestral suffering. Medical providers should therefore conceptualize the Tuskegee study in a perpetual medical racism context, rather than past discrimination. The descendant barrier to *acceptability* (Penchansky & Thomas, 1981) of healthcare reflects how historical trauma affects public aid disparities (Dolan & Bell, 2023).

Similarly, indigenous Australians suffer from an Aboriginal health gap, or discrepancy between wellness trajectories. The health gap shows an eight-year difference in life expectancy between indigenous and non-indigenous Australians (Zhao et al., 2022). Contributing factors to this differential include mental health concerns, substance use, and metabolic conditions that result in CDs and early death among indigenous people. Inaccessibility to healthcare and socioeconomic burdens further exacerbate (Markwick et al., 2014; Thapa et al., 2023), indigenous ACEs (CDC, 2020; Kairuz et al., 2021).

Cultural identities, rituals, and family-led interventions should always be considered when designing indigenous prevention programs. Data from the Family Well-being program (Williamson et al., 2023) and the "Speak Up, Be Strong, Be Heard" initiative, for example, reported increased familial participation (Carrington et al., 2019) as successful program outcomes. Additional positive mitigators in indigenous treatment are harm reduction solutions and holistic approaches. The contextualization of ACEs in marginalized health (Thapa et al., 2024) leads us to the topic of familial influences on FI, EDs, CDs, FRs, and secondary traumatization.

Family Relationships

Secondary Traumatization (ST)

Secondary traumatization (ST), or the indirect distress of people living near a traumatized person (Figley, 1995), leaves indelible impressions upon family units (Zerach et al., 2013). ST is established through empathic bonding and emotional contagion (Figley, 1989) with a suffering loved one. Although ST is mostly "driven by closeness between family members" (Zerach & Milevsky, 2022, p. 1987), constant concern for kindreds takes an emotional toll on witnesses (Ludick & Figley, 2017). It heightens the risk of secondary trauma internalization.

To shield descendants from ST, first and second-generation survivors sometimes engage in *generation skipping* (Zohar et al., 2007), wherein trauma memories are concealed from the household discourse. In *A Holocaust Survivor's Secret Sadness*, Dr. Edith Eger describes an early maternal resolve to protect her child from

Auschwitz memories, and the eventual recognition that survival is an integral part of her daughter's inheritance (Eger, 2022).

Because transgenerational sorrow is palpable, familial embodiment of non-verbal trauma varies. Eating pathology, for example, is passed down from second-generation Jewish mothers with Holocaust exposure to descendants (Strand, 2023). Similarly, Barcelona et al. (2022) discovered a relationship between DNA alterations and ACEs transmission in African American women and children, indicating epigenetic trauma manifestation in progenies. In our study, participants reflected upon ST evolution within familial exposure to FI, EDs, CDs, and FRs.

Siblings. Siblings are deeply impacted by family illness, as evidenced by systemic explorations of sibling relationships in households where EDs and CDs are present. Siblings of ED/CD patients often receive less parental attention and are bombarded by questions about the suffering person's status. These constant interrogations may prompt neglect or isolation among non-disordered siblings (Heneghan et al, 2024). While some openly discuss familial concerns with trusted people, others avoid conversing with outsiders. This decision sometimes mirrors a parental desire for privacy, resulting in non-disordered siblings' social withdrawal to avoid questions (Maon et al, 2020).

Thriving siblings assume distinct roles in their brethren's treatment. Since EDs and CDs disrupt family dynamics, functional members take on caregiving positions. Caregivers often repress personal needs to reduce household stress, so encouraging self-care among witnesses is crucial in preventing overwhelm (Karlstad et al, 2021). As our study evolved, we discovered that intergenerational co-occurring disorders paralleled familial ST and influenced participants' lived experiences of FI, EDs, CDs, and FRs as well. Below, we review the prevalence of co-existing post-traumatic stress disorder (PTSD), depression, obsessive- compulsive disorder (OCD), and substance use disorder (SUD) in students' families and ancestries.

Co-Occurring Disorders

Co-occurring disorders are common among ED and CD patients. PTSD is often developed among ED patients because of disrupted FRs, impaired bio- psychosocial functioning, and heightened death risk (Day et al., 2024). Not all ED and CD patients attain a PTSD diagnosis, however, nor do all caregivers also develop PTSD or ST (Day et al., 2024). Like PTSD, depression is linked to EDs and body dysmorphia. Some populations are more sensitive to cultural norms surrounding body image, however, and risk ED development. Young women are especially influenced by media messages about appearance and may wrestle with the incongruence between internal dialogues and societal standards. EDs become a medium for alleviating depressive symptoms and bridging systematic and personal body attitudes (Alcaraz-Ibáñez et al, 2019).

Congruent with depression and PTSD, OCD coexists with EDs and CDs. A related study found that 15% of people diagnosed with EDs are also diagnosed with OCD (D'Arrigo, 2020). Cognitive inflexibility contributes to co-existing EDs and OCD, as rigidity reduces adaptability to environmental changes. People suffering

from EDs, CDs, and OCD are also hyper-focused on symmetry in daily living, with a higher tendency for self-criticism (D'Arrigo, 2020).

Like the other co-occurring disorders, SUD often accompanies FI, CDs, EDs, and affects FRs (Robinson & Deane, 2022). In an inquiry which examined co-occurring disorders among SUD patients, many were diagnosed with anxiety disorders, and 1 in 5 had co-existing EDs (Robinson & Deane, 2022). EDs and SUDs most commonly co-occur in women. Reasons for this phenomenon include lackluster treatment, unaddressed returns to substance use, and lack of integrative treatment approaches. Gender specific protocols, such as the *Seeking Safety* (Najavits, 2002) or *Creating Change* curricula (Najavits, 2024), could improve treatment outcomes (Sugarman et al, 2020) in women suffering from SUD and EDs. Through participant testimonies, we recognized gender specific needs in FI, EDs, CDs, and FR treatment, and that FI increases risk for CDs among students, which we elaborate upon below.

Student Health

College student health is a growing concern across the US. Research shows a prevalence of FI among 11% of American young adults aged 24-32 (Goel et al., 2022), a statistic which impacts student success. FI may reduce educational performance, diminish grade point averages, lower graduation rates, or prompt neglect of academic responsibilities. Academic disruption also increases students' risk of co-occurring disorders and isolation (Loofbourrow & Scherr, 2023).

A recent study tested the intersection of FI and ED pathology among 579 college students and uncovered greater frequency of binge eating, bulimia nervosa, and ED behaviors amidst students coping with FI when compared with food-secure individuals (Christensen et al., 2021). Food-insecure pupils and those living with concealable CDs report difficulty navigating campus resources (Shrout & Weigel, 2022). While institutions provide disability accommodations, health-related systemic oppression exists. Many participants shared discriminatory experiences during interviews, which propelled us to cross- examine marginalized student encounters.

Marginalized Students

Two essential considerations among students living with FI, EDs, and CDs are gender and age group. Research indicates female students diagnosed with EDs are twice as likely to meet criteria for opiate use disorder when compared with non-ED disordered peers. Similarly, 21% of male students with heroin use disorder are diagnosed with co-existing EDs (Qeadan et al., 2023). Little information is known or published about FI, CDs, EDs, and FRs among LGBTQIA+ and other marginalized groups in dominant discourse, however. (Goel et al., 2022) This gap and the SWAG stereotype prevent inclusive diagnosis and treatment.

The SWAG (Skinny White Affluent Girls) stigma is the assumption that EDs are diagnosed primarily among white women (Sonneville & Lipson, 2018). The SWAG stereotype prevails because of a shortage of minority researchers in ED, CD, FI, and FR scholarship (Goel et al., 2022). Despite recent equitable ED data, many associated

studies still feature mostly white females. Marginalized populations, therefore, remain understudied and untreated (Becker et al., 2019).

The LGBTQIA+ community struggles with CDs, FI, EDs, and FRs, yet is underrepresented in literature (Arikawa et al., 2021; Calzo et al., 2017). Approximately 10-40% of LGBTQIA+ youth are diagnosed with CDs and ACEs. ACEs complicate adjustment and increase health risks in adolescents and young adults. Moreover, a study that examined ACEs and CDs in LGBTQIA+ students found participants suffered from depression and anxiety in early adulthood (Espeleta et al., 2019). Despite these findings, few researchers adapted standardized ED, FI, ACEs, or CD assessments for inclusive purposes until this challenge was completed by Becker et al. (2017; 2019).

Becker (2017) and Becker et al. (2019) conducted two studies which included compensatory behaviors of people living with FI in standard ED assessment. The changes occurred after Becker et al. (2019) noted "antiquated notions held by both clinicians and the general public about who is and is not at risk for EDs" (p. 1145). Clinicians are less likely to identify or treat FI, EDs, CDs, or unhealthy FRs among patients who do not embody traditional prototypes (Becker et al., 2019; Gordon et al., 2006), yet a distinct vulnerable subgroup living with FI risks ED onset because of FI triggers. The link between FI, depression, and anxiety symptoms is established, but future longitudinal studies must confirm whether FI is a risk factor for EDs and CDs (Becker et al., 2019).

In addition to discriminatory assessment protocols, we learned that intergenerational FRs are central to marginalized EDs, CDs, and FI, yet are seldom incorporated into diagnosis and treatment. Though intersectionality between trauma and health is recognized psychiatrically (Molendijk et al., 2017; Trottier & MacDonald, 2017), the omission of cooking and eating traditions in ED/CD/FI scholarship silences food centrality in daily living (Strand, 2023). Therefore, we included FRs as a study construct alongside EDs, CDs, and FI, and included information on intergenerational FRs in the final section of our literature review.

Intergenerational FRs

Anthropological documentaries feature "food in the role of collective identity construction and nation building" (Strand, 2023, p. 46). Throughout history, diaspora communities have introduced transgenerational cooking rituals, cultural memory, and the use of traditional food utensils to the dominant culture. Migrants also share the art of transforming meager supplies (Ghosh & Channarayapatna, 2024) into kitchen-havens of *existential* (Sutton, 2008) food memories with others.

A prime example of preserved intergenerational FRs is learned from the village dwellers of Dholavira, India. Dholavira occupies a remote corner of the Rann Kachchh salt marshes, where the dry climate disrupts food transport. Because of modest resources, culinary rituals are simple in the Kachchh region, and residents consume a diet consisting of seasonal crops (Ghosh & Channarayapatna, 2024). From interviews with Dholavira elders, anthropologists understand that when descendants safeguard antique food utensils and recipes, ancestral food trauma is healed (Hirsch, 2012).

Despite migrant resilience, dominant food trends have demolished marginalized identities. Eradication of cultural food traditions occurs through mass starvation in militarized conflict (Collinson & Macbeth, 2014), forced assimilation of colonized foods, and genocide (Tyner & Rice, 2015). Refugees experience a subsequent *ruptured soil connection* when disconnected from shared planting, harvesting (Sabar & Posner, 2013), and familial eating (Katto, 2020), thus deeming "a narrative of sweetness impossible" (p. 983). Food documentaries indicate cultural hybridity, geopolitics, and discrepancies between mainstream culinary rituals and those of "the Other" (Strand, 2023, p. 471) determine survival. In fact, hooks (1992) described how society eats the Other to erase cultural differences in consumption.

Though FI overwhelms conflictual regions, literature on intersected trauma, FRs, FI, CDs, and EDs is scarce. Insight into this interconnection is found mainly within anthropological, sociological, food history, and psychiatric scholarship, or in autobiographies, cookbooks, and visual arts (Strand, 2023). Such accounts expand the reader's nostalgia for lost-world cooking, or how food symbolizes survival (Sindler et al., 2004).

Post memory is intergenerational food imprinting onto descendants (Hirsch, 2012) who create historically informed FRs (Hong, 2020). Intergenerational EDs and CDs are not predicted by individual exposure but by "a generational structure of transmission" (Hirsch, 2012, p. 35). Post memory is a crucial study element because culinary rituals have not yet been associated with intersected trauma, EDs, FI, and CDs (Molendijk et al., 2017; Trottier & MacDonald, 2017), wherein food is a medium for stress personification (Kaiser & Jo Weaver, 2019). Our chosen study methodology, therefore, allows for a rich description of participants' individual and communal truths (Neubauer et al., 2019) and embodies the intersectionality of all study constructs.

METHODOLOGY

This phenomenological study (van Manen, 1990) explores the guiding research question of how intergenerational trauma intersects with students' lived experiences of FI, EDs, CDs, and FRs. Phenomenology delves into the universal essence of a phenomenon (van Manen, 1990) and describes personal and collective essential truths (Neubauer et al., 2019). Because familial trauma informed participants' lived experiences, we sought a trauma transmission model to integrate all study components. After reviewing viable modalities like the historical intergenerational trauma transmission (HITT) model (Starrs & Békés, 2024), attachment in intergenerational transmission approach (van Ijzendoorn & Makino, 2023), the Fragile Families and Child Wellbeing Study (FFCWS; Driver et al., 2023), and the paraliminality lens (Moraes et al., 2021), we concluded all frameworks were intuitive. However, none fully encompassed all study constructs of intergenerational trauma, nervous system integration, and marginalized oppression. Therefore, we synthesized attachment trauma (Kostova & Matanova, 2024), polyvagal theory (Porges, 1995), and Post Traumatic Slave Syndrome (PTSS; DeGruy, 2005) to conceptualize intergenerational trauma transmission from collective, relational, systemic, and integrated perspectives (Ashworth et al., 2023; Goldstein et al., 2024).

Attachment Trauma and Polyvagal Theory

Attachment styles inform all developmental experiences, including ACEs (Kostova & Matanova, 2024). Because attachment is stored in implicit memory (van der Kolk, 2014), traumatic events impair memory function. Therefore, parental ACEs pose a higher risk for insecure parent-child bonding. Kolacz et al. (2019) propose that in cases of trauma and CDs, a brain-body connection sensitizes social-emotional processes toward danger. Perceived threat is then verbally (Wolynn, 2017) or physiologically expressed through *primary language*, a primal trauma dialogue exchanged intergenerationally (Kostova & Matanova, 2024).

Polyvagal theory (Porges, 1995) correlates attachment and nervous system regulation (Kolacz et al., 2019) and informs autonomic nervous system (ANS) adaptation to household or societal threats. Trauma survivors struggle with ANS control (van der Kolk, 2014) and experience heightened threat responses, which reduce homeostatic brain-body signals (Jänig, 2006; LeDoux, 2000) and advance CD symptoms. Researchers find, for example, that ACEs co-exist with gastrointestinal disorders. Consistent with polyvagal theory, gastrointestinal pain is caused by dysregulated feedback loops in the ANS. When intergenerational trauma alters ANS responses, threat reactions linger in the body long after the danger passes and disrupt healthy attachment (Kolacz et al., 2019). Though student-participants attained better nutrition and reorganized attachments (Iyengar et al., 2014), one significant barrier faced by marginalized participants was systemic oppression. This obstacle prompted our inclusion of PTSS (DeGruy, 2005) as a theoretical foundation for racial trauma.

PTSS

PTSS explains the relationship between slavery and modern-day constraints that Black progenies face. PTSS is reactivated through inaccessibility to societal benefits and *worlding of the brain* (Keestra, 2023), or traumatic brain and body functionality in the world context. Brain worlding exists in health settings, as in Tuskegee descendants' ambivalence for medical intervention (Dolan & Bell, 2023) or the Aboriginal health gap (Zhao et al., 2022). Integrating PTSS into attachment and polyvagal theories attunes researchers to racial trauma, which accompanies intergenerational illness transmission. We synthesized theoretical understanding from polyvagal theory, attachment theory, and PTSS into data collection, analyses, results, discussion, and conclusion.

Data Collection

This study began with the initiative to investigate campus resources about trauma, EDs, CDs, FI, and FRs. We submitted a proposal for institutional review board (IRB) approval, but approval was gained only after several revisions and conversations. The board was concerned our study might re-traumatize participants and therefore wished to ensure student safety during interviews. We perceived the IRB's caution as an ethical responsibility for participant well-being and provided mental health resources to participants. Resources included on-campus counseling,

mobile crisis information, and initial conversations with prospective interviewees to discuss their comfort levels and questions associated with participation. Once approval was obtained, participant recruitment began. The two co-authors were students at the same university as the participants, so we decided only I (first author) would conduct interviews. First, the co-researchers initiated a purposeful sample by circulating fliers with participation criteria among several programs within a university department. Next, the co-authors met with potential participants and referred them to me through email. After initiating email contact, I sent prospective interviewees consent forms, including all study information. Interviews were scheduled only after all forms were signed.

All students-participants were invited to attend online synchronous semi-structured interviews. In the helping professions, semi-structured interviews reduce time commitment and simplify data interpretation (McLeod, 2010). Permission was requested from participants for video recordings of interviews but was not required. Interviews were scheduled for one hour, with the option of a second session if re-traumatization occurred. The purposeful sample morphed into a snowball sample after several interviews were completed.

Participants

Our sample consisted of twelve student-participants from multiple programs within one university department. All participants reported a CD and/or ED diagnosis and personal or intergenerational FI per study criteria. Participants also held many intersectional identities and marginalized statuses. Students self-identified as immigrants, First-Gen students, queer, transgender, non-binary, white, Jewish, indigenous/First Nations, Asian-Pacific, Hispanic/Latinx, and European. Some interviewees were ambivalent about sharing sensitive familial information, so I offered an additional session and stabilization resources if deemed necessary.

Data Analysis

Interview recordings were uploaded to a confidential drive for analysis. To promote rigor and trustworthiness (Creswell & Creswell, 2017), we conducted three data analyses, though collective data was available in the drive for all authors to review. I (first author) completed a constant comparison analysis (Glaser & Strauss, 1967), and the second and third authors conducted keywords-in-context (KWIC) analyses (Fielding & Lee, 1998). A cross-case synthesis (Yin, 2018) was completed to compare similarities and differences across analyses. Insights from the cross-case synthesis are noted in the results section.

Constant Comparison Analysis

Constant comparison analysis (Glaser & Strauss, 1967) is used to identify underlying themes embedded in qualitative data. I (first author) began by watching all recordings and categorizing data into sub-groups. Next, I coded and identified similar themes within the data (Leech & Onwuegbuzie, 2007). Third, I created a heuristic to offer the reader a visual of the identified themes. The heuristic titled,

Intersected lived experiences of FI, EDs, CDs, and FR's among SPs on campus (see Figure 1) is presented in the results section.

KWIC 1 and 2 Analyses

KWIC reveals how participants use words in context and is known as an *analysis of the culture of word usage* (Fielding & Lee, 1998). KWIC is useful for identifying chosen words in participants' speech (Leech & Onwuegbuzie, 2007). The co-authors first watched recordings and identified keywords, and listed words before and after the keywords on a spreadsheet (Leech & Onwuegbuzie, 2007). Finally, co-authors also formulated heuristics for KWIC analyses titled *the correlation between intergenerational trauma effects, intersectional student lived experiences of FI, EDs, CDs, and FRs, and the impact of campus attitudes found through KWIC Analysis* (see Figure 2) and *the impact of campus attitudes found through Intergenerational Patterns of FI, EDs, CDs, and FRs: Keywords & Themes* (see Figure 3). Before we present all results, we describe how trustworthiness was demonstrated in data collection, analysis, and results.

Trustworthiness

All authors underwent peer review, clarified biases, triangulated data, and provided rich narratives to demonstrate trustworthiness. First, a professor of Research Methodology completed a peer review. She reviewed the manuscript, provided feedback, and consulted with co-authors. Next, we incorporated triangulation through coding, member checking, and documentation of thick data (Creswell & Creswell, 2017). All researchers completed separate analyses to demonstrate rigor and a cross-case synthesis. Member checking (Merriam, 1998) was initiated by sending participants excerpts from study results and inviting them to correct, express concerns, and comment on our assertions.

To clarify researchers' biases, we wrote positionality statements stating our proximity to the study. The three analyses allowed for diverse interpretations and academic perspectives (e.g., associate professor vs. graduate students). As the research mentor of both co-authors, I encouraged bracketing of parallel processes (Creswell & Creswell, 2017) and introduced the *wounded researcher* (Romanyshyn, 2010) identity in our meetings. The results section reflects our commitment to cultural humility in research (Hook et al., 2013).

RESULTS

Figure 1 represents a constant comparison analysis of participants' intersected lived experiences. Results indicated how (a) how intergenerational trauma intersects with students' lived experiences of FI, EDs, CDs, and FRs through health, environment, food accessibility, and food imprinting; (b) intergenerational patterns inform how participants utilize resources and protective factors in lived experiences of FI, EDs, CDs, and FRs; (c) intergenerational patterns inform how participants experience campus culture related to FI, EDs, CDs, and FRs; and (d) repeated cycles of

intergenerational oppression inform how marginalized students experience systemic oppression and lack of inclusivity within campus dynamics of FI, EDs, CDs, and FRs.

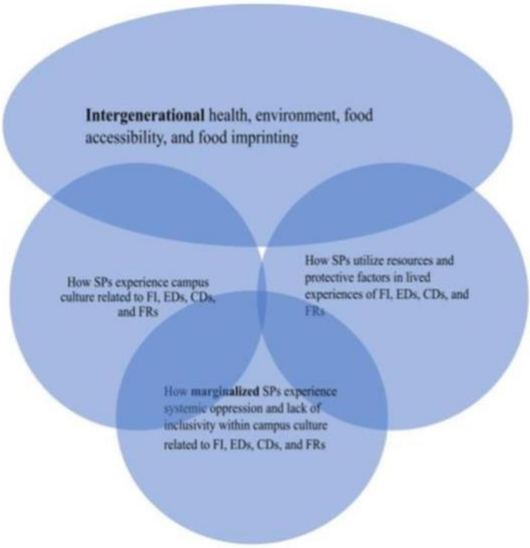

Figure 1: Intersected lived experiences of FI, EDs, CDs, and FRs among SPs on campus

Acronym	Definition
SP	Student participants
FI	Food Insecurity
EDs	Eating Disorders
CDs	Chronic Disorders
Rxs	Relationships

Intergenerational Health, Environment, Food Accessibility, Food Imprinting, and FRs

Food imprinting (Hirsch, 2012) occurs through both nostalgic eating rituals (Ghosh & Channarayapatna, 2024) and food trauma (Hong, 2020). One participant said, "...My mom…her food memories were amazing…I always remember my mom's stories, and they were around food." She recalled that her mother's and grandmothers' food stories centered around FI yet contained implicit messages about gratitude. She continued, "...and hearing the stories, I think some of them were like a precautionary tale…like, you need to be grateful for what you have." This primal food dialogue (Kostova & Matanova, 2024) binds three matriarchs and a female progeny through ancestral hunger, resilience, and ACEs (Payne & Brooks, 2019).

Other participants correlated parental food trauma with messages that were repeated throughout their upbringing. Another interviewee shared,

> One story that she told me…she would repeat this story a lot when she was drunk…is that there was one time when she was at the dinner table when she was reaching for another piece of meat, and her Dad stabbed her hand with a fork and…criticized her for reaching for more…and then when she was in that very activated trauma state with alcohol, she would just repeat the phrase…he stuck a fork in my hand, over and over again.

Here, the student described an insecure childhood attachment and home environment (Kostova & Matanova, 2024) associated with the mother's ACEs, SUD, and ambivalent FR about "reaching for more." He also recognized that maternal indigenous oppression (DeGruy, 2005) influences his own ED, OCD, and FR. Like his story, other participants shared food memories and messages about familial migration, famine, and illness.

Another student-participant mentioned her grandmother's "food nightmares" and remembered finding her immigrant grandmother binge eating in the kitchen at night. She recalled there was "...a lot of resource guarding…and deep anxiety about food and not wanting things to go to waste…I grew up being told I had to clear my plate." She named this phenomenon a "scarcity mindset" and connected it to her lived experiences of OCD and DE. Polyvagal theory (Porges, 1995) explains how environmental threats later contribute to CDs, or co-occurring conditions (Kolacz et al., 2019), as in this student's case.

Yet an additional pupil illustrated their mother's hate-based FR and remembered on their mother's birthday, "my mom took the majority of this cake and threw it in the trash can and started stabbing it with a fork…" They felt confused about the fierceness of her food demolition and associated it with maternal ACEs, SUD, and chaotic relationships. Within the member checking process of our study, this student later noted their mother's untreated ADHD was significant in their early experiences of food trauma. The participant personally suffers from SUD, OCD, orthorexia, binge eating, and DE patterns after witnessing intergenerational ACEs and household disruption.

From all interviews, I concluded all students grew up in familial environments impacted by FI and intergenerational ACEs. All interviewees reported subsequent personal diagnoses of EDs and CDs, including cancer, rheumatoid arthritis, congenital diseases, auto-immune diseases, epilepsy, migraines, hyperlipidemia, diabetes, irritable bowel syndrome, OCD, SUD, pancreatitis, pulmonary disease, depression, anxiety, hypochondriasis, and interstitial cystitis. These co-existing illnesses personify bodily symptom "migration" (Kostova & Matanova, 2024, p. 4) in cases of transgenerational trauma and parental "stimulation" (p. 2) of descendant symptoms. In the following section, I discuss how these intergenerational patterns influenced student participants' resources and protective factors when coping with their own lived experiences of FI, EDs, CDs, and FRs.

Participant Resources and Protective Factors

Interviewees expressed humor, wonder, admiration, and thoughtfulness when portraying the intergenerational resources and protective factors that impress upon their lived experiences of FI, EDs, CDs, and FRs today. One pupil talked about "taking stock" of kitchen supplies in her current CD management:

> …This sounds so strange to say this out loud, but I think about the food we have in the cupboards…I'll be lying in bed at night, and I'll go, oh well, we have…it almost comforts me when I'm feeling really stressed out to know that food's available.

Like taking food inventory, another student who survived an international war displayed her mother's "food stretching." She said, "…mom was able to make five meals out of one chicken…you stretch it, you stretch it"! The interviewee remembered a family visitor marveling that her mom could "make something from nothing" with dwindling rations. Although the student attributed this capacity to her mom's resilience**,** she admitted that until the interview, she hadn't considered the pain FI brought upon her family.

After emigrating to the US, she developed hyperlipidemia, the same condition that had killed her mother. Despite mindful health, she suffers from high cholesterol with no identified cause. The participant shared her "deficit perspective" toward this CD below:

> My personal response is to…not eat, or undereat…in the background of my mind there is…that awareness that…if I can limit…certain things, maybe my cholesterol…will go down…it also serves some kind of…purpose that I think is emotional for me as well…it's…masochistic…I feel that whenever I don't eat, there is a bit of control that I have...I have heard from a few people that I have an unhealthy relationship with food, and it never really dawned on me…I was approaching it from a deficit perspective.

In this participant's case, CD intersects with a deprivation-based FR and DE. Because of war-induced FI (Collinson & Macbeth, 2014), she experiences concurrent resilience and fragile health. This dual "in-between" state, or *paraliminality*, recognizes liminal and limonoid anomalies within lived experiences. Paraliminality is both vulnerable and redemptive for the individual (Moraes et al., 2021, p. 1170). As our study evolved, several participants highlighted how paraliminal tendencies impact their resource seeking in converged FI, CDs, EDs, and FRs. Similarly, another pupil shared how diagnoses of depression and PTSD surprised her while she maintained optimism:

> …All of a sudden, the doctor says, oh, this is going on for a long time…that was a stark realization that through years and years of trauma, I…ended up with that diagnosis and it somewhat surprised me because I seem to be optimistic and positive, but I do have moments of doubt…

Moving between liminal and limonoid modes (Moraes et al., 2021) prolonged or impeded processes of attaining communal resources for some participants, as in the above example. Likewise, intergenerational patterns also influenced student-participants' perceptions of campus culture surrounding FI, EDs, CDs, and FRs. Because of intersectional identities, paraliminal capacity, and "invisible" illnesses, participants' institutional experiences varied. In the following sections, we depict participants' experiences of campus culture and ongoing oppressive encounters of marginalized students.

How Students Experience Campus Culture Related to FI, EDs, CDs, and FRs

Participants reflected on how academic culture impacts health. One student said, "Our culture is so focused on results and productivity…that can be really stressful and…lead to more control with food because it feels like there's less control outside." She suggested faculty modeling of self-care and nervous system management could remediate results-focused campus attitudes. This participant requested more collaborative open health forums for personnel and students, stating, "I am passionate about people taking care of themselves."

Other participants also addressed faculty endorsement of student wellness. An interviewee with documented disabilities admitted, "...the support I've received has been really hit or miss…and it's been difficult…" This student stated instructors often minimize her concealed CDs and are uneducated about disabilities. She concluded,

> Educating oneself about disability is really important…everyone's working really hard and students with disabilities are maxing themselves out. When people don't understand…what the health condition is, the attitude is, it's entitlement…it feels like those attitudes are coming from a place of not understanding at all.

Conversations about institutional interventions confirmed participant dissatisfaction with student wellness trajectories. A pupil noted the unspoken propensity for EDs among college students, "campus is full of newly independent people…living outside their homes for the first time…that transition just breeds so much for an ED to develop." He felt that more inclusive campus conversations about FI, EDs, CDs, and FRs were crucial and said,

> As much as humanly possible…emphasize that this is not just a white people mental illness… it's…very important because…there is already a lot of stigma...there are a lot of barriers that might prevent folx, like, people of color specifically, from seeking…help or thinking that this is even a problem that can be addressed.

This participant's assertion addresses the silencing of disenfranchised voices within university discourse. In our study, marginalized pupils experienced systemic

oppression regarding campus attitudes toward FI, EDs, CDs, and FRs. One minority participant indicated a need for "…raising awareness of health… promoting the interconnectedness of everything and everyone" because of stark institutional inequity.

How Marginalized Students Experience Systemic Oppression within Campus Culture Related to FI, EDs, CDs, and FRs

Marginalized students reported shame, fear, or overwhelm when navigating campus resources for FI, EDs, CDs, and FRs. A marginalized participant who now mentors other minority students said, "I think there's a lot of embarrassment associated with asking…but there's still a lot of fear in…students that I meet with…who…don't feel comfortable with it…or there's a lot of stigma about getting on public benefits." Above all, she indicated that marginalized pupils do not trust the university system, and added,

> I think the resources are in place, it's just about helping these communities gain trust in a system, which is hard because…the system has, in so many ways, harmed a lot of the students…it's difficult…there's a lot of…layers to…why someone wouldn't trust going to that system.

Given the reported cycles of oppression, we conceptualized marginalized students' experiences through a PTSS lens (DeGruy, 2005), wherein systemic racism is reactivated through inaccessibility to health benefits, and worlding of the brain (Keestra, 2023). In participant cases, the brain-body trauma connection (Kolecz et al., 2019) manifested through students' mistrust of institutional protocols. Disenfranchised participants named the felt-sense of campus power differentials in many ways. One student who emigrated to the US said, "…when a person does not grow up in…US culture…with these initiation rites…the expectation for university life is also different…for me, FI is connected to power dynamics."

This pupil's sentiment offers insight into how campus discrimination exacerbates FI, EDs, CDs and unhealthy FRs among minority students. Through interviews, we became aware that campus dining resources lacked inclusivity. Student-participants noted an absence of cultural dietary choices, communal eating options, or dining hall accessibility for low-income pupils. A participant from a collectivist culture narrated the rehabilitative effect of communal cooking and eating on EDs, FI, CDs, and FRs in the following words, "...Food is also creative expression, so there are opportunities for students to expand their culinary skills and…share them…it's very much a privilege to have all these options…getting people closer to the process of preparing meals makes it less scary."

From her narrative, the healing capacity (Sabar & Posner, 2013) of cultural and familial eating rituals (Katto, 2020) is apparent. Like isolated meals, marginalized participants felt alienated from mainstream campus life and felt unseen. Another student who identifies as non-binary said, "...I'm very socially disengaged and feel…out of place…I haven't met a lot of people that make me feel a sense of

belonging…so, I feel like an outsider." Like this pupil, one more participant delineated a link between her FI/CD "flare-ups" and campus isolation, stating:

> On this campus…I don't feel like people talk about how difficult it is to be a college student and…not…have that much money…sometimes it can feel embarrassing…I do want to say how interconnected a lot of things can be…like, that stress piece-a lot of…the diagnoses and…the flare-ups I experience are from that stress…and food insecurity is a huge stressor.

After witnessing our marginalized participants' experiences, I (first author) felt sorrowful and therefore bracketed my own disenfranchised experiences as a professor and former student with FI and CDs (Creswell & Creswell, 2017). I was comforted, however, by participant suggestions for campus inclusivity. One interviewee expressed an overall need for increased institutional empathy. They said, "One of the biggest things is…just being compassionate and respectful." They expressed how much students need to be witnessed by faculty, "to know they are being seen and there are people that are concerned for them…making it more the norm."

This participant's comment was joined by other student endorsements for more ED, CD, and FI resource funding, faculty involvement, and related educational panels. Another student reiterated how community interventions heal intergenerational trauma. She said,

> …The more people…talk about it and…share their experiences, I feel like that…helps the collective group…start to…talk about it more… the hardest thing is just finding out how to…stop that trend…find ways to stop that generational trauma…how do we as a collective change these things?

In sum, a constant comparison analysis revealed how intergenerational patterns influence student-participants' resource and protective factor utilization within lived experiences of FI, EDs, CDs, and FRs. Further, the analysis demonstrated how intergenerational patterns extend into their perceptions of campus attitudes related to FI, EDs, CDs, and FRs, including oppressive encounters of marginalized pupils. To further enrich my analysis (Creswell & Creswell, 2017), the two co-authors captured unique word choices in two KWIC analyses that we share in Figure 2 below.

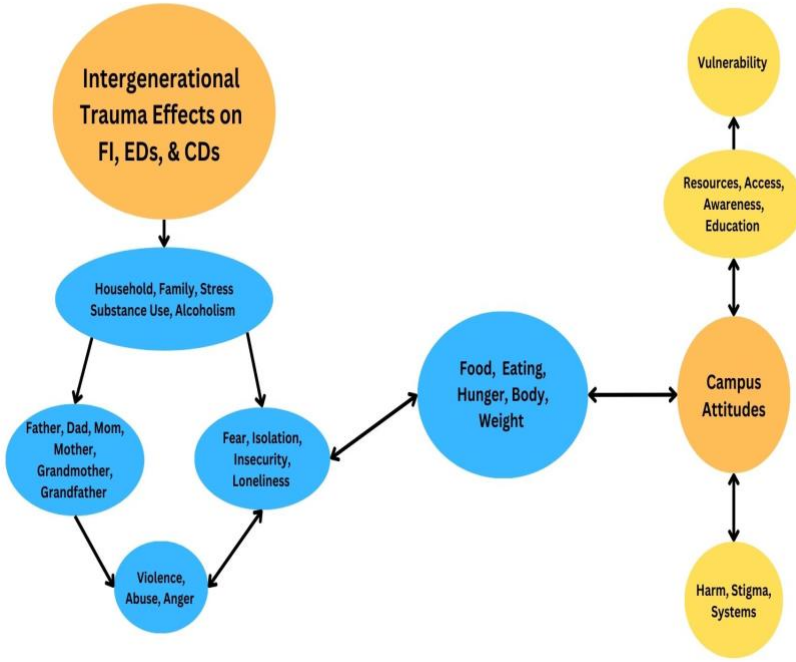

Figure 2: The correlation between intergenerational trauma effects, intersectional student lived experiences of FI, EDs, CDs, and FRs, and the impact of campus attitudes found through KWIC Analysis

Acronym/ Symbol	Definition
FI	Food Insecurity
EDs	Eating Disorders
CDs	Chronic Disorders
Arrows	Depicts correlation/ relationship between keywords

Correlations Between Intergenerational Trauma, Student Experiences, and Campus Attitudes

In Figure 2, the second author correlated students' KWIC which illustrate intergenerational trauma, intersected FI, CDs, EDs, and FR experiences, and campus attitudes. First, the co-researcher used family terms like mom, dad, grandmother, and parents to reference intergenerational trauma, and the words household and family to represent kinship. Household threat and familial ACES were sketched through the

clustered phrases of (a)violence, anger, abuse stress, (b) fear, isolation, insecurity, loneliness, and (c) substance use, alcoholism.

In a related excerpt, a participant shared the fear of outgrowing childhood clothing due to his mother's over-idealization of a thin body type. He said, "I started to grow out of my childhood clothes, and I was so…afraid of…no longer…being the golden shaped child that my mom…loved and cared about…and the child that I was when she was more present." A KWIC analysis of his sentences suggests the words cluster mom, afraid, and upset embody the participant's apprehension toward his mother's perception of a changing adolescent body.

Similarly, a second interviewee talked about her immigrant parents' food frugality and said, "...my parents were part of the communist revolution in China where…the state-wide policies…deprived everyone…in a very…top-down way." In both sentiments, participants felt psychologically and physically endangered in traumatized households. These encounters are congruent with autonomic nervous system adaptation to environmental threats that later contribute to eating, body, and FR perceptions (Kolacz et al., 2019), as discussed below.

Eating, FRs, and Body Image

The second author converged KWIC of hunger, eating, food, body, and weight to convey how intergenerational food imprinting influenced students' personal experiences of FI, EDs, CDs, and FRs. The symbolic cluster was formed after students admitted how much headspace food had for them throughout the day. One said, "...Just trying to manage when I'm going to eat, what I'm going to eat, how much I'm going to eat is just…a constant mental project." A diabetic participant then painted the burden of conscious eating in these words,

> When you think about how much emotion you put into just thinking about…eating, what do you have emotion left for after that? Boy, I would love that freedom…I wouldn't even call it thinking…it's…this heavy weight and it's…this cloud…that just hangs around you all day.

This interviewee wrestled with the incongruence of her parents' unconditional acceptance of her body alongside societal body-shaming messages. She became self-critical about her food consumption and admitted, "I am still very self-flagellating. You know, flogging myself…every day…am I somehow paradoxically killing myself with food? The wrong foods?" She pronounced a cultural discrepancy between her indigenous upbringing and American eating in the following words,

> It's a cultural difference, but…it's still applied to me. My parents always said, don't waste food…and yet in this culture, it's so cute and so petite to eat only a quarter of what you ordered, and I'm, like, that's disrespectful!

Like this student-participant, other marginalized pupils used keywords to describe cultural contexts for weight, eating, and bodies. A pupil of Asian-Pacific

descent inherited their mother's over-idealization of thinness and struggled with this in their own FR. They said,

> I feel like there's a lot to do with race…when it comes to food… what you have in the Philippines… it's very much still a part of you…it was very much a dysmorphic feeling in her body…because she hated that…and it's like, feeding into that dialogue where Asian people are supposed to be skinny.

These powerful narratives imply that combined familial, cultural, and societal food imprinting impact students' lived experiences of EDs, CDs, FI, and FRs. Intergenerational transmission of body dysmorphia, unresolved attachment (van Ijzendoorn & Makino, 2023), marginalization, and ecological factors (Driver et al. 2023) also contribute to this interconnection. The second author then extended this intersection toward students' campus experiences related to EDs, CDs, FI, and FRs shared below.

Campus Attitudes

Participants used poignant words to represent institutional encounters. One frequently cited KWIC was vulnerability, and its universal usage implies fragile trust in university systems. In fact, the words harm and stigma were combined with systems often, which led the second author to the recognition that minority students experience harm associated with systemic oppression (DeGruy, 2005). Marginalized students particularly struggle to access resources and have limited awareness of education. One disenfranchised student said,

> …There's a lot of stigma around it…I remember growing up in a predominantly rich suburban white neighborhood, and to say that you were on food stamps was…so embarrassing, because people looked down on you for being poor…so, breaking down stereotypes…against those disorders, or against seeking help or getting resources is very important, and…making sure it's…more well known and widely available for students.

As mentioned previously, FI is a growing campus problem (Loofbourrow & Scherr, 2023), yet its scholarly correlations to EDs, CDs, and FRs are scarce and complicated by stereotypes (Becker et al., 2019). Another participant acknowledged this concern saying, "Education should be a place where we start that…we're doing a lot of harm in schools…when are we going to say enough is enough, like, people first?" Her call for "people first" on campus is personified in the third author's KWIC analysis that addresses additional student struggles unmentioned by other authors (see Figure 3).

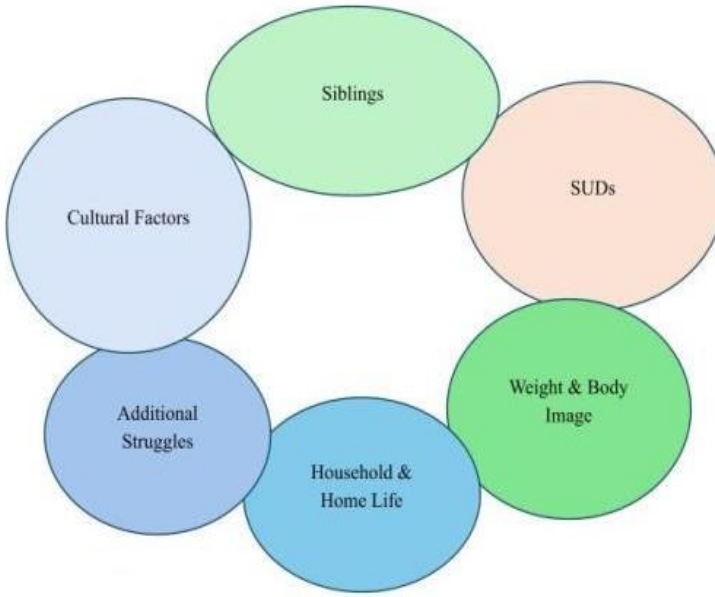

Figure 2: Intergenerational Patterns of FI, EDs, CDs, and FRs: Keywords and Themes

Acronym	Definition
SUD	Substance Use Disorders
FI	Food Insecurity
EDs	Eating Disorders
CDs	Chronic Disorders

The third author featured KWIC that inform intergenerational patterns of FI, EDs, CDs, and FRs. The co-researcher named themes of sibling influences, cultural factors, and additional struggles pertaining to FI, EDs, CDs, and FRs which allow for broader interpretations of keywords. Several examples of these KWIC are showcased in the following sections, and one central theme pertaining to cultural factors related to weight, body image was the choice between terms EDs or DE.

EDs vs. DE

Students made deliberate choices between the terms EDs or DE during interviews. One interviewee hasn't obtained an ED diagnosis, but feels like her intergenerational food habits appear disordered to others and said, "So, even if I don't have an ED diagnosis, I do see some patterns and behaviors of…how I approach food

have changed because of my childhood." She admitted to eating spoiled food, cleaning her plate, or rationing food on occasion because those behaviors were modeled at home. The discrepancy between dominant food rituals and those of "the Other" (Strand, 2023, p. 471) in FI is apparent in her statement. Likewise, other disenfranchised participants reported that altering between liminal and limonoid states (Moraes et al., 2021) in FI management is perceived as dysfunctional in dominant culture. As mentioned previously in the literature review, marginalized communities often do not trust healthcare systems (Dolan & Bell, 2023), and associated costs may further impede diagnosis and treatment. We suggest, therefore, that use of ED or DE terminology is a cultural decision in marginalized cases.

Second, opinions about ED/CD diagnoses and FRs varied. Several participants expressed incongruence between the professional diagnoses obtained and lived experiences of food and eating. One said,

> I'm pretty sure I qualify as someone who has an ED…and the only professional that has…attested to that has been my nutritionist…I just feel like it's disrupted my life in a way that it wouldn't normally for just a DE.

Like this student, other interviewees found that FRs and DE are interrelated, or do not stand alone. Another participant said, "I've never been diagnosed with an ED, and I don't know if my relationship with food qualifies as an ED." A similar comment stated by an additional student was, "I've not been diagnosed with an ED. I've had therapists tell me that I have DE, which I think is very different." Yet one more pupil noted eventual acknowledgment that their ED intersects with co-occurring disorders and intergenerational trauma, saying:

> …I would not have conceptualized myself as having…an ED until about two or three years ago…my two closest friends are women with EDs and when I started getting close to both of them…I reconceptualized a lot of my own behavior and…started seeing…a lot of the same…one reason I don't use the term ED is because…I don't know if I would meet the criteria…because I have pretty big…comorbid contributing issues…well, a lot of it is intergenerational, I would say.

The interviewees' narrative affirms correlations between intergenerational trauma, cultural context, and diagnosis. Sometimes intersected symptoms delay full recognition of ED or CD diagnoses and therefore an integrated mind-body approach such as polyvagal theory (Porges, 1995) is recommended for intersectional cases. A student emphasized this need by stating, "I think coming at it from a holistic perspective is required…it's holistic, it's mind, body, soul."

Holistic perspectives are still scarce in FI, ED, CD, and FR treatment, however, despite recent adaptations to standardized assessments (Becker et al., 2019). Although there is gradual movement toward inclusivity, students report shame and inaccessibility to campus resources for diagnosis and treatment. Another interviewee said, "I still believe that there is… so much shame and there's so much tearing down someone because of having an ED…." A central aim of our study is to therefore

increase scholarly and clinical awareness of cultural gaps when treating intersecting EDs, CDs, FI, and FRs among students.

Cross Case Synthesis

A cross-case synthesis of all analytical data revealed intergenerational trauma intersects with student-participants' lived and campus experiences of FI, EDs, CDs, and FRs through health, environment, food accessibility, and food imprinting. Among the three analyses, there were variations between theme and word presentations, but all results were interconnected. For example, I (first author) correlated systemic oppression with minority participants' campus perceptions and created a separate category in my constant comparison analysis for marginalized oppression. The second author instead highlighted the keyword vulnerability to imply student disempowerment (DeGruy, 2005) and clustered KWIC harm, stigma, and systems to suggest systemic racism. The third author included subcategories of cultural factors and additional struggles to encompass campus annihilation. Though we all acknowledged inequity among interviewees, the independent analyses allowed for distinguishable expressions of our scholarly perceptions.

While my (first author's) analysis was thematic, the co-authors chose KWIC to describe participants' essential truths within lived encounters (Neubauer et al., 2019). For instance, the second author correlated intergenerational trauma with participants' institutional vulnerability through keywords of food, eating, hunger, body, and weight, thus offering a "code communication" (Bergner, 2007, p. 152) for the reader. The third author then highlighted SUD and siblings, two familial dynamics that have barely been studied, yet significantly impact intergenerational health (Heneghan et al, 2024). Our cross-case synthesis was informed by attachment trauma (Kostova & Matanova, 2024), PTSS (DeGruy, 2005), and polyvagal theory (Porges, 1995), and we mention key theoretical highlights in the discussion section below.

DISCUSSION

This phenomenological study explored the research question of how intergenerational trauma intersects with students' lived experiences of FI, EDs, CDs, and FRs. The chosen theoretical approaches of polyvagal theory (Porges, 1995), trauma attachment theory (Kostova & Matanova, 2024), and PTSS (DeGruy, 2005) informed all stages of inquiry, and enriched our findings. Key theoretical insights gained from the data were that (a) intergenerational ACEs pose a higher risk for insecure parent-child bonding and participant wellbeing (Kostova & Matanova, 2024), (b) recurrent oppressive cycles exist in intergenerational health (DeGruy, 2005), and (c) the autonomic nervous system sensitizes social-emotional processes toward danger, including marginalized campus encounters (Kolacz et al., 2019). We conceptualized how intergenerational trauma transmission intersects with student lived experiences from collective, relational, systemic, and integrated perspectives (Goldstein et al., 2024; Ashworth et al., 2023).

Based on these important recognitions, the study results prompted our consideration of students' specific challenges on campus related to FI, EDs, CDs, and

FRs. First, intergenerational and historical trauma directly impact student encounters of diagnosis, treatment, and health accessibility. Despite this recognition, historical trauma-informed curricula and pedagogy are scarce in counseling (Howard, 2020). Moreover, the collective and ontological concerns (Neubauer et al., 2019) of individuals suffering from intergenerational trauma are not prioritized in Western culture, which instead favors individualism (Abrams, 2022). As mentioned in the study, inclusive diagnostic and treatment tools are slowly emerging in health and helping fields (Becker et al., 2019). However, these protocols do not always consider central systemic factors examined in this inquiry, such as intergenerational co-occurring disorders and FRs.

Second, the absence of cultural food traditions in ED, FI, and CDs treatment silences food essentiality in daily living (Strand, 2023). Because our study prioritized students' personal and ancestral FRs, findings amplified the richness embedded in cooking, planting, and eating rituals for participants. We discovered that communal and familial food habits lay a healing touch on intergenerational food trauma and must join other evidence-based treatments for EDs, CDs, FI, and FRs. Further, we acknowledged the startling impacts of ruptured soil connections (Sabar & Posner, 2013), intergenerational food withholding (Collinson & Macbeth, 2014) and oppressive food cycles (DeGruy, 2005) on student lived and campus experiences about EDs, CDs, FI, and FRs. Clinicians, medical professionals, counselor educators, and researchers should adopt therapeutic interventions that include collective food heritage and FRs.

Third, we developed reverence for the Indigenous understanding of trauma reverberations (Brave Heart & DeBruyn, 1998; Harrison, 2019) through our intersectional study constructs and student testimonies. Participants were our greatest teachers, emphasizing how ancestral trauma lives inside human recesses (Hogan, 2001) and manifests through disease, trauma, and relationships. Chickasaw author Hogan (2001) depicted historical trauma inhabitation within body chambers in a powerful excerpt that relates to our study:

> That was when I first began to know, really know that history, like geography, lives in the body and is marrow deep. History is our illness. It is recorded there, laid down along the tracks and pathways and synapses…those of us who walked out of genocide by some cast of fortune still struggle with the brokenness of our bodies and hearts. Terror, even now, for many of us, is remembered inside us, history present in our cells that came from our ancestor's cells, from bodies hated, removed, starved, and killed (p. 59).

While we humbly noted our positionalities within participant encounters (Romanyshyn, 2010), our regard for holistic and contextualized healing approaches (Thapa et al., 2024) expanded, as did our cultural humility upon receiving student stories.

In addition to these insights, we encountered several study limitations. First, we acknowledged the challenge of collecting sensitive data in an online format. Had we met with students in person, the interviews may have encompassed more depth.

Further, online synchronous interviews do not capture non-verbal expression or body language and therefore might have detracted from the holistic study scope. From an ethical perspective, we again considered the IRB's initial concern of re-traumatizing participants through recounting devastating experiences during interviews. We found Alessi and Kahn's (2022) trauma-informed qualitative research approach very helpful in addressing online safety, as it provides clear guidelines to promote the sanctuary and resilience of participants. Within this framework, the physical and relational safety of the interview environment is deliberately discussed and resolved collaboratively (Alessi & Kahn, 2022). We intend to utilize this method, in addition to other trauma-informed research protocols, in future inquiries that involve the examination of collective and individual traumas.

Second, the student-participants hailed from the same university where all researchers were affiliated. Interviewees may have hesitated to disclose personal experiences due to established professional and peer relationships with the authors, and this dynamic could have impacted the results. Future studies could therefore include heterogeneous populations that are unfamiliar to the researchers.

CONCLUSION

Future implications in counseling scholarship of CDs, EDs, FI, and FRs include more in depth study of several understudied topics that emerged as significant causal factors within this intersectionality, such as (a) the impact of COVID-19 on student health, FRs, and ACEs, (b) specific co-occurring disorders of (e.g. SUD, OCD, binge-eating disorder, and ADHD) that accompany intergenerational trauma, EDs, CDs, and FI, (c) sibling proximity to familial CDs, EDs, FI, and FRs, and (d) the impact of interpersonal violence on EDs, CDs, FI, and FRs (Strand, 2023). After gaining much insight about intergenerational FRs, I (first author) will apply the concept of ruptured soil connection (Sabar & Posner, 2013) to a future autoethnography about disrupted maternal-child food bonds in divorce.

Most importantly, we assert all counseling, health, and academic professionals must partake in conversations about intersected trauma, EDs, CDs, FI, and FRs. Participant testimonies personified institutional barriers of hierarchy, poor communication, lack of support, and inaccessible resources. We hope that our integration of polyvagal theory (Porges, 1955), trauma attachment theory (Kostova & Matanova, 2024), and PTSS (DeGruy, 2005) honors marginalized experiences (Keestra, 2023) and extends holistic theorization (Kolacz et al., 2019) into academia and treatment settings. Above all, scholarly implications, the student-participants modeled strength when sharing fragile, yet courageous encounters with us. We hold these sentiments close and as our research journey ends, we carry participants' essential truths forward (Neubauer et al., 2019) for the reader to witness their triumphs, tribulations, and wisdom.

REFERENCES

Alcaraz-Ibáñez, M., Sicilia, Á., & Paterna, A. (2019). Exploring the differentiated relationship between appearance and fitness-related social anxiety and the risk of eating disorders and depression in young adults. *Scandinavian Journal of Psychology, 60*(6), 569-576. https://doi.org/10.1111/sjop.12584

Alessi, E. & Kahn, S. (2022). Toward a trauma-informed qualitative research approach: Guidelines for ensuring the safety and promoting the resilience of research participants. *Qualitative Research in Psychology, 20*, 1-34. https://doi.org/10.1080/14780887.2022.2107967

Arikawa, A. Y., Ross, J., Wright, L., Elmore, M., Gonzalez, A. M., & Wallace, T. C. (2021). Results of an online survey about food insecurity and eating disorder behaviors administered to a volunteer sample of self-described LGBTQ+ young adults aged 18 to 35 years. *Journal of the Academy of Nutrition and Dietetics, 121*(7), 1231–1241. https://doi.org/10.1016/j.jand.2020.09.032

Ashworth, H., Lewis-O'Connor, A., Grossman, S., Brown, T., Elisseou, S., & Stoklosa, H. (2023). Trauma-informed care (TIC) best practices for improving patient care in the emergency department. *International Journal of Emergency Medicine, 16*(1), 38. https://doi.org/10.1186/s12245-023- 00509-w

Abrams, C.M., (2022). Ancestral Bonding: Autoethnography of a Holocaust Granddaughter. *Journal of Trauma Studies in Education, 1*(1), 47–68. Retrieved from https://journals.library.appstate.edu/index.php/JTSE/article/view/204

Barcelona, V., Huang, Y., Caceres, B. A., Newhall, K. P., Hui, Q., Cerdeña, J. P., Crusto, C. A., Sun, Y. V., & Taylor, J. Y. (2022). Experiences of trauma and DNA methylation profiles among African American mothers and children. *International Journal of Molecular Sciences, 23*(16), 8951. https://doi.org/10.3390/ijms23168951

Becker C. B. (2017). From efficacy to global impact: Lessons learned about what not to do in translating our research to reach. *Behavior Therapy, 48*(5), 718–730. https://doi.org/10.1016/j.beth.2016.12.007

Becker, C. B., Middlemass, K., Johnson, C., Taylor, B., Gomez, F., & Sutherland, A. (2018). Traumatic event exposure associated with increased food insecurity and eating disorder pathology. *Public Health Nutrition, 21*(16), 3058-3066. https://doi.org/10.1017/S1368980018001738

Becker, C. B., Middlemass, K. M., Gomez, F., & Martinez-Abrego, A. (2019). Eating disorder pathology among individuals living with food insecurity: A replication study. *Clinical Psychological Science, 7*(5), 1144-1158. https://doi.org/10.1177/2167702619851811

Bergner, R.M. (2007). Therapeutic storytelling revisited. *American Journal of Psychotherapy, 61,* 149-162. https://doi.org/10.1176/appi.psychotherapy.2007.61.2.149

Booth, A. T., Cloud, Z. C., Vuong, A., Von Doussa, H., Ralfs, C., & McIntosh, J. E. (2023). Child-reported family violence: A systematic review of available instruments. *Trauma, Violence, & Abuse, 25*(2), 1661–1679. https://doi.org/10.1177/15248380231194062

Boszormenyi-Nagy, I. (2014). *Foundations of contextual therapy: Collected papers of Ivan: collected papers Boszormenyi-Nagy*. Routledge.

Brave Heart, M.Y.H., & DeBruyn, L.M. (1998). The American Indian holocaust: Healing historical unresolved grief. *American Indian and Alaskan Native Mental Health Research, 8*(2), 56. https://doi.org/10.5820/aian.0802.1998.60

Calzo, J. P., Blashill, A. J., Brown, T. A., & Argenal, R. L. (2017). Eating disorders and disordered weight and shape control behaviors in sexual minority populations. *Current Psychiatry Reports, 19*(8), 49. https://doi.org/10.1007/s11920-017- 0801-y

Carrington, A., Dewar, S., Kinchin, I., Cadet-James, Y., & Tsey, K. (2019). A police-led community response to child abuse and youth sexual violence and abuse in Indigenous communities in Far North Queensland: "Speak Up. Be Strong. Be Heard.". *Child Abuse & Neglect, 98*, 104228. https://doi.org/10.1016/j.chiabu.2019.104228

Center for Disease Control, (2020). About the CDC Kaiser ACE Study. Retrieved from: https://www.cdc.gov/violenceprevention/aces/about.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2Fabout.html.

Cerdeña, J. P., Rivera, L. M., & Spak, J. M. (2021). Intergenerational trauma in Latinxs: A scoping review. *Social Science & Medicine, 270*, 113662. https://doi.org/10.1016/j.socscimed.2020.113662

Chilton, M., Knowles, M., Rabinowich, J., & Arnold, K. T. (2015). The relationship between childhood adversity and food insecurity: 'It's like a bird nesting in your head'. *Public Health Nutrition, 18*(14), 2643–2653. https://doi.org/10.1017/S1368980014003036

Christensen, K. A., Forbush, K. T., Richson, B. N., Thomeczek, M. L., Perko, V. L., Bjorlie, K., Christian, K., Ayres, J., Wildes, J. E., & Mildrum Chana, S. (2021). Food insecurity associated with elevated eating disorder symptoms, impairment, and eating disorder diagnoses in an American University student sample before and during the beginning of the COVID-19 pandemic. *International Journal of Eating Disorders, 54*(7), 1213–1223. https://doi.org/aurarialibrary.idm.oclc.org/10.1002/eat.23517

Collinson, P., & Macbeth, H. (2014). Food in zones of conflict: Cross- disciplinary perspectives. Berghahn Books.

Cooke, J. E., Racine, N., Pador, P., & Madigan, S. (2021). Maternal adverse childhood experiences and child behavior problems: A systematic review. *Pediatrics, 148*(3). https://doi.org/10.1542/peds.2020-044131

Creswell, J. W., & Creswell, J. D. (2017). Research design: Qualitative, quantitative, and mixed methods approaches. Sage Publications.

D'Arrigo, T. (2020). Eating disorders, OCD common comorbidities. *Psychiatric News, 55*(24) https://doi.org/10.1176/appi.pn.2020.11b18

Danieli, Y. (1998). Introduction: History and conceptual foundations. In Y. Danieli (Ed.), *International handbook of multigenerational legacies of trauma* (pp. 1-17). Plenum Press.

Dashorst, P., Mooren, T. M., Kleber, R. J., de Jong, P. J., & Huntjens, R. J. C. (2019). Intergenerational consequences of the Holocaust on offspring mental health: A systematic review of associated factors and mechanisms. *European Journal of Psychotraumatology, 10*(1), 1654065. https://doi.org/10.1080/20008198.2019.1654065

Day, S., Hay, P., Basten, C., Byrne, S., Dearden, A., Goldstein, M., Hannigan, A., Heruc, G., Houlihan, C., Roberts, M., Tannous, W. K., Thornton, C., Valentine, N., & Mitchison, D. (2024). Posttraumatic stress disorder (PTSD) and complex PTSD in eating disorder treatment-seekers: Prevalence and associations with symptom severity. *Journal of Traumatic Stress, 37*(4), 672-684. https://doi.org/10.1002/jts.23047

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

Dolan, C.M., & Bell, S. (2023). Historical trauma, health care distrust, and the legacy of Tuskegee: Implications for nurse practitioner practice and research. The *Journal for Nurse Practitioners, 20*(4), 104-910. https://doi.org/10.1016/j.nurpra.2023.104910

Driver, N., Tebbe, M., Burke, M., & Amin, N. S. (2023). Factors associated with food insecurity among Latinx/Hispanics in the U.S.: evidence from the Fragile Families & Childhood Wellbeing Study. *Ethnicity & Health, 28(*6), 942–955. https://doi.org/10.1080/13557858.2023.2176828

Eades, A., Hackett, M. L., Liu, H., Brown, A., Coffin, J., & Cass, A. (2020). Qualitative study of psychosocial factors impacting on Aboriginal Women's management of chronic disease. *International Journal for Equity in Health, 19*(1). https://doi.org/10.1186/s12939-019-1110-3

Eger, E. (2022). A Holocaust Survivor's Secret Sadness. *The Atlantic.* https://www.theatlantic.com/ideas/archive/2022/05/holocaust- auschwitz-survivor-trauma-impact/638428/

Espeleta, H. C., Brett, E. I., Ridings, L. E., Leavens, E. L. S., & Mullins, L. L. (2018). Childhood adversity and adult health-risk behaviors: Examining the roles of emotion dysregulation and urgency. *Child abuse & neglect, 82*, 92–101. https://doi.org/10.1016/j.chiabu.2018.05.027

Fielding, N. G., & Lee, R. M. (1998). *Computer analysis and qualitative research*. Sage Publications, Inc.

Figley, C. R. (1989). *Helping traumatized families*. Jossey-Bass.

Figley, C. R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Routledge.

Flanagan, N., Travers, A., Vallières, F., Hansen, M., Halpin, R., Sheaf, G., Rottmann, N., & Johnsen, A. T. (2020). Crossing borders: a systematic review identifying potential mechanisms of intergenerational trauma transmission in asylum-seeking and refugee families. *European Journal of Psychotraumatology, 11*(1), 1790283. https://doi.org/10.1080/20008198.2020.1790283

Ghosh, A. & Channarayapatna, S. (2024) Food memories and diaspora of culinary traditions: Echoes from voices of displacement in the rural scape of Dholavira, India, *Ethnoarchaeology, 16*(1), 100-125. https://doi.org/10.1080/19442890.2024.2338338

Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Sociology Press.

Goel, N. J., Jennings Mathis, K., Egbert, A. H., Petterway, F., Breithaupt, L., Eddy, K. T., Franko, D. L., & Graham, A. K. (2022). Accountability in promoting representation of historically marginalized racial and ethnic populations in the eating disorders field: A call to action. *The International Journal of Eating Disorders, 55*(4), 463–469. https://doi.org/10.1002/eat.23682

Goldstein, E., Chokshi, B., Melendez-Torres, G. J., Rios, A., Jelley, M., & Lewis-O'Connor, A. (2024). Effectiveness of trauma-informed care implementation in health care settings: Systematic review of reviews and realist synthesis. *The Permanente Journal, 28*(1), 135–150. https://doi.org/10.7812/TPP/23.127

Gordon, K. H., Brattole, M. M., Wingate, L. R., & Joiner, T. E., Jr. (2006). The impact of client race on clinician detection of eating disorders. *Behavior Therapy, 37*(4), 319-325. https://doi.org/10.1016/j.beth.2005.12.002

Harrison, S. (2019). "We need new stories": Trauma, storytelling, and the mapping of environmental justice in Linda Hogan's Solar Storms and Standing Rock. *American Indian Quarterly, 43*(1), 1-35. https://doi.org/10.5250/amerindiquar.43.1.0001

Henderson, Z., Acquaye-Doyle, L.A., Waites, S., & Howard, T. (2016). Putting principles into practice: Addressing historical trauma, mistrust, and apprehension in research methods courses. *Journal of Social Work Education, 52*(1), 69-78. http://dx.doi.org/10.1080/10437797.2016.1112631

Heneghan, A., Manitsa, I., Livanou, M., & Treasure, J. (2024). The experiences of having a sibling with an eating disorder: A systematic review of the literature. European *Eating Disorders Review, 32*(3), 382-403. https://doi.org/10.1002/erv.3051

Hirsch, M. (2012). *The generation of post memory: Writing and visual culture of the Holocaust*. Columbia University Press.

Hogan, L. (2001). The woman who watches over the world.: A Native memoir. W.W. Norton

Hook, J. N., Davis, D. E., Owen, J., Worthington, E. L., Jr., & Utsey, S. O. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counseling Psychology, 60*(3), 353–366. https://doi.org/10.1037/a0032595

hooks, B. (1992). *Black looks: Race and representation*. Between the Lines.

Hong, C. K. (2020). Post memory and the imaginative work of those who come after. *WSQ: Women's Studies Quarterly, 48*(1), 129-132. https://doi.org/10.1353/wsq.2020.0014

Isobel, S., Goodyear, M., Furness, T., & Foster, K. (2019). Preventing intergenerational trauma transmission: A critical interpretive synthesis. *Journal of Clinical Nursing, 28*(7-8), 1100-1113. https://doi.org/10.1111/jocn.14735

Iyengar, U., Kim, S., Martinez, S., Fonagy, P., & Strathearn, L. (2014). Unresolved trauma in mothers: intergenerational effects and the role of reorganization. *Frontiers in Psychology, 5*, 966. https://doi.org/10.3389/fpsyg.2014.00966

Jänig, W. (2006). Frontmatter. In *Integrative action of the autonomic nervous system: Neurobiology of homeostasis* (pp. I–iv). Cambridge University Press.

Kairuz, C. A., Casanelia, L. M., Bennett-Brook, K., Coombes, J., & Yadav, U. N. (2021). Impact of racism and discrimination on physical and mental health among Aboriginal and Torres Strait islander peoples living in Australia: A systematic scoping review. *BMC Public Health, 21*(1), 1302. https://doi.org/10.1186/s12889-021-11363-x

Kaiser, B.N., & Jo Weaver, L. (2019). Culture-bound syndromes, idioms of distress, and cultural concepts of distress: New directions for an old concept in psychological anthropology. *Transcultural Psychiatry, 56*(4), 589-598. https://doi.org/10.1177/136346151986270

Karlstad, J., Moe, C. F., Wattum, M., Adelsten Stokland, R., & Brinchmann, B. S. (2021). "Putting your own oxygen mask on first": A qualitative study of siblings of adults with anorexia or bulimia. *Journal of Eating Disorders, 9*(1), 1-83. https://doi.org/10.1186/s40337-021-00440-6

Katto, J. (2020). Liberating taste: Memories of war, food and cooking in Northern Mozambique. *Journal of Southern African Studies, 46*(5), 965–984. https://doi.org/10.1080/03057070.2020.1793518

Kaufman, J., Khan, M., Shepard Payne, J., Mancini, J., & Summers White, Y. (2023). Transgenerational inheritance and systemic racism in America. *Psychiatric Research and Clinical Practice, 5*(2), 60–73. https://doi.org/10.1176/appi.prcp.20220043

Keestra, M. (2023). Transgenerational trauma and worlded brains: an interdisciplinary perspective on 'post-traumatic slave syndrome. In Stephan Besser & Flora Lysen (eds.), Worlding the brain: *Interdisciplinary explorations in cognition and neuroculture* (pp. 63-81) Brill Publishers.

Kells, M.R., Davis, H.A., Patarinski, A.G.G., & Wildes, J.E. (2024). Trauma exposure proximity associated with eating disorders in women with food insecurity. *Appetite, 203*(1), https://doi.org/10.1016/j/appet.2024.107653

Kizilhan, J., Noll-Hussong, M., & Wenzel, T. (2021). Transgenerational transmission of trauma across three generations of Alevi Kurds. International Journal of Environmental *Research and Public Health, 19*(1), 81. https://doi.org/10.3390/ijerph19010081

Köhler-Dauner, F., Ziegenhain, U., Kipping, M., Mayer, I., Fegert, J. M., & Buchheim, A. (2023). Parenting during the COVID-19 pandemic: Insecure or unresolved attachment representation is a risk factor for harmful parenting behavior. *Family Relations, 72*(5), 2297–2317. https://doi.org/10.1111/fare.12925

Kolacz, J., Kovacic, K. K., & Porges, S. W. (2019). Traumatic stress and the autonomic brain-gut connection in development: Polyvagal Theory as an integrative framework for psychosocial and gastrointestinal pathology. Developmental *Psychobiology, 61*(5), 796–809. https://doi.org/10.1002/dev.21852

Kostova, Z., & Matanova, V. L. (2024). Transgenerational trauma and attachment. *Frontiers in Psychology, 15*, 1362561. https://doi.org/10.3389/fpsyg.2024.1362561

Lebovici, S. (1993). On intergenerational transmission: From filiation to affiliation. *Infant Mental Health Journal, 14*(4), 260–272. https://doi.org/10.1002/1097-0355

LeDoux, J. E. (2000). Emotion circuits in the brain. *Annual Review of Neuroscience*, 23, 155–184. https://doi.org/10.1146/annurev.neuro.23.1.155

Lee, H., Hübscher, M., Moseley, G. L., Kamper, S. J., Traeger, A. C., Mansell, G., & McAuley J. H. (2015). How does pain lead to disability? A systematic review and meta-analysis of mediation studies in people with back and neck pain. *Pain*, 156(6), 988–997. https://doi.org/10.1097/j.pain.0000000000000146

Leech, N. L., & Onwuegbuzie, A. J. (2007). An array of qualitative data analysis tools: A call for data analysis triangulation. *School Psychology Quarterly, 22*(4), 557–584. https://doi.org/10.1037/1045-3830.22.4.557

Leslie, C. E., Walsh, C. S., & Sullivan, T. N. (2023). Implications of intergenerational trauma: Associations between caregiver aces and child internalizing symptoms in an urban African American sample. *Psychological Trauma: Theory, Research, Practice, and Policy, 15*(5), 877–887. https://doi.org/10.1037/tra0001334

Loofbourrow, B. M., & Scherr, R. E. (2023). Food insecurity in higher education: A contemporary review of impacts and explorations of solutions. International *Journal of Environmental Research and Public Health, 20*(10). https://doi.org/10.3390/ijerph20105884

Ludick, M., & Figley, C. R. (2017). Toward a mechanism for secondary trauma induction and reduction: Reimagining a theory of secondary traumatic stress. *Traumatology, 23*(1), 112–123. https://doi.org/10.1037/trm0000096

Maon, I., Horesh, D., & Gvion, Y. (2020). Siblings of individuals with eating disorders: A review of the literature. *Frontiers in Psychiatry, 11*, 604. https://doi.org/10.3389/fpsyt.2020.00604

Markwick, A., Ansari, Z., Sullivan, M., Parsons, L., & McNeil, J. (2014). Inequalities in the social determinants of health of Aboriginal and Torres Strait Islander People: a cross-sectional population-based study in the Australian state of Victoria. *International Journal for Equity in Health, 13*(1), 91. https://doi.org/10.1186/s12939-014-0091-5

McLeod, J. (2010). *Case study research in counseling and psychotherapy*. SAGE Publications

Merriam, S.B. (1998) *Qualitative research and case study applications in education*. Jossey-Bass Publishers.

Mew, E. J., Nyhan, K., Bonumwezi, J. L., Blas, V., Gorman, H., Hennein, R., Quach, K., Shabanova, V., Hawley, N. L., & Lowe, S. R. (2022). Psychosocial family-level mediators in the intergenerational transmission of trauma: Protocol for a systematic review and meta-analysis. *PloS One, 17*(11), e0276753. https://doi.org/10.1371/journal.pone.0276753

Molendijk, M. L., Hoek, H. W., Brewerton, T. D., & Elzinga, B. M. (2017). Childhood maltreatment and eating disorder pathology: a systematic review and dose-response meta-analysis. *Psychological Medicine, 47*(8), 1402-1416. https://doi.org/10.1017/S0033291716003561

Moraes, C., McEachern, M. G., Gibbons, A., & Scullion, L. (2021). Understanding lived experiences of food insecurity through a paraliminality lens. *Sociology, 55*(6), 1169-1178, https://doi.org/10.1177/00380385211003450

Najavits, L.M. (2002). *Seeking safety: A treatment manual for PTSD and substance abuse.* Guilford Press.

Najavits, L. M. (2024). *Creating change: A past-focused treatment for trauma and addiction*. Guilford Press.

Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on Medical Education, 8*(2), 90–97. https://doi.org/10.1007/s40037-019-0509-2

Payne, H., & Brooks, S. D. (2019). Medically unexplained symptoms and attachment theory: The BodyMind Approach®. *Frontiers in Psychology, 10*, Article 1818. https://doi.org/10.3389/fpsyg.2019.01818

Penchansky, R., & Thomas, J. W. (1981). The concept of access: definition and relationship to consumer satisfaction. *Medical Care, 19*(2), 127–140. https://doi.org/10.1097/00005650-198102000-00001

Porges S. W. (1995). Orienting in a defensive world: mammalian modifications of our evolutionary heritage. A polyvagal theory. *Psychophysiology, 32*(4), 301–318. https://doi.org/10.1111/j.1469-8986.1995.tb01213.x

Qeadan, F., English, K., Luke, A., & Egbert, J. (2023). Eating disorders and substance use: Examining associations among US college students. *The International Journal of Eating Disorders, 56*(5), 956-968. https://doi.org/10.1002/eat.23892

Robinson, L. D., & Deane, F. P. (2022). Substance use disorder and anxiety, depression, eating disorder, PTSD, and phobia comorbidities among individuals attending residential substance use treatment settings. *Journal of Dual Diagnosis, 18*(3), 165-176. https://doi.org/10.1080/15504263.2022.2090648

Romanyshyn, R. D. (2010). The wounded researcher: Making a place for unconscious dynamics in the research process. *The Humanistic Psychologist, 38*(4), 275–304. https://doi.org/10.1080/08873267.2010.523282

Sabar, G., & Posner, R. (2013). Remembering the past and constructing the future over a communal plate: Restaurants established by African asylum seekers in Tel Aviv. *Food, Culture & Society, 16*(2), 197–222. https://doi.org/10.2752/175174413X13589681351692

Sagi-Schwartz, A., van IJzendoorn, M. H., & Bakermans-Kranenburg, M. J. (2008). Does intergenerational transmission of trauma skip a generation? No meta analytic evidence for tertiary traumatization with third generation of Holocaust survivors. *Attachment & Human Development, 10*(2), 105–121. https://doi.org/10.1080/14616730802113661

Schafte, K., & Bruna, S. (2023). The influence of intergenerational trauma on epigenetics and obesity in Indigenous populations - a scoping review. *Epigenetics, 18*(1). https://doi.org/10.1080/15592294.2023.2260218

Schore A. N. (2009). Relational trauma and the developing right brain: An interface of psychoanalytic self-psychology and neuroscience. *Annals of the New York Academy of Sciences, 1159*, 189–203. https://doi.org/10.1111/j.1749-6632.2009.04474.x

Sindler, AJ, Wellman, NS, Stier, OB. Holocaust survivors report long-term effects on attitudes toward food. *Journal of Nutrition Education and Behavior, 36*(4), 189-196. 10.1016/S1499-4046(06)60233-9

Shrout, M. R., & Weigel, D. J. (2022). The impact of concealable chronic health conditions on college students' academic outcomes: A two wave study. *Journal of Health Psychology, 27*(12), 2860–2872. https://doi.org/10.1177/13591053211068111

Sonneville, K. R., & Lipson, S. K. (2018). Disparities in eating disorder diagnosis and treatment according to weight status, race/ethnicity, socioeconomic background, and sex among college students. *The International Journal of Eating Disorders, 51*(6), 518–526. https://doi.org/10.1002/eat.22846

Starrs, C. J., & Békés, V. (2024). Historical intergenerational trauma transmission model: A comprehensive framework of family and offspring processes of transgenerational trauma. *Traumatology*. Advance online publication. https://doi.org/10.1037/trm0000505

Strand M. (2023). Food and trauma: Anthropologies of memory and post memory. Culture, *Medicine and Psychiatry, 47*(2), 466–494. https://doi.org/10.1007/s11013-022-09785-2

Sugarman, D. E., Meyer, L. E., Reilly, M. E., King, B. R., Dechant, E., Weigel, T., Tarbox, P., & Greenfield, S. F. (2020). The women's recovery group for individuals with co-occurring substance use and eating disorders: Feasibility and satisfaction in a residential eating disorders program. *Alcoholism Treatment Quarterly, 38*(4), 446-456. https://doi.org/10.1080/07347324.2020.1746213

Sutton, D. (2008). A tale of Easter ovens: Food and collective memory. Social Research: *The International Quarterly, 75* (1): 157–180. https://doi.org/10.1353/sor.2008.0056

Talmon, A., & Tsur, N. (2023). Intergenerational transmission of childhood maltreatment and eating disorder behaviors: Shedding light on the mother-daughter dyad and grandmother-mother-daughter triad. *European Psychiatry, 66*(S1), S521–S522. https://doi.org/10.1192/j.eurpsy.2023.1107

Testa, A., & Jackson, D. B. (2020). Adverse childhood experiences and food insecurity in adulthood: Evidence from the National Longitudinal Study of adolescent to Adult Health. *Journal of Adolescent Health, 67*(2), 218–224. https://doi.org/10.1016/j.jadohealth.2020.02.002

Thapa, S., Ahmed, K. Y., & Ross, A. G. (2023). Beyond statistics: health inequities in rural and remote communities of Australia. *The Lancet Public Health, 8*(11), e834. https://doi.org/10.1016/S2468-2667(23)00246-3

Thapa, S., Gibbs, P., Ross, N., Newman, J., Allan, J., Dalton, H., Mahmood, S., Kalinna, B. H., & Ross, A. G. (2024). Are adverse childhood experiences (ACEs) the root cause of the Aboriginal health gap in Australia? *BMJ Global Health, 9*(3), e014901. https://doi.org/10.1136/bmjgh-2023-014901

Trottier, K. & MacDonald, D.E. (2017). Update on psychological trauma, other severe adverse experiences and eating disorders: State of the research and future research directions. *Current Psychiatry Rep, 19*, 45. https://doi.org/10.1007/s11920-017-0806-6

Tyner, J. A., & Rice, S. (2015). To live and let die: Food, famine, and administrative violence in democratic Kampuchea, 1975–1979. *Political Geography, 48,*1–10. http://dx.doi.org/10.1016/j.polgeo.2015.05.004

Ullah, H., Ahmed, H., Tharwani, Z. H., Shaeen, S. K., Rahmat, Z. S., & Essar, M. Y. (2023). Intergenerational trauma: A silent contributor to mental health deterioration in Afghanistan. *Brain and Behavior, 13*(4). https://doi.org/10.1002/brb3.2905

van der Kolk, B. A., Roth, S., Pelcovitz, D., Sunday, S., and Spinazzola, J. (2005). Disorders of extreme stress: The empirical foundation of a complex adaptation to trauma. *Journal of Traumatic Stress, 18,* 389–399. https://doi.org/10.1002/jts.20047

van der Kolk, B. (2014). *The body keeps the score: mind, brain and body in the transformation of trauma*. Penguin UK.

van Ijzendoorn, M. H., & Makino, N. (2023). In defense of unresolved attachment: re-modelling intergenerational transmission of attachment. *Attachment & Human Development, 25*(2), 311–321. https://doi.org/10.1080/14616734.2023.2187851

van Manen, M. (1990). *Researching lived experience*. State University of New York Press.

Williamson, L. M., Baird, L., Tsey, K., Cadet-James, Y., Whiteside, M., Hunt, N., & Lovett, R. (2023). Exposure to the Family Wellbeing program and associations with empowerment, health, family and cultural wellbeing outcomes for Aboriginal and Torres Strait Islander peoples: a cross- sectional analysis. *BMC Public Health, 23*(1), 1569. https://doi.org/10.1186/s12889-023-16450-9

Wolynn, M. (2017). *It didn't start with you: How inherited family trauma shapes who we are and how to end the cycle*. Penguin Books.

Yehuda, R., & Lehrner, A. (2018). Intergenerational transmission of trauma effects: putative role of epigenetic mechanisms. *World Psychiatry, 17*(3), 243–257. https://doi.org/10.1002/wps.20568

Yin, R. K. (2018). *Case study research and applications: Design and methods* (6th ed.). SAGE Publications.

Zerach, G., Horesh, D., Solomon, Z., & Ein-Dor, T. (2013). Family cohesion and posttraumatic intrusion and avoidance among War veterans: A 20-year longitudinal study. *Social Psychiatry and Psychiatric Epidemiology, 48*(2), 205–214.https://doi.org/10.1007/s00127-012-0541-6

Zerach, G., & Milevsky, A. (2022). "Brothers in Arms": Secondary traumatization and sibling relationship quality among siblings of combat veterans. *Journal of Interpersonal Violence, 37*(5-6), 1985–2010. https://doi.org/10.1177/0886260520936364

Zhao, Y., Li, S. Q., Wilson, T., & Burgess, C. P. (2022). Improved life expectancy for Indigenous and non-Indigenous people in the Northern Territory, 1999- 2018: overall and by underlying cause of death. *The Medical Journal of Australia, 217*(1), 30–35. https://doi.org/10.5694/mja2.51553

Ziobrowski, H. N., Buka, S. L., Austin, S. B., Duncan, A. E., Simone, M., Sullivan,

A. J., Horton, N. J., & Field, A. E. (2021). Child and adolescent maltreatment patterns and risk of eating disorder behaviors developing in young adulthood. *Child Abuse & Neglect, 120,* 105225. https://doi.org/10.1016/j.chiabu.2021.105225

Zohar, A. H., Giladi, L., & Givati, T. (2007). Holocaust exposure and disordered eating: a study of multi-generational transmission. *European Eating Disorders Review: The Professional Journal of the Eating Disorders Association, 15*(1), 50-57. https://doi.org/10.1002/erv.730

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