

Trauma and resilience: The relocation experiences of Haitian women earthquake survivors

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BOSTON COLLEGE
Graduate School of Social Work

TRAUMA AND RESILIENCE: THE RELOCATION EXPERIENCES OF
HAITIAN WOMEN EARTHQUAKE SURVIVORS

A dissertation
by
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Abstract

In January 2010, Haiti experienced a phenomenon no living Haitian had ever known. A devastating earthquake of 7.0 magnitude ravaged the already destitute island nation, killing over 230,000, leaving over one million living in tent cities or open spaces, and affecting millions of Haitians on the island and in the diasporas. This study examines the trauma and resilience of women who survived Haiti's 2010 earthquake and relocated to Boston, MA.

A phenomenological qualitative design was used in this research in which 1-2 hour in-depth interviews were conducted with eight Haitian women who were living in Haiti and directly experienced the effects of earthquake. They all subsequently sought refuge from the destruction and chaos by coming to the U.S. This research aimed 1) to discover the culturally specific ways Haitian women survivors respond to trauma and exhibit resilience in the aftermath of a natural disaster and 2) to determine the factors that effect adjustment and wellbeing for Haitian women survivors in Boston. This inquiry was guided and informed by ecological resilience theory.

A linguistically and culturally competent research team was formed in order to conduct the study in Haitian Creole, transcribe the narrative data, thematically code and analyze the data in the original language, and then provide clear translations that capture the meaning of the participants' narratives. Findings revealed that barriers such as unresolved legal status, financial stress, empathic stress, and family separation, threatened successful adaptation to their new reality. Ecological factors such as supports from friends, family and community organizations were found to promote resilience in the women survivors.

Cultural values promoting connections to Haiti, the power of women, education, and spirituality, also served as motivating factors for acclimating to their relocation.

The findings of this study suggest that social workers serving the relocated victims of the recent Haitian earthquake recognize that the stress of family separation and the legal challenges of immigration are major factors affecting the resilience of this population.

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Chapter I
Introduction

Introduction

This study is a qualitative inquiry into the experiences of women who survived the devastating January 2010 earthquake in Haiti and subsequently relocated to Boston, MA. The first chapter provides a brief historical overview and background of Haiti and Haitian's migration to the U.S. Following the social work framework for understanding Haitian immigrants discussed by Pierce and Elisme (1997), the history will be followed by a review of the waves of migration, and key cultural values and beliefs. A discussion about Haitian immigrants in Massachusetts is also included here to provide additional context of this study and the sample population. Chapter Two includes a review of the literature on the psychological and social effects of earthquakes along with a review of literature concerning the mental health of Haitians in America. The underlying theoretical perspective for the study will also be discussed. Chapter Two concludes with the research aim and questions to be addressed in this study.

Haiti is located in the Caribbean Sea, on the island of Hispaniola, sharing borders with the Dominican Republic. The island has been plagued by devastating hurricanes and tropical storms. Hurricanes Gordon (1994); George (1998); Jeanne (2004); and Gustav, Hanna, and Ike (2008) were among some of the most powerful in recent history. Each hurricane has contributed to the erosion of the mountainous landscape and the destruction of the frail housing and poor roads. The damage sustained by the Haitian people went far beyond their streets and homes. Loss of life, injury, and the destruction of economic structures also accompanied these devastating natural disasters. Nevertheless, the Haitian people continued to endure. They continued to rebuild homes, fight for political self-determination, and raise families.

On January 12th 2010, the Haitian people experienced the greatest natural disaster to ever strike the island. A massive earthquake (7.0) with equally powerful aftershocks took the residents completely by surprise. Unlike the rising winds and darkening skies of the habitual hurricane, the earth shook without warning. It was an experience no living Haitian had ever known or imagined in his or her homeland.

Purpose of the Study

Haitians, including Haitian-Americans, are an under-researched population. A search of the current scholarly research on the Haitian population reveals a focus on HIV/AIDS, political discord, and voodoo cultural practices. In recent years researchers have shown an interest in transnationalism, cultural identity and immigration (Betty, 2007). However, very little has been published in the scholarly literature about how Haitian people on the island or in the Diaspora view mental health or utilize services (Nicolas et. al., 2007).

While identifying the tumultuous history and present circumstances of Haitians, researchers have not yet focused adequately on the mental health challenges faced by this group of people (Nicolas, Desilva, Prater, & Bronkoski, 2009). There is a noticeable void, especially in relation to the complex relationship between Haiti's history of traumatic social and political events and its peoples' ability to emerge with resiliency and coping (Desrosiers & St. Fleurose, 2002). The poverty, political and social unrest, and natural disasters in the form of powerful hurricanes have already inflicted layers of trauma to individual Haitians and to the collective sense of being. It is well established that trauma tends to be compounded by additional stressors (Herman, 1997). The absence of psycho-social interventions after a stressor creates increased vulnerability to those affected.

This research focuses specifically on the experiences of Haitian women who survived the January 2010 earthquake and relocated to Boston, MA. It examines the ways in which these women conceptualize their experiences of trauma and loss and seeks to identify the social and psychological factors that promote or hinder resilience and adaptation in relocated Haitian women survivors. Women are often the caregivers of children, elderly, and others in need. This role is a source of power and authority for them (Seligman, 1977). Women in Haitian culture are honored for their sacrifice of self for their husbands, children, and families, and are considered the pillar of the community (N'Zengou-Tayo, 1998). Hence, their connections to their families and communities are often a major source of their identities (Zephir, 1996). Understanding the wellness and strengths of Haitian women may tell us much about the wellness of the Haitian community.

Significance of the Study

The January 2010 earthquake destroyed much of the political infrastructure in Haiti's capital city, Port-au-Prince. The death toll is estimated to be approximately 300,000 people, with an additional 300,000 persons who were injured (Schininà, Hson, Ataya, Dieuveut, & Salem, 2010). It is not known how many bodies have not been recovered nor is there an account of who has been buried in mass graves on the outskirts of Port-au-Prince. Unbearable living conditions prompted many of those who were able to leave the country in search of refuge and stability. With the third largest population of Haitian immigrants in the U.S., Massachusetts was one of the places Haitian earthquake survivors relocated.

While the international community responded with aid for food and infrastructure, those who survived the earthquake will require social work interventions as well. The social and psychological wellbeing of the survivors will need to be attended to in culturally

appropriate ways in order for the country to move forward. The magnitude of such a traumatic event will likely produce greater incidents of psychological disorders such as acute stress disorder (ASD), posttraumatic stress disorder (PTSD) and depression. The psychological trauma of surviving a disaster, losing loved ones, as well as devastating health impacts will require coordinated mental health responses in addition to the physical aid (Ivers & Cullen, 2010). Furthermore, the experience of relocating as a result of the disaster will require targeted interventions and resource mobilization.

As social workers begin to address the mental health needs of survivors of the Haitian earthquake, it is vital that we understand how the language and word choices are developing to explain this phenomenon. The word earthquake was not a part of the everyday vocabulary of the Haitian people. Furthermore, psychiatric terms or discussion of mental health are not common in Haitian culture. Mental illness is routinely lumped as “crazy” (Desrosiers & St. Fleurose, 2002, p. 514). In the aftermath of the earthquake, many Haitians are being introduced to certain psychological jargon for the first time. At the same time, they are developing their own words and ways to describe the horrors of their experiences. Practitioners must participate in both teaching and learning, sharing a new understanding of mental health in the Haitian population.

The need for this information is not expected to decrease in the near future. Rather it will increase. As more time passes, the incidence of post-traumatic stress symptoms will be greater. Definitions of PTSD in this population will be determined by recognizing the symptoms that persist over time and cause difficulty in daily functioning. There is a growing need to design training and professional development for social workers and other professionals who will serve this population. Even those who may lack linguistic capacity to

work one-on-one with Haitian clients will need to gain competency in how to work in partnership and collaboration to meet the complex needs of these clients. Social workers will need to design appropriate programs and interventions and discover ways to access the target population. Funders will need to understand the need to support organizations that can provide culturally specific interventions.

There is a gap in the scholarly literature on mental health in the Haitian population. This study contributes to the existing body of literature related to disaster mental health symptoms and intervention methods internationally. This also furthers the knowledge base concerning how relocated survivors utilize supports in a new community to cope with traumatic losses endured in their homeland. As research with the populations grows, there will be greater benefits for the Haitian immigrants seeking social work interventions. This study contributes to our knowledge of Haitian women's strengths and needs for future social work interventions in Haiti and countries where Haitian earthquake survivors are seeking refuge.

Understanding Haitian Immigrants

Pierce and Elisme (1997) offered a social work framework to understanding Haitian immigrant families. The key components to working with this population are:

- An understanding of Haiti's history and culture
- A familiarity with the migration patterns characteristic of Haitian immigrants
- A comprehension of the migration or relocation experiences typical to these families

The authors analyzed how these factors impact the social interactions and functioning of the various waves of Haitian immigrants to the U.S. This framework accounts for ecological

factors as determinants of resilience as described in the present study. Haiti's history and culture have had a powerful impact on how the people continue to survive despite adversity. The experiences of those who have come to the United States have been marred by discrimination, but persistence is evident. Pierce and Elisme's framework is used here to denote the legacy of resiliency in Haitian immigrants.

Understanding Haiti's history. Haiti became the first Black independent nation in the Americas when slaves successfully revolted against a larger, more organized French army in 1804. The islanders, made up of indigenous peoples and enslaved Africans, began to govern themselves as a democracy. The Haitian revolution (1791-1804) and its successful overthrow of French imperialists was an early contribution to the idea of universal human rights. The goal of the revolution was to declare all Haitians free and equal regardless of race, wealth, or skin color (Knight, 2005). The United States, failed to embrace the new nation due to a conflict of interest; everyone in Haiti would be welcomed as free and equal (Nettleford, 2006). Yet, slavery was a driving economic force in the United States and in other countries with slave interests in the Caribbean.

After gaining independence, the newly freed Haitians now had to develop their own political structure and establish an economic system. This proved to be a difficult undertaking. The economy went from slave run plantations to freed people farming on small plots of land. Europeans and North Americans were hesitant to support the economic growth of free Blacks (Nettleford, 2006). The wealth of Haiti was tied to the plantation and slave labor system for sugar exports (Fatton, 2006). Hence, that wealth could not be maintained. Haiti, the former French colony of San Domingue, was once the richest colony in the world; but France, Britain, and the United States imposed embargos that soon relegated it to the

poorest (Reinhard, 2005). Reinhard argues that the very thought of a successful slave revolt, resulting in an independent nation of free Black people challenged the world-view of the Europeans and U.S. white supremacy. Acknowledging Haiti as an independent nation would only insight more slave revolts as word of the successful revolt spread to other slave colonies.

The political structure of the small island nation has remained unstable over the years. Dictatorships and coups routinely created chaos and civil unrest. In the mist of such political and social turmoil, the economy declined, relegating Haiti to the poorest nation in the western hemisphere (The World Fact Book, CIA, 2010; World Bank Haiti Country Brief, 2010). The U.S. occupation of Haiti from 1915 until 1934 did little to change the political, social, or economic landscape of Haiti.

One of the most infamous eras in Haiti's history was the reign of the Duvaliers. In 1956, Francois "Papa Doc" Duvalier, a former physician, assumed presidency of Haiti. He declared himself president for life. As supreme dictator, he ruled Haiti with military force that restricted the human rights of the people. When Papa Doc died in 1971, his son Jean-Claude "Baby Doc" Duvalier became the new president for life. Baby Doc ruled over Haiti until 1986 when military uprisings and civil unrest caused him to flee Haiti for refuge in France.

Haiti did not elect a president through a democratic process until the 1990 election of president Jean-Bertrand Aristide. Aristide, a Catholic priest, was favored for his compassion for the plight of the poor. Nevertheless, military coups, popular to the Haitian political scene, ended this presidency. The United Nations Stabilization Mission in Haiti (MINUSTAH) arrived in Haiti to provide the fragile nation with security after Aristide was

removed from power again in 2004. The one-year mission remains today (Jean-François, 2009).

When the 2010 earthquake struck Haiti, the political structure fractured much like the presidential palace and most of the government and social infrastructure in the capital city, Port-au-Prince. René Preval's presidency essentially ended when the earthquake hit, literally unable to rule amidst the rubble. Preval had twice been elected president, flanking Aristide's disrupted tenure. A year after the devastating earthquake, Haitians elected musician turned politician, Michel Martelly as president. Yet, two years since that fated January day, little has changed in the plight of the Haitian people. Half a million people still sleep out doors in makeshift tents as they wait for change (Daniel, 2012). As a result, security remains a concern for the people (Lee, 2012). Those who could find a way to leave the devastation for more secure lives have left home not knowing if or when Haiti will be stable enough to return.

The following timeline points out some key events in Haiti's political past to date.

- 1804 Haiti becomes the first independent nation of free Blacks in the Americas.
Jean-Jacques Dessalines becomes the first ruler until he is assassinated in 1806.
- 1838 Haiti is recognized as independent by committing to pay France remunerations.
- 1915 U.S. invades Haiti, occupying it until 1934.
- 1956 Physician Francois Duvalier, known as "Papa Doc", assumes dictatorship of Haiti.
- 1971 Papa Doc dies. He is succeeded by his 19 year old son Jean-Claude (Baby Doc) Duvalier.
- 1986 Baby Doc flees to France amidst social and political commotion.

- 1988 Leslie Manigat becomes Haiti's president. He is ultimately removed by a military coup.
- 1990 Priest Jean-Bertrand Aristide becomes Haiti's first democratically elected president.
- 1991 Aristide flees Haiti as a Military regime seizes power by a coup.
- 1994 Aristide returns to power with the assistance of the U.N. and U.S.
- 1996 Rene Preval is elected president of Haiti.
- 2000 Aristide is elected as president for a second time.
- 2003 Voodoo is recognized as a religion.
- 2004 Severe storms and floods plague Haiti. Aristide is forced into exile. U.N. peacekeepers arrive in Haiti.
- 2006 Preval is elected to power once again.
- 2008 Severe hurricanes repeatedly batter the island.
- 2010 A massive 7.0 earthquake hits Haiti's capital city and surrounding towns. Outbreak of cholera strikes the vulnerable population.
- 2011 Singer/ entertainer Michel Martelly is elected president of Haiti.

Currently, Haiti remains under reconstruction. The U.N. continues to have a presence there as well. Thousands of NGOs operate in Haiti, yet Haitians continue to struggle socially and economically, fueling the Haiti's worldwide recognition as a country unable to prosper on its own (Bellegarde-Smith, 2011).

The history of Haiti is one of great triumph and dire circumstance. Yet many scholars argue that racial politics have kept Haiti's great history silenced around the world (Asante,

2011; Shilliam, 2008; Nettleford, 2006; Reinhart, 2005). These authors argue that U.S., French, and Canadian interests in Haiti has only created an imperialistic hold on the small island country. The view of the Haitian nation as inferior has even been adopted by other Caribbean nations (Smith, 2005). The popular depiction of Haiti is that of the poorest country in the western hemisphere and a country of depleted resources (Reinhart, 2005). Yet, Haitians are also seen as the ever-resilient people who continue to go about the daily chores of life despite economic, social, and political chaos (Bellegarde-Smith, 2011). Haitians continue to pass on their history of being valiant warriors through the oral tradition. This has helped create an individual and collective Haitian identity of courageous and persistent fighters.

Haitian migration patterns to the U.S. A congressional research report to the U.S. Congress estimated that 523,000 Haitian immigrants were living in the United States (Wasem, 2010). Yet, according to Cantave (2010), there are approximately two million Haitian and Haitian Americans living in the U.S. The latter number includes legal immigrants, the undocumented, and those who identify as being of Haitian descent. “It is estimated that more than half of the Haitians who entered with nonimmigrant visas stayed in the United States” (Cantave, 2010, P. 111). Non-immigrant visas are those issued for travel, not long-term immigration to the U.S. The number of illegal immigrants makes it difficult to know the actual number of Haitians living in the U.S.

The migration of Haitians to the U.S. has been largely due to political unrest, immense poverty and lack of opportunities. St. Louis (2011) identified six waves of migrations of Haitians to the U.S. Each wave corresponded with political, social, and economic strife:

- Wave 1 (1951): The reign of Francois “Papa Doc” Duvalier

- Wave 2 (1971-1986): The reign of Jean-Claude “Baby Doc” Duvalier
- Wave 3 (1986-1990): Repeated military coups and political unrest
- Wave 4 (1991-1994): Jean-Bertrand Aristide’s period of exile
- Wave 5 (2004-2008): Consecutive storms, hurricanes and massive flooding
- Wave 6 (2010-present): The January 12, 2010 earthquake

Haitians had migrated to the United States in smaller numbers before these large waves of migration. The Haitians who arrived during the U.S. occupation of Haiti (1915-1934) generally assimilated into Black society, while those who came later had the tendency to hold their ethnic Haitian identity (Pierce & Elisme, 1997). Beginning in the late 1950’s, during the presidency of François Duvalier, known as “Papa Doc”, many Haitians fled Haiti in search of political asylum in the U.S. These immigrants were members of the upper and middle class Haitian population. They left Haiti as exiles or because they feared the harsh rule of the Duvalier regime. These immigrants were more easily able to move from entry-level positions to higher level ones over time because of their education and means (Boswell, 1982). This flight of the educated class created a drain of professionals and potential leaders in Haiti.

When Papa Doc’s son, Jean-Claude Duvalier, known as “Baby Doc”, succeeded his father in 1971, the economic and political conditions in Haiti did not improve. This time, more blue-collar workers Haitians left the country (Boswell, 1982). The 1970’s were a period of economic hardship in the U.S. The influx of Haitian migrants was also seen as threatening the jobs of struggling U.S. workers (Schiller, et al., 1987). These factors made adaptation to American society increasingly difficult for Haitian immigrants.

In the 1980's, thousands of Haitians representing the peasant class or blue-collar workers attempted to enter the U.S. as undocumented "boat people" (Portes and Grosfoguel, 1994). These were people who could not afford the costs to obtain legal entrance into the U.S. Denied political asylum, the majority was routinely turned away as economic, rather than political, refugees. Even those who did find means of legal immigration faced stigma and discrimination as "boat people" and "AIDS carriers" (Schiller et al., 1987; Santana and Dancy, 2000).

When Haitians elected what is recognized as their first democratically elected president in 1991, there was new hope for democracy. President Jean-Bertrand Aristide took power, only to be forced out by a military coup. This marked the fourth, massive wave of Haitians migrating to the U.S. Haitians continued to migrate to the U.S. during the 1990's and 2000's. Many of these immigrants felt stirred to leave Haiti because of unstable governments and increased poverty on the island. A fifth wave of immigration was in response to natural disasters in the form of hurricanes and floods that threatened life and property of the Haitian people. They came to join family and friends that were already settled in areas such as Florida, New York, and Massachusetts. These immigrants generally entered this country legally and were able to attend school, raise families, and participate in the workforce.

Today, Michel Martelly is president in the earthquake-devastated Haiti. The presidential palace, symbol of a country's political heart, remains in ruin. The earthquake sparked the sixth and current wave of Haitian migration to the U.S. Haitians again have sought to leave Haiti amidst the social and economic devastation and political uncertainties. With more secure U.S. borders, the vast majority of Haitians who are now entering the

United States are those who hold some type of visa and have the legal authority to do so. Most of the earthquake survivors used their own financial resources to enter the United States. They were again, not given refugee status.

According to the U.S. Department of State, Bureau of Consular Affairs, during fiscal year 2010, there were 15,887 Immigrant Visas granted to Haitians (Bureau of Consular Affairs). The majority of these applicants comprise of those whose immediate family members are U.S. citizens or legal permanent residents (LPR) and applied for them. This application requires that the family member sign an affidavit of support indicating financial responsibility for the new immigrant. Additionally, 23,970 Nonimmigrant or temporary visas were issued to Haitians during the 2010 fiscal year. For those who came to the U.S. on temporary visas or travel visas, failure to return to Haiti upon expiration would create a new wave of illegal Haitian immigrants. With Haiti's slow reconstruction, there may be a greater number of people choosing to stay despite having expired visas. That remains to be seen.

Haitian migration experiences in Massachusetts. This study looked at the experiences of Haitian women who relocated to Boston, MA after the 2010 earthquake. According to a report from the Boston Redevelopment Authority (BRA) there were over 41,000 Haitians residing in Massachusetts in 2007, making it home to the third largest group of Haitian Americans in the U.S. More than 14,000 Haitians live in the city of Boston alone (BRA, 2009). Haitians make up the largest share of Boston's foreign-born population, and are about 14% of the Black population (Cantave, 2010). The number of undocumented Haitian immigrants living in Massachusetts is not known.

According to the BRA, 35% of Boston Haitians do not hold a high school degree. However, 25% have completed high school, with an additional 28% having attended some

college. The number of Boston Haitians who have completed a bachelor's degree or higher is relatively low, 11% and 3% respectively. Haitian immigrants in Boston are found working mostly in sales, administrative support, and health care support occupations. Haitians in Boston are also self-employed with Haitian owned businesses contributing more than \$18 million to the gross state product (BRA 2009).

While Boston's Haitian immigrant population are actively engaged in the workforce, they also reportedly send approximately \$11.1 million to Haiti. This money is used to support their families still residing there. It also provides educational support for children who likely would not be educated due to immense poverty in Haiti. While making these financial sacrifices for family in Haiti, Boston Haitian immigrants continue to have a low standard of living, with less than a quarter of Haitians considered to be middle class. Lack of English proficiency and low educational attainments have been noted as some contributors to low living standards of Boston Haitian immigrants (BRA, 2009).

Many Haitian earthquake survivors have come to the Boston area where they have family or social ties. In the immediate aftermath of the earthquake many Haitians fled Haiti. Being home to the third largest concentration of Haitian immigrants, many survivors came to Boston. The reality of the Boston Haitian community is that they struggle economically in low wage jobs. Yet, they have become hosts to family members who were made desperate by the post-earthquake conditions in Haiti. Strong family values and ties to Haiti helped the Boston Haitian community open their homes to this new wave of immigrants. The present study was conducted with eight women who themselves relocated to Boston without much preparation and are now relying on the financial support of others. The new wave of immigrants will have long-term effects for Boston Haitians.

Understanding Haitian culture and values. Pierce and Elisme's (1997) framework for understanding and working with Haitian immigrants includes understanding the culture and values that are prevalent among Haitians. The Haitian people have a rich culture that includes language, art, music, oral tradition, and folklore. Haitian culture, and its role in the adaptation of Haitian earthquake survivors, was examined in the present study. Elements of Haitian culture are expected to serve as supportive factors to relocated Haitian women earthquake survivors.

Dudley-Grant and Etheridge (2008) wrote about cultural responses to disasters in Caribbean Blacks. Key values that affect these groups of Caribbean people in the U.S. include: extended family; work ethic; multiculturalism and experiences with racism; education; spirituality; respect; ancestors and elders; community; disaster as a result of negative actions; and creativity. Gopaul-McNicol, Benjamin-Dartigue, and Francois (1998) also identify family, language, education, and religion as important cultural factors in the lives of Haitians specifically.

Family, including extended family, has an important role in helping socialize new immigrants to life in the U.S. (Pierce and Elisme, 1997). Among Haitians, family can also include godparents, godchildren, friends and neighbors (Laguerre, 1984). These networks often help facilitate the financial assistance necessary for individuals to come to the U.S., assist in finding jobs and housing for the newcomer, and help in the social adaptation (Portes & Stepick, 1985; Stepick & Portes, 1986). According to Shaw (2008) having extended definitions of family helps reduce some of the pressure that occurs when nuclear families separate and immigrants encounter problems during the relocation and adaptation process. Family and friendship networks in the U.S. also provide an important cultural balance with

those newly emigrating from Haiti. While new immigrants need to adapt to the language and systems of the U.S., there continues to be a strong sense of ethnic pride and solidarity with the homeland (Laguerre, 1984).

Haitians also have a strong sense of national identity and ethnic pride (Pierce & Elisme, 1997). Haitians who immigrate to the United States continue to be engaged with the Haitian social, political, economic situation in Haiti. Haitian newspapers and radio stations, broadcasting current events on the island, are readily available in the areas where Haitian immigrants settle in large numbers (Stepick, 1998). Haitians in the U.S. continue to contribute to the wellbeing of family members still in Haiti through financial contributions (BRA, 2009).

This sense of connection to Haiti continues long after immigrating to the U.S. and is purposefully transmitted to the next generation through the language, food, stories, and other cultural venues. Visiting Haiti, teaching children Creole, and staying abreast of Haitian national affairs are some ways that Haitians and Haitian-Americans have continued to stay committed to their ethnic identity and heritage. Many Haitian immigrants have been noted as using their immigration to the U.S. as a stepping-stone for a better future life upon return to Haiti (Zephir, 1996). After educating children in the U.S., earning income to support family back home and to secure retirement, Haitians routinely expect to return home (Zephir, 1996).

Scholars who have examined the profile of Haitian immigrants have found that they are focused and determined. Haitian immigrants tend to come to the U.S. with a sense of purpose that is connected to the homeland. They have a sharp focus on education and work (Laguerre, 1984, Gopaul-Mcnicol, Benjamin-Dartigue, and Françios, 1998). Pierce and Elisme (1997) assert that the lack of formal education available in Haiti contributes to a high

value for education among Haitians. Additionally, “some Haitians view learning English and advancing one’s education as a means to improving their economic opportunities” (Pierce & Elisme, 1997, p. 56). These opportunities go beyond life in the U.S. They continue to support family and community life in Haiti, often with a goal of re-establishing themselves there (Zephir, 1996; Laguerre, 1984).

Religion and spirituality is also an important aspect of Haitian culture. While Catholicism is the official religion of Haiti, most Haitians identify with a Christian faith (Pierce & Elisme, 1997). They also hold a clear understanding of and some level of relationship with the supernatural or superstition. While it is unclear what percentages of Haitian people actually practice Voodoo, most Haitians are familiar with its proponents and parts of the religion have become part of the Haitian culture (Stepick, 1998). Therefore, a cultural spirituality is widespread in the belief systems of Haitians.

Haitian Creole became an official language of Haiti in 1987 (Pierce & Elisme, 1997). Until that time Haitian Creole was considered a dialect, used by the poor and illiterate. It was not uncommon for Haitian people to only speak but not write in Creole. Nevertheless, there is a strong oral tradition, story-telling, and song history that persists from generation to generation. Rahill, Jean-Gilles, Thomlison, and Pinto-Lopez (2011) discuss the use of metaphors in language to help understand and engage Haitian immigrants with symptoms of PTSD. Using a case application, these authors discuss an ecological approach to understanding Haitian clients by exploring metaphors.

Metaphor, proverbs, and story-telling are part of the Haitian culture and is used by individuals to express their experiences, needs and strengths (Rahill et al., 2011). Use of the oral tradition of story-telling serve a role in educating community members on various issues

or ways to live and interact with others. Rahill and her colleagues note that story-telling where metaphors and proverbs are incorporated allow Haitian clients to express concepts that are culturally foreign to them or difficult to translate (p. 146). Resilience is a good example of such a concept where as it has not been conceptually developed within the Haitian culture. There is not a word that singularly captures the meaning. The concept of resilience may be best understood within the ecological context of daily struggles and the inspiration of proverbs and metaphors that suggest overcoming odds.

Chapter Summary

This chapter provided contextual background information on the history and culture of Haitians and Haitian immigrants. Social, economic, political, and even environmental forces have consistently impacted Haitian migration to the U.S. The January 2010 earthquake in Haiti marked the beginning of a sixth migration wave of Haitians to the U.S. These immigrants are arriving having experienced tremendous personal and/or collective trauma. Haitians have had to overcome many challenges throughout history. The collective experiences, historical legacy, and the previous migration experiences of those who came to the U.S. before them, all serve as a backdrop to the experiences of new Haitian immigrants. The legacy of perseverance; cultural beliefs and values; and strengths described here has been recognized as fostering resilience in the Haitian people. “Feeling that their pain is inevitable, they frequently use their spiritual and physical capacities to hold out rather than to speak out” (Pierce & Elisme, 1997, p. 60). In essence, drawing on these capacities is what has helped Haitian people to overcome adversity with a determination to persevere and move forward. The present study examined the role of cultural values and the characteristics

unique to Haitians in the relocation experience of Haitian women earthquake survivors in Boston.

Chapter II
Review of Literature

Literature Review

Cultural Expressions of Mental Health in Haitians

Research on the stress and trauma of immigrants and women of color is inadequate (Banks, Ackerman, Yee, and West, 2005). There is also very sparse literature on social work practice issues or on mental health of the Haitian population. Yet the numbers of Haitians now living in the U.S. has grown to be one of the largest Black ethnic groups. Furthermore, as Banks et al. noted, “the experiences of immigrant women differ from those of Women of Color (*sic*) born in the United States”, (p.210). The ways in which Haitians understand mental health and how they respond to mental illness is influenced by cultural ways of knowing.

Portes, Kyle, and Eaton (1992) assert that help-seeking is an important aspect of adaptation for immigrants. These authors examined the help-seeking behaviors of Cubans and Haitians in Florida. The sample included 500 Haitian immigrants. They found that Haitians had a lower prevalence of psychological disorders, yet those who did need mental health care were not utilizing services. Portes et al. concluded that the lack of mental health services in Haiti contributed to the lack of knowledge about mental health and hence low rates of utilizing mental health facilities in the U.S.

Portes and colleagues (1992) did not discuss the limitations of westernized measures for assessing the mental health of Haitians. Other researchers of Haitians and their mental health have noted the cultural differences in accurate diagnosis (Nicolas et al., 2007). This may have contributed to Portes and colleagues’ findings of lower rates of psychological disorders among Haitians.

Within the Haitian culture, belief systems about evil possession and curses are pervasive in how people understand health and mental health issues (Jean-Louis et al., 2000; Nicolas, Desilva, Grey, & Eastep, 2006; Desrosiers & St. Fleurose, 2002; Farmer, 2004). This includes beliefs in supernatural cures and folk medicine. Nicolas et al. (2006) reported that according to the Haitian cultural beliefs, some supernatural causes of illness include a) a strained relationship with God; b) evil curses; and c) having offended the *lwa* or voodoo deity (p.703). Nicolas et al. (2006) described Haitian-specific illnesses with a discussion of the most frequent disorder, *sezisman*. “*Sézisman* (sic), which literally means “seized-up-ness,” refers to a state of paralysis usually brought on by rage, anger, or sadness, and in rare cases, happiness. Some of the most frequent causes of “*sézisman*” are receiving bad news regarding a loved one; witnessing a traumatic event, such as an accident or a shooting; or seeing dead bodies” (p.704). Nicolas and her colleagues’ clinical observations of these cultural representations of illness serve to enlighten social work and mental health professionals as to the competencies needed to work with diverse populations.

In 2007, Nicolas et al. contributed further to the understanding of Haitian mental health by sharing clinical observation of depressed Haitian women immigrants. In this work, they classified the following three types of depression as being culturally recognizable among Haitian clients. The three types of depression are 1) *douleur de corps* (pain in the body), 2) *soulagement par Dieu* (relief through God), and 3) *lute sans victoire* (fighting a winless battle). *Douleur de corps* captures the complaints Haitian clients had about frequent or persistent headache, body pain, and gas that can be in any part of the body. *Soulagement par Dieu* is described as relying on God to heal depressive symptoms or help with coping, as well as feeling that the depression is their burden or cross to bear. The depression noted as

lute sans victoire would be described by the resignation to continue living despite much hopelessness that circumstances will improve. These Haitian clients may not meet the DSM IV TR diagnostic criteria for major depression, but are indeed experiencing a depression that inhibits functioning and sense of well-being (Nicolas et al.).

In February, 2010 the World Health Organization (WHO) commissioned a report on mental health in Haiti. The report reviewed available French and English language writings from authors in Canada and the U.S. and synthesized findings related to how mental health is viewed in Haiti. According to a 2006 article by Sternlin (as cited by WHO, 2010), Haitians recognize illnesses in the following categories:

Maladi Bondyè (God's disease, or those of "natural" origin), maladi peyi ("country", or common, short-term ailments), maladi moun fè mal (magic spells sent because of human greed), and those of supernatural origin, maladi bon lwa ("disease of God") and malady Satan (Satan's or "sent" sicknesses). (p. 9)

One key fact that was noted was the lack of availability of mental health services in Haiti. The 2010 WHO report cited a 2003 report that noted that there were only 10 psychiatrists and 9 psychiatric nurses working in the public sector in Haiti. Hence, interventions for mental health issues are generally delivered through use of herbal remedies, spiritual healers, or they are largely ignored (WHO, 2010).

Desrosiers and St. Fleurose (2002) added that not only is mental health treatment not available or affordable in Haiti, it is not seen as valuable or necessary. These authors highlight the western concept of depression as one area where Haitians in Haiti and the U.S. differ greatly. Within the Haitian culture, depression is seen as a state of mind and not a debilitating condition. Depressed people are still expected to function in society and so the

disengagement or withdrawal seen in American clients is not present in Haitians. Desrosiers and St. Fleurose also asserted that Haitians typically identify supernatural causes to their mental health issues. Additionally, they also tend to rely on the support of extended family rather than health care professionals.

Nicolas, DeSilva, Prater, and Bronkoski (2009) presented the concept of empathic family stress. They argued that stress may also be associated with the separation of family members due to immigration. According to Nicolas et al. (2009), Haitian immigrants worry about the problems of their relatives including those still in Haiti. Their study of 134 Haitians living in Boston revealed the sense of connectedness Haitians feel with relatives here and in Haiti. Significant positive relationships were found between empathic stress and scores measuring depression and acculturative stress. When researchers controlled for acculturative stress, there was still a significant relationship between empathic stress and depression. This study did not utilize translated measures, therefore all of the interviews and documents were in English. This may be an indication that the respondents had already assimilated well to the U.S. culture and language. Nevertheless, their ties to family in Haiti continued to be strong and to have an effect on their wellbeing.

Although few researchers have focused on how Haitian immigrants view mental health or exhibit mental illness, the literature discussed here helps shed light on three key points. First, the lack of mental health services in Haiti has contributed to poor understanding of mental health issues in the Haitian community. Second, Haitians have been found to attribute mental dysfunction to supernatural causes and thus, are prone to seek supernatural cures for healing. They may describe their psychological stress and illness as the work of spirits, or bad luck. And lastly, Haitians may express psychological dysfunction

in ways that are unfamiliar to western mental health practitioners. They may present with externalized symptoms such as physical ailments, headache, body pain, and gas in the body. These culture-bound illnesses can easily be misdiagnosed, and psychological illness such as depression or traumatic stress may be overlooked. This culturally relevant knowledge helped guide this researcher in understanding the stories shared by the participants of this study.

Natural Disaster and Mental Health

According to the Centre for Research on the Epidemiology of Disasters (CRED), there has been an increase in the number of natural disasters reported around the world (CRED, n.d.). Disaster mental health is a growing area of focus as the recognition of the lasting effects of disasters and the associated need for psychological intervention become evident. In order to anticipate appropriate responses to the mental health needs of affected populations, research on presenting psychosocial needs is required. Additionally, a greater understanding of how communities and individuals emerge with resilience is required.

Researchers have studied psychological functioning of earthquake survivors in many countries. Most of the research has focused on Asian countries, where most of the world's devastating earthquakes have occurred (Kokai, Fugii, Shinfuku, & Edwards, 2004). This section of the dissertation focuses on the disaster literature pertaining to earthquake survivors and psychological wellbeing. Articles addressing PTSD, depression, and relocation after disaster were reviewed to shed light on common characteristics found in earthquake survivors.

Priebe et al. (2009) examined the prevalence of PTSD in a rural area of Italy six months after a 2002 earthquake. Of 1,680 participants, 14.3% were screened positively for PTSD. Using logistic regression, the researchers found that being female, and exhibiting

greater symptoms of helplessness, hyper-arousal, and dissociation immediately post disaster increased the odds of PTSD six months after the earthquake. These were all independent predictors of PTSD six months after the earthquake. Having higher education levels was associated with decreased rates of PTSD. This may be attributed to greater access to resources compared to those with less education.

Livanou et al. (2005) studied the long-term symptoms of traumatic stress in earthquake survivors in Greece four years after an earthquake. Of the 124 participants, 96 or 61% were women. The earthquake did not cause extensive damage or great loss of life, yet 38% of the participants reported long lasting interference with their psychological adjustment. Even four years after the event, respondents reported that their symptoms caused them slight (29%), moderate (17%), or severe (5%) distress. The strongest predictor of psychological distress was the level of fear one experienced during the earthquake. The authors assert that interventions focused on reducing fear and enhancing emotional resilience to earthquakes may help prevent PTSD in earthquake survivors. This study illustrates the need to address the immediate mental health needs of earthquake survivors and the long term effects of experiencing an earthquake.

Onder, Tural, Aker, Kilic, & Erdogan (2006) studied the prevalence of PTSD, depressive disorders, and other psychological conditions in survivors three years after the Marmara earthquake. Respondents included 342 women and 341 men. The authors report that nearly 24% of those studied met the DSM-IV criteria for a psychiatric disorder three years after the earthquake. Of those, 19.2% participants suffered from PTSD and 18.7% reported Major Depressive Disorder (MDD). The percent of participants with comorbid PTSD and MDD three years after the earthquake was 40.5%. Onder and colleagues remark

“the low recovery rate of PTSD with or without comorbid MDD is also a warning sign to mental health professionals for providing the psychiatric and psychological aid to the survivors after the earthquakes” (Onder et al., 2006, p.872). The authors expressed added concern for the low recovery rates from post-traumatic symptoms for those survivors who are simultaneously suffering from depression.

Lazaratou, Paparrigopolous, Galanos, Psarros, Dikeos, and Soldatos (2008) assessed the psychological effects of earthquake experience fifty years after the event. Seventy-eight percent of the participants reported that the earthquake had had a strong impact on their lives. Survivors continued to mark the anniversary of the event and could recall being significantly affected by the earthquake. Those who were relocated into tents temporarily had stronger recollections of their earthquake experience and distress. Women were also significantly more likely than men to report symptoms of traumatic stress such as recurring dreams and re-experiencing. Although this study was retrospective of 50 years, responses of those who were youth or young adults during the earthquake gives credence to the long lasting impressions of surviving an earthquake.

Kuo, Wu, Ma, Chiu, and Chou (2007) studied 272 survivors of the Chi-Chi earthquake in Taiwan one year after the earthquake. This sample comprised of 43.8% males and 56.2% females. Participants were highly affected by the quake with nearly 80% having had their homes completely collapsed during the earthquake and nearly 20% of them sustaining personal injuries. Those who were injured during the earthquake were more likely to have trauma symptoms compared to uninjured survivors. Findings also indicate that women were significantly more likely than men to be suffering from post-traumatic symptoms (22.2% compared to 9.2%). The authors note that victims suffering from

psychological symptoms should be monitored for years since symptoms may remain for many years after the event. Participants also reported that their greatest needs after the earthquake were financial support, environmental health, and employment (p. 497).

Psychological adjustment was studied in Thai survivors of the 2004 Southeast Asian earthquake-tsunami six months after the event (Tang, 2006). Of the 267 adult participants, 66% needed to relocate to a temporary shelter after the disaster. More than 85% of the sample experienced damaged or lost personal or family property, and almost all of the participants witnessed the injury or death of others during the event. Hence, this was a highly impacted population. The study found that those participants who used coping strategies such as seeking support and active problem solving had better psychological adjustment after the disaster. Tang also found that being injured, losing property, and relocating to temporary shelter had a positive effect on psychological adjustment. The author explains that these experiences may create a situation where people are more likely to ask for assistance. The author also makes an important observation that for populations affected by disaster, tangible and emotional resources for support may be depleted.

Kokai et al. (2004) conducted a review of the literature on natural disasters in Asia and their effects on mental health. The authors report that between 1967 and 1991, eighty-five percent of the people in the world who had been affected by disasters lived in Asia. Kokai et al. reviewed studies related to earthquakes where PTSD, depression, and anxiety were assessed using the DSM diagnostic criteria. While many studies found participants experiencing sleep disturbance, depression, hypersensitivity, irritability, and anxiety, they did not satisfy the criteria for a clinical diagnosis depending both on the version of the DSM manual and the assessment instruments used. Even without meeting diagnostic criteria, there

was clear evidence of disturbance and poor functioning. The authors assert the need for culturally relevant instruments for accurately assessing the psychological impairment.

Kokai et al. (2004) asserts that symptomatology of traumatic stress disorders may differ cross-culturally. They remark that somatization is commonly seen in Asian samples, possibly due to the stigma attached to psychological distress. Mental health problems have not been a topic for open discussion in many Asian cultures. Consequently, mental health problems arising as a result of disasters were not often treated. This is culturally similar to Haitians and therefore relevant to the present research inquiry. In the last few decades, Asia has experienced many natural disasters, resulting in increase recognition of psychological trauma and a new focus on the issue of disaster mental health. This has brought increased acceptance of diagnoses such as PTSD along with both emergency and long-term social and psychological interventions (Kokai et al.).

Von Peter (2008) also argues that cultural meaning and social structure are important factors to examine when investigating the mental health symptoms of refugee and disaster survivors. In accordance with an ecological perspective, the author highlights the influences of social and political factors on individual and community experiences as well as historical forces. Von Peter challenges the presumption that diagnoses such as PTSD and other mental traumas fit a transcultural paradigm. Rather, health and mental health professionals will need to embark on a phenomenological investigation of the multiple dimensions of suffering and healing.

Relocation and displacement after an earthquake. Experiencing an earthquake has many possible adverse mental health consequences. Having to leave one's home and

even one's country due to the disaster creates additional distress. According to Schininà, et al. (2010):

Displacement due to natural disasters requires major adaptations, as people need to redefine personal, interpersonal, socio-economic, cultural, and geographic boundaries. This implies a redefinition of individual, familiar, group, and collective identities, roles and value systems, and may represent an upheaval and source of stress for the individual, family and the communities involved.” (p. 158)

For Haitians who often live in close-knit extended families and tight communities, a sudden relocation could compound the affects of the disaster.

Kuwabara et. al. (2008) examined the effects of being displaced from one's home. This study documented the psychological impacts of earthquakes on survivors five months after the event. Factors that were found to be significantly related to psychological distress included being with unfamiliar people on the night of the earthquake; having serious damage to the house; living in a temporary shelter or relative's home after the disaster; and experiencing physical illness after the earthquake (p. 505). Women were reportedly more distressed immediately after the earthquake than men, but this significant difference was not seen five months later for this sample. While the authors discuss trauma, PTSD, and severe disorders in their review of literature, psychological distress was not operationalized for the study. This study also underscored the importance of the social environment in the wellness of earthquake survivors.

Bland et al. (1997) found that relocated earthquake survivors, 3-4 years after the earthquake, had an increased level of psychological distress. The study sample included 817 Italian males, 550 who were not evacuated, 142 who evacuated but returned to their homes,

and 125 who were permanently relocated. Those who were permanently relocated had greater distress compared to those who only relocated temporarily and returned home, or those who did not relocate after the earthquake. Relocated survivors had significantly increased distress symptoms such as somatization, depression, anxiety, and the global symptom index compared to non-evacuated survivors. It is worthy to note that this study included men who were employed. The authors suggest that employment status may also contribute to the relocation experience. These study participants were not affected to the point where they could not maintain employment. The correlation between employment status, relocation, and psychological distress was not examined in the study.

Najarian, Goenjian, Pelcovitz, Mandel, and Najarian (2001) studied the effects of relocation after an earthquake on women. The study compared 24 relocated women who survived an Armenian earthquake, 25 survivors who remained in the earthquake city, and a comparison group of 25 women who had not experienced the earthquake. Najarian et al. found similar findings to Bland and colleagues. Those who experienced the earthquake had greater levels of depression than those without the experience. There were significant differences in psychological symptoms found between the relocated women and the comparison women. The findings indicated that the relocated women experienced symptoms of PTSD including arousal and avoidance, somatization, and anxiety. Two and a half years after the earthquake, 89% of relocated women and 92% of the women remaining in the earthquake city met the criteria for PTSD.

Najarian et al. (2001) report that none of the participants in the relocated group were working. They suggested that this employment status may have been a contributing factor to the women's depression. They also concluded that the relocated women suffered from a

disruption in their social networks. In contrast to the present study of Haitian women earthquake survivors, the Armenian women relocated within the same country, which did not necessitate adapting to a new culture or language.

Relocation appears to have an adverse effect on the psychological wellness of earthquake survivors. Kilic et al. (2006) studied predictors of psychological distress in a Turkish sample four years after two major earthquakes. One of the factors examined was relocation. The researchers found that relocating after the earthquake was a significant predictor of depression in the sample. Those survivors who relocated after the earthquake may have lost their support systems such as friends and family (Kilic et al.). The findings suggest that psychological distress may be related to disruption of social networks.

Salcioglu, Basoglu, and Livanou (2008) argue that relocation may be related to mental health problems in an inverse way. They studied factors that lead to relocation, rather than the effects of relocation to shelters. In this study of survivors of the massive 7.4 earthquake in Turkey, 87% of the 1066 participants whose homes were deemed uninhabitable relocated to shelter compounds, while others moved into other homes in the community. 38.7% of the 589 participants whose homes were still inhabitable moved to shelters. 88% of the study sample relocated to the prefabricated shelters. Using relocation to shelters as a dependent variable, the authors examined which factors were associated with the decision to relocate to a shelter. They found that those who relocated had more earthquake related stressors. Specifically, those who lost their homes completely and relocated had experienced greater losses of relatives than those who did not relocate and those whose homes were not considered uninhabitable. This study suggests that relocation may also be

psychologically protective by helping to relieve fear and anxiety of further earthquake danger.

The previous findings in the disaster mental health literature may help us better understand the experiences of Haitian women earthquake survivors discussed in this present study. Participants in previous studies on the psychological effects of experiencing an earthquake indicate the prevalence of symptoms of PTSD, depression, anxiety and somatization (Onder et al., 2006; Tang, 2006). Symptoms may be prevalent long-term if not treated. Although there were differences in the definition of psychological impairment, both depressive symptoms and symptoms of traumatic stress were noted in these studies. The review provided by Kokai et al. (2004) surmised that although study participants often reported symptoms commonly identified in Western societies as depression or PTSD, they did not meet the diagnostic criteria for these illnesses set by the DSM. This confirms previous observations discussed earlier by Desrosiers & St. Fleurose, (2002) in their observations of Haitian clients.

The importance of research on women's experiences of disaster are also noted. Gender differences have also been noted where women are more adversely affected with symptoms of traumatic stress than men (Norris, Friedman, Watson, Byrn, Diaz, & Kaniasty, 2002; Yilmaz, Cangur, & Celik, 2005; Suhail et al., 2009; Wang, Zhang, Shen, Li, & Xin, 2009; Kuwabara et al. 2008). The present study specifically examined the experiences of a sample of Haitian women.

Previous studies on disaster and mental health have also focused on the experience of relocation. Relocation and changes in support systems affected the psychological wellbeing of the samples (Bland et al., 1997; Kilic, 2006; Najarian et al., 2001).

The present study described in this dissertation differs from the others in that the women in this study relocated to a different country, with the additional need to adjust to culture and language. The ability to emerge psychologically resilient and to have a healthy adjustment after relocating may be complicated further by culture, language, and changes in support systems.

Theoretical Framework: Resilience Theory

Medical and mental health professionals recognize that physical and psychological stressors produce physiological responses in the body. Nevertheless, there are qualitative differences in how individuals express symptoms, seek assistance, and use resources to address trauma. These non-physiological aspects of stress or trauma can be culturally bound and socially determined. Resiliency theory is one framework that is useful in helping us understand how people may cope with stress and continue to thrive.

Resiliency theory is still a developing theory that is compatible with developmental and lifespan theory (Smith-Osborne, 2007) and ecological systems theory (Greene, 2009; Harvey, 1996, 2007; Waller, 2001). The focus of resiliency in research and practice has shifted from a primary focus on children and youth to now include populations such as adults and older adults. At different life stages both internal and external factors that create risk and promote resiliency will also differ.

Richardson (2002) describes the development of resiliency theory in the literature as having happened in three waves. The author describes the first wave as a “quest to describe those internal and external resilient qualities that help people cope with or “bounce back” in the wake of high-risk situations or after setbacks” (Richardson, 2002, p.308). The second wave investigated the process under which these qualities could be cultivated. “Resiliency

then became defined as the process of coping with adversity, change, or opportunity in a manner that results in the identification, fortification, and enrichment of resilient qualities or protective factors” (p. 308). The actualization of the concept of resiliency was the outcome of the most recent third wave of the theory’s development. Richardson describes the basic tenet of resilience as “the motivational force within everyone that drives them to pursue wisdom, self-actualization, and altruism and to be in harmony with a spiritual source of strength” (p. 309). This has served as a basic working definition for resiliency in the most recent literature.

Greene, Galambos, and Lee, (2003) used a qualitative approach to examine the principles of resiliency theory. They conducted an in depth review of the literature on risk and resiliency to ascertain a congruent set of theoretical assumptions on resiliency. Gathering interview data from a snowball sample of 18 mental health practitioners furthered the research inquiry. The authors synthesized these data to offer concrete practice guidelines for social workers. Interviewee comments supported the assumptions that internal and external factors contribute to resiliency. Internal factors included attitude, spirituality, problem-solving skills, a will towards survival, and optimism. External factors included family support and community attachments. Practitioners echoed findings in the literature that supported the idea that “resilience is an ecological process-expressed and affected by multi-level attachments involving families, schools, and communities” (Greene et. al., 2003, p. 82).

In their review of literature on resilience, Luthar, Cicchetti, and Becker (2000) also discuss the construct of resilience. They note that there have been varying definitions of resilience used by researchers in the scholarly literature. In concordance with Greene and

colleagues (2003), Luthar et al. stress that resilience is not simply an innate personal characteristic. Rather, they argue that it is a process which involves the mobilization of individual strengths as well as the leveraging of protective factors or skills. They also highlight the fact that in arguing resilient outcomes in traumatized populations, researchers should acknowledge that a survivor might not have successful outcomes in all domains of her life. Additionally, researchers have varied on what level of functioning constitutes resilience and healthy adaptation.

Harvey (2007) asserts that social, political and other ecological contexts can enhance or stagnate traumatized individuals from accessing various forms of healing. Harvey argues that some people will not seek traditional mental health services. Therefore “the development of public health strategies to support positive coping and extend solace and support to those individuals and groups who are unlikely to receive professional care” are essential (Harvey, 2007, p. 13). This may be an important concept to consider when working with the Haitian population.

According to Harvey (2007), cultural context should be used to explore how groups understand trauma and define resiliency:

“An implication of the ecological perspective is that resilience is transactional in nature, evident in qualities that are nurtured, shaped, and activated by a host of person-environment interactions. Resilience is the result not only of biologically given traits, but also of people’s embeddedness in complex and dynamic social contexts, contexts that are themselves more or less vulnerable to harm, more or less amenable to change, and apt focal points for intervention.” (p.17)

Within the Haitian culture there exists a strong sense of community and family ties. The social context and interpersonal relationships are key factors in understanding human behavior.

In addressing the needs of those affected by natural disaster, social workers need to understand both micro and macro issues. The social, economic and political impacts of disaster extend personal trauma to collective trauma (Greene & Greene, 2009). Greene and Greene assert “resilience is linked to internal, personal processes, and external, environmental factors, bridging the gap between micro- and macro-level factors” (p. 1011). From this perspective, one can understand the ways in which economic, cultural, political, and social factors can have an impact on individual constraints or resources towards resilience. The experience of natural disaster creates risk while factors such as poverty, lack of resources, and other economic stressors create increased vulnerability for some groups. Greene and Greene (2009) discuss resilience not only in terms of individuals having positive coping skills and utilizing social supports, but they also note the adaptation to life circumstances despite the challenges created by the disaster.

Fong and Greene (2009) argue that resiliency theory offers a good framework for understanding the experiences of immigrants and refugees settling in the U.S. The experience of immigrating to the U.S or coming as the result of a crisis creates many potential risk factors. Immigrants and refugees are leaving familiar ground, social networks and cultural ties. The catalyst for migration may be due to traumatic events. The relocation adds another layer of stress as they seek to find basic necessities such as housing, health care, and other social services. Whatever risks or traumas they may have faced in the homeland could be unresolved and now become complicated by the need to resettle in a foreign place.

A key understanding of an ecological perspective of resilience is that both risk and protective factors can be present at all levels of the ecosystem. Resilience, or positive adaptation in the face of adversity, therefore, may be drawn from individual strengths, family and community supports, culture, as well as broader social and political forces (Waller, 2001). In examining the relocation of Haitian women earthquake survivors, this research seeks to reveal the stressors and supports that are helping these women adjust to a new life after surviving a disaster. Waller adds, “the personal narratives may illuminate protective factors (active or latent) in parts of the ecosystem that might not be readily apparent to researcher” (p. 295). This phenomenological study allowed participants to share their stories of both struggle and survival.

Research Aim and Questions

Surviving the earthquake and adjusting to the relocation experience are adverse situations that call for resilience. The sudden relocation of these earthquake survivors is a risk factor for adverse mental health consequences (Schininá et al., 2010). According to previous research, other risk factors that may create vulnerability and adversely affect a positive relocation experience may include psychological distress, disruption of social networks, and financial stress. Based on the literature explored in this paper, some of the factors expected to support resilience in this population include support networks such as family, friends, community organizations, spirituality, and cultural values or belief systems.

The purpose of this exploratory study is to describe the factors that promote and hinder resilience in women survivors of the January 2010 Haiti earthquake who relocated to Boston in the aftermath. An ecological perspective allows us to explore factors on various levels of the social ecosystem. These include the family level, community level, and the larger forces

in the social environment, such as culture (Greene & Greene, 2009). There is limited research on the mental health or traumatic experiences of Haitians. Studies on disaster mental health have not focused on this population thus far. In order to address this gap, the following research aim and research questions will guide this study:

Research Aim: To examine the culturally specific ways relocated Haitian women earthquake survivors display trauma and resilience in the aftermath of a natural disaster.

Research Questions:

1. How do the survivors exhibit psychological distress or post-traumatic stress reactions?
2. What factors enhance resilience in relocated female survivors of the 2010 Haitian earthquake?
3. What factors threaten resilience in relocated female survivors of the 2010 Haitian earthquake?

Chapter Summary

The earthquake that struck Haiti in January of 2010 was a unique experience. While Haitians were accustomed to yearly assaults from hurricanes, no living Haitian had experienced an earthquake of such severe magnitude in his or her lifetime on the island. The fear, panic, and chaos that ensued were also an effect of the unimaginable unfolding right before their eyes.

Studies have shown that the impact of natural disaster can result in significant psychological distress including PTSD and other complex trauma diagnoses or symptoms. The international scope of this research highlights factors that are unique to the cultural context of each society. There is much taboo and stigma associated with mental health problems in

Haiti. There is little awareness of mental illness and extremely sparse resources for psychological intervention. People exhibiting psychological distress often are institutionalized because routine assistance is not available. The enormity of the earthquake disaster may be the first time Haitians en masse are open to talking about their psychological distress.

Using an ecological perspective of resilience theory, this research study seeks to identify factors in the social environment that are hindering or helping the Haitian women earthquake survivors in their adaptation to life in the United States. It is expected that the women will be psychologically affected by the traumatic experience of the earthquake or the sudden relocation to a host country. Resilience is viewed as a dynamic process whereby people are affected but are able to actively adapt and move towards healing. As Alayarian surmises, “When life is suddenly and tragically interrupted by traumatic events, resilient people seek to rebuild” (2007, p. 3). This study uses a sample of eight Haitian women who survived the 2010 Haiti earthquake to explain which factors enhance that possibility.

The following chapter presents the research methodology, provides a description of the sampling procedures, data collection and analytical methods used in the study. Additionally, a discussion about the formation of a culturally competent research team for this type of research is provided.

Chapter III

Method

Method

Study Design

This qualitative research study used phenomenology (Moustakas, 1994) as the method of investigation. Qualitative designs facilitate knowledge building where little is known about a phenomenon or about how a population experiences a phenomenon (Holosko, 2010). Phenomenologists seek to illuminate the fundamental structures at the core of an experience (Bentz & Shapiro, 1998). Husserl (1965) proposed phenomenology as a scientific method of inquiry for capturing the unbiased knowledge of individuals and their experiences (Osborne, 1994). Moustakas (1994) built on the work of Husserl and provided a detailed approach for conducting and analyzing phenomenological research. This method also focuses on “describing experiences as well as another one of Husserl’s concepts, *epoche*, in which the investigator sets aside as much as possible his or her experiences to take a fresh perspective of the phenomenon under examination” (Creswell, Hanson, Clark-Plano, and Morales, 2007, p.254). This is established by the researcher *bracketing out* her own experiences and sharing preconceptions or possible biases with the reader (Moustakas, 1994).

In order to shed light on an experience, phenomenology researchers routinely conduct in-depth interviews with up to 10 individuals who have lived the experience under study (Creswell, 1998). Their accounts will not be identical, yet all help to bring a clearer understanding of how the phenomenon was experienced. In recruiting participants, the goal is not to obtain a representative sample in order to make statistical inferences (Polkinghorne, 2005). Rather, the participants in this type of research are specifically chosen because they have direct knowledge or experience of the phenomenon under investigation. The lived

experiences of the research participants are then described in rich text that allows for their voice and emotion to be witnessed.

Phenomenology was deemed an appropriate approach for this research as it illuminates the meaning and conscious understandings of participants and allows for the direct expression of women's experiences of surviving an earthquake and subsequently relocating to a host country. Through the phenomenological approach, this researcher was able to better understand the similarities and differences in experiences of participants. Such findings can be used to inform policy or practice (Creswell, 2007). For example, in this study, common factors experienced during the sudden relocation after the earthquake were identified. This is important as relocation after a natural disaster generates unique needs for the survivors, which will need to be addressed by social workers in the host setting.

Sample

Recruitment. This research study utilized a purposive sample of eight Haitian women who immigrated to the Boston area in the wake of the earthquake that struck Haiti in January of 2010. They all left without a previous plan to resettle in the United States. Hence, their arrival in the U.S. days or weeks after the earthquake was unexpected both to them and to those who would receive them upon arrival. In the majority of the cases, the women arrived on travel visas with no legal commitment from the U.S. to remain in the country. The participants of the study all share the experience of sudden relocation to the U.S. following Haiti's 2010 earthquake.

Participants of this study were recruited by means of a bilingual flyer in English and Haitian Creole (see appendix A). The flyers were sent to members of the Haitian Mental Health Network in Boston who had access to newly arriving earthquake survivors and their

families. The Haitian Mental Health Network (HMH) is a member organization of Haitian social service providers that formed in response to the Haiti earthquake in order to meet the training and mental health service needs created. This researcher, who is a member of HMH, described the purpose of the study and the criteria for participation in the study to HMH members during the Network's monthly meetings in January and February of 2011.

Members were asked to assist in recruitment of the study participants and they were informed about ethical considerations to prevent coercion in participation. Members who agreed to assist in recruitment received the study flyer via email to distribute.

HMH members assisting with recruitment were asked to refer individuals to the study based on the following criteria for inclusion: adult Haitian women who 1) were at least eighteen years of age; (2) were living in Haiti and experienced the 2010 earthquake; and (3) relocated to the greater Boston area as a direct result of the disaster. Participation in the study was completely voluntary. Those interested in participating in the research study were told to initiate contact with the principal investigator whose name appeared on the flyers, which were given to potential participants. The HMH professionals making referrals to the study received no compensation and were not informed of the participation status of their referrals. Ten women called in reference to the study. One woman did not meet the criteria for inclusion, as she was only visiting Haiti at the time of the earthquake. Another woman had to cancel her interview and could not be reached to reschedule during the study time frame. Eight women met the criteria for inclusion and were interviewed for this study. The researcher spoke with and scheduled all of the interview appointments. No other member of the research team had access to identifiable contact information about the participants.

Participants. Participants were asked to select their age in a range to further obscure their identity. The youngest of the women was between the ages of 18-25. One woman was between ages 36-40; two were 41-45; two were between ages 46-50; and two reported being over 50. Of the eight women who participated in the study, six reported being married or having a significant long-term partner. All of the women had children with the exception of the youngest participant who was also unmarried and a student. The oldest participant reported having children in their thirties and a number of grandchildren. The other six participants had between 2-6 children; and these women came to the U.S. with at least one minor child. All of the participants of this study had been employed and/or in school before the earthquake happened. A more detailed description of the women's life circumstances follows in chapter four of this dissertation.

Human Subjects Protection

This research involved sensitive information reported by a vulnerable population. Responsible conduct of research requires that human subjects be sufficiently protected. This research requires increased sensitivity with participants because of their previous exposure to psychological trauma. The earthquake victims have experienced a natural disaster that destroyed homes and national infrastructure. They have lost family members and friends. They have also experienced relocation to the United States. Every effort must be made not to create additional emotional harm for the participants. This study followed ethical guidelines for research with human subjects, including those for informed consent. The Institutional Review Board (IRB) of Boston College gave a one-year approval for data collection for this project in December of 2010. All data were collected in March of 2011.

This research study used a sample population drawn from community-based service organizations in Boston, MA. Participants were already receiving mental health services, case management, or other community based support. Participants were told that if they experienced any distress following the interview, they should contact the worker who referred them to the study or the mental health unit at Boston Medical Center. Participants were also told that they could withdraw from the study at any time by calling the principal investigator. They would not suffer any penalties or have to remit the gift card if they chose to end their participation. These procedures were approved by the IRB. There was no attrition in this study sample.

Formation of a Culturally and Linguistically Competent Research Team

While it is important to conduct research about the social, psychological, and political issues that affect non-English speaking immigrants in the U.S., the importance of language and cultural competency must not be ignored. Some researchers bridge this gap by using field or community researchers to conduct interviews in the native language of participants. Yet methodological issues can arise with such arrangements. Temple, Edwards, and Alexander (2006) argue that the data produced in such circumstances would more accurately be described as secondary data. Field researchers, while offering their bilingual skills, may lack the working knowledge of the conceptual framework developed by the academic researcher. This may inhibit useful probes and follow up questions during the interview. Furthermore, meaning creation happens as a process of the interview (Squires, 20008). The interviewer may ask probing questions that generate deeper responses from the participants. Additionally, translations can be distinct with respect to the translator's understanding and interpretation of the participant's narrative (Temple, 2006; Temple et al. (2006)). The

translator may lack the context that helps capture the meaning of a statement more than a verbatim translation.

The research team for this study included this researcher who is the principal investigator and was the sole interviewer, and research assistants who served as transcribers, translators, and coders. This researcher trained the research assistants. All members of the team identified as Haitian or Haitian American. Team members were bilingual and literate in English and Haitian Creole. Additionally, team members were literate in both languages. There is a high illiteracy rate among Haitians for Creole writing. Having been long considered a dialect rather than a language, Creole was not regularly taught in written form until recent years. For this study, it was important to capture the essence of participants' experiences in their own language. Therefore the interview schedule was written and delivered in Creole and all data were manipulated in Haitian Creole. Working with the data in Creole allowed the researcher and team members to read the transcribed text, recognize the meaning units, and identify themes whose cultural context may have been lost during translation.

Data Collection Procedures

Interviews. Participants called the researcher if they received the recruitment flyer and wanted to participate. This researcher asked each potential participant several questions to confirm that they met the criteria for inclusion in the study and that they understood their right to refuse participation. The purpose of the study was described to the participants during the call and their consent to participate was solicited. Those who agreed to participate scheduled a date, time and location for the interview. Participants were also told that they

could end their participation in the study at any time before, during, or after the interview without penalty or consequence. No one declined participation or withdrew from the study.

Data were collected through individual interviews using the semi-structured interview protocol (see Appendix A). The interviews were conducted with each of the women in their homes. None of the survivors had access to resources such as cars or had limited familiarity with public transportation. They would have been relying on their host family or acquaintances for rides. The interviews lasted between ninety minutes and two hours. Participants received a supermarket gift certificate of \$20.00 for their time. This small amount was given as it could help participants buy food without serving as an unethical inducement to participate. The IRB gave approval for this incentive to be given.

Participants each gave consent for their interview to be audio taped. Interviews were subsequently transcribed. To protect the anonymity of the participants, case identification numbers were assigned to each participant's audio recording. The numbers were later assigned pseudonyms in the discussion of the findings. After completing the interview questions, participants responded to the participant surveys. This researcher read each question aloud then marked each response on the form. This was done to assure that all of the respondents had an equal administration of the questionnaire. Some participants may not have been able to read the written questionnaires in Creole. The researcher was sensitive to high rates of illiteracy and decided not to ask participants about their ability to read and write.

Interview setting. Participants were told that the interview could be conducted at a convenient place of their choosing. All of the interviews were conducted in the homes of the participants. This helped assure that there would not be a travel burden placed on

participants. Many were not yet fully sure on how to navigate public transportation and would have to rely on their hosts for transportation. Participants were asked to choose an area in the home where they would feel most comfortable and where there would be the least amount of distractions. This included living rooms, the bedroom, and kitchens. This researcher conducted all of the interviews.

Measures

Interview protocol. Research assistants were used to translate the interview protocol into Haitian Creole with particular attention to idiomatic language and level of education. The vocabulary and concepts used were those accessible and understandable to the general population without use of jargon that would be exclusive by class or level of education. Three members of the team worked on creating the interview schedule, demographic survey, and recruitment flyer. These materials were translated and back translated (Bracken & Barona, 1991). Members of the research team participated in role-plays to assure the proper flow and wording of the interview protocol.

The interview questions were designed based on the theoretical perspective of resilience on which this research was based. In accordance with the phenomenological tradition, broad questions were designed to elicit from the participants what their experience of the phenomenon in question has been. These questions were formulated to best yield the answers to the research aims and questions presented in chapter one of this dissertation. The interview protocol consisted of seven open-ended questions with additional prompts as needed. The questions were designed to allow participants the opportunity to share their narrative about experiencing the earthquake and their present experience of relocating to the

United States. Participants were asked about their relocation experience and the stressors and the supports they are experiencing during this transition.

At the beginning of the interview, the researcher asked *“Tell me about your experience of the earthquake that struck Haiti in January 2010.”* This gave participants an opportunity to tell their experience of living through this grave disaster. These survivors also responded to the question *“How did you continue to survive during that time while still in Haiti?”* Participants shared their losses and experiences of both grief and gratitude. These first two questions allowed the researcher to better understand the context that led to the sense of urgency with which the women left Haiti. The stories of how they survived during that time in Haiti shed light on their resourcefulness, resilience, and support systems. It also shed light on the factors that inhibited their ability or willingness to stay in Haiti after the earthquake.

In order to illuminate the participants’ experience of relocating to Boston after the disaster, participants gave a narrative response to *“I would like you to tell me the story of how you came to be living in Boston.”* Additionally, the interview guide included the following questions and prompts: *“What has helped you get through each of these changes and challenges of the last several months? Tell me about the supports you have here in Boston. How has this experience of surviving the earthquake and relocating to Boston influenced how you feel about your future?”* The purpose of this study is to understanding the relocation experience for Haitian women earthquake survivors. This knowledge can assist social workers that may work with victims who relocate immediately after a disaster.

The interview schedule concluded with *“Is there anything that I haven’t asked you about that you would like to share?”* Participants were given the opportunity to augment any

of their previous response. They also could share other insights not asked about during the interview.

Participant survey. Following the semi-structured interview, participants responded to a survey, which consisted of a demographic questionnaire, two depression scales, and a PTSD scale. These measures were all administered orally in Haitian Creole by this researcher. The measures were read and responses written on the form by the researcher. This was done to assure fidelity in the research process. As stated earlier, many Haitians are not literate in Creole. Therefore, the interview and questionnaires were read to all participants. Participants were not asked about their ability to read and write in Creole.

Demographic survey. The demographic background survey was used to gather information about the individual's life in Haiti and in the U.S., before and after the earthquake. The seventeen questions included general information about age, gender, and family composition. Participants were also asked about their current activities in the community, work history, and household composition.

CES-D Scale. The Center for Epidemiological Studies Depression Scale (CES-D) was administered to the participants as part of the participant survey. The scale was developed by the Center for Epidemiologic Studies (Radloff, 1977) and has been widely used to measure depression in research and clinical settings. This is a twenty-item questionnaire which asks respondents to say how often they experienced certain feelings or emotions during the past week. The four response areas include rarely or none of the time, some times, occasionally, and most or all of the time. The CES-D has been found to be a reliable measure for depression with an Alpha coefficient greater than .85 (Hann, Winter, &

Jacobsen, 1999). The reliability and validity of the Haitian Creole translated version of the CES-D was assessed as $r = .89$ (St. Louis, 2011).

Nicolas Depression Scale. Guerda Nicolas, Ph.D at the University of Miami created an unpublished depression scale that is used in this study. Nicolas is a prominent researcher in the field of Haitian mental health. Nicolas and her colleagues published the first study about the physical symptoms of depressive disorder presented by Haitian participants. The survey used in the present study is a fourteen-item checklist that measures somatization of depressive symptoms. The survey captures some of the common problems typically described in the Haitian culture (Nicolas et. al., 2007). Participants are asked to respond to how often they experienced symptoms in the past month. The acceptable responses are *never, sometimes, or all of the time*. The reliability of this measure was assessed at $r = .88$ (St. Louis, 2011).

PTSD Checklist (PCL-C). The Posttraumatic Stress Check List (PCL) is used for screening and diagnosis of post-traumatic stress disorder (PTSD). The instrument was developed by Weathers and associates and has shown reliable result in numerous studies (Brewin, 2005). The PCL was originally used with veterans but was adopted for use with civilians as the PCL-C. The checklist is available from the U.S. government and is in the public domain (<http://www.ptsd.va.gov/professional/pages/assessments/ptsd-checklist.asp>). The instrument contains 17 items measured on a five-point likert-type scale. Respondents are asked how much they were bothered by or experienced certain symptoms in the last month. The response range from not at all to extremely. The range of scores is 17-85. Cutoff scores between 44 and 50 have been shown as good indicators of PTSD diagnosis (Brewin, 2005). The psychometric properties of the PCL-C have been tested. The PCL-C has a

Cronbach's alpha coefficient greater than .9 and reliability of between .88 and .96 (National Center for PTSD)

A Haitian Creole translation of the PLC-C was used to measure the experience of post-traumatic stress in those who experienced the earthquake. A Haitian Creole version of this scale is currently being used by Gemima St. Louis of Boston University, in a new study about how the earthquake affected Haitian and Haitian Americans both in the U.S. and in Haiti. Reliability for this measure was assessed at $r = .89$ (St. Louis, 2011).

Data Analysis

The qualitative data were analyzed using Creswell's (2007) non-linear approach. The process includes data managing; memoing; describing, classifying, and interpreting; concluding with presenting the data. The steps taken by this researcher during the data analysis phases of this study are described here. The findings will be discussed in chapter four of this dissertation.

Data Management

Transcription. One member of the research team transcribed the audio data to text. In addition to literacy in English and Creole, the transcriber was also literate in French. It is not uncommon for Haitian Creole speakers to infuse words from English and French when speaking. The principal investigator who conducted the interviews also compared the audio and written transcripts for accuracy. The principal investigator worked closely with the transcriber to offer training and feedback about capturing the emotion from the audio and to offer emotional support. The transcriptions were verbatim written reports of the participant and interviewer's narratives. The transcribed data were used in the original language for analysis.

File management. The transcribed interviews were organized into files using the qualitative software HyperResearch, which is the only qualitative software currently available for the Apple Computers platform. This software served to retrieve the interview texts from MS Word files for coding. Participant statements could then be coded across Word files and stored together for convenient retrieval. The software allowed the researcher to query and generate lists of participant statements related to each code created. The software was not used to generate themes itself.

Memoing. The next step in the qualitative data analysis described by Creswell (2007) is memoing. Memoing is a process in which the researcher may jot down notes and impressions after an interview or when doing an initial review of the data. This researcher listened to each of the recordings after the interview and made journal entries about the interview experience and the content shared. This researcher also read each of the participant interviews several times and made initial notes relating what was being heard to the research aims of the study. An overall sense of the data was yielded through this process. This was also a valuable step for debriefing oneself and stepping away from the highly emotional content of the interviews.

Describing, classifying, and interpreting. Once a researcher has a general sense of the data of the process of analyzing the content can begin (Creswell, 2009). Participant statements that related to the phenomenon of relocation, or theoretical concepts were highlighted and assigned a descriptive code. These statements or responses ranged from several words to several sentences. Initial codes were developed based on the theoretical framework of the study; other codes emerged during the coding process (Creswell, 2007). The codes were derived from examining and reexamining the content of the transcribed

interviews. After each interview was coded, this researcher re-examined the interviews to apply the additional codes or recode some of the texts. This researcher completed four coding rounds in order to develop the codebook.

This researcher trained two research assistants as coders. A Haitian member of the dissertation committee also conducted inter-coder reliability for this study. Coders were trained on coding procedures and the theoretical background for the research inquiry. Coders were instructed to read the manuscript thoroughly at least once before coding. Coders would then read and assign codes to sentences or paragraphs where they identified the research concepts being expressed. Coders utilized the researcher's codebook which reflected expected codes based on the theoretical model and previous literature, as well as codes based on what emerged during the researcher's reading of the data (Creswell, 2007). The coders used this codebook to code the text for reliability. Each coder worked independently reading through the transcribed text and assigning codes throughout the narratives. The coders then conferred with the principal researcher. Any coding variations were thoroughly discussed and until 100% agreement was reached. The use of additional coders helped confirm that this researcher's identification and coding of participant's statements reliably captured the particular concepts.

Once the reliability coding was completed, this researcher developed themes as a way to classify the data. Creswell (2007) recommends combining codes into about five or six general themes and possibly additional subthemes. The following general themes were identified in this study as affecting the relocation of the participants: psychological factors; ecological stressors; relational supports; meaning making; and cultural factors. All of the women expressed elements of the general themes. Subthemes were also included where at

least three women expressed the concept or shared the experience. Chapter Four of this dissertation elaborates on the identifying statements relevant to the themes related to the Haitian women earthquake survivors' relocation experience.

Bracketing out. Moustakas' (1994) phenomenological method obliges the researcher to *bracket out* preconceptions and prejudgments. Creswell, Hanson, Plano, & Morales, (2007) highlight this concept as being a pivotal part of providing the transparency necessary for phenomenological data interpretation. The purpose of the study was to learn about the lived experiences of the women earthquake survivors who fled Haiti unexpectedly. This researcher has family members who came to the U.S. following the earthquake. However, these family members entered the U.S. after obtaining documentation for residency. They came to live with family who had prepared for them and in some cases had already secured legal employment for them. Therefore, the researcher's previous knowledge about relocating to the U.S. after the earthquake was bracketed out and assumptions set aside. The interviewer deferred expertise of this research subject to the participants who lived this type of relocation experience. The openness about the researcher's background and desire to learn from the participants helped create a relaxed atmosphere during the interviews.

Although the researcher conducting the interviews is Haitian American, it is important to recognize the power differential present. The researcher was Western-educated, representing a prestigious university. Participants were all women of meager means, all having left stable lives in their homeland. The principal investigator is a Haitian American doctoral candidate. Her parents are Haitian, but she was born and raised in the United States. She was educated in the language and culture of Haiti by participation in the U.S. Haitian community and through visits to Haiti. These experiences allowed this researcher to interact

with this population with comfort and competence. In conducting the interviews for this study, participants were aware that she was not born in Haiti and did not share their authentic Haitian accent in speaking. Nevertheless, participants were assured that the interviewer had full competence in communicating with them effectively in Haitian Creole.

Reliability and Validity Strategies

In order to increase the rigor of any research, detailed attention must be paid to reliability and validity (Franklin, Cody, & Ballan, 2009) of both qualitative and quantitative research. Although qualitative research does not lend itself to generalizability to the larger population, issues of replicability, consistency, and accuracy give greater credence to the findings generated by the scholarly inquiry. Reliability in qualitative includes both research consists of internal and internal reliability. The internal reliability of a design deals with the degree to which other researchers could follow the research procedures in examining the data and yield the same findings. Properly organizing and storing data; keeping records about the data collection process; and having clear notes for future review help bolster issues of reliability. Clear descriptions of the interview protocols, data collection procedures, and data analysis plan also help create a greater level of external validity (Franklin et al., 2010).

Creswell and Miller (2002) define validity as the accuracy with which inferences drawn from the data represent the participants' reality of a phenomenon (p. 124). Creswell and Miller assert that a researcher's lens and paradigms will suggest the method of establishing validity. This researcher employed a constructivist paradigm and systematically reviewed each participant's interview to be sure the data was saturated and that the themes uncovered truly fit the data. Creswell and Miller suggest the rich, thick description procedure. Hence, the "procedure for establishing credibility in a study is to describe the

setting, the participants, and the themes of a qualitative study in rich detail” (p. 128).

According to the authors, “with this vivid detail, the researchers help readers understand that the account is credible. Rich description also enables readers to make decisions about the applicability of the findings to other settings or similar contexts” (p. 129).

Moustakas (1994) gives a thorough description of the phenomenological research method. Moustakas states that “in accordance with the phenomenological principles, scientific investigation is valid when the knowledge sought is arrived at through descriptions that make possible an understanding of the meanings and essences of experience” (p. 84). In conducting this type of study, the researcher uses each of the additional interview narratives as support for understanding the phenomenon. The collective experiences form a shared meaning. The objective of understanding a lived experience is grasped by capturing that meaning.

Drake and Jonson-Reid (2008) suggest content validity can be addressed in qualitative research by having more than one researcher review the narratives and independently coding the narratives. For this study, two research assistants and a member of the dissertation committee participated in coding the data. Having more researchers involved in this process can also serve to enhance face validity and construct validity. Reliability was also addressed by training all research assistants on how to code and comparing results (Drake & Jonson-Reid, p.141). Disagreements in coding were reevaluated by reviewing the data and collaboratively making a decision on how to assign the code.

Chapter Summary

This chapter described the qualitative methods used in this study. A small sample of eight women who survived Haiti's 2010 earthquake and relocated to Boston, MA made up this purposive sample. A culturally and linguistically competent research team was formed in order to engage this sample and interact with the data in the original language, Haitian Creole. Research team members worked with the principal investigator to reliably code the transcribed data. Similar codes were used to form themes. In the next chapter, thick descriptions of the findings are presented along with profiles of each woman who participated in the study.

Chapter IV
Findings and Discussion

Findings and Discussion

This chapter will present the findings of eight in-depth interviews with women who experienced the 2010 Haiti earthquake and subsequently relocated to the Greater Boston, Massachusetts area. Creswell and Miller (2000) recommend the use of thick, rich description in presenting the findings of qualitative phenomenological research. According to Creswell and Miller, this procedure aids in establishing credibility and validity. The rich description of the participants helps the reader be able to put the narrative statements of a participant into context. The reader can better understand the participants and decide if their experiences may apply to other populations or contexts (Creswell & Miller, 2000, p. 129). A description of the participants is followed by a detailed narrative of the themes that emerged from the interview data. The direct quotations of the women's narratives have been translated from Haitian Creole into English. The essence of the statements is further illuminated where direct translation fails to capture the intended meaning that may be culturally tied. The results of the CES-D and Nicolas depression scales and the PCL-C posttraumatic stress measure for the participants are also given. A discussion, detailing how these findings answer the research questions, is also included with each theme. The concluding chapter will present a summary of this dissertation along with implications of the study.

Participant Profiles

Eight women who survived the January 2010 Haiti earthquake were interviewed for this study. The sample was recruited through members of the Haitian Mental Health Network in Boston. Members were asked to solicit clients who met the eligibility criteria and give them an informational flyer. Women who were interested in the study called the

principal investigator who's phone number was listed on the flyer. The principal investigator had a pre-screening conversation to confirm that they met criteria for inclusion, explained their rights as participants, and scheduled the interviews.

The following is a description of the women who participated in this study. Each of these Haitian women came to the United States due to necessity, unable to continue a normal life routine in Haiti. They were all living in Haiti at the time of the earthquake and did not have plans to move to the U.S. The earthquake changed their lives in many ways. This study describes one of the biggest outcomes of the earthquake for them, leaving their homeland to come to a completely new and different life. All but one of the women had been to the U.S. before. Only one had ever resided here for any period of time. At the time of the interviews all of the women had been living in the U.S. for at least nine months.

In order to protect the anonymity of the participants all names have been changed. Other details that may reveal participants' identity have been concealed as well. The substance of the interview data has not been compromised by these attempts to ensure the confidentiality and anonymity rights of human participants as ethical guidelines of research dictate. The demographic survey was created with this obligation in mind. For example, participants were asked to give an age range, rather than their exact age. They also were not asked about their legal status, although each participant did discuss this.

Anne. Anne is married and in her late forties. She has two children ages twenty and eight. At the time of the interview, Anne and her youngest child, Marie, had been living in Boston for nine months. Anne came to the United States with her youngest child, leaving behind her husband and older child. Anne and Marie, had the legal documentation to enter the U.S. after the earthquake. Her daughter had been born in the U.S. during one of Anne's

previous visits and therefore was a U.S. citizen. Her husband and oldest daughter did not have such documentation and therefore had to remain in Haiti.

I interviewed Anne in the living room of her cousin's apartment. She stepped out periodically to check on Marie who was doing homework and to check the food she was cooking in the kitchen. She was preparing dinner for her cousin's family. Since Anne is unemployed, she took this chore as a duty of reciprocity. The apartment was small, but clean and welcoming. Anne struck me as youthful and energetic when she shared her experience of surviving the earthquake and leaving her homeland. She spoke in Creole and sometimes French, an indication of her level of education.

In Haiti Anne had worked full-time as an educator. She described herself as being active and engaged in her family and work life. The family could afford to send their children to school, and maintain a small home in Port-au-Prince. Many children in Haiti cannot afford to be educated, though education is strongly valued in the culture (Pierce & Elisme, 1997). Anne and her family were far from wealthy, but managed well with the little they had. They were happy. She did not lose any immediate family members in the earthquake, but she lost many of her students. Furthermore, she lost her family life and everything she knew and held dear.

Danielle. Danielle is in her late forties and is a married mother of three children between the ages of 11 and 19. She came to the U.S. with her three children. Her husband, who only had a visa to enter Canada, went there. Danielle and her children entered the U.S. in February of 2010, within a month of the earthquake. She left behind her mother and siblings. She thanked God that she did not lose any immediate family members although many of her friends and neighbors perished in the earthquake.

When she first arrived in Boston, her cousin opened her home to Danielle and the three children. The small apartment was already home to the cousin, her husband and his parents. After a few months, Danielle and the children moved with a close friend. This friend was her God-sister, and is considered like family (Laguerre, 1984). The new living situation was in a larger house on a quiet street with a yard for the children to play. There were also other children in the home. This new home already had eight people residing there. Danielle and the children made twelve. Nevertheless, Danielle felt this situation worked the best. She and the children share a space in the finished basement, but also are at home in the rest of the house.

I interviewed Danielle in the dining room of the home. There was a trifold partition separating the living room where another relative's bed was located. This was the only indication that this nice home in a middle class neighborhood had more occupants than for what it was designed. The home was clean and inviting, yet Danielle apologized for not having coffee for me that morning. On a kitchen desk sat a computer where Haitian Creole came from the speakers. She had been listening to a Haitian internet news station before I arrived. It is not uncommon for Haitian immigrants to stay connected to Haiti in this way (Stepick, 1998).

Danielle had been an educator and entrepreneur in Haiti. She and her husband had a car and nice house near Port-au-Prince. Their children were enrolled in school and doing well. The family was not among the elite in Haiti. However, they did not struggle to meet their daily needs. Their life was simple, but they enjoyed it. She and the children had visited the U.S. several times for vacation, but she never dreamed she would be raising them outside of Haiti.

Marlene. Marlene is a married woman in her late forties. She told me she has three children, then, explained that two are hers and one is her sibling's. As is common in Haitian culture, she and her husband were raising a niece whose parents could not afford to care for her (Laguerre, 1984). Marlene and her two children had the documentation to come to the U.S. after the earthquake. Because her niece was not formally adopted, Marlene did not have a travel visa for her. Her husband also did not have documentation to travel. Marlene's husband remains in Haiti to care for the fourteen-year-old niece. Marlene has returned to Haiti three times to see them, her mother, and siblings who also remain in Haiti.

When she first arrived in the U.S., Marlene was in another state with relatives. An uncle in Boston prepared a basement room for them. She arrived in the U.S. in March of 2010. Three months later, her uncle was able to offer them a basement apartment. Marlene and her two children share one bedroom. One of Marlene's in-laws also came from Haiti in the aftermath of the earthquake and shares the room with them. There is another bedroom in this basement, which is occupied by a boarder. The only other living space is a small kitchen. I sat with Marlene in this small, dark, cold space. There were two chairs at the kitchen table and we sat and spoke there.

Marlene had been a teacher at an early childcare program in Haiti. She was also taking courses at the university. She lost her cousins in the earthquake. Her place of employment was damaged and many of her students and their families died in their homes. Not knowing when life would get back to normal, Marlene and her husband decided she should take their two children out of Haiti. Marlene presented as a strong Haitian patriot who still wishes to return to Haiti with the children and contribute to its renewal. Her Haitian

pride and commitment to return one day is common among Haitian immigrants (Zephir, 1996).

Suzette. Suzette is a woman in her mid-thirties. She was unsure if she could say she was married since she and her long-term mate had not officially married. I realized that she was afraid of being judged by me and by American standards. She relaxed more after we talked about how common-law marriages and cohabitation were not uncommon in Haiti or in the U.S. Suzette is the mother of six children. Her oldest child is in her early twenties. Her youngest children are two-year-old twins. She came to Boston with her nine-year-old daughter who was seriously injured in the earthquake. She left her husband and all of her other children living in a tent in Port-au-Prince.

Suzette and her daughter arrived in Boston soon after the earthquake with the assistance of a medical team. They brought them to Boston because she has a sister living here. However, she does not live with this relative. She and her daughter live with a group of other Haitian earthquake survivors receiving medical support. She and her daughter share a room in the large apartment. Seven other adults and children also live in the four bedroom apartment. They all share a bathroom, living room and kitchen. The day of the interview was Suzette's birthday. We sat in her bedroom where she brought in two chairs, placing them between the two beds.

In Haiti, Suzette was a merchant and cooked and sold food as a street vender. She worked six days per week, starting her day before five a.m. Of her six children, three were school-aged. She had children with three different men; all contributed to their care. She was able to enroll the children in school and could rely on the fathers for assistance in paying the tuitions. Her current husband is the father of her twins. Both of the other fathers died in

the earthquake. Suzette had never been to the U.S. before the earthquake. She never imagined having the opportunity to come to the U.S. She was a person of meager means, working very hard to provide for her large family. She has mixed feelings about leaving Haiti and she wishes her husband and other children could be with her here. When she left Haiti, her twins were just beginning to walk.

Fifi. The oldest participant in the study was Fifi. She is a married grandmother, with two adult sons living in the U.S. Although very youthful in appearance, she replied that she was over age fifty. Fifi was working as a dressmaker and entrepreneur in Haiti. She had a nice home near Port-au-Prince and did not lack any comforts. She was well known in the community. She also employed a local woman in her shop, which was located in the home. Her husband was already retired and in somewhat poor health. They came to the United States together and were living with her sister. Fifi lost her only daughter in the earthquake in Haiti. Her daughter and her husband had lived in the family home with Fifi and her husband. Although their home was not destroyed, they were afraid to sleep inside again. Losing her daughter made Haiti unbearable for Fifi to remain.

I interviewed Fifi in the formal living room of her sister's house. The home was large, bright, and elegant. She was living there with her husband, sister, mother, and her sister's young adult child. Fifi struggled to retain her composure during our interview. The magnitude of her grief was palpable. Fifi was accustomed to visiting the United States, and had considered moving here in the next few years, as her husband would need to utilize the health care system here more frequently. She had hoped to come with her daughter and her husband. Fifi had no other close family members remaining in Haiti, but missed the friends and neighbors to whom she had been so close.

Belinda. Belinda is a woman in her mid-fifties. She and her husband have two children in their early twenties and one who is seventeen-years-old. In Haiti she was a stay at home mom and surrogate mother to the neighborhood friends of her children. Her husband worked full time to support the family, all of who resided in one house. All of the children were in school, the two older ones were in college, and the younger was in secondary school. Belinda's home in Port-au-Prince, Haiti was damaged in the earthquake. Though it was not destroyed, the house was deemed unstable and uninhabitable. The family was forced to sleep out in public spaces in makeshift tents.

A religious group helped finance their travel to Boston. Here they were given use of a small attic apartment upstairs from Belinda's sister. The attic had a galley-kitchen with a refrigerator and microwave, a bathroom, and one bedroom. The family of five slept together in the one room. Belinda stated that they also spent time in her sister's space watching television and cooking. I interviewed Belinda in the small attic living space that had two loveseats facing each other and a coffee table between us. The sitting area was right outside the one bedroom and shared space with the kitchen. Her husband and children moved about during our interview to go to the bathroom or to the refrigerator. They all stopped to say hello and kiss my cheek before moving on.

Belinda was unsure about how many people she lost in the earthquake. She said that some of her cousins had not been heard from or found, but she did not conclude that they were dead. The family had traveled to the U.S. many times over the years. However, they had never spent long periods of time here. They never visited during the winter and found that to be a sudden surprise when they arrived in February of 2010.

Yolene. Yolene is a single mother in her early forties with an adult son and a ten-year-old daughter. She was born in Haiti but lived many years in the United States. She is a U.S. citizen, but had decided to return to Haiti to raise her daughter in her homeland. She and her daughter had been living in Haiti just over a year when the earthquake struck. Yolene's story is unique in that she had sold everything in Boston to begin a new life in Haiti. Her plan was to remain in Haiti, not to return to the United States.

While in Haiti, Yolene worked as a merchant and entrepreneur. She was able to afford to send her daughter to a good school and have a car and house in Port-au-Prince. She had been a nursing assistant when living in the U.S. In the immediate aftermath of the earthquake, she volunteered at the local hospital. Yolene came back to the U.S. five days after the earthquake.

Yolene returned to Boston under very different circumstances than when she left. In the first month she stayed with her daughter's father. Unable to tolerate abuse he inflicted upon her, she and her daughter moved in with her sister and niece. I interviewed Yolene in the formal living room of the small house. She remarked that she slept on the floor in this room and her daughter shared a room with the niece. Yolene's greatest loss appeared to be her autonomy. She was used to being the person in the family that helped others, not the one in need of help. She was uncomfortable with this new role.

While Yolene is legally able to work, the state of the U.S. economy made it difficult to find full-time employment. Her daughter's school in Haiti did not reopen and Yolene feared Haiti was not stable enough to remain there. Nevertheless, her commitment to returning and living there is strong. She has returned to Haiti four times since the earthquake, always bringing medical supplies and clothing. Her mother and several other

close relatives remain in Haiti. When asked who if she lost anyone in the earthquake she replied “no one close, just part of me”.

Lovita. The youngest participant was Lovita, a single woman in her early twenties, who was a university student in Port-au-Prince, Haiti. She lived with her parents and siblings in a modest home. The home was condemned after the earthquake. She and her family slept in open spaces around the city and in the yard of a hospital with friends who were injured. Her family was able to come to the U.S. one month after the earthquake.

I interviewed Lovita in the living room of her aunt’s house where she and her family now lived. The home was beautiful and well kept. She sat curled up on the couch as she told her story of surviving the earthquake and leaving behind everything she ever knew. She got up occasionally to go to the rest room for tissue to dry her tears. She lost some of her cousins in the earthquake and many friends from school and church. Although she had visited the U.S. on many occasions, she never thought about living here. She would have been almost finished with college, yet now was unsure what the future holds.

The following table summarizes some of the demographic information about the participants. While six of the women were married, only the two oldest women had relocated with their spouses. The other four women’s spouses were abroad, three still in Haiti and one living in Canada. The youngest participant was never married and had no children. Five of the women relocated with school aged children. Belinda’s seventeen-year-old son had already completed his high school education. Her other children were in their twenties. Fifi’s remaining children were also adults.

Table 4.1 <i>Family Demographics of Participants</i>				
Participant	Marital status	Age	School-aged children	Hosted by
Anne	Married/ separated by relocation	40's	Yes	Family
Danielle	Married/ separated by relocation	40's	Yes	Extended family
Marlene	Married/ separated by relocation	40's	Yes	Family
Suzette	Married/ separated by relocation	Mid 30's	Yes	Medical group
Fifi	Married	Over 60	No	Family
Belinda	Married	Over 50	No	Family
Yolene	Single/ divorced	Mid/ late 40's	Yes	Family
Lovita	Single/ never married	Early 20's	No	Family

Thematic Descriptions

The narrative data were coded by tagging text phrases and sentences that directly or implicitly addressed the questions posed during the interview. Additional themes were created from ideas and concepts that were repeated in multiple interviews. This method of data reduction occurred through iterative coding cycles by the principal investigator and reliability coding with trained research assistants (Creswell, 2007). The following themes emerged during the conversations with these eight women. Key quotations are chosen to

illustrate the themes. The first section presents themes that were identified as barriers or stressors. The second section discusses themes identified as supporting resilience.

Barriers and Stressors

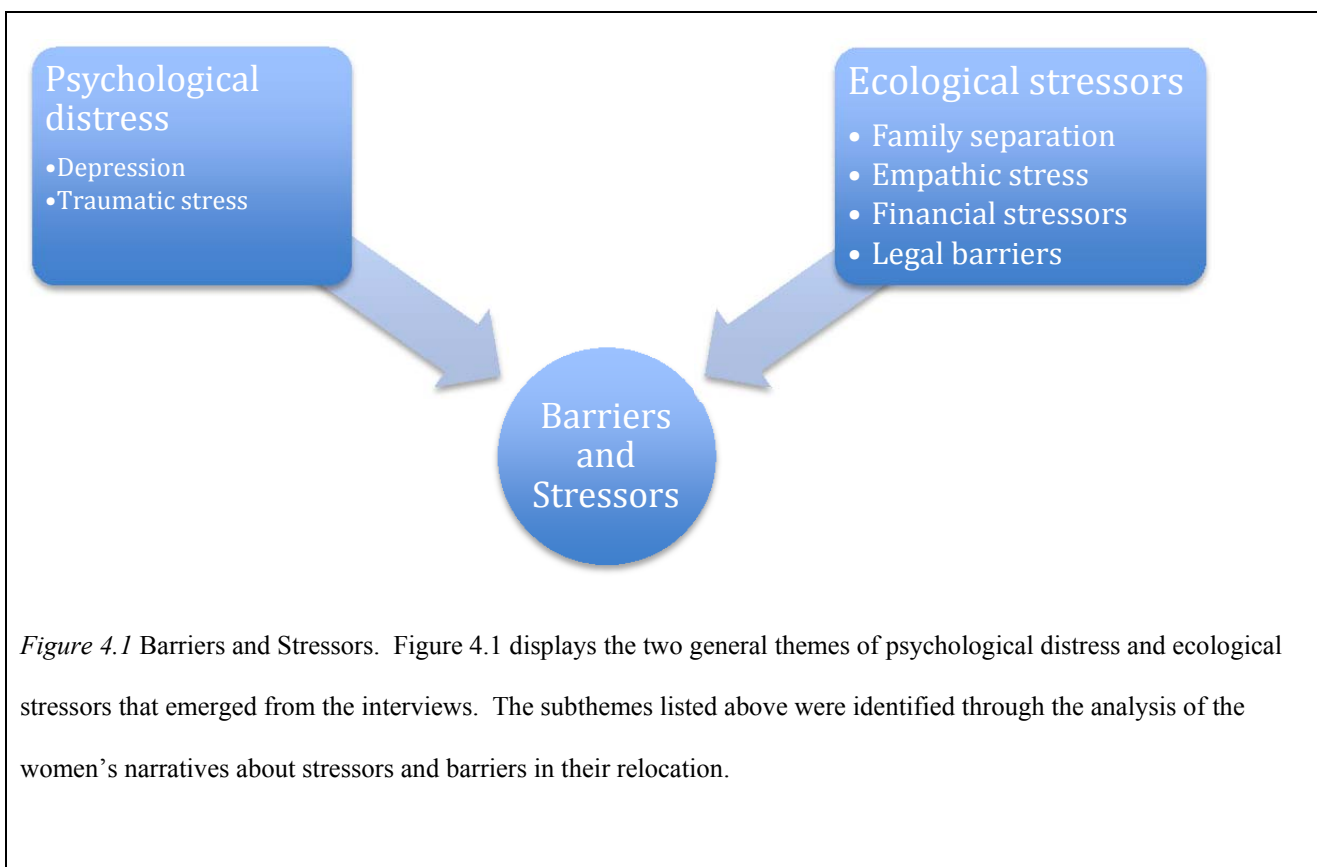


Figure 4.1 Barriers and Stressors. Figure 4.1 displays the two general themes of psychological distress and ecological stressors that emerged from the interviews. The subthemes listed above were identified through the analysis of the women's narratives about stressors and barriers in their relocation.

Psychological distress. One of the themes that emerged from the narratives of the participants was that of *psychological distress*. *Psychological distress* included the feelings and reactions that were common among the Haitian women earthquake survivors. This theme is comprised of two subthemes: *depression* and *traumatic stress*.

Depression. This subtheme encompassed expressions of powerlessness, despair, and defeat. Their despair and insecurity was discussed as having limited options and feeling powerless to change their circumstance. This was conveyed as a defeated self. They describe a life that seems to be out of their control. Anne described how this feeling made

her question her choice to relocate. She said, *“It’s like both of my hands are cut off. And, so sometimes I ask myself if I’m not just going to go back home.”*

The expression of depression was apparent to others as well. Danielle stated that her children had noticed the change in her. Danielle describes this depression as *“I’m trying to live, but since I left Haiti, I’m not REALLY living. Not really. No.”* Her statement reflects a similar sense of powerlessness where her attempts are viewed as futile.

Suzette shared her sense of guilt that she could do nothing to help her children and husband who were still in Haiti. She explained, *“I sleep well. I have water to drink. I have water for bathing. But sometimes I can’t sleep. I’m thinking about my children. I always say “darn, look at me here with food to eat, and they may not be eating anything! . . . I’m living but not really. I’m living at 70%. Not even 70% because my mind is always on them.”* She expressed this same notion of having a defeated sense of self and a depleted life. Suzette had been the head of her family and the primary bread-winner. Her inability to continue in this role plagued her.

Yolene was the only participant in the study that had previously lived in the U.S. She had essentially “made it” as a Haitian immigrant. She had had a successful career in nursing, owned a home, and received an education. As many Haitians dream to do, she returned to live a comfortable life in Haiti with the spoils of her hard work in America (Zephir, 1996). Yolene was planning on staying in Haiti with her daughter long-term. Now she felt like someone starting again at the bottom. She expressed that her losses were *“inside, mentally” (spoken in English). “Mentally, I’ve lost my dignity. I’ve lost all that I’ve worked for. You see? I lost it all.”* She

described the loss of her personal autonomy. Yolene saw herself as climbing up hill. She once considered herself a powerful woman, the head of her family. Now she exclaimed “it’s like both of my feet are tied.” The sudden change in status now required her to lean on people she had previously helped to establish themselves in U.S.

Traumatic stress. Another subtheme of psychological distress was *traumatic stress*. According to the DSMIV TR, symptoms of posttraumatic stress disorder include shame, insomnia, loss of executive functioning, and memory impairment. Research on the mental health of Haitians, has shown that somatization and shock are among other traumatic stress responses. Belinda’s reaction to experiencing the earthquake included such a physical manifestation of stress. She explained, “*Then a lot of things grew on me. A lot of bumps.*” The stress of her situation resulted in her breaking out in hives. The symptoms did not persist and she could not explain why the bumps appeared.

Anne described how the shock of the unexpected trauma of the earthquake affected her emotionally and physically as well. Her symptoms exemplify the description of *sezisman* (Nicolas et al., 2006).

I remember that same week, I had my period. That same day it stopped. After that, it came again after five days. It was a heavy flow. And my gynecologist died in the earthquake. . . Therefore, I was shocked! I was emotional! I was emotional. Mmmm, I was so shocked that my throat closed up. I spent two days without eating.

Danielle's manifestation of stress was in the form of memory and impaired cognition.

Danielle is still struggling to regain her ability to concentrate and function.

I have a memory loss, meaning at first, I spent three, maybe the first three months, and maybe on the fourth month, I could not read a sentence . . . I could not read a paragraph. That is that, if I am reading a paragraph, I can't even remember what comes before it . . . I had an extraordinary concentration problem.

Marlene also described her psychological reactions in terms of physical and medical changes. She also describes posttraumatic reactions such as reliving the earthquake, walking, but feeling as if the earth is shaking beneath her.

Well, you know, even so, now even my blood pressure has gone up, you understand, and then I have gotten, I don't know if it is...like a heavy weight I feel on me. It's like I feel, you don't feel the same anymore. You understand what I'm telling you? You don't feel the same anymore, because now, you're walking and it's like you feel like you are in the earthquake. You are reliving the same moments again.

Other women described feeling like the earthquake was happening again when they rode elevators or the train. This is a traditional symptom of PTSD, while feeling like your blood pressure is raised was an example of a cultural-bond symptom that was also expressed by four of the women.

Psychological Distress Theme and Subthemes: Discussion and Implications

The psychological distress theme was defined by two components or subthemes: *depression* and *traumatic stress*. These themes are relevant to the

research aim of this study, which was to identify the culturally specific ways that Haitian women exhibit trauma and resilience in the aftermath of natural disaster. It helps answer the research question: How do the survivors exhibit distress or post-traumatic stress reactions?

In this study the theme of *depression* was further operationalized as presenting with a sense of a defeated self and having a depleted life. Nicolas et al. (2007) established types of depression characteristic in Haitian clients. One of these types was “fighting a winless battle”. The responses of the women detailed under the depression theme reflect this specific type of depression. The women had a resignation to continue living. The women expressed that they are living because they have to. Yet their statements reveal that they don’t feel that they are “really living”.

As previous literature asserts, these Haitian women participants had culture-specific symptoms in reaction to their traumatic experiences. Kokai et al. (2004) remarked that symptoms of traumatic stress differ cross-culturally. Von Peter (2008) further added that cultural meanings and social structures are also important aspects in understanding mental health. The limited literature on the mental health of Haitians have explored this topic and found that somatization is a dominant expression of mental health symptoms in Haitians (Desrosiers & St. Fluerose, 2002). A common complaint among the women was of feeling that their blood pressure was rising. Four women spoke of experiencing this.

The condition of ‘sezisman’ (Nicolas et al., 2006), a type of shock, was expressed by Anne and others. Anne described that her throat closed. ‘Sezisman’ is

an example of a ‘maladi peyi’ or “country” ailment common among Haitians (Sternlin 2006, as cited by WHO, 2010). This condition often passes without the need for medical attention. However, those who are not knowledgeable about the Haitian culture may inaccurately seek to find and treat medical sources of the complaints, neglecting the underlying psychological needs.

Ecological stressors. An ecological perspective of resilience relates that risk and resilience factors are present at all levels of the ecosystem (Waller, 2001). In describing larger system issues related to the relocation there were four subthemes identified: *family separation, empathic stress, financial stressors, and legal barriers*. *Family separation and empathic stress* represent stressors related to the family system level. *Financial stressors and legal barriers* represent stressors in the macro social environment. These factors were barriers to successful relocation. These are factors that had a negative impact on the women’s adjustment to a new life in Boston.

Family separation. Five of the eight women left close family members when they came to the U.S. The division of the family created additional emotional and financial stress for the women. Some even contemplated returning to Haiti in order to reunite. The following statements exemplify the important value of family in Haitian culture and the stress created by separation. The stories of the following women who left their husbands and one or more children are most significant to this theme.

Suzette left her husband and five of her six children in Haiti. This includes two-year-old twins. She had a strong desire to bring them to join her in the U.S.

I wish I could be living here with all of my children. If my children can’t come be here with me, I’ll have to go be with them. Also, if I got a chance to

get papers to work, to save money, to help them get papers to bring them here, then I would stay. I would visit Haiti because I have my aunt and sister there. But your most important family is your children and your husband. . . These children, I'm there only hope.

It is clear that she misses her family. Moreover, her desire to reunite with them makes it difficult for her to consider staying here without them.

Marlene spoke mournfully about having to leave behind her niece whom she had taken in as a daughter. Unfortunately, she did not have legal custody of the child or a visa to bring her to the U.S. Marlene's husband remained in Haiti with her.

She calls me all the time. She was already calling me mother. It's like she's one of my own children. . . . I just don't feel well. You know? I'm always sad that my husband is not with me. And like I told you, it's the first time we've been apart like this. We've never been apart. We've been married 17 years. You understand? And we've never been apart.

In addition to missing her husband, Marlene lamented that she now had to raise her children in the U.S. as a single parent. This was a considerable change in their family life.

Anne expressed a similar concern about having to raise her child in the U.S. as a single parent. This was a new experience for her as well. She articulated her concern as, *“What really stresses me is that our family is separated now. And I don't know when we will be reunited. I've already started on this road and I can't turn back.”* She felt stuck in this choice to relocate and questions if there is some way to reunite her family soon.

Empathic stress. *Empathic stress* was another theme that emerged. Nicolas, DeSilva, Prater, and Bronkoski (2009) developed the theoretical concept of empathic stress as a symbol of connectedness in Haitian families. In their description of *family separation*, the women also described the stress they felt because of their family members' situations.

Suzette talked about not being able eat, knowing that her children might be going without food as they sleep in a tent on the streets of Port-au-Prince. She reported, "*I'm always thinking about them not eating and living on the street. I hear on the radio, on the news, about men who are going into the tents and raping women. I have daughters. I'm constantly afraid.*" The stress of her concern for her children so far away have a negative affect on Suzette's sense of wellbeing. Rather than not eating due to lack of appetite, which could be evaluated as a symptom of depressive disorder, Suzette is not eating because of the guilt that her children may be hungry. Her empathy causes her to deny herself food in solidarity with what they may be experiencing.

Danielle shares the ambivalence she feels. On one hand she is extremely lucky to have left Haiti and be in the U.S. Yet on the other hand, her heart aches for those who were not as fortunate. She can hardly bear talking to people in Haiti or hearing Haitian news.

It's Haiti that's breaking my heart. All of the suffering that is happening there, I can't stop thinking about it. . . . The people you know, your friends, people you know are in such a difficult situation and there's nothing you can do about it.

Although Anne feels so much safer in the U.S., she feels her blood pressure rising when she thinks of her oldest child and others who must remain. She is consumed with fear for their safety, afraid of another earthquake, sickness, and kidnappings.

I'm here, but all day long I'm calling back home to my daughter. I tell her to be careful, don't come home late, don't go out too much! You understand? Even though I'm here, my flesh is also in Haiti. Here, I'm safe, that's true, but I'm not fully in peace because I left people in Haiti and I know what can happen in Haiti. Do you understand? That makes it so that sometimes I feel my blood pressure rising.

The stress that Anne feels worrying for her daughter and for others exemplifies the concept of empathic stress. Her comment also reflects the sense of connectedness she feels towards all of the people in Haiti.

Yolene is worn down by the thought of her elderly mother in Haiti. She is worried about the elderly in her family whom she was use to assisting. She said. *“When I came to the U.S., I was wondering how they would manage. You understand? How will they manage? There's a point in old-age when you are like a child again. So that's a problem. I always have in my head, while I'm here, if I were back home I could do more.”* This is particularly poignant for Yolene, who as a former nursing assistant, valued her helping role. It also gave her a sense of worth and identity.

Financial stressors. Financial stressors were a significant barrier to the women successfully adjusting to the relocation. The women were experiencing financial stress because they were not employed. They wanted to contribute to their current households and some wanted to assist family still in Haiti.

Danielle has had assistance from her children's prestigious private school in the U.S. but doesn't know if that will continue. She is concerned that the children will not be able to

continue in this bi-lingual French and English school where they are thriving educationally. She is also concerned about her inability to contribute to her current household. She questions if she will have to return to Haiti if the situation remains unchanged. She explained *“I’m not working. And I’m not doing anything for money. So, for someone to take in me and my children, it’s an expense. What will I do with my children? My husband and I are discussing this. Would we have to go back to Haiti? If we did, what would we do?”* Although she relishes the support of her host, she knows that it also creates a financial burden for others.

Suzette lost two of her children’s fathers in the earthquake. She wishes she could even work a few hours per week to send things for her children to sell and make money for food. She shares her worry:

My biggest stress is that I’m not doing anything. If I could find some place, what do you call it- hourly? If only I could just work four hours, then I could get a little cash. I would be overjoyed. I could see nice dresses, and it would be nothing for me to just get them and send them for the children to sell and buy food. Because, I was the head of the house. I was the bread-winner.

Belinda laments her dire financial situation. She longs to visit home, but she has no money for travel. This is coupled with her lingering uncertainty about her legal status.

O, my goodness. I miss my country so much! I don’t have any money. Where am I going to find money to go to my country? A plane ticket doesn’t cost just five bucks. Where am I going to find that kind of money to go to my country? If I was working, oh I’d be there. If I have a legal status, I have

papers to work, now the money's in my hand . . . As long as you have money, you can go wherever you want. Do you understand? You go wherever you want. But without the papers to work, it's a problem.

Belinda's story sheds light on numerous factors that are creating stressors for her.

She is home-sick for her beloved country. Yet she has no income to even visit.

Even if she had money she needs the correct legal documentation in order to go and return. She remains in limbo until she settles matters about her documentation.

Legal barriers. In order to protect the rights of participants, none of the women were asked to explain their current legal status. Nevertheless, with the exception of Yolene, all of the women shared concerns about maintaining a legal status while in the U.S. They were unsure of their rights and for what they qualified. If they had to remain in the U.S. for some time, they insisted on doing it legally. Not knowing what their status would be was a significant stressor for these women.

Danielle feels fortunate that her children are able to stay in the U.S. to study with the help of their school. However, she has no intention of staying in this country if her legal status is not renewed. *“My biggest concern is about the question of legality. This might be a surprise to some people, but I don't want to stay here if I can't do it legally.”* She also voiced that she would not be willing to leave her children in the U.S. and return to Haiti without them. This would mean forfeiting their educational opportunity.

Not having documentation for her niece was an additional concern for Marlene. Marlene spoke about how she had to leave the niece she was raising as a daughter in Haiti. *“Before the earthquake that happened in January, I had taken her to live with me. However, I didn't go through a process to actually adopt her. Because she doesn't have our last name,*

I couldn't go get a visa for her." Although she remained in Haiti with Marlene's husband, Marlene struggled with feeling as though she had now abandoned this child who had come to call her mother.

With the exception of Yolene, all of the women spoke about having their "papers". That was the key to opening many doors in the U.S. Fifi described the need for ongoing legal status to be able to work. ". . . until I can get the papers . . . we're trying to work it out. My son is supposed to apply for residency for us. So, I think in due time, we might be able to figure something out. I don't know."

Belinda and her family are waiting to see if they will find legal means to stay in the U.S. She is frustrated with waiting. She is desperate for a solution as the visas are soon to expire. She shares, "*Sometimes the kids say that our time is up soon for staying in this country. Look at how long we've been here. We would like to work. We would like to do something. But they can't. In order to do something, they have to have their papers.*" Legal barriers are adversely affecting their relocation experience, much like the other women and their families. There is uncertainty about when or if the situations will change.

Ecological Stressors Theme and Subthemes: Discussion and Implications

One of the research questions posed in this study was: What factors threaten resilience for relocated Haitian women earthquake survivors? The themes described herein address this question. Ecological stressors create barriers to a successful relocation experience. Greene and Greene (2009) described that there are social, political, and economic ramifications to natural disasters. Furthermore, the effects of these can cause collective trauma within societies. Stressors can be found at all levels of the ecosystem. The earthquake survivors experienced many factors that challenged the success of their

relocation. The subthemes included as Ecological Stressors include: family separation, Empathic Stress, Economic Factors, and Legal Barriers.

Within the Haitian culture, family is highly valued. In Haiti, adult children commonly stay at home with their parents until they have their own families. Even then, multi-generational family homes are common. Five of the eight women reported leaving behind significant family members such as husbands, children, parents, or siblings. In each case, these estranged family members were residing in the same home as the participant or in close proximity. Anne, Danielle, Marlene, and Suzette were apart from their spouses. Danielle's husband went to Canada after the earthquake because he had legal documentation to go there but not to come to the U.S. The other husbands were still in Haiti. These women reported having strong relationships with their spouses and the separation was stressful. Additionally, Suzette, Ann and Marlene had children who were remaining in Haiti. Anne, Danielle, Marlene, and Suzette had never lived apart from their families.

The subthemes of *family separation* and *empathic stress* were strongly interrelated. Empathic stress is the stress resulting from the worry and concern over the plight of relatives living in Haiti (Nicolas et al., 2009). In Haiti where communities are often close knit and friends often considered as family, concern over neighbors and friends can be included here. Nicolas and her colleagues found that empathic stress was positively associated with depression and acculturative stress. Hence, empathic stress can be a barrier to a successful relocation experience.

In the present study of Haitian women earthquake survivors, the presence of empathic stress was identified in five of the eight women. The women who had children remaining in Haiti worried intensely about their wellbeing, citing violence, rape, and kidnapping as

primary concerns. Although Yolene did not have children in Haiti, she expressed empathic stress for her elderly mother and other elder relatives for whom she was accustomed to visiting and provided care. She worried intensely about how they fared without her, as she had played a major role in their daily care.

As discussed earlier, Haitians tend to have a strong sense of national identity (Zephir, 1996). As a collective society, the trauma of the earthquake extended beyond the individual. Five of the participants expressed significant worry and fear for the people of Haiti, not only their own personal friends and relatives. Fifi and her husband lost their only daughter in the earthquake. All of their other family had already immigrated to the United States. When her daughter died, Fifi felt that there was nothing left in Haiti for her except the memory of that loss. Fifi's network of family and friends in the U.S. are strong. Lovita and Belinda also spoke about having several close family members already living in the United States. While Fifi, Lovita, and Belinda expressed horror and dismay at the plight of those still in the affected areas, they were not consumed by worry or concerned about returning to be with anyone there.

Financial stressors and legal factors were two related themes that were present in most of the women's narratives. None of the women in the study were employed. Yolene, who had worked in the U.S. as a nursing assistant before moving back to Haiti, occasionally found per diem work. The current state of the U.S. economy seemed to be hindering her ability to find full-time, consistent work. She was the only woman who did not have legal documentation concerns. She was already a U.S. citizen. The other women did not have the legal standing to work in this country. Their legal status was a significant barrier to

successfully adapting to life in Boston. Without legal permission to work or study here, they felt they would have to return to Haiti. Their opportunities here would be inhibited.

Cantave, (2010) revealed that the number of Haitians living in the United States and in Massachusetts is vastly under-reported. He estimates that the number of Haitian immigrants in the U.S. is approximately two million. This includes those who identify as Haitian American and Haitians. According to Cantave, this number accounts for the recognized Haitian immigrants and those who are in this country illegally. A major concern for Haitians who came to the U.S. with travel visas is that when the visas expire, they would be expected to return. A concern for social workers should be the inevitability that some may choose to stay as illegal immigrants. This may pose additional stress and risks in this population. Fear of discovery and deportation may keep illegal Haitian immigrants from utilizing public health services and will limit their opportunities for engaging in the legal workforce.

Table. 4.2

Barriers to relocation

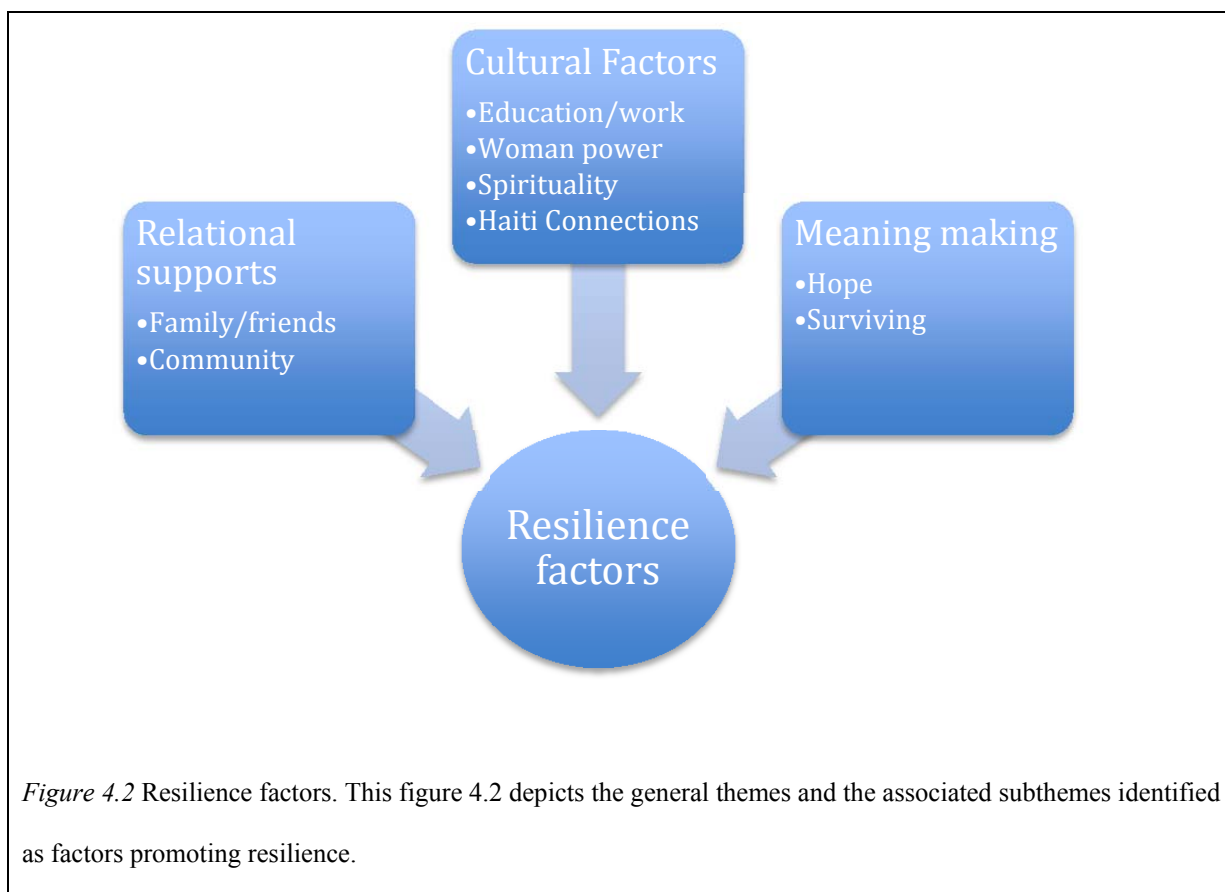
Participant	Depression	Traumatic stress	Legal	Financial	Empathic stress	Family separation
Anne	Yes	Yes	Yes	Yes	Yes	Yes
Danielle	Yes	Yes	Yes	Yes	Yes	Yes
Marlene	Yes	Yes	Yes	Yes	Yes	Yes
Suzette	Yes	Yes	Yes	Yes	Yes	Yes
Fifi	Yes	Yes	Yes	Yes	No	No
Belinda	Yes	Yes	Yes	Yes	No	No
Yolene	Yes	No	No	Yes	Yes	Yes
Lovita	Yes	No	Yes	Yes	No	No

Note. Table 4.2 displays the themes recognized as being barriers to the women's successful relocation experience.

The barriers described in this section pose a challenge to relocation in that they inhibit a transition to a normal, active life. All of the women had been engaged in work, school, or community as well as family activities while in Haiti. Their social ecology was disrupted by this relocation. Attempts at rebuilding some of those ways of life are being thwarted by the inability to reunify their families and engage in meaningful work or school.

Resilience Factors

The aim of this research study was to examine the culturally specific ways relocated Haitian women earthquake survivors display trauma and resilience in the aftermath of a natural disaster. This section of the findings addresses the research question: What factors enhance resilience in relocated female survivors of the 2010 Haitian earthquake? Three general themes were evident in the narrative interviews: relational supports, cultural values, and meaning making. Figure 4.2 depicts these general themes and the subthemes associated with them. These were factors that reflected key factors of resilience a) the role of micro and macro social forces (Waller, 2001; Greene & Greene, 2009); b) the ability to leverage systems of support (Luthar, et al., 2000) and c) the motivation force to survive and have hope (Richardson, 2002; Allen, 2005).



Relational supports. Support of people and organizations within one's social environment are factors that can facilitate resilience (Harvey, 2007). The Haitian women earthquake survivors identified various types of social supports that assisted them in their adjustment to life in the U.S. These included supportive friends and family, and support of the community and organizations that provide services to the Haitian community.

Friends and family support. The support of friends and family was a major theme present in the narratives of the eight women earthquake survivors. Six of the women affirmed that they had significant support from family or friends. However, two of the eight women reported having limited or no support from family in the U.S.

Suzette was the only participant that was not living with or receiving assistance from her family member living in the U.S. Yolene was living with family, but reported that she did not feel supported. *Friend and family support* is defined in terms of material assistance, financial help, housing, as well as emotional support provided by friends and family members, including extended family. The women determined for themselves if they felt supported.

Lovita talked about her biological and church family as being a source of support for her. She appreciated the effort that family members made to keep in touch and offer support.

I get support from my church community and from my family. That's my nuclear family and my extended family as well- aunt, uncles, and others.

They talk with me. They try to keep a relationship with me, so sometimes that's a form of support that helps me.

Any type of support was appreciated. Anne shared that the support of her friends were vital even if it was not a financial support. *“Even though they can't give me financial support, they talk with me.”*

Danielle came to the U.S. while it was still winter. Her family helped supply her children with clothing for the cold weather and for school. She comments on how this helped her children adjust to their new life. She shared, *“When I first came, they bought coats for the children because it was winter. They also helped the children prepare things for school. When it was time to enroll them, they did everything.”*

Besides her family in the U.S. Marlene's husband in Haiti also does what he can to support the family.

I have my Uncle who lives in another city that always sends me some money. I have cousins in Florida. I also have cousins in Boston who always help too. And my husband hasn't neglected us. No matter what little bit of money he comes across, he sends it for us. He always calls us every day. You understand? Like this morning; he already called. He knows I'm here by myself. Tonight, he'll call us again.

Her emphasis in including her husband's support demonstrated how significant their relationship is and how important his emotional support is to her. All of the four women, who had to relocate without their husbands, spoke about the emotional support they were receiving from their spouses.

Fifi had many family members already living in the U.S. and they had the means to offer her financial assistance periodically. *"All of my family helps me. I have brothers, all of my in-laws that have been in the U.S. for a long time. They lend us a hand, financially. I have brothers and sisters. I am definitely surrounded by helpers."* The fact that Fifi's children and her siblings are well established in the U.S. has been a blessing to her. Her sister was able to host Fifi and her husband in a very comfortable home, where they had their own bedroom. None of the other participants had this kind of accommodation.

Unlike the other participants, Suzette, who was brought to the U.S. for her daughter to receive medical treatment, did not have family support in the U.S. She is somewhat estranged from her sister who lives here. She described her relationship with her sister. *"I don't have family supporting me here. I could connect with my sister, but she hasn't really made an effort for that. That's what I've come to realize."*

I don't really ask for it either. She hasn't really given me an entry point to connect with her." Suzette did make friends. She added, *"One of my friends invited me out. We went to see the Aquarium . . . We went and saw fish and things like that. Yeah, another friend invited me to go to a little party. It was a turkey party [Thanksgiving]. [Smiling].* However, Suzette did not feel she had significant supportive relationships here.

Yolene wanted to show a strong face to her family. She was determined not to show need to her family. *"There isn't anyone who can understand what I'm dealing with. My problem," she said. "As far as I'm concerned, no one can understand it, unless you're also in my position."* Although Yolene was cautious about sharing too much of her problems with other people, she did have one confidant. She expressed caution, *"I have a friend that I talk to. She's from Barbados. But other than that I don't really talk to anyone. I feel that if you talk to people, all of your business will be in the streets."* Of all of the women in this study, Yolene was the most disconnected from support systems. She also appeared the most distressed during the interview, corresponding with moderate scores on the PCL-C and CES-D trauma and depression scales. Although she lived with her sister, Yolene explicitly stated that she did not have anyone's support.

Community support. The women in this study were recruited due to their connections to Haitian service providers who assisted in the recruitment. Therefore, all of the women except Yolene had been in contact with a social service agency in the community. This included mental health counseling, support groups, medical assistance, and English language courses.

Fifi talked about the support she received from a community-based health center that offered medical treatment as well as emotional support groups.

They helped me a lot at (name of community organization). You see, they welcomed us with open arms. We had a very interesting therapy there. And we saw a medical doctor too. When I went there, I did a bunch of test, I did my- what do you call it, vaccinations. Afterwards I had a mammogram, I don't recall the name of the other thing. But I found it very useful.

The care that Fifi received was both medical interventions as well as social work interventions. Fifi's remark that there was an "interesting therapy" signifies her level of unfamiliarity with social work interventions. She initially indicated that she had no involvement with a social worker or mental health professional during the demographic survey interview, then asked if that group fit the criteria.

Anne was able to get support through her connections to a local organization. The workers themselves were a source of emotional support even though the services at this particular organization did not include therapy or a specific support group. She contributed the following statements that shed light on how a community-based organization gave her support:

Oh, yes. I'm very close to the person in charge where I take English class. They helped me a lot (name of organization). (Worker) is someone who helps me. She helps me. For example, I can talk to them. She's someone who supports me. Whenever I have a problem or feel upset, or discouraged, or whatever, they help me in that way. And the Food pantry, oh yeah, I live off of that.

Formal psychological interventions are not common in Haiti due to the limited number of professionals working in the social work or psychology field (Desrosiers & St. Fleurose, 2002; Portes, et al., 1992). However, Danielle was very savvy about the need for psychological support after experiencing trauma. Danielle was able to find psychological support for both herself and her children. She told me *“I found a psychologist, someone to see the children too. Because the children, you know, the fact that we were sleeping on the streets and witnessed so many injured people. My children have a lot of images, like very traumatic things.”* She recognized that they had a need to talk to a professional about their experiences and she did not associate any stigma with doing so.

Belinda was thankful for the support group she attended and the familial relationship she built with the staff at that organization. She said of one particular worker *“She’s- how can I say this- she’s someone who really helps others. A Good Samaritan. . . . When I go to (name of community organization), they take care of us. They had a meal there. When we come, they talk with us. . . . And the kids too.”* Belinda viewed her support group as a reunion of friends who ate together and shared resources. Other women who had similar group experiences described it in the same way.

Lovita also participated in a group at an agency and made friends she now feels comfortable calling. They also shared resources with one another. The agency workers were a positive influence and helped the members feel cared for. She added, *“I still have the phone numbers of the other group members and keep contact with them. If there are any issues, you can always call and swap ideas.”*

Relational Supports Theme and Subthemes: Discussion and Implications

The value of familial ties in Haitian culture is well established as a vital part of the lives of Haitians (Dudley-Grant & Etheridge, 2008; Gopaul-MicNicol et al., 1998). Furthermore, friends and extended family are often considered as family (Laguette, 1984). The sense of connection and obligation remains despite proximity. The theme of *friend and family support* is supported by narrative responses of the women that exemplify the care they received from their hosts and close supporters. The support that they received was material as well as emotional.

These findings are consistent with other research findings related to relocated earthquake victims. Kuwabara et al. (2008) and Najarian et al., (2001) reported findings that relocated women earthquake survivors exhibit significant distress. Studies suggest that the disruption of social networks such as friends and family may be a contributing factor to psychological disorders such as PTSD and depression in relocated earthquake survivors (Kilic et al., 2006; Bland et al., 1997). The women in the present study do display some psychological distress, yet the affects of relocation may be buffered by their connections to strong family and friend supports in the U.S. All but two of the women, Yolene and Suzette, reported very strong support from their friends and families. Those six women presented as more emotionally well during the research interview. Their narratives reflect pain, but also greater expression of hope than the other two.

The two women who lacked the emotional support of their family also had limited friendships. Yolene presented as more withdrawn and suspicious of others. Nevertheless, she did not possess the highest scores for depression or PTSD compared to the other women. Yet her narrative reflects the most depressed mood

of all of the women interviewed. Suzette, who left behind her husband and five of her children, also presented as having less hopefulness. The other women, however, were able to use their supporters in ways that increased their hopefulness and decreased their sense of powerlessness. For example, Fifi was certain that her son would help her gain a long-term legal status. The other women also were receiving housing where they felt secure even if the conditions were crowded. Their friends and family helped financially as well as emotionally seemingly without shaming them. However, Yolene and Suzette had different experiences.

Suzette was able to benefit from community support, however. *Community support* was also a subtheme of *relational support*. Community support entailed engagement in local organizations for supportive services such as health, mental health, or material resources. Suzette was living in a house, supported by a medical team. Her emotional support was limited, but her daily needs were provided for. Yolene was the only participant who stated that she was not currently actively engaged with support in the community. She was aware of resources and reported having seen a psychologist briefly, but she was not engaged in any services at the time of the interview. She was adamant about not wanting to show weakness. Her previous status as a successful woman prevented her from seeking the help that she needed.

Seven of the other women participants were connected to organizations where they received services by Haitian providers and in Haitian Creole. The women described this support as being vital to their adjustment to the relocation and to their psychological wellbeing. They expressed being able to identify with the

workers at the organizations, often calling them on the phone for resources or emotional support. This finding demonstrates the importance of having culturally and linguistically competent workers in community organizations that can assist immigrants in need. Furthermore, the use of talk therapy groups that incorporate sharing a meal and resources appears to have eliminated any stigma associated with using mental health services by creating a family atmosphere.

The *community support* findings also illustrate Harvey's (2007) description of an ecological perspective of resilience where the various social contexts of an individual have potential to strengthen resilience. Furthermore, Harvey asserts that in response to diverse populations, professionals need to seek non-conventional methods of support for those who may not use traditional methods (p. 13). For Haitians, who have limited knowledge of social work interventions from their homeland, the familiar mode of intervention is among family and friends. Camaraderie among social work professionals and clients, while maintaining professional boundaries, may be a vital part in engaging Haitian clients.

The relational supports described here directly address the research aim of this study, which is to examine the culturally specific ways relocated Haitian women earthquake survivors display trauma and resilience in the aftermath of a natural disaster. More specifically, it also answers the question: What factors enhance resilience in relocated female survivors of the 2010 Haitian earthquake? Family networks have been shown to have an important role in the social adaptation of Haitian immigrants (Stepick & Portes, 1986). Having an expanded definition of family also benefits Haitians (Shaw, 2008). Themes were

identified in the women's narratives that spoke to the support of friends and family, as well as community Support.

Family, friends, and individuals in the community help new immigrants adjust to the new language, culture, and systems in a supportive environment (Laguerre, 1984). The women who indicated community support identified services such as group therapy, food pantry, medical care, and English language classes. Engaging with the staff and other consumers at the community agencies met both material and emotional needs. The support of their family and friends also helped them to adjust to their new life. Family and friends provided housing, clothing, money, legal resources, and emotional support.

Cultural factors. Several themes were strongly tied to Haitian culture and belief systems. These were factors that promoted well-being and psychological adjustment. The women spoke in similar ways about these concepts. The subthemes discussed here are: *value of education and work ethic; woman power; spirituality; and Haiti connections.*

Value of education and work ethic. Many of these women came to the United States because they wanted their children to go to school. Many schools in Port-au-Prince and the surrounding areas were destroyed or severely damaged during the earthquake. Much of the infrastructure in the capital city was severely damaged. Children who had been fortunate enough to attend school were now left without much option. All of the women who were mothers of school-aged children all spoke of the importance of education as a means for children not only to adjust to a normal life, but also to obtain a better life in the future. Seven of the women also talked about wanting to go to school themselves to learn English and even to earn a degree. All eight women discussed the imperative that they work and contribute to their family's care. For seven out of eight of them, that included providing for family in

Haiti. Education and hard work was a common thread for self-improvement and changing one's circumstances.

Below, Danielle sheds light on the value of education in Haitian society.

And from how my mother raised me, the way I see it, we believe in our children's education. We believe in education in general. That means (spoken in French) that education can open any door that is closed. And that's one of my greatest priorities for my children.

Suzette also identifies education as the key to a better future. She wants an opportunity to learn the American nursing system. She had some past experience working in hospitals in Haiti and believes she could succeed in this. She voiced her hope, *"I'd like to have a career for the future. I want to learn something. If I could find that opportunity, I'd be happy. So I could do more for my children. And myself."*

Lovita, who was in college in Haiti when the earthquake struck, is eager to continue learning. She is hoping that coming to the U.S. does not keep her from fulfilling her educational goals. She said, *"Actually I was thinking about taking an English class so that I could kinda adjust. Even if I have to change my major, like I might not stay in accounting anymore, I could take some courses. . . even if I don't find exactly what I want to study, I could still establish myself."* Establishing herself would mean having an income to help her family, those who opened their home to her, as well as those still in Haiti.

Anne has a love of learning. She can't imagine staying idle. Her value for education and for contributing her skills will need to be put to use. Otherwise, she can't imagine staying in the U.S. She offered this explanation: *"even though I'm not working, even though*

I'm only taking an English class, I always stay "up-to-date" (spoken in English) with a lot of things that are going on in the world, like technology. . . . because that's what will help me get ahead, you know. If I don't have my papers, I'll have to go back. Because I can't just stay closed up behind four walls and I'm able-bodied." Anne's comments are one example of the sentiments shared by all of the women. All eight participants, young and old, were eager to be engaged in school or work.

Marlene feels that she still has something to offer society. She hopes to show the U.S. society what Haitians can contribute here. Her comment is similar to Anne who is of a similar age. She stated, ". . . *even though we're grown up, we're not old. I mean we still have all our strength, all our vigor, all our courage, for us to keep going. Because we're still here, still able."*

Woman power. Within Haitian society, women are considered the pillar of the family or even the pillar of the community (N'Zengou-Tayo, 1998). They are known for their sacrifices made for their families and their community. The subtheme of *woman power* was evident in the spirits of all of the women. Four of the women made statements that exemplified this concept as a cultural value.

Danielle gave voice to the Haitian cultural understanding of the role of women. She exclaimed proudly, "*Yup, the belief . . . in the Haitian culture . . . It's that Haitian women are fighters!*" This fighter spirit meant never giving up and staying strong no matter what circumstance. She talked about having to leave Haiti and split up her family. When she spoke of her role as a mother and the need to come to the U.S. for her children to be educated she said "*Haitian women, that's*

what we are!” Within the culture there is not a need to say more. The women make sacrifices in order to protect, promote, or save the family.

Fifi, who described how she had to hold back emotion, while her son-in-law was inconsolably telling the family of her daughter’s death, epitomized this spirit. She had to stay strong for everyone else. She said solemnly, *“So now, he’s sitting there, inconsolable. And me, I have to keep my head together. Ok? Because I also have my husband who has diabetes, and came here practically dying.”* Her statement also demonstrates the belief that such shock can make sick people die more quickly. At the time of the loss of her only daughter, she maintained a pillar of strength for others.

Yolene’s comment also reveals the way women are leaders and must stay strong for their family. She said, *“I’ve always been the head of the family. And now I’m at the bottom here. You understand. This situation is not easy. I feel like I’m not. . . I still feel like I have to be a superwoman. And I can’t show any one my true weakness.”* Although Yolene’s interview conveyed a woman struggling against depression, she was not willing to surrender. Like the other women, she felt that being the head of the family meant being a super woman who cared for others at any cost or sacrifice.

Suzette also talked about this concept in that she “was the breadwinner”. She talked about how her large family relied on her to support them. Although she had help in the past from the children’s fathers, she was the one who was primarily responsible for their care. She added that now, although she was in the U.S. she saw herself as “their only hope”.

Spirituality. Spirituality emerged as a common thread all but one of the interviews. While Yolene did attribute her survival of the earthquake as being part of God’s plan, she was the only participant that did not explicitly talk about relying on spirituality as a form of

support. Spirituality is considered a cultural factor in this study because it is recognized as an important part of Haitian life. Most Haitians identify with a Christian faith (Pierce & Elisme, 1997). Furthermore, according to Stepick (1998), whether or not it is widely practiced, most Haitians are familiar with concepts of Voodoo and proponents of both Christianity and Voodoo have become part of the culture and belief system. This is evident in how Haitians view and treat physical and mental illnesses as having supernatural causes and cures (Jean-Louis et al.; Nicolas et al., 2006).

Whether they relied on the church or their inner spiritual connection, God or a higher power was a strong factor in what was helping with this transition to a new life. Marlene shared that when she needed uplifting, she would sing and pray to draw strength from God.

My family and friends always call me on the phone and tell us to stay strong. Have courage, that we don't need anything. The fact that we are still alive is because God himself is going to continue to take care of us. And he does take care of us. God takes care of us. Deliverance! For example, if I'm by myself, I sing and pray. You understand? And I find the strength. God gives me strength.

Anne felt blessed that she was saved from harm during the earthquake. Belief in the power of God keeps her spirits from sinking low.

I'm a Christian. I'm a Christian. I believe in God very much. I have a lot of faith. And I am convinced that if it wasn't for God, I would not have survived. Even though . . . physically I'm not hurt, like I wasn't hit, I wasn't wounded, nothing fell on my head, even if my spirits are so low, if it wasn't

for God, who is the hope that allows me to pull through, then I wouldn't be able to.

Danielle is putting her future in God's hands. She believes that God will answer her prayers.

God. I have a strong faith in God. And God guides my path. For instance, I pray because, truly (laughs) when I take a minute and look back, I say "this is crazy!" Like, a lot of people might think I'm crazy, relocating with three children like that. . . And I prayed because I still want to go back to Haiti one day. And I tell God that. I believe in God.

She recognizes the leap of faith that she has taken by coming to America with three children, without her husband. Even though there are uncertainties about their continued legal status, she trusts in prayer.

Prayer and song also helped keep Fifi stay positive and stay resilient. She spontaneously began to sing:

This is the way I raise my spirits. I sing spiritual songs. I sing a spiritual song.

Alright, I have to tell you a song that we learned in church:

[Singing] <<Gran Mèt, Gran Mèt, Gran Mèt

Ban m kouraj ou, ban m kouraj ou pou m priye. >>

<<My Lord, my Lord, my Lord.

Give me your strength, give me courage

to pray. >>

Okay. So, I always sing. And then it raises my spirits. . . And I say, alright, you're alive, you must keep living. So, you can't stop.

Suzette held beliefs in both Christianity and Voodoo. She seemed hesitant to talk about it at first. She was the only participant who shared this belief. While she identified Voodoo as often a cause of problems, both Christianity and Voodoo were avenues of spiritual support for her.

I believe in Voodoo. I believe in it. Because there are some problems that Voodoo is what helps you solve it. Other than God, other than God, it's Voodoo that can help. If you practice Voodoo, if you have a major problem, that's what will help you other than God. If Voodoo can't help it, then it's the hospital. I do believe in that.

Suzette also shared that she was brought into Voodoo by her parents and that she was not sure that she could get out of it. Missionaries that she met while in the U.S. had been encouraging her to break from Voodoo. She was ambivalent about whether she actually felt she needed to.

Haiti connections. Haitians are known for having a strong sense of ethnic identity and national pride (Pierce & Elisme, 1997). According to Zephir (1996), Haitians often view their time in the U.S. as an opportunity to accomplish specific education and work goals before returning to live in Haiti. The women also shared a patriotic connection to Haiti. They expressed that Haiti's future was intertwined with their own. Four women made exemplary statements about their connection to Haiti.

Danielle believes that Haiti's future rests with Haitians who must make a difference. She talked about her responsibility to raise her children in such a way that they will contribute to restoring Haiti.

So, well, I think this is a difficult transition but it's a transition for me to realize other things. That's to say . . . I have some things I have to do. .

.Because there are some things I want to go do in Haiti and especially with my children . . . I have to raise my children. . . I hope to raise them well for Haiti. Yup. Because Haiti needs all of us.

Danielle is able to make sense of this difficult transition because it has an ultimate purpose. She and her children will eventually return home to Haiti and contribute to its renewal.

Yolene had already established herself in the U.S. and moved back to Haiti with her daughter when the earthquake struck. She had not been planning to return to the U.S. Yolene added these comments about her commitment to Haiti.

There are people who don't promote Haiti. I ask them "what's wrong with Haiti that I shouldn't promote it?" We're the ones that have to change it.

There's nothing wrong with Haiti. We're the problem.

Although Belinda wished to stay in the U.S. to work and educate her children, she doesn't want to spend her life here and never visit Haiti. She still has affection for her homeland.

That's what I want from this country. When I finally get my documentation to work in this country. For me to work, and when I make some cash, now then, I can go do some things in my country. Go fix my house in my country. I can

go and come back too. But, it's not to say that I would like to come to this country to spend the rest of my life. You understand?

Belinda who was over age fifty, still desires to work in the U.S. with the hope of making enough money to fix her house in Haiti and eventually return.

Anne discussed her affinity for the Haitian people. She was strongly identified with her homeland and proud of her Haitian culture. Anne's narrative below summarized the resilient attitude of Haitians:

Alright. What I appreciate about at home in Haiti, it's not bad for them. How can I say this . . . It's not hard for them to adapt. You understand? Like, with any situation. The earthquake happened and after two or three days, they already have a bunch of names for it. It's like, like everybody is back to living, like you live with the earthquake. Like you're already used to it. That's what helped people. People tell you like this "honey, look, the thing already happened. These people are already dead". There were people in my neighborhood who were burned really bad. There was a school that collapsed. There might have been a good twenty children that died. And in the end, the children around here, they're functioning. That's what . . . Haitians, what I love about home, that helped me to survive too. It's the easy that we adapt to a situation. You understand? For example, if there's a problem, they already have a solution for it. You understand?

Anne's statement underscores the emotional connection to Haiti and the values that make Haitians strong, adaptable, and resilient.

Cultural Factors Theme and Subthemes: Discussion and Implications

In this section, the theme *cultural factors* was described. Cultural factors included the *value of education and work ethic, spirituality, woman power, and Haiti connections*. These factors were discussed by the Haitian women earthquake survivors as contributing to their adaptation to the U.S. The narratives used in this text give voice to the women's experiences concerning these key concepts. The cultural factors described here have served to promote the adjustment of these women to U.S. They have a strong bearing on how the women view their past, present, and future circumstance.

Value of education and work ethic was apparent in all of the women's interviews. They also all spoke about *spirituality*, with seven of them relying on this for strength. *Woman power* was a latent theme in all of the interviews and key statements from four of the women was shared in this section. Additionally, although the theme *Haiti connections* was not explicitly identified in all of their narratives, seven of the women had future plans to return and have homes in Haiti.

Haitians have been lauded for the high value they place on education and work (Gopaul-McNichol, et al., 1998). Learning English is often the first step towards education and employment (Pierce & Elisme, 1997). The women in this study were all eager to begin working. With the exception of Yolene, who was already proficient in English, all of the women were engaged in learning English. Additionally, five of the women wanted to attend college or learn a vocation while in the U.S. In addition to their own educational aspirations, the five women who had school aged children were determined that their children receive an education. For

these women, continuing their children's education was a primary motivation for relocating to the U.S. after the earthquake.

The work ethic among the women was also very strong. All of the eight participants expressed the desire to work. The four women who were forty and older said that they were still able-bodied and needed to be contributing to the care of their families. For all of the women, with the exception of Fifi, they were hoping to work in order to provide for family in Haiti as well. Education and the ability to work and earn income were seen as the only way to fully be able to adapt to life in the U.S. There was a shared sentiment among the women that education opens doors to opportunities for them and for their children.

Another subtheme present in the *cultural factors* was *spirituality*. All of the women described spiritual practices that they felt helped them cope with the stressors of relocation with the exception of Yolene. These practices included song and prayer. Additionally, they believed that their faith in a higher power would help them overcome whatever challenges may still lie ahead. All of the women, including Yolene, attributed their survival from the earthquake to God. As discussed above, spirituality is embedded within the Haitian culture. There are aspects of Christianity as well as aspects of Voodoo that are part of the culture. The idea of God or of the spiritual world is widely acknowledged in the Haitian culture.

Researchers examining the mental health of Haitians have noted both supernatural afflictions and health/ mental health treatments attributed to Voodoo or Christian prayer (Desrosiers & St. Fleurose, 2002; Nicolas et al., 2006; 2007). It is important for social workers treating Haitian clients to recognize the spiritual

underpinnings present within the culture. This could mean that some Haitian clients may hold these beliefs even if he or she does not identify as being religious.

The concept of *woman power* was another theme identified as part of the Haitian culture. I have operationalized this to be the value of Haitian women as strong supporters of the family and community. Woman Power connotes the “superwoman” or “fighter” that Yolene and Danielle exemplified. All of the women presented with that warrior spirit, although not all of them spoke to this theme. It was evidenced by their perseverance and sacrifice. They were determined to fight against great odds to establish themselves in a new country in order to create a better life for their families.

The cultural factor of woman power appears to help these women in their adaptation to the relocation. Woman power manifests as a resilient characteristic or coping mechanism for these women. The cultural expectation of the Haitian woman is one that will be flexible to change. Furthermore, she will leverage every available resource in order to succeed. The ability to leverage protective factors is what Luther et al. (2000) defines as resilience.

The final subtheme discussed in this section was *Haiti connections*. In this paper I define this as the connectedness one feels to Haiti and Haitian culture. This connectedness creates a motivating force that goes beyond the collective identity. Haitians have a strong sense of national pride and devotion to their homeland. There is great pride associated with having been the first Black independent nation in the Americas. Yet, there is also a shared disappointment in the current state of Haiti. Nevertheless, studies of Haitians in the U.S. have revealed that many Haitians view

their stay in the U.S. as short term. They come to secure an education, earn money to support family back home, and work to finance a better living situation for when they return to live (Laguerre, 1984).

Four of the eight women gave statements that supported the theme of Haiti connections. They spoke about their desire to return to Haiti and contribute to its success. Danielle expressed the spirit of a true patriot, stating that she wanted to raise her children for Haiti. She talked about taking advantage of the opportunities this relocation might bring, such as educating her children here. She, as the other mothers, expressed the importance of raising their children to know and love Haiti. Even Belinda, who did not talk about contributing any skills to changing Haiti, felt that she could not stay away from home for the rest of her life.

Understanding Haitian's connections to Haiti is an important competency for social workers. The connections that Haitians have are greater than just their family ties and social networks. It involves a deep commitment and collective identity. This should not be mistaken for a lack of desire to adapt to life in the U.S. To the contrary, these Haitian women earthquake survivors are inspired to adapt themselves to the life here so that they can meet their goals. For them, successful adaptation to life in the U.S. will mean access to education and work. This access will open the door for future possibilities for not only personal growth, but growth of the Haitian nation as well. Social workers working with this population should be attune to the clients desire to return to Haiti and not assume that this is an indicator of poor adjustment to life in the U.S.

Meaning making. The meaning attributed to a circumstance can have an effect on how one copes. The Haiti earthquake was an unexpected event that devastated an already fragile country. Generations of collective trauma in the form of civil and political unrest, economic collapse, and public health epidemics, and natural disasters have also contributed to individual trauma. The earthquake was an event many people did not even have a word for. Even among the women interviewed in this study, the earthquake was often referred to as “the thing”. No one knew why “the thing” happened, but they all had lessons that were learned. The theme *meaning making* consists the subthemes: *hope* and *survival*. The women in this study shared stories about how they came to understand both the earthquake and their current position as relocated earthquake survivors.

Hope. Although there was much psychological pain, despair, and powerlessness among the women, feelings of hope for a better future were also shared by all of the women. Anne added a bold exclamation that with the assurance of a legal status, she would be unstoppable. In that moment she appeared strong and self-assured. She exclaimed emphatically, “*Right when I get my papers, with the help of God, I’ll give myself the goal, I could take over Boston already!*” Anne was able to express her determination that given the opportunities, she could achieve anything.

Educational opportunities for herself and her children were one of Marlene’s foci. All of the women in the study shared the value that education opens doors to a positive future. Marlene’s statement best exemplifies this.

I expect that a door will open for me to continue to do what I was supposed to do. Like . . .go to school, work. Life has already restarted, because if you

didn't die, you can't stand still. You have to move forward. You understand? Even though that hasn't happened yet, there's a ray of hope.

For these women, their determination is what allowed them to maintain hope.

Lovita's statement about hope captures the cultural value associated with hope.

Lovita said, *"We are a people that have hope, no matter what. I can say that sometimes I do feel that there's still hope. . . I still believe something is going to change. I have the will to keep on living."*

The women also talked about being flexible and finding a way even when there seems to be no way. That determination was shared by Fifi in the following statements: *"The future is yours to prepare. I'm someone that takes the straight path in life. However, if I see that there's an obstacle on that road, I just change directions. You get it? I get there another way."* Danielle, who expressed her sense of powerlessness as "not really living", also could see possibility and hope. She relayed to me *"I have faith. My hands are empty, but my spirit- even though it's not fully recovered, its not completely empty."*

Marlene also shared a statement that exemplified hopefulness despite the uncertainties. Her contribution to this theme was simple, yet wise *"You can look back and reflect on this situation. You see that you've lost everything, every thing you once had. Afterwards you might find it again. It's not impossible."*

Survival. Estimates of the death toll from the 2010 Haiti earthquake has ranged from 150,000 to 300,000. Many bodies remain under rubble that has yet to be cleared. Tens of thousands of bodies lay in mass graves, unclaimed. We may never really know how many people perished in the earthquake. The magnitude of losses, lives as well as material losses

seemed senseless to the participants of the study. Yet, somehow and for some reason they survived. All of the women had shared their experience of the earthquake and the meaning they took from their survival.

Danielle shared how what the experience has taught her. She said, *“The earthquake happened and all of those people died. But us, specifically me and my family, we lived. I believe that life is asking us to challenge ourselves in a different way, through service, like to help other people.”* She added, *“Everything in life has a bad side and a good side. What this has done for us is to teach us to appreciate what we have. . . Something terrible has happened, that’s true. However, it has the ability to transform your life into something positive.”* For Danielle, her plan was to educate herself and her children so that they could go back and work to rebuild Haiti. She was a dedicated patriot who was adamant about contributing her skills to realizing a new and better nation there.

Suzette had significant losses of life and material things. She expressed, *“I lost my child’s father, the girl who was injured. I also lost another one of my children’s fathers. Well, I would have preferred that the house fell and I lost everything in it than to have my daughter be injured or my children’s fathers die.”*

Her comments exemplify the feelings expressed by the other women. Material things may be difficult to replace, but life is irreplaceable.

Anne had also suffered losses. She had been working in Haiti and was living comfortably. Now she had to rely on others for help and support. She said, *“for me, the lesson that I got from the earthquake, was a lesson in humility. I became more humble....I don’t know. The answer is that you see you’re here. The answer is that you look among the others and then you see you’re here and you say, well, you have to live, you’re alive. You*

have to live, you have to eat, you have to put on clothes, you have to get dressed. You have to move forward. Because, you are living. You cannot suddenly die. That is the answer. The answer for why I'm here? Then, to live. To live. So you can go forward." Anne's words didn't completely match her affect. She was sad and appeared pensive. Her words, however, was indicative of her coping strategy. They were her motivation to press forward.

The youngest of the women was Lovita. She was a college student in Haiti, but now is unsure of her next steps. Lovita talked about her classmates that stayed in school to study the day of the earthquake and died. She talked about the friends who got to church for youth group early that day and died or were injured. She was suppose to stay late at school, but she wanted to go to youth group at church. She was running late, at home changing clothes when the earthquake struck. She felt like she cheated death twice. She related, *"I feel that there's still a chance for me. I didn't die because I have something left to accomplish. Maybe my day didn't come because Destiny decided I shouldn't die at that time. So, there are still things left for me to do. I'm hopeful. Maybe something is going to happen for me. That gives me hope for living."* Lovita was able to put her losses into perspective by comparing her situation to others. This helped her realize that a greater sense of purpose. This sense of purpose for having survived in the mist of so much death is what gave these Haitian women earthquake survivors the determination to persevere.

Meaning Making: Discussion and Implications

Hope for the future is an important characteristic of resiliency. Allen (2005) writes in detail about the importance of hope in responding to trauma in life. Allen summarizes its role in that "to hope is to adopt an existential *stance*. The grounds for hoping do not lie in the *facts* of reality but rather in the *meaning* we ascribe to

reality. Hence hoping is an active process of making meaning” (p. 283). The eight women in the present study have hope. They shared the meaning that emerged from living through such a traumatic event as the massive earthquake.

Even while the women expressed powerlessness, they also were able to have hope. This hope may be as a result of their resignation that life must go on even if one is fighting a winless battle. They are hoping that something will change. This flexibility and adaptability may have been traits long demanded of the Haitian people who have often had to deal with uncertainty in their political, economic, and social conditions. They are waiting for opportunities to present and are willing and prepared to seize them. Their hopes are linked to opportunities that come through obtaining long-term legal status and participation in education and the workforce.

The women in the present study experienced the devastating 7.0 earthquake Haiti earthquake and survived. Survival is not only about coming out alive, but also being able to make sense and meaning of that experience. It is also about being able to move forward. The research reviewed on resilience and on the experiences of earthquake survivors reveals that experiencing natural disaster creates psychological risks for survivors. The research has shown that resilience includes the ability to utilize support systems and networks. Greene et al. (2003) identified a will towards survival as being an internal characteristic of resilient people. In addition to their use of support systems to counteract the effects of the barriers identified in an earlier section of this chapter, resilient Haitian women earthquake survivors expressed a will towards survival.

An ever-present theme in each interview was survival. They had survived the earthquake and were determined to survive this relocation or whatever would come next. The women talked about the lessons that they learned from this experience. They learned that they had the courage and faith to bring themselves and their children to a new country. They learned that destiny had un-finished business for them, as Lovita said. They learned that “Haitian women are fighters”, as Danielle said. Haitian women earthquake survivors are characterized by the way in which they made sense of their experience. It is to live, to survive. They possess this will and use their internal and external resources to push towards achieving their goals. They may not have achieved the goals yet, but they are determined to survive.

As more Haitian immigrants who lived through the earthquake come to the U.S., social workers will need to acknowledge this experience as a significant event in their lives. Having been touched by this experience, it will be important to know how a person who survived the earthquake made meaning of that experience. The will towards survival can be reflected back to clients in order to help them achieve their therapeutic goals.

Participant	Family/ friends	Community	Education/ work	Woman power	Spirituality	Haiti Connections	Surviving	Hope
Anne	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Danielle	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Marlene	Yes	Yes	Yes	No	Yes	No	Yes	Yes
Suzette	No	Yes	Yes	Yes	Yes	No	Yes	Yes
Fifi	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Belinda	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Yolene	No	No	Yes	Yes	No	Yes	Yes	Yes
Lovita	Yes	Yes	Yes	No	Yes	No	Yes	Yes

Note. Figure 4. Resilience factors. This table displays which women acknowledged these themes as factors supporting resilience during their interview.

The women in this study were clearly affected by the earthquake. They also continued to struggle against the barriers of family separation, empathic stress, legal and economic concerns, and psychological stress. Yet Luthar et al. (2000) reminds us that resilience is a process in which a person is leveraging internal and external resources and strengths. These authors also add that the level of functioning in all areas of one's life might vary. The women in this study do struggle, but they possess the will towards survival nonetheless. The support of family, friends and the community were important factors for most of the women. Additionally, their cultural values and belief systems helped motivate them to move forward.

Mental Health Screening Measures: Findings

The study participants also responded to three mental health assessments. The civilian version of the Posttraumatic Stress Check List (PCL-C) is a measure of PTSD symptoms (Weathers et al., 1994). A severity score is obtained by calculating the sum of the responses. The possible range of scores for the 17-item scale is 17-85. The range of scores for the participants of this study was 19-53. The mean score was 32.5. Higher scores are indicative of greater symptomatology. The women in this study were exhibiting low to moderate symptoms of post-traumatic stress according to this measure. However, this instrument should not be used in isolation to make clinical diagnoses of PTSD.

The Center for Epidemiological Studies Depression Scale (CES-D) is a self-report measure of depression. The 20-item scale has a range score between 0-60. A score below 14 signifies the absence of clinical depression. Scores greater than 15 and up to 21 indicate the presence of mild to moderate depression. Scores greater

than 22 indicate the possible presence of major depression (Radloff, 1977). The scale in and of itself does not allow for an independent diagnosis of clinical depression. The mean of the scores on the CES-D for this sample was 26.75. The women's scores ranged from 11-44. According to the scoring instructions provided above, two of the women had no indication of depression. However, the other six women had scores higher than 22, indicating a possibility of major depression.

The Depression measure for Haitians is an unpublished instrument created by Professor Guerda Nicolas, Ph.D. at the University of Miami Department of Educational and Psychological Studies. The checklist asks respondents about various symptoms including pain in the body. Pain in the body has been shown to be a common physical manifestation of depression in Haitians. The fifteen item checklist has a possible score range of 0-30. Higher scores indicate greater symptomology. The range of scores for this sample was 5-16. All of the women experienced some type of pain in the body at least sometimes. The mean score for the sample was 10. On average, the women were experiencing eight out of fifteen of the somatic symptoms of depression at least some of the time. This scale was designed to capture a specific type of depression that was recognized in Haitians (Nicolas et al., 2007). The present study did not yield results indicating a strong presence of this specific type of depression in the sample.

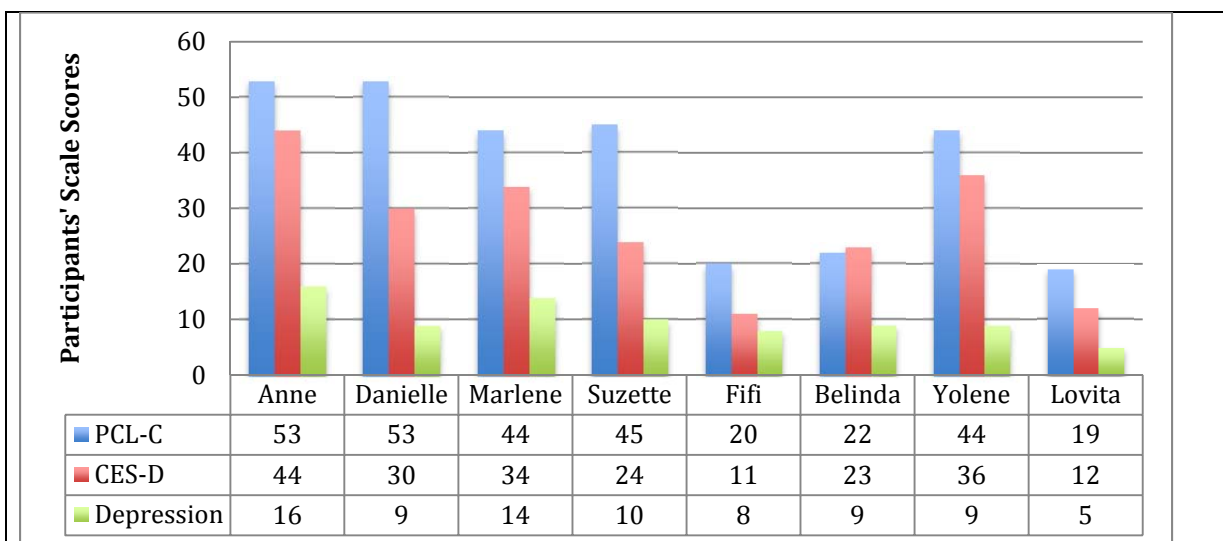


Figure 4.3. Mental health PTSD and Depression scale scores. This chart displays the participants' scores on the three measures used in this study to assess depression and PTSD. Possible range of scores: PCL-C= 17-85; CES-D= 0-60; Depression= 0-30.

The PCL-C and CES-D scores had a high positive correlation, $r = .85$, $\alpha = .01$.

Participants with higher scores on the PCL-C also had higher scores on the CES-D scale.

This relationship was statically significant at the .01 level. The CES-D also correlated with the Nicolas depression scale $r = .82$, $\alpha = .01$. This was a strong, positive correlation as well.

There was not a statistically significant correlation between the PCL-C and the Nicolas scale.

Mental Health and Depression Scale Results: Discussion and Implications

In this qualitative study of a small sample of eight women, the mental health measures are not intended to suggest generalizable findings. They are used here to present a fuller profile of the Haitian women earthquake survivors.

The findings of the CES-D scores reveal that six of the eight women were in range of possible major depression. The scale, itself is not enough to make a clinical diagnosis. The two women who did not meet the cut-off score for inclusion were Lovita and Fifi. Lovita, the youngest participant had the lowest scores for the Haitian Depression scale as well as the PCL-C post-traumatic stress measure. Lovita's low scores on these measures are consistent

with her interview narrative. Lovita is a young woman in her early twenties. She immigrated to the U.S. with her parents and siblings after the earthquake and was being hosted in the home of an aunt. Although she desired to work and attend college, she did not have the same stressors of caring for children or for people remaining in Haiti. She was hopeful that she would be able to find legal means of staying in the U.S. to attend college. She expressed that she had a long life ahead of her to achieve her goals.

Fifi also had low scores on all of the scales. Fifi, similar to Lovita, also did not come to the U.S. with children. Her remaining children are adults. Fifi reported that she had no close relatives living in Haiti, so she did not report the stress of family separation the other women did. Fifi expressed the most grief, having lost her daughter in the earthquake. Yet her present circumstances were not grim. Her husband had some medical issues, but he was reportedly receiving good care in the U.S. She was fortunate that he came to the U.S. with her. Her sister, who hosted Fifi and her husband, lived in a beautiful home in a middle class neighborhood. She was the only participant who had her own room in her host home.

Having been a seamstress, Fifi occasionally made items she could sell to friends at church and in the community or would do alterations for them. Although this did not earn her much money, it helped her feel productive. All of the women shared the common Haitian value of a strong work ethic. Fifi was able to use these practical skills to be useful with her time. She also reported that her siblings and her two sons often sent money to her. Fifi's lower scores on depression and traumatic stress may also be attributed to the strengths of her support systems. Her son was also planning to file for residency for her. She was less worried about the eventuality of her legal documentation.

Belinda had low scores for the Haitian Depression scale and PCL-C, but scored right at the cut off of the CES-D with 23. Her score is still 21 points lower than the woman with the highest score. Belinda is the second oldest of the women. In Haiti she was a stay at home mom, caring for her three children. Her youngest child was 17 and the other two were in their twenties. Belinda came to the U.S. with her husband and all of their children. She left behind other relatives, but her nuclear family was with her. Although Belinda desired the ability to work and earn income, she did not experience the same role change most of the other women did.

Belinda also reported having many support systems in place at all levels. She reported having great family and friend support, and was using group therapy services at a local organization. Belinda was also very spiritual and attributed her survival to be the grace of God. She believed her relocation to the U.S. was divine providence, so that her children could have more opportunities than they would in Haiti. Although she was uncertain about their legal issues, she was able to use her community resources and her relatives to guide her through the necessary processes. Her ability to leverage supports may be a buffer to traumatic stress and depression.

The other five women had PCL-C scores between 44-53, which are considered moderate. The upper limit of the PCL-C is 85. The scale does not diagnose PTSD, but higher scores indicate greater symptomology for traumatic stress. Anne, Danielle, Marlene, Suzette, and Yolene had in common that they immigrated to the U.S. with a school-aged child and were now single mothers. Yolene's situation is different than the other women's in some key ways. Yolene had lived previously in the U.S. and had legal documentation to work. She was proficient in English and had established herself with a home and career in

the U.S. before returning to live in Haiti. She was divorced and her children were U.S. citizens having been born here. She had returned to Haiti with her 10 year old daughter with the intention of staying there.

When the earthquake struck, all of Yolene's well-thought plans were destroyed. Yolene was a person who exemplified what Zephir (1996) reported. She established herself in the U.S. and prepared a comfortable home for her return to her country, Haiti. She had gotten rid of everything she had in Boston, giving things away to friends and family. When she returned after the earthquake, she had nothing. She found that she could not return to the job she had only left a year prior. Her role change was profound. Having been the "superwoman" who provided the stepping-stone for others who came to the U.S., now she needed to rely on the charity of others.

Yolene presented as depressed. She did not have strong support systems. She had a strong connection to Haiti and felt that she needed to find a way to regain her status so she could return. Yolene occasionally found per diem nursing work, but had not found anything permanent that would allow her to move out of her sister's house. Yolene was actively looking for full-time work at the time of the interview. She also stated that she planned to talk with her primary care doctor about her current mood. Yolene was most cheerful when she reported that she would be travel to Haiti soon to bring medical supplies and visit her mother. She reported that she spent time weekly searching websites for cheap flights to Haiti. She reported that she would have to start over again in the U.S., but eventually she would be back living in Haiti again.

Anne, Danielle, Marlene, and Suzette had the most in common. They all came to the U.S. with school-aged children, but without their husbands. All but Danielle also left a child

in Haiti; Suzette left five children. They shared stories of their family separation and gave examples of empathic stress. They were all unsure of their future legal standing in the U.S. They all desired to work but could not. They had no source of income. Although they had hope and a will towards survival, they were challenged greatly by their legal status and greatly stressed about being separated from their families. This separation is possibly what sets their score so far apart from the other women in the study.

Anne had the highest scores on all of the measures. Anne's scores may be attributed to one unique factor that differentiates her from the other women. Anne is in the U.S. with her daughter. Her daughter was born in the U.S. during one of Anne's visits to the U.S. Therefore, Anne's daughter is a U.S. citizen. Anne talked about her determination that her daughter receives a good education. Her school in Haiti was destroyed. If she cannot gain legal documentation to stay in the U.S., she will have to return. She would not leave without her daughter. This would mean disrupting her daughter's education. Disrupting her daughter's education and future possibilities or choosing to leave her in the U.S. with extended family is a heart-breaking choice for Anne.

Anne was an educator in Haiti, working full-time. She was an established professional, yet now she felt idle. She expressed empathic stress about her oldest daughter being in vulnerable in Haiti. She also was missing her husband and the life they had. Anne's high level of distress is likely a result of these factors.

Chapter Summary

The present study is a phenomenological inquiry into the experiences of eight women who survived Haiti's 2010 earthquake and relocated to Boston, MA. This chapter presented the findings of the in-depth interviews and psychological measures. Participant profiles were

given in order to provide contextual evidence for the women's narratives. The themes that emerged from the data related to barriers and stressors included psychological distress and ecological barriers. Resilience factors included the themes: relational supports, cultural values, and making meaning. Subthemes for each theme were identified through an analysis of specific participant's verbal quotes from the interview.

Findings of the three mental health measures used in the study were also presented in this chapter. The findings described here help us to understand the experiences of these Haitian women earthquake survivors. The women ranged in their levels of depression and traumatic stress from very low scores for in three women to moderate scores in the other five. Higher scores indicated greater symptomology. One factor that appears to have strong bearing on higher depression and PTSD scale scores is family separation. The women who had the highest depression and PTSD scale scores were also all single mothers of young children. The stress of caring for their families during this transition may be placing these women at greater risk for mental health concerns. As social workers engage clients who have experienced disaster and relocation, they should be attuned to family separation as a contributing stressor. They should also seek to assist clients in obtaining legal counsel to address their legal status and rights.

The following chapter provides a summary of the dissertation. Additionally, limitations of the study and implications for future research are identified.

Chapter V
Summary and Implications

Summary and Implications

Dissertation Summary

On January 12th, 2010 a massive earthquake struck the island nation of Haiti, killing up to 300,000 people. Countless others were never found and are assumed dead, denying their loved ones the ritual of burial. The earthquake devastated homes, businesses, government buildings, and roads. In the aftermath of the earthquake, many of those fortunate enough to have visas or other documentation to leave the country, fled. Many Haitian immigrants have come to Boston, MA, which has the third largest Haitian population in the U.S. These survivors came seeking stability and safety. Yet many who fled only possess temporary visas. Their future in the U.S. remains uncertain.

Haitians have a long history of migration to the United States that has been tied to political, social, and economic strife in Haiti. There have been six waves of migration since 1957, when the Duvalier regime began. Although Haitians have consistently come to the U.S., the waves were periods when large quantities of Haitians entered the country. Cantave (2010) asserts that there may be more than two million Haitians living in the U.S. This number, he argues is greatly more inflated than census accounts due to both illegal entrants and those who held temporary or non-immigrant visas but failed to return to Haiti at the appointed time. The U.S. Department of State issued nearly 24,000 non-immigrant visas to Haitians in fiscal year 2010. As in past times when those holding temporary visas failed to return home, this sixth wave of post-earthquake migration creates a new concern for an increase in illegal migrants.

The literature on the mental health of disaster victims recognizes the psychological and social needs of earthquake survivors (Schininá et al., 2010). Earthquake survivors have

been shown to exhibit symptoms of depression and posttraumatic stress. Women, in particular, have been more psychologically affected by the trauma (Norris et al., 2002; Wang et al., 2009; Najarian et al., 2001). Additionally, relocation after experiencing an earthquake has an adverse affect of psychological distress (Kilic et al., 2006). Salcioglu et al. (2008) suggests that relocation after an earthquake can also serve as a protective factor in that victims may be alleviated of fear of further danger from earthquakes.

The sparse literature on the mental health of Haitians argues that Haitians express depression and traumatic stress in ways that are culturally tied (Nicolas et. al., 2006, 2007, 2009; Desrosiers & Fleurose, 2002; WHO, 2010). According to the literature reviewed in this dissertation, Haitian's views of mental illness and treatment are guided by spiritual and supernatural beliefs. The lack of available mental health services has resulted in the use of spiritual healers and the support of family and friends as ways to address mental health issues. The theory guiding this work was an ecological perspective of resilience (Harvey, 2007). Harvey asserted that factors in the social environment such as family, community, culture and larger social contexts affect resilience. This study examined the affect of micro and macro level factors on the relocation experiences of Haitian women earthquake survivors. Themes related to social support, ecological stress factors, and cultural strengths were identified.

This study used the phenomenological qualitative method to examine women's experiences of surviving Haiti's 2010 earthquake and relocating to the U.S. The phenomenological method of inquiry called for a small sample of individuals who experienced the phenomena to shed light on the experience and reveal a collective understanding and meaning of the experience (Creswell, 1988). The eight women who were

part of this purposive sample were all adults who lived in Haiti at the time of the earthquake. None of them had immediate plans to relocate to the U.S.

The research aim for this study was to examine the culturally specific ways relocated Haitian women earthquake survivors exhibit and respond to trauma and resilience in the aftermath of a natural disaster. Five of the eight women relocated with school-aged children, and four of them relocated without their spouses. Additionally, two women had children remaining in Haiti. All of the women had been actively engaged in their communities in Haiti through work, school, or church.

In-depth interviews revealed themes that focused on psychological trauma, barriers, support systems, culture, and survival. Resilience underscores the ability to adjust to new realities and move forward despite adversity and trauma. Participants indicated that support of family and friends, support within the community, Haitian cultural values that helped muster motivation and perseverance, and the ability to make positive meaning of their experience. Participants also identified the following barriers in their relocation experience: larger system issues such as legal barriers, financial constraints; family system issues such as empathic stress, and the stress of family separation. Many also experienced symptoms of depression and traumatic stress. This study found that although the earthquake survivors exhibited some commonly recognized symptoms of depression and traumatic stress, they also displayed some culture-bound symptoms and reactions.

Family and friend networks have been identified as a key factor in helping new immigrants adjust to life in the U.S. (Laguerre, 1984). Findings of this research inquiry support the assertion that factors in the social ecology such as support systems and community networks help promote resilience in relocated Haitian women earthquake

survivors. Friends and family members provided buffers against some of the stressors the women experienced. They hosted the survivors, provided for their basic needs, and offered emotional support. Most of the women were also connected to local organizations serving the Haitian community. They were able to use resources such as medical and mental health services, legal advice, food pantry, resource brokering, and English language classes. These organizations helped meet some of the basic needs such as food, but also helped the survivors in their adjustment. The study participants all recognized the importance of learning English in assisting their adjustment to life in the U.S. They also knew the value of being able to gain employment and be productive in order to be independent here. None of the women were working. Seven of the eight women were waiting to see if they would be granted permanent legal status in the U.S. in order to work. The one woman, who could legally work, was unable to find full-time employment because of the state of the current U.S. economy.

The women's narratives reveal that spiritual faith was one their greatest motivation to move past adversity and despair. The support of friends and family members often included praying for the survivors or telling the survivors that God would protect them. The spirituality of the participants was an asset. Strength-based social work interventions with Haitian immigrant women should explore the ways faith serves as a protective factor and a motivator to move past adversity. The women in this study "made meaning" of their survival from the earthquake through the belief that God saved them because he had plans for them. All of the women shared this sentiment. They declared that it was not only God's grace or their faithfulness, but also his desire for them to do something, to contribute, or to testify about Him.

Previous literature on earthquake survivors has focused on populations outside of the U.S. Much of the literature stems from Asia where most of the world's earthquakes have occurred. Few studies have focused on the relocation experience of the earthquake survivors. This study contributes to the field by examining the psychological experiences of Haitian earthquake survivors. It also contributes to the sparse literature on the mental health of Haitians. Haitians are an understudied group, yet the number of Haitians in the U.S. continues to grow. Haitians are one of the largest Black ethnic groups in the U.S. Haiti's reconstruction has been slow. There have not been enough significant changes to curb the necessity for some Haitian's to immigrate. Social work providers need to anticipate working with new Haitian immigrants that survived the devastating earthquake and may have significant need for social work intervention as a result.

Implications

The findings of this study have further implications for social work practice, education, policy, and research. The National Association of Social Workers (NASW) provides the philosophy and principles by which professional social workers should abide. The mission of the social work profession are guided by the following core values: a) service; b) social justice; c) dignity and worth of the person; d) importance of human relationships; e) integrity; and f) competence (NASW, 2008). These ethical principles are exemplified in the social work professions ethical responsibilities to clients, to colleagues, in practice settings, as professionals, to the social work profession, and to the broader society (NASW, 2008). The implications of this study for social work practice, education, policy, and research are discussed here.

Implications for Practice.

Implications for clinical practice. The key findings of this research include a) an understanding of the ways relocated Haitian women earthquake survivors exhibit traumatic stress and depression; b) an identification of the stressors and challenges to their successful relocation; and c) the cultural values and strengths that promote resilience for this population. Social workers providing clinical and case management services to newly arrived Haitian immigrants and their families need to be culturally competent and committed to social justice.

Culturally appropriate assessment tools and procedures are needed when working with Haitian immigrants. As discussed earlier, culture plays an important role in how one understands and displays trauma, depression, and its recovery. According to Nicolas et al. (2007), “clinical observations suggest that Haitian immigrant women’s experiences of depression may be unique to their culture” (p.96). The authors noted that other mental health disorders also present differently in Haitian women immigrants. Social workers must be cautious in their use of standardized measures for diagnosing mental health conditions. It is also important for culturally and linguistically competent workers to partner with the client to fully meet her needs.

Spirituality and social work. Spirituality is well ingrained in the culture of Haitians of all faiths (Stepick, 1998). Ellison and Katz (2010) discussed a perspective on spiritual care where spiritual and religious routines and rituals are valued by mental health providers. Collaboration between spiritual leaders and social workers will be a valuable tool for working with the Haitian community. The literature points to Haitian’s belief that health and mental health problems have supernatural origins and cures. The social work profession

values the appreciation of diversity and respect for persons (NASW, 2008). Westernized social workers will need to suspend biases about Voodoo and the supernatural in order to partner with both clients and healers in the Haitian community. Social workers are cautioned about clients being resigned to their circumstances as being God's will instead of them seeking help from providers to make changes.

Increasing social support networks. Social workers should be sensitive to the needs of survivors and acknowledge that their personal networks for aid may not be readily available. This is particularly true for those who move away from their familiar support systems and networks of care. Understanding of an ecological perspective to human behavior and our social environment tells us that people operate within a web of systems. Immigration to a new host country means leaving behind many familiar things. Immigrants leave family members, friends, co-workers, and neighbors. They also leave behind the familiarity of how to navigate and use systems. Social workers can play a key role in helping new immigrants adjust to their new surroundings.

An important theme expressed by the earthquake survivors was the impact of community support for the participants. Some of the participants discussed attending support groups in the local Haitian community. They talked about the sharing of emotional support and resources as well as sharing a meal with the agency staff and group participants. Participants of this study did not initially identify and relate these services to some form of social work intervention. The gathering of a group to eat and talk and share news or resources appealed to a familiar way of gathering in the Haitian community. This form of intervention may be best suited to working with Haitian immigrants who have been shown not to have a high value or understanding for formal, westernized mental health intervention.

Implication for social work education.

The ethical principle of competence challenges social workers to increase their knowledge and practice skills in order to effectively work with diverse clients (NASW, 2008). As the populations of Haitian immigrants continues to grow in the U.S. and global outreach of social workers begin to include work with Haitians, social work educators will need to prepare new social workers to understand the needs of this population. The findings of this study revealed that participants were able to engage with providers who spoke their language and were themselves part of the culture. Schools of social work should make concerted efforts to recruit and train social workers of Haitian background in order to contribute to this workforce. An international focus might include training international students who could then build the workforce of social workers in Haiti.

Non-Haitian social workers also have an important role in providing services to Haitian clients. Whether they communicate through translators or have language capacity, social workers will need to understand the history and culture of the Haitian people and how these factors affect mental health. Pierce and Elisme (1997) provided a framework for understanding social work practice with Haitian clients. This framework included understanding Haiti's history and culture, the sociology of the waves of migration to the U.S., and the immigration experiences of Haitians. Courses or continuing education workshops designed to build competency in working with Haitian immigrants will also need to include an understanding of how mental health issues present within this population. Lastly, in working with Haitians who survived the Haiti earthquake, social workers will need to have knowledge and competence in the area of disaster mental health.

Implications for policy.

Social workers are charged to challenge injustice and to promote social justice (NASW, 2008). As part of the social work profession's responsibilities to client populations: *Social workers challenge social injustice.* Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people. (NASW, 2008).

The findings from the present study reveals the needs of a growing population of Haitian immigrants in the United States. Their immigrant status, as well as the circumstances of their migration, makes them a vulnerable group requiring special attention.

Social workers are also charged to engage in social and political action as a responsibility to society (NASW, 2008). The principle states:

(a) Social workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully.

Social workers should be aware of the impact of the political arena on practice and should advocate for changes in policy and legislation to improve social conditions in order to meet basic human needs and promote social justice.

(b) Social workers should act to expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, oppressed, and exploited people and groups.

(c) Social workers should promote conditions that encourage respect for cultural and social diversity within the United States and globally. Social workers should promote policies and practices that demonstrate respect for difference, support the expansion of cultural knowledge and resources, advocate for programs and institutions that demonstrate cultural competence, and promote policies that safeguard the rights of and confirm equity and social justice for all people.

(d) Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability.

As part of this commitment to promote social justice nationally and globally, the plight of Haitians and Haitian immigrants should be a priority for political action and Advocacy. NASW should take action in lobbying for extension of visas for those who fled Haiti in the aftermath of the earthquake.

One of the major stressors identified by the women in this study was legal status. There is a great need for social workers working with immigrant populations to know and understand the rights of those who immigrate to the U.S. With the exception of Yolene, all

of the participants were unsure about the legal process to obtain residency or receive permission to extend their visas. The family and friends of the women seemed to be discussing possibilities with them, yet they may not be knowledgeable themselves. Haitians who immigrated to the U.S. as a result of experiencing the earthquake and its devastating affects on Haiti, should be seen as a vulnerable population and efforts should be made to identify those most in need.

Another implication of this research is for policies to be enacted that support immigrants who flee their homeland due to natural disaster. There are countless Haitians who were not as fortunate to leave dangerous or unhealthy situations because they did not have visas already. While not everyone in Haiti had an immediate need to relocate, many of those who did, were unable to. U.S. immigration policy towards Haiti has not been very welcoming. Social workers committed to human rights and social justice should advocate for policies that allow Haitians legal pathways into the U.S. where history has shown, they contribute to society through hard work and dedication (Pierce and Elisme, 1997).

Implications for future research.

Future research is needed on the impact of the Haiti earthquake on survivors. Research and needs assessments are needed in the U.S. as well as in Haiti. Social workers with international foci can contribute to the understanding of mental health diagnosis and treatment in Haiti. Social workers should also focus research endeavors on understanding the impact of the earthquake on the local Haitian American community. The local Boston Haitian community already had struggles, economically and socially (BRA, 2009). Haitian's in the U.S., like other immigrant populations, are routinely supporting family abroad. Many

have now opened their homes to new arrivals. There is a financial impact to this as well as a social impact. Research should inquire as to the needs of the host families, many of whom lost loved ones and now have added responsibility to newly immigrated family members. Haitian culture emphasizes collectivism and extended family (Zephir, 1996). Even those Haitians in the U.S. who are not hosting anyone, or may not have lost anyone, have been affected by the devastation that took place in the homeland. Social workers need to be prepared to contribute to the research knowledge and practice implications of these issues.

Limitations of the Study

The present research was an exploratory examination of the experiences of Haitian women earthquake survivors. One of the limitations of this study is the small sample size. Although it was appropriate for an exploratory phenomenological inquiry into the experiences of relocated Haitian women earthquake survivors, it is limited in its ability to generalize to other Haitian women survivors. The experiences described here only help us develop an overall picture for how a Haitian woman might suffer the traumas of natural disaster and emerge resilient. These accounts may not be characteristic of other women who lived this experience.

Interviewing more women may have resulted in greater diversity in the experiences shared. There was only one woman who was in her early twenties. She was the only one who was single as well as the only one without children. All of the other women were over thirty, married or divorced and had children. The younger woman had been a college student in Haiti. She was just beginning to think about the course of her life. The concerns of someone at the start of this life-stage may be different than women in midlife. Relocating

and adjusting to new educational systems and career opportunities or the lack thereof should be explored further for young immigrant women.

Additionally, there was only one woman who reported that she was over sixty. She was still similar to the other women in that she had not retired and still desired to work and be active. However, the perspective of more elder women survivors may have revealed additional stressors as well as additional factors of resiliency. Research on older women immigrants is also an area in need of attention. The developmental, social, and health needs of older women differ from those in earlier stages of life. Including more women in this age group may have shed light on a broader array of issues.

Qualitative phenomenological research does not have a goal of generalizability to larger populations. The objective is to use participants' interviews to grasp an understanding of phenomena and the meaning of the experience. This research was conducted with all women. The experiences shared are all central to the lives of women. The experiences of men may vary greatly as their role in society and Haitian culture differs from that of women. Future research should seek the perspectives of men who relocated after the earthquake.

Another limitation of this study may be in the recruitment of the participants. The participants were all referred to the study by social service providers. This may have biased the sample in that all of the women had at least that one support system that introduced them to the study. This may have meant that they were in need of services because of high levels of distress during the relocation. This may also have meant that they were savvy about seeking and obtaining community supports or that they also had supportive friends or family that helped them make these connections. Recruiting study participants outside of the social service context would have been difficult. It may have been possible to post flyers in places

frequented by Haitians or in neighborhoods with a high concentration of Haitian residents. However, this would not have assured eligible participants would have responded. The survivors themselves may not be literate in English or Creole to respond to a flyer without someone else's assistance. As reflected in this sample, survivors may not have access to transportation, are not employed, and have minimal activities outside of the home. Furthermore, the method used in this study calls for a small, purposive sample selected by meeting all of the eligibility criteria. A mass flyer campaign may have resulted in too few interested participants or too many who did not meet the criteria for inclusion.

Commentary on Phenomenological Research

This study is unique in that involves research on Haitian women, conducted by a Haitian-American woman. Haitians are an understudied population. There are few Haitian or Haitian-American researchers investigating the psychological or social work needs of Haitian immigrants in the U.S. As a phenomenological study, it was important to conduct this study in a way that allowed the participants to speak with their own authentic voice. This means that participants were able to speak directly to the researcher in the interview in their own language without the use of a translator. Temple (2006) asserted that being bilingual does not necessarily mean a researcher will share the exact meaning of words as the participant. However, a bilingual researcher is able to understand and respond to nuances during the interview (Temple, Edwards, & Alexander, 2006). Phenomenological research requires that the researcher be aware of her own biases and her relationship to the phenomenon in question. During the process of data collection and analysis, I was reminded of my own connections to Haiti. I was able to see the similarities and differences between

myself and the women, with whom I spoke. In many ways, this dissertation research is my way of contributing to Haiti and the Haitian people.

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Appendices

Appendix A

Recruitment Flyer, Consent Form, Interview Guide



Would you like to participate in a study about surviving the earthquake?

What is this study about?

- This study is about the experiences of women who survived Haiti's earthquake and then relocated to the Boston area. This research hopes to discover what things help women do well after suffering a disaster. The results of the study will help inform social workers on best practices for working with survivors and families who have had similar experiences.

Why am I being asked to participate in the study?

- Because you experienced the January 2010 earthquake in Haiti.
- Because you are a woman over the age of 18.
- Because you may want to share your thoughts, feelings, and experiences of having survived the earthquake and relocating to Boston



If I agree to participate, what will be asked of me?

1. Participate in an interview for about 60-90 minutes.
2. You can skip any question you don't feel comfortable answering.
3. Allow me to audio record the interview.

As a thank you for your time, you will receive a \$20 Stop & Shop gift card.



Who should I contact if I have questions or if I want to participate?

- You should call Castagna Lacet, the study's researcher.
Call Castagna at 617-290-1412.
Call today.





Consent Form for

Understanding trauma and resiliency in Haitian women

Researcher: Castagna Lacet, ABD, MSW, LCSW

Boston College Graduate School of Social Work

I am asking you to participate in a research study about the January 2010 earthquake.

If you agree to participate, you will be asked questions about your experiences of the earthquake and your experiences living in Boston. You have the right to refuse to participate and can end the interview at any time. You will be given a twenty dollar Stop & Shop gift card in appreciation for your time.

Why have I been asked to take part in the study?

- Because you experienced the earthquake in Haiti in January 2010.
- Because you are a woman of at least 18 years of age.
- Because you might have an interest in sharing your thoughts and feelings about surviving the earthquake and moving to Boston.

What do I do first?

- Before agreeing, please listen to this information.
- Please ask any questions that you may have.

What is the Study about?

- The study is about what women think and feel about surviving Haiti's earthquake and moving to Boston. The study seeks to understand what helps women move forward after experiencing a disaster. The results of this study may help social workers provide better services and assistance to survivors and their families who have had similar experiences.

Who will take part in the Study?

- About 10 Haitian earthquake survivors who now live in Boston.
- Interviews will be conducted individually.

If I agree to take part, what will I be asked to do?

1. Answer questions for about 60-90 minutes.
2. If you do not wish to answer a question, you can choose to skip it.
3. Allow me to record the interview.

What are the risks to being in the study?:

- There are no expected risks.

What are the benefits to being in the study?

- Some people have felt that talking about their experiences makes them feel stronger for having survived difficult circumstances.

How will things I say be kept private?

- The records of this study will be kept private.
- In any type of publication, presentations, papers or reports we may write, we will not include your name or anyone else's.
- Research records (including tape recordings) will be kept in a locked file.
- Research records will be destroyed within 3 years.
- Access to the research records will be limited to the researchers.
- However, sometimes, sponsors, funders, regulators, and the University IRB may have to review the research records.

What if I choose to not take part or leave the study?

- Taking part in the study is voluntary.
- If you choose not to take part, it will not affect your present or future relations with the University, Codman Square Health Center or the person who referred you to the study.
- You will not be penalized or lose benefits for not taking part.

- You are free to leave the study at any time, for whatever reason.
- You will not be penalized or lose benefits if you stop taking part in the study. You will be allowed to keep the gift card.

Will I be asked to leave the Study?

- We ask that you follow the directions the best you can.
- If you are unable to do so, or the sponsor cancels the study, you may be asked to leave.

Who can I contact if I have any questions?

- You can call Castagna Lacet who is the researcher in charge of this study. Her number is 617-879-2153.
- If you believe you may have suffered injury or harm from this research, Castagna Lacet at is 617-879-2153. She will tell you what to do next.
- If you have any questions about your rights as a person taking part in the study, you may call: Director, Office for Research Protections, BC at (617) 552-4778, or irb@bc.edu.

Will I get a copy of this consent form?

- Yes, you will be given a copy of this form to keep.

Statement of Consent:

- I have read (or have had read to me) the contents of this consent form.
- I have been encouraged to ask questions.

- I have received answers to my questions.
- I give my consent to take part in this study.
- I have received (or will receive) a copy of this form.

Signatures/Dates:

Study Participant (Print Name): _____

Participant or Legal Representative Signature: _____ Date _____

Interview Guide

Understanding trauma and resiliency in Haitian women: Life after Haiti's January

2010 earthquake

*Information regarding the study to be read *by researcher* to participants in bold.

**Instructions for researcher only in bold italics*

Introduce yourself.

Complete & sign the consent form, giving the interviewee the option to have it read to her, or to complete it on her own. Ask the interviewee to complete the participant questionnaire. Give her the option to have it read to her, or to complete it on her own as well.

Then begin the interview:

I am interested in hearing about your experiences as a survivor of the earthquake that struck Haiti in January, 2010. I am interested in learning about your experiences of coming to the United States and relocating to Boston. I am especially interested in how you have handled this transition and how you are adjusting to life in the aftermath of the earthquake.

When you are settled and comfortable, we will begin by checking that the tape recorder is working properly and that the sound levels are sufficient to pick up our conversation.

Can I begin the check now?

(When participant indicates she is comfortable, check sound levels. When sound check is complete, then ask:)

In the first part of the interview, I will be asking a series of questions about surviving the earthquake and relocating to Boston. This part of the interview should take about 1 hour. Are you ready to begin the interview? *(When participant is ready, then begin with the first question)*

Questions and prompts:

1. Tell me about your experience of the earthquake that struck Haiti in January 2010.
 - a. Where were you were during the earthquake?
 - b. How have you been affected by the earthquake?
 - c. Tell me about any losses you may have experiences. *(Probe further about loss of human life and material possessions or changes to routine life.)*
 - d. Is there anything else you'd like to add about surviving the earthquake?
2. How did you continue to survive during that time while still in Haiti? *(Probe about who or what helped while she was still in Haiti after the earthquake.)*
3. I would like you to tell me the story of how you came to be living in Boston.
 - a. How did the decision to come specifically to Boston come about?

- b. Who came with you or have joined you here since then?
 - c. Tell me about any changes or challenges you have experienced since relocating to Boston.
 - d. Is there anything else you would like to add about your experience of relocating to Boston?
4. What has helped you get through each of these changes and challenges of the last several months?
- a. Who has helped you? (*Probe further about: family, friends, church, people or services in the community in Boston*)
 - b. What spiritual traditions or religious beliefs have helped you?
 - c. What are some traditions or beliefs in the Haitian culture that have helped you?
 - d. Tell me about any traditions or beliefs that may have hindered you in any way.
 - e. What kind of things do you do to help you when you feel stressed or discouraged?

(*Probe further*) Is this different than how you handled stressful events when you were in Haiti? (*If yes*) How so?
 - f. Is there anything else you would like to add about who or what has helped you through changes or challenges since you came to Boston?
5. Tell me about the supports you have here in Boston.
- a. If you needed to talk or needed help with something, tell me about any friends that you might see or talk to.

- b. If you needed to talk or needed help with something, tell me about any friends that you might see or talk to.
 - c. Tell me about any activities or work that you take part in.
 - d. Are there people or places in the community that you feel connected to?
(If yes) Tell me about them?
 - e. Tell me about the people you live with.
 - f. How do you feel about living here?
 - g. Is there anything else you would like to add about living in Boston?
6. How has this experience of surviving the earthquake and relocating to Boston influenced how you feel about your future?
- a. Tell me about your plans and hopes for the future?
 - b. Do you have any plans to go back to Haiti?
(if yes, probe:) Tell me more about that.
(if no, probe:) Do you plan to visit? Why or Why not?
Do you plan to live there again? Tell me more about this.
 - c. If you woke up tomorrow and everything was exactly as you wished, what would that look like for you?
7. Is there anything that I haven't asked you about that you would like to share?

(When the qualitative part of the interview is completed)

Thank you so much for your conversation on this important topic. There are some additional questions that I would like you to answer. This segment will take about 10 minutes. Are you ready to begin?

When the participant indicates that she is ready to proceed, give her the Participant questionnaire and the Post Traumatic Stress Disorder and Depression scales.

Being sensitive to the literacy abilities of the interviewee, please read the materials. If she prefers to complete the survey independently, offer assistance as needed.

Appendix B

Participant Questionnaire, CES-D, and PCL-C

Participant Questionnaire

Please answer the following questions to the best of your ability. This questionnaire may be read to you if you choose.

1. Which of the following best describes your relationship status (*check one*)
 - Married or in a relationship with a long term significant partner (here or abroad)
 - Single, never married
 - Separated, but not divorced
 - Widowed
 - Divorced

2. What is your age? (*check one*)
 - 18-24
 - 25-30
 - 31-35
 - 36-40
 - 41-45
 - 46-50
 - Over age 50

3. If you have a partner, what is the age of your partner? (*check one*)
 - 18-24
 - 25-30
 - 31-35
 - 36-40
 - 41-45
 - 46-50
 - Over age 50

4. How many children do you have? _____
 - a. If you have children, what are the ages of your children?

Age range: (<i>check all that apply</i>)	How many in this age group?
<input type="checkbox"/> Under five years old	# _____
<input type="checkbox"/> Ages 6-10	# _____
<input type="checkbox"/> Ages 11-18	# _____
<input type="checkbox"/> Ages 19-24	# _____

- Over age 25 # _____
5. How long have you been living in the United States? (*check one*)
- Less than one month
- 1-3 months
- 4-6 months
- 6-9 months
- More than 9 months
6. Since the earthquake did you live any where else outside of Haiti before coming to Boston?
- Yes ___ Where _____ No ___
7. Have you been back to Haiti?
- Yes ___ No ___
8. Are you currently employed?
- Yes ___ No ___
- a. If yes, for how many hours per week? _____
- b. If yes, In what type of occupation are you employed? _____
- c. If no, are you looking for employment? Yes ___ No ___
9. Were you employed in Haiti?
- Yes ___ No ___
- a. If yes, in what type of occupation were you employed? _____
- b. For how many hours did you work per week? _____
10. Are there other people employed in your household?
- Yes ___ No ___
11. Do you attend a church or place of worship?
- Yes ___ No ___
- a. If yes, how many times per month do you attend a service or programs there? _____
12. Do you currently have health insurance?
- Yes ___ No ___
13. Have you seen a medical doctor since relocating to Boston?
- Yes ___: where _____ No ___
14. Have you seen a social worker, psychologist, or other mental health professional?
- Yes ___: where _____ No ___

15. Who currently lives in your household? *(check all that apply)*

People currently living in your residence	Yes	No
Yourself	X	
Your spouse or partner		
Your child or children		
Your sister(s): How many _____ Age(s): _____		
Your brother(s): How many _____ Age(s): _____		
Your mother Age: _____		
Your father Age: _____		
Other relatives: How many? _____ What is/are the relationship to you?: _____ What are their age(s): _____		

<p>Adults (non-relatives): How many? _____</p> <p>What is/are the relationship to you?: _____</p> <p>What are their age(s): _____</p>		
<p>Children (not related to you) How many? _____</p> <p>What is/are the relationship to you?: _____</p> <p>What are their age(s): _____</p>		
<p>Any one else? How many? _____</p> <p>What is/are the relationship to you?: _____</p> <p>What are their age(s): _____</p>		

16. Did you lose any family members in the earthquake?

Yes ____ If yes, how many people? _____

Who? _____

No ____

17. What significant people in your life still live in Haiti? (*check all that apply*)

Person	Yes	No
Your mother		
Your father		
Your siblings How many? _____		
Your children? How many? _____		
Other relatives? How many? _____		
Close friends? How many? _____		
Any one else? Who? _____		

THE CENTER FOR EPIDEMIOLOGIC STUDIES DEPRESSION (CES-D) SCALE

Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the PAST WEEK.

	Rarely Or None Of The Time (Less Than 1 Day)	Some Or A Little Of The Time (1-2 days)	Occasionally Or A Moderate Amount Of The Time (3-4 days)	All Of The Time (5-7 days)
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
A. I was bothered by things that usually don't bother me.	1	2	3	4
B. I did not feel like eating; my appetite was poor.	1	2	3	4
C. I felt that I could not shake off the blues even with help from my family.	1	2	3	4
D. I felt that I was just as good as other people.	1	2	3	4
E. I had trouble keeping my mind on what I was doing.	1	2	3	4
F. I felt depressed.	1	2	3	4
G. I felt that everything I did was an effort.	1	2	3	4
H. I felt hopeful about the future.	1	2	3	4
I. I thought my life had been a failure.	1	2	3	4
J. I felt fearful.	1	2	3	4
K. My sleep was restless.	1	2	3	4
L. I was happy.	1	2	3	4
M. I talked less than usual.	1	2	3	4
N. I felt lonely.	1	2	3	4
O. People were unfriendly.	1	2	3	4
P. I enjoyed life.	1	2	3	4
Q. I had crying spells.	1	2	3	4
R. I felt sad.	1	2	3	4
S. I felt that people disliked me.	1	2	3	4
T. I could not get "going".	1	2	3	4

Instruction to researcher: Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. *Please read each one carefully, put an "X" in the box to indicate how much the participant has been bothered by that problem in the last month.*

PCL-M for DSM-IV (11/1/94) Weathers, Litz, Huska, & Keane National Center for PTSD - Behavioral Science Divisio

No.	Response	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
1.	Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful experience from the past?					
2.	Repeated, disturbing <i>dreams</i> of a stressful experience from the past?					
3.	Suddenly <i>acting or feeling</i> as if a stressful experience <i>were happening</i> again (as if you were reliving it)?					
4.	Feeling <i>very upset</i> when <i>something reminded</i> you of a stressful experience from the past?					
5.	Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, or sweating) when <i>something reminded</i> you of a stressful experience from the past?					
6.	Avoid <i>thinking about</i> or <i>talking about</i> a stressful experience from the past or avoid <i>having feelings</i> related to it?					
7.	Avoid <i>activities or situations</i> because they <i>remind you</i> of a stressful experience from the past?					
8.	Trouble <i>remembering important parts</i> of a stressful experience from the past?					
9.	Loss of <i>interest in things that you used to enjoy</i> ?					
10.	Feeling <i>distant</i> or <i>cut off</i> from other people?					
11.	Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?					
12.	Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?					
13.	Trouble <i>falling or staying asleep</i> ?					
14.	Feeling <i>irritable</i> or having <i>angry outbursts</i> ?					
15.	Having <i>difficulty concentrating</i> ?					
16.	Being " <i>super alert</i> " or watchful on guard?					
17.	Feeling <i>jumpy</i> or easily startled?					

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