After the Dust Settles: Experiences of Haitian Earthquake Survivors and Implications for Psychosocial Support

Florence Saint-Jean

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AFTER THE DUST SETTLES: EXPERIENCES OF HAITIAN EARTHQUAKE SURVIVORS AND IMPLICATIONS FOR PSYCHOSOCIAL SUPPORT

A Dissertation
Submitted to the Counseling, Psychology, and Special Education Department
School of Education

Duquesne University

In partial fulfillment of the requirements for
the degree of Doctor of Philosophy

By

Florence Saint-Jean

May 2015
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Florence Saint-Jean

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AFTER THE DUST SETTLES: EXPERIENCES OF HAITIAN EARTHQUAKE SURVIVORS AND IMPLICATIONS FOR PSYCHOSOCIAL SUPPORT

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ABSTRACT

AFTER THE DUST SETTLES: EXPERIENCES OF HAITIAN EARTHQUAKE SURVIVORS AND IMPLICATIONS FOR PSYCHOSOCIAL SUPPORT

By

Florence Saint-Jean

May 2015

Dissertation supervised by Professor Louis Gregoire

On January 12, 2010, a 7.0 wide magnitude earthquake hit Haiti and thousands of Haitians were left to cope with the aftermath, and many mental health concerns began to surface (Amnesty International, 2011; Cénat & Derivois, 2014). The main purpose of this study is to understand post-earthquake psychosocial issues in the Haitian context by studying the experiences of Natives in Haiti. This study provides implications for counseling support from international emergency response workers, counselors, counselor educators interested in providing mental health training in Haiti or other developing countries, and researcher’s interested in increasing knowledge that has real impact on mental health issues in Haiti. This study aims to answer: “What are the experiences of Haitian Natives post-2010 earthquake in Haiti and the implications for providing appropriate post-crisis psychosocial support?”
This qualitative inquiry used Bronfenbrenner’s bio-ecological model of human development (Bronfenbrenner, 2005) as a theoretical framework. Seven Haitian Natives who survived the earthquake in La Ville, Haiti shared their beliefs, personal narratives, and the culturally responsive care they received after the earthquake. Some of the participants also took part in a focus group. Informants’ responses were translated and transcribed, and Interpretative Phenomenology Analysis (IPA) was used to analyze the transcription and field notes. Conceptual models captured the process and outcomes of psychosocial issues related to post-earthquake context in this study and were compared with previously developed conceptual frameworks. The findings of the study yielded nine themes and 27 sub themes. The findings suggest that the interviewee’s experiences were both negative and positive. Some of the negative experiences were continuous trauma symptoms such as panic, worry, and fear. Some of the positive experiences were unity, leadership development, posttraumatic growth, and new appreciation for professional mental health. Based on the conclusions and results from this study, implications will be stated as they relate to practice, teaching, and scholarship.
DEDICATION

To my Lord and Savior Jesus Christ,
the only one who will never give up on me (Isaiah 41:10).

For my mother and best friend, Modeste Achille, who is my number one fan. I could
not have done this without you.
ACKNOWLEDGMENT

I would like to thank my father, Jules Saint-Jean. Thank you for loving and supporting me throughout this process.

I owe a debt of gratitude to my friends and family who I could call late at night and just vent, who supported me financially, emotionally, and with all their resources. Thank you for praying and crying with me. I love you dearly: Michele McGhie, Manouska Harrigan, Witley Montauban, Jasmine Belotte, Sophia Desroches, Gillian Garcia, Beatrice Lors-Rousseau, Mr. and Mrs. Jeff Lindor, and Janelle Carter. I also would not have made it without my prayer warriors and second mothers: Sr. Madone Singer, Pastor Precieuse Montauban, and Sr. Vivianne. Thank you for being the beautiful and strong women that you are, and for being there no matter what. Additional thank you to my childhood church, Bethesda Church of God.

I also want to thank my committee members, Drs. Louis Gregoire, Rodney Hopson, and Waganesh Zeleke. Thank you for supporting my vision for this dissertation, and showing me what leadership and support really looks like.

Last, but certainly not least, I want to thank the Haitian Native participants who shared their personal stories, and let me in their lives. This dissertation is for all my beautiful Haitian people.

Ayiti Cheri - L'union fait la force
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POEM

Yo di
san kreyyen
enrichi
late
Si sete vre
Si sete vret
mezanmi
ala diri
pitmi
ak mayi
ki ta genyen
nan peyi
D’Ayiti

They say
Christian blood
enriches
soil
If that were true
If that were true
my friends
how rice
millet
and corn
would thrive
in
Haiti
(Mueller, 2010, para. 16)
CHAPTER 1

INTRODUCTION

Background of the Study

As exemplified by the poem that starts this paper, a lot of blood has been shed in Haiti, through a revolution, violence, and now natural disaster. On Tuesday, January 12, 2010, a 7.0 magnitude earthquake ravaged Haiti and killed over 300,000 people (L. James, Noel, Favorite, & Jean, 2012). More than 3 million were left to cope with the aftermath of the destruction. After the earthquake, the world realized how vulnerable and unprepared Haiti was to respond to natural disasters and the mental health issues that would surface (Budosan & Bruno, 2011).

Immediately after the earthquake, Haiti, the western hemisphere’s poorest and most disaster-prone region was unable to provide emergency assistance to the Natives. There was close to non-existent ambulance service, and people wandered the streets with multiple injuries and fractures. In addition, there was no way to get the people who were trapped in buildings out (Lacey & Romero, 2012). Hospitals and police stations collapsed; the country’s most notorious prison tore open and freed most of its inmates (Bogdanich & Sontag, 2010). Natives cried and screamed as they walked down the street and saw their poorly built homes or shantytown dwellings destroyed (Lacey & Romero, 2012). “‘Everybody is just totally, totally freaked out and shaken,’ Henry Bahn, an official of the United States Department of Agriculture who was visiting Haiti, told The Associated Press” (Lacey & Romero, 2012, para. 14).

Haiti has one of the lowest rates of professional psychosocial support in the whole world, and reportedly the lowest in the Caribbean (E. James, 2004). Professional
psychological/ psychosocial support consists of assistance from a psychiatrist, psychologist, counselor, or social worker. The Pan American Health Organization and World Health Organization (PAHO/WHO, 2010) reported Haiti to have minimal psychosocial support by claiming the availability of only 23 psychiatrists and 9 psychiatric nurses on the island serving over 10,000,000 people.

In the United States, before Hurricane Katrina even made landfall, hundreds of psychologist were prepared to assist. Many of who were part of the American Psychological Association (APA)’s Disaster Response Network (DPN) and American Red Cross (Stambor, 2005). Unfortunately, a developing country like Haiti does not have such support. Within the context of this lack of formal mental healthcare, this research study seeks to explore the degree to which Haitian Natives’ psychological needs were met after the 2010 earthquake and the manner in which they were met. This study also provides implications for counseling support from international emergency response workers, counselors interested in working in Haiti, and counselor educators interested in providing mental health training in Haiti or other developing countries.

Since the earthquake, there has been an increase in the amount of support and aid experienced by the Haitian people.

In recent years, Haitians have mobilized a network of community resources to sensitize the population to social issues related to various problems… grassroots organizations also serve as self-help and support groups for people facing severe life events and ongoing stress. Self-help illness support groups have also emerged, but characteristically, these tend to focus not on the illness but on religion and spirituality, artistic and expressive activities and ways of generating income to better support participants and their families. (PAHO/WHO, 2010, p. 19).

In addition to the much grassroots support, Haiti has also seen major transformations in infrastructure, government, economy, and medicine, and the work
continues in an effort to bring the nation to a full recovery (Angulo, Connor, & Rappleye, 2015). Some of the transformations include newly constructed classrooms, support for health clinics, rubble removal, a power plant, and housing aide (Angulo et al., 2015). Though there appears to be some progress, one very crucial aspect of recovery that has been overlooked is the state of mental health of the Haitian people. After suffering through the traumatic events of an earthquake affecting over 3 million people followed by an outbreak of cholera, one of the worst cholera epidemics in recent history (Raviola, Eustache, Oswald, & Belkin, 2012), which claimed the lives of over 8,000 and hospitalized hundreds of thousands more, the psychological effect such tragedy has had on the population is unimaginable.

Not only in Haiti, but also around the world, there is a need to understand the perceptions of mental health from people from non-Western traditions (Shah, 2006) who experience a traumatic event. Understanding non-Western countries’ cultural perceptions can help international relief workers provide post-disaster support, specifically post-disaster mental health support. When disaster occurs in Western countries, some common methods are to provide immediate medical and emergency assistance and refer to a mental health specialist. Mental health specialists may screen the individual for mood and behavioral disturbances, and some typical diagnoses include post-traumatic stress disorder.

In non-Western countries, these steps may not be effective because Natives might have their own healing rituals that should be respected. Traditionally, non-Western countries practice herbal healing and religious rituals (Shah, 2006) in times of great distress. The compounding concern for countries, like Haiti, is whether or not the Native
rituals prepare people for the many post-disaster trauma symptoms that arise after a major catastrophe, like an earthquake.

Trauma symptoms may manifest differently based on an individual’s cultural perceptions; however, some common symptoms are intense fear, nightmares, and hopelessness (Levers, 2012). Understanding cultural perceptions can help international agencies respond to trauma relief during times of natural disaster. Ethnomedical literature states that culturally embedded treatments could be more effective and less disruptive if practitioners understood the cultural needs of the people (Shah, 2006). Shah (2007) examined ethnomedical practices for international psychosocial support in disaster and trauma and found many instances where indigenous healing was perceived to be more effective to the Natives than Westernized scientific approaches.

Similarly, with a common belief in supernatural causes of mental illness, Haitians are more likely to seek assistance from a voodoo priest than from a biomedical professional (Khoury, Kaiser, Keys, Brewster, & Kohrt, 2012). Haitian Natives’ beliefs are important to understand, as Bronfenbrenner’s bioecological model helps us see that Microsystems, such as family and health services, and Macrosystems, such as culture, have direct impact upon the way people seek social support (Hopson, Peterson, & Lucas, 2001; Jungers, Gregoire, & Slagel, 2009; Levers, 2012; Logsdon, Hertweck, Ziegler, & Pinto-Foltz, 2008). This study seeks to understand the psychosocial issues of Haitian Natives post-earthquake. Understanding the experiences of Haitians post-earthquake and how they respond to psychological distress can help researchers and practitioners understand best practices for future psychosocial support in Haiti.
This study will take a close look at psychological trauma, as an earthquake is considered to be a traumatic event (Levers, 2012; Madianos & Evi, 2010; Ying, Wu, Lin, & Jiang, L., 2014a). Several studies (Bravo, Rubio-Stipec, Canino, Woodbury, & Ribera, 1990; Briere & Elliott, 2000; Dooley & Gunn, 1995) around the world have explored the traumatic effects of earthquakes, and detected mass acute stress, posttraumatic stress, and depressive and anxiety symptoms (Madianos & Evi, 2010). Furthermore, some of the long-term trauma effects include dissociative experiences, like feeling disconnected from one’s surroundings (Ozer, Best, Lipsey, & Weiss, 2003). This study observes the traumatic experiences of Haitian Natives after the 2010 earthquake, using the bioecological model of human development (Bronfenbrenner, 2005) as the theoretical framework, as well as interpretive phenomenology (Smith, Flowers, & Larkin, 2009) as a formula for data analysis.

According to the American Psychological Association (APA) (n.d.), trauma is defined as “an emotional response to a terrible event like an accident, rape or natural disaster” (para. 1). Levers (2012) described trauma by stating,

The world can be a violent and dangerous place, thus making people vulnerable to all sorts of traumatic experiences. Emotional trauma typically is viewed as inflicting severe harm to a person’s psyche. Traumatic events can have profound effects on the individuals who experience them, and the impact of such stressful events or circumstances usually results in people feeling overwhelmed, vulnerable, betrayed, helpless, frightened, and alone. The influences of trauma may manifest in many ways; some may unique to the individual, whereas others appear to be more culture based. Culture significantly impacts the way people respond to trauma, and what interventions will work. (p. 1).
Statement of the Problem

A universal problem at federal, state, and local levels is ensuring that citizens return to normalcy and stability as soon as possible after a major disaster. Countries like Haiti that fail to facilitate that transition to stability in an effective and swift manner cause long-term challenges, such as post-disaster trauma.

Disaster is defined as an event that is unexpected. It can be a natural catastrophe (such as flood, tornado, fire, plane crash, earthquake, etc.) that causes major damage, destruction, misfortune, or loss of life (Merriam-Webster's Collegiate Dictionary, 1993; Tang, 2007; World Health Organization, 2002; Ying et al., 2014a). Post-disaster occurs after the disaster and usually involves rebuilding or lack of rebuilding after the major catastrophe. Post-disaster often entails plan implementation for recovery and reconstruction (Tang, 2007). It may also involve developing a set of strategies to assist communities in rebuilding (World Health Organization, 2002). Trauma is defined as an experience that leaves a person feeling extremely overwhelmed and afraid that his or her life may be in danger (APA, n.d.; Levers, 2012; McFarlane, 1987; Tedeschi, & Calhoun, 1995). Trauma can result from a chronic illness diagnosis, childhood abuse, sexual assault, war, community violence, or natural disaster. From the definitions of “disaster,” “post-disaster,” and “trauma” – post-disaster trauma can be characterized as the intense stress after the traumatic disaster experience that leaves a person fearful, unstable, and unable to mentally cope on their own (Briere & Elliott, 2000; McFarlane, 1987; Tang, 2007).

After the 2010 earthquake, the country of Haiti did not have the financial stability or infrastructure to handle the rebuilding, plan implementation, and strategy to help the
people return to normalcy (Angulo et al., 2015). The government’s ill-preparedness resulted in increased crime, death toll, and sickness (Amnesty International, 2011; Bailey, Bailey, & Akpudo, 2010). This lack of post-disaster implementation left the people feeling fearful, unstable, and unable to cope mentally (Bailey et al., 2010; Cénat & Derivois, 2014), concluding that the country of Haiti meets the definition for post-disaster traumatic state and has an increase need for mental health services (Budosan & Bruno, 2011; Cénat & Derivois, 2014; Nicolas, Jean-Jacques, & Wheatley, 2012).

The trauma experienced, the lack of support both locally and governmentally, and the continuous adversity are some of the problems that drive this study. In a poignant example of the trauma experienced following the quake, Schulller (2010) observed that despite their resilience and solidarity, people were visibly exhausted and traumatized. One day, a neighbor of mine insisted I eat the chicken on her plate of food, despite the scarcity of meat. Surprised, I asked why. “Because it looks too much like the flesh of my mother, who is still buried beneath our house,” she said. (p. 4)

Haiti has a long history of adversity, which includes crime, poverty, and disaster, which is discussed further in Chapter 2. Since this is not the first time Haiti has faced adversity, Schuller is right, solidarity can only go so far. Many people with serious mental and developmental disorders were neglected after the earthquake, as they were locked in inpatient wards or left to wander the streets (Raviola et al., 2012). At the time, Haiti’s minister of health agreed that there was a need for mental health services. The country, therefore, requested the services of Partners in Health (PIH) and Zanmi Lasante (ZL) to put together a national mental health response to the disaster. PIH is a global organization relentlessly committed to improving the lives of the poor. ZL is a partner organization of PIH operating in Haiti.
Team members from PIH and ZL recognized that providing such services “required a systematic, integrated, evidence-based, multisectoral approach that prioritized local knowledge, as well as a range of cooperation larger than any organization or institution, or the government, could provide” (Raviola et al., 2012, p. 70). They developed a platform, which included using religious mourning services, combining spiritual and psychological language, as well as incorporating music and communal activities; however, it needed to be further developed for post-earthquake mental health services.

Despite their efforts post-earthquake, there is still much need for addressing the psychological traumatic effects (Amnesty International, 2011). The mental health status of the nation remains a major issue and exacerbated by the daily reminders of death, destruction, physical manifestations of disability, and poverty. There has been an increase in violence, crime, dependency, and suicide (Amnesty International, 2011; Hagaman, 2013), and people are responding to the aftermath in different ways. See Figure 1.1 that illustrates the increase in murder rate post-earthquake. The mental health issues are relevant and visible within the country, despite the fact that people are conducting their activities of daily living (Schuller, 2010). Depressed Haitians are expected to work, to care for their children, and to function normally (Desrosiers & St. Fleurose, 2002). The U.S. military has provided aide and support for this; however, because of the country’s dictatorship history, continuous military occupancy, and the violent 2004 coup d'état, many earthquake survivors feel they have no reason to trust them (Raviola et al., 2012). The same can be said for many large NGOs, which many Haitians “perceive as having gotten rich off of their poverty” (Schuller, 2010, p. 4). Klein (2007) describes this as the
rise of disaster capitalism, where America is perceived as exploiting situations where people and countries are affected by natural disaster.

The researcher of this study compared crime statistics from before and after the earthquake and found that murder rates significantly increased (NationMaster, n.d.; United Nations Office on Drugs and Crimes, 2013):

![Graph showing murder rates in Haiti from 2007 to 2010](image)

*Figure 1.1 Murder rate in Haiti*

Today over four years after the quake, though there are some improvements, such as clinic support, housing development, and billions of dollars in donations, Haiti has yet to return to normalcy, in which normal was not the best conditions, as that included intense poverty, violence, crime, and dangerous living conditions (Angulo et al., 2015). Despite ongoing requests for mental health support in Haiti (Nicolas et al., 2012), in November 2014 the researcher of this study conducted a search on the EBSCO Host database and found that there were no studies that looked at what degree and how Haitian Natives’ psychological needs were met after the 2010 earthquake using a qualitative method. The very few studies conducted on the influence of the earthquake on Haitians
focused on their perceptions and their need for psychosocial support rather than understanding their lived experience, which might give a broad perspective to understand the phenomena, as each individual experiences traumatic events subjectively. This study examines that need by exploring the experiences (van Manen, 1997) of Haitian Natives post-earthquake.

**Research Questions**

The guiding question for this study is: What are the experiences of Haitian Natives post-2010 earthquake in Haiti and the implications for providing appropriate post-crisis psychosocial support? The following subsidiary questions guide the main question:

a. What are the major psychosocial issues that Haitian Natives dealt with after the earthquake?

a. What were the crisis experiences and reactions of Haitian Natives after the earthquake?

a. What implications did these crisis reactions have on the Natives’ psychosocial supportive needs?

a. What were Natives’ protective and risk factors after the earthquake?

**Researcher’s Narrative**

Interest in this topic is gained from the researcher’s experience. The researcher is a mental health professional and trauma researcher, with special interest in mental health in Haiti. The research questions and conceptual framework were further developed based upon the knowledge of the researcher. The researcher is second-generation Haitian, as her parents were born in the country of Haiti. Her parents traveled to three countries looking for a better life. They eventually settled in Brooklyn, NY where the researcher was born. In their home, the language of Haitian-Creole as well as all the traditions of the culture
were deeply embedded. For this reason, the researcher grew a deep appreciation for her culture and Haitian people. Growing up, the researcher learned more about the history of Haiti and watched on television as Dictator and Haitian President Duvalier drew the most educated people out of the country. After his presidency, the people of Haiti suffered severely (Doucet, 2013). The people of the country were unable to re-establish themselves, and poverty increased. The researcher watched as her family was saddened by it all.

Years later, at the time of the earthquake, the researcher was living in New York City when she heard the news. After feeling vulnerable and helpless, the researcher wondered what she could do to assist in the efforts post-earthquake. At the time, she was working as a social worker with many Haitian immigrants and also was doing volunteer work with Haitian families. The researcher noticed how her clients were affected even though they were not in Haiti. They had trouble watching the disturbing images of the earthquake on the media. They also feared for the safety of their family members. At the time, she oversaw U.S. program operations in a non-profit she volunteered with and became increasingly interested in the efforts in Haiti, especially after hearing the many testimonials, reading the literature, and realizing how limited mental health care is in Haiti. She found a gap in the literature. With the information provided, it appeared that the progress was still in infancy stages. She eventually realized that there was unresolved trauma. She began reaching out to non-profits in the U.S. and Haiti and discussed doing something about it. She then began collaborating with the director of a compound in Haiti called HAC-Haiti Inc.
She wondered, if her clients were in distress in the United States, how were people in Haiti? Several months after the earthquake, the researcher went to Haiti and was crushed to see the collapsed buildings and despair. Port-au-Prince, a city that was once filled with rich landscapes, was covered in debris. The researcher was even more disturbed when she saw the national palace completely destroyed. A monument of such importance and pride for the country was gone. This was a perfect illustration of the state of Haiti at the time—even the government could not stand in this type of devastation.

Nonetheless, Haitians were trying to make baby steps toward mental health services. Since the earthquake, mental health professionals in Haiti and the U.S. established a Psychological Association, called L'Association Haitienne de Psychologie and had their first conference in 2010. Many non-profits in the U.S., such as Rebati Santé Mentale started implementing mental health trainings to professionals. Popular NGOs were also providing mental health support; however, their time was temporary and their multicultural training was limited. Though the people were trying, there was still so much to be done. The researcher believed the best strategy was to train professionals who were Haitian Natives.

By examining the history, education, and religious views of Haitians, the researcher realized that there is a stigma against mental illness. Many Natives were not likely to seek help from a mental health professional, and there was a recognized high prevalence of psychological trauma and adverse consequences of trauma. Therefore, the researcher suggested introducing a culturally competent trauma intervention curriculum consisting of basic techniques that can be implemented by professionals, such as teachers, doctors, nurses, and religious leaders, who are readily accessible by Haitian Natives.
After conducting a needs assessment and collaborating with several agencies, the researcher started a training program called, The Haiti Trauma Project. A pilot trauma project was implemented in December 2013 with 8 mental health specialists, professors, researchers, and volunteers from the United States. At that time, 40 Haitian professionals were trained.

The curriculum uses basic learning methods to achieve the following objectives: 1) to develop a foundation for psycho-education and challenge stigmatized mental health ideologies and 2) to teach professionals basic trauma assessment and intervention skills. The project also involves community activities, such as a sexual abuse workshop for teens and a holiday party for over 350 children.

In 2014 the researcher returned to Haiti twice, with more volunteers and provided training to over 100 Haitian professionals. This encouraged the researcher to start her own non-profit organization titled Global Trauma Research, Inc. (GTR), whose mission is to help heal people all over the world affected by trauma, by means of prayer, education, counseling, and support. GTR’s leadership believes in developing and implementing comprehensive services and, therefore, researching innovating techniques.

During her time in Haiti, the researcher had first-hand experience to hear and see what mental health issues people were facing. One training participant who works as a physician told the researcher that she had a patient who thought she was pregnant after the earthquake. She says she ran urine and blood test, as well as a sonogram and found that the patient was not pregnant. This patient had been under a lot of distress post-earthquake. The physician recognized that her patient had a psychological ailment rather than a physical one; however, she did not know how to help the woman.
Another professional shared a story about one of her students who attempted suicide after realizing that all their family members had died. Stories like these came by the hundreds and intensified the researcher’s quest to find themes in the experiences, with the hopes of providing implications for counselors, educators, and policymakers for future mental health services for Haitian Natives.

**Purpose of the Study**

Developing a clearer understanding of Haitians’ beliefs about mental illness and healing may assist in providing culturally effective treatment (Nicolas et al., 2012). “Scaling up of mental health services that are safe, effective and culturally sound presents significant challenges in a situation of dramatic human loss, precipitous social change, ongoing poverty, and multiple competing needs” (Raviola et al., 2012, p. 69). By describing the experiences of Haitians after a traumatic event, like the earthquake, we hope to bring meaning to beliefs, attitudes, and needs regarding psychosocial support. As Raviola et al. (2012) asserted, “it is also hoped that more sophisticated qualitative study will ensure over time that the evolving system of care is consistently reflective of local and regional needs, perceptions, and realities” (p. 74).

The purpose of this interpretative phenomenological study is to explore Haitians’ experience and psychosocial support after the 2010 earthquake. This study closely examines the beliefs, attitudes, and needs of the Haitian people regarding their psychosocial support, with the hope that implications will be provided for more appropriate care for the people in the future. The theoretical framework that informs this study is Bronfenbrenner’s bioecological model (Bronfenbrenner, 2005; Bronfenbrenner & Morris, 2006). This study raises new questions for future research around crisis
response for Haitian Natives, such as how can international workers use religion in Haiti as a way to engage the people? Or, what strategies appear to be the most effective in times of disaster? The answers to these questions will inform practice, teaching, and scholarship.

Theoretical Framework for the Study

The theoretical framework helps the researcher understand what happened. To answer the research question posed in this study, the researcher used the bioecological model of human development (Bronfenbrenner, 2005). Due to the crisis and instability in Haiti, the bioecological systems affected after the earthquake are the micro and meso systems. Furthermore, the macrosystem influenced the way in which people sought care.

The Bioecological Model of Human Development

The theoretical foundation of this study was drawn from Bronfenbrenner’s bioecological model, which will be further discussed in chapter 2. The model was originally developed in 1979 and revised in 2005 (Bronfenbrenner, 2005). The bioecological model is a human developmental model across the lifespan that considers multiple systems that influences one’s life.

Bronfenbrenner’s (2005) bioecological model of human development considers the individual as an active player in his or her environment, the environment acting as a force to influence the individual, and different systems within the environment intertwining each other. The model is comprised of five systems, which include the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. All of these systems affect the individual. The microsystem consists of family, friends, co-workers, neighbors, and the like, who have direct contact with us regularly. This system not only
affects us, but we affect it as well. This is important to understand because having the right support can get people through a traumatic event. For instance, in a study conducted by Schwartz, Bernal, Smith, and Nicolas (2014), 150 Haitian immigrants were interviewed, and they were more likely to seek support from family than from a professional regardless of the circumstance.

The mesosystem is the relationship that the microsystem has with each other. This illustrates how one system can determine the relationship of the other system. The exosystem is comprised of systems that indirectly affect the person. The macrosystem consist of a person’s culture and how that culture influences their life. Finally, the chronosystem refers to time and how transitions in one’s life affect them over time.

Bronfenbrenner’s (2005) bioecological model is incorporated into this study to help structure the exploration of the experiences of Haitian Natives after the earthquake in relation to the systems that influence them. As Natives of Haiti, these individuals are influenced by all systems in the bioecological model. The fundamental nature of the Haitian experience will be understood using these theoretical approaches, specifically how these individuals experience themselves, their neighbors, leaders, and how things have changed for them over time.

Bronfenbrener (1979) described the relationship of the person and his or her environment as, “conception of the developing person, of the environment, and especially of the evolving interaction between the two… in the way in which a person perceives and deals with his (sic) environment” (p. 3). He further described the interrelation of the systems as, “regarded as of equal importance are connections between other persons
present in the setting, the nature of these links, and their direct influence on the
developing person through their effect on those who deal with him at first hand” (p. 7).

Using a systems prospective is a widely used approach when researching social
changes and human behavior (Bronfenbrenner, 1979; Patton, 2002). Patton has observes
that a systems perspective is “increasingly important in dealing with and understanding
real-world complexities, viewing things as whole entities embedded in context and still
large wholes” (p. 120). To understand best practices for psychosocial support in Haiti,
this study establishes how Haitian Natives relate to different systems and how they
impact their lives after the earthquake.

Central to the systems prospective is also holistic and interconnected thinking that
Patton (2002) describes as “so interconnected and interdependent that any cause-effect
analysis distorts more than it illuminates” (p. 120). Patton also believes that
understanding a person’s environment is important for understanding the interview,
which “assumes that the whole person is understood as a complex system that is greater
than the sum of its parts” (p. 59). Therefore, when the researcher of this study interviews
participants, the researcher looks deeper than the mind and body and into all aspects of
that individual’s life. When a catastrophe, like an earthquake, occurs, not only one aspect
of the individual is affected but rather the whole system, which could be crucial for future
social support and therapeutic interventions.

**Significance of the Study**

Current literature lacks attention regarding the depth of response needed post-
earthquake. Diaz and Schneider (2012) reported the growing need to build an effective
mental health system in Haiti. Nicolas et al. (2012) state, “Moving forward, priority must
be given to encourage training of a new generation of Haitian mental health counselors” by competent multicultural trainers (p. 517). The benefits that can be derived from this study include expanding on mental health practice in Haiti.

The 2010 earthquake shaped the future direction of Haitians’ lives in the context of career development, family development, education, and finance. This study provides essential tools to international emergency response workers and mental health practitioners who encounter earthquake survivors. Counselor educators will be informed on advancing academic scholarship on the influence of culture, settings, and context in improving the way we understand the impact of natural disasters on human’s mental health.

Researchers, practitioners, and educators will be able to understand how the lived body, time, space, and relationship experiences of people who experience natural disaster affect the way they view psychological treatment. It is also the intent of the researcher to capture the influences of Haiti’s micro and macro systems on individuals’ perceptions of the psychosocial conditions and supports post-earthquake, and the implications for practical psychosocial application, such as effective types of counseling. Finally, with the lack of literature for mental health in Haiti, this study hopes to contribute to the literature, and to provide greater knowledge to key stakeholders interested in future mental health policy toward improving the treatment of trauma and disaster crisis response for earthquake survivors in Haiti.

The implications for this research surpass Haiti’s needs and can be expanded to other developing countries. Leaders at the Counseling for Accreditation of Counseling and Related Educational Programs (CACREP) are striving to bring cohesion in
international counseling, as they realize the mental health field is expanding globally (Stanard, 2013) and that there are obstacles to maintaining positive mental health treatment in low-income, post-disaster countries (Minas, 2012). One of the obstacles is inappropriate care due to lack of knowledge of the population, which, in turn, causes adverse treatment effects. These consequences can easily happen in countries, like Haiti, where there is a great deal of international help yet minimal knowledge about the population. Therefore, results from this study can be transferred to similar countries.

**Delimitations of the Study**

To examine the lived experiences of Haitian Natives, it is important to set parameters to explore specific elements of their experiences after the earthquake. This study is delimited to a small population of Haitian Natives who are above 18 years old, who lived in Port-au-Prince, Haiti during the earthquake.

**Definition of Terms**

*Ethnomedicine*: The application of traditional indigenous treatment of medical conditions in ethnic populations (Shah, 2006, 2007).

*Haitian Natives* in this study will refer to adults who have witnessed mental illness and mental health challenges in Haiti.

*Lived space* concerns a person’s feelings of an experience.

*Lived body* (corporeality) refers to an individual’s bodily presence.

*Lived time* (temporality) refers to the experience of subjective time of the past, present, and future.

*Lived relationship* is the experience people have with other humans.
Microsystem consists of family, friends, co-workers, neighbors, and the like, who have direct contact with us regularly.

Mesosystem is the relationship that the microsystem has with each other. Exosystem is comprised of systems that indirectly affect the person. Macrosystem consists of a person’s culture and how that culture influences his or her life. Chronosystem refers to time and how transitions in one’s life affect him or her over time.

Summary

The 2010 earthquake continues to influence the current needs of the people of Haiti; one of those needs is psychosocial support (Nicolas et al., 2012). Exploring the experiences of Haitian Natives can help researchers understand the beliefs, attitudes, and needs of Haitian people regarding their psychosocial support.

This study offers an overview of the mental devastation of the earthquake and an introduction to an interpretative phenomenological approach to exploring Haitian Natives’ experiences. This chapter includes the purpose and significance of the study, research questions, and ways the literature and theory will benefit from this knowledge. Chapter 2 offers a review of the literature, including trauma as seen through a bioecological and lived experience lens. Chapter 3 explains the methodology, design of the study, and data analysis procedures. Chapter 4 captures the emerging themes and significant findings of the study, while Chapter 5 provides a thorough explanation of it all.
CHAPTER 2

REVIEW OF THE LITERATURE

This chapter covers the current knowledge and history of the Haitian people. The chapter highlights key events in history that contributed to the continuous adversity, development of the country, and foundation for cultural perceptions. There is also a discussion of psychological trauma, the bioecological systems, and how they might have been disrupted after the quake.

History of Haiti

Haiti has a bad reputation for housing the poor, corrupt, lazy, and ignorant people of the Western Hemisphere. However, few people know the real Haiti. Over a hundred year ago, Haiti, then a French colony was one of the most profitable lands in the world. At the time Haiti’s plantations were very lucrative and provided enormous fortune to France (Dubois, 2012).

Haiti, formally recognized as the Republic of Haiti, is on a small island located in the Caribbean Sea, about 600 miles from Florida. It shares the island with Dominican Republic. Haiti’s weather almost always falls between 70 and 80 degrees Fahrenheit. Haiti is filled with beautiful trees, clear blue waters, and is blessed with coffee, sugar, and essential oils.

Native Taíno/Arawak people originally occupied Haiti. After 1492 when Christopher Columbus set foot in Haiti, the country was settled by Spanish Colonists and French traders who enslaved the Native people, and through maltreatment and indigenous diseases, killed them off. Through France’s occupation millions of slaves were transported from Africa to Saint-Domingue – the name for the French colony (Dubois,
The number of slaves consistently declined however, because of the harsh treatment that caused them to die. “By the late 1700s, the colony had about half million slaves altogether. It was out of this brutal world that Haiti was born” (Dubois, 2012, p. 4).

In 1791, the slaves revolted. They killed their masters, set fires and took back their freedom. The revolt was led by a former slave, Toussaint Louverture. The victory didn’t seem like it was going to last when Napoleon Bonaperte sent troops to take back order, but through guerrilla warfare the former slaves rose up again, and in 1804 they declared their independence (Dubois, 2012). Haiti continues to hold this as one of its greatest prides. Some historians argue, however, that even after this, Haiti has never been left alone, and this might be the reason the country has always had difficulties fully flourishing (Dubois, 2012).

After the independence declaration, Haiti appeared as a threat to many slave occupied countries. France, the United States and England refuse to recognize Haiti’s independence. In addition, challenges began to emerge in the land that was now run by many former slaves. Some felt the need to build a secure army to ensure safety, some wanted to ensure financial stability by continuing the plantation, while others wanted to live normal lives (Dubois, 2012). “The deep division over what Haiti should be has shaped the entire political history of the country” (p. 6). The division also created a governing elite that excluded many Haitian’s from political involvement.

Natives in Haiti are referred to as Haitian. Until 1987, Haiti’s only official language was French, although the majority of the population only spoke Kréyol, and for
a long time mainstream of the population could not read the laws they were governed under (Dubois, 2012).

From 1957 to 1971, Haiti was under the harsh dictatorship of President François Duvalier. For the duration of his presidency, Haiti faced one of history’s worst dictatorships. Throughout that time many Haitians left the country to escape turmoil. Unfortunately, these individuals were some of the most prominent and educated, causing what history calls, Haiti’s brain drain (Jadotte, 2012). Haiti has yet to recover from this brain drain.

Today, Haiti is considered to be one of the poorest countries in the Western Hemisphere, with people “living on less than $2/day, and half below the extreme poverty line of $1/day” (Cerdá et al., 2013). The diet of Haitian people consists of corn, rice, beans, and fruits. Poor people, who constitute most of the population, rarely eat meat and fish, as these foods are considered a luxury. Education is very limited in Haiti because there are not enough schools and teachers. Also many families cannot afford the education, as the cost of education is more than most family’s salaries.

Most of the mental health attention for Haiti arose after the 2010 earthquake; however, Haiti’s past history of slavery, organized violence, torture, gangs, kidnapping, and domestic violence (Bailey et al., 2010; PAHO/WHO, 2010) has contributed to the people’s mental instability. The role religion has played in the mental health of the people will be discussed later.

When the earthquake occurred in Haiti, one of the biggest issues was the history of the country’s foreign occupation as well as its history of dictatorship. Continuous trauma exposure can cause people to become “resilient” or “numb” to new issues. The
Haitian people have been found to say that the issues and problems never end for Haiti. This is important to know because now that this earthquake has occurred, what does it mean for people who have experienced so many past events that they are still recovering from?

**Psychological Trauma**

Understanding the impact of trauma is essential in understanding the theoretical underpinnings of this study. Everyone responds to trauma differently, but overall, trauma is defined as an experience that leaves a person feeling extremely overwhelmed and afraid that his or her life may even be in danger (APA, n.d.; Levers, 2012). It is an intolerable situation that exceeds the person’s resources and coping mechanisms, and if left untreated can cause major cognitive and behavioral problems (Garfin, Silver, Ugalde, Linn, & Inostroza, 2014; Wang et al., 1999).

Defining and understanding trauma can be quite complex, as there are different theories and frameworks for trauma. Revisions in the *Diagnostic and Statistical Manual of Mental Disorders (DSM- V)* (APA, 2013) reflect the complexity of trauma, by giving it its own chapter called, “Trauma and Stress Related Disorders.” Another major modification in the DSM-V is PTSD, which is diagnosed based on exposure to actual or threatened death, serious injury, or sexual violation. The exposure must result from one or more of the following scenarios, in which the individual:

- directly experiences the traumatic event;
- witnesses the traumatic event in person;
- learns that the traumatic event occurred to a close family member or close friend (with the actual or threatened death being either violent or accidental); or
experiences first-hand repeated or extreme exposure to aversive details of the traumatic event (not through media, pictures, television or movies unless work-related).

There are other diagnoses under the Trauma and Stress Related Disorders chapter, which include: reactive attachment disorder, disinhibited social engagement disorder, acute stress disorder, and adjustment disorders. It is, therefore, worthwhile to explain that there is a difference between a traumatic experience and trauma disorder. A traumatic experience is any situation that leaves an individual feeling overwhelmed or alone, even if his or her life was not in danger. “It’s not the objective facts that determine whether an event is traumatic, but your subjective emotional experience of the event. The more frightened and helpless you feel, the more likely you are to be traumatized” (Help Guide, n.d.a, para. 3).

Everyone reacts to trauma differently, and not every traumatizing situation leads to being traumatized. Some people experience the worst possible events and somehow recover and continue to function in their lives, whereas others are unable to cope. It is the individuals who are unable to cope and find solace in their situation who find a disorder is formed.

The information provided in the DSM-V (APA, 2013) is good to know when discussing trauma, but it is also important to recognize that the DSM-V was designed for individuals living in the United States of America, and many of the diagnostic criteria are not applicable to foreign countries. It is then that we realize that mental health issues, such as psychological trauma, are even more complex. Therefore, to diagnose someone with a trauma-related disorder or to provide effective treatment interventions, there are many variables to consider.
So, many treatment questions emerge concerning trauma, and the answer frequently is, “it depends.” It depends on the developmental stage at the time of the trauma event; it depends on whether the trauma event was of a personal nature or a large-scale disaster; if personal, it depends on the event of the person’s support system; it depends on gender and cultural perspectives; it depends on numerous variables that are not always evident immediately. (Levers, 2012, p. 1)

Trauma may look very different in the Haitian context from how it does elsewhere. There is no formal language for trauma in Haiti (Marcus, 2010); however, some mental health professionals have said that the Haitian people were traumatized after the earthquake (Cerda et al., 2013; Raviola et al., 2012; Schuller, 2010). The question is: what does that even mean in the Haitian context? Reviewing the experiences of Haitian people after the earthquake can help look at the impact of trauma in the Haitian population.

**Impact of Trauma**

Though there is no formal language for trauma in Haiti, some reactions to trauma and crisis in a state of emergency is somewhat universal. There are also different types of traumatic and crisis experiences. There is existential, developmental, and situational. Existential describes situations when a person begins to ask questions ask such as, “Why am I on this earth?” The crisis associated with this is quite normal. In developmental crisis, we observe how people are affected when they do not meet developmental expected norms, such as building relationships.

Someone’s development process can be interrupted when his or her basic needs or social and cultural needs are not met (Zeleke, 2013). We see this in Maslow’s hierarchy of needs. Level two of the hierarchy states that feelings of safety and security are essential to human development (see Figure 2.1). Based on the definition of trauma, we see that someone’s feelings of safety and security are at risk during an earthquake. Many
people affected by earthquakes do not have access to food, water, and shelter, which is another crucial need for development.

![Maslow's Hierarchy of Needs Diagram](image)

**Figure 2.1** Maslow's (1943) Hierarchy of needs

When the needs of the basic level are not met due to trauma, there are certain reactions (Herman, 1992; Help Guide, n.d.a) that come about, which include:

- Shock, denial, or disbelief
- Anger, irritability, mood swings
- Guilt, shame, self-blame
- Feeling sad or hopeless
- Confusion, difficulty concentrating
- Anxiety and fear
- Withdrawing from others
- Feeling disconnected or numb

Some behavioral changes can happen within a person who is traumatized and that person and his or her family does not know that this is the cause. For example, we may see the trauma impacting children by making them go back to early behaviors, such as bed wetting, sucking of the thumb, or attachment issues with their parents; whereas,
adolescents may start to act out in school, turn to drugs or alcohol, and adults may start using drugs too, have trouble keeping a job, or become violent at home. These are just some of the ways trauma can affect an individual.

**Post-traumatic Growth**

It is also important to mention that not all exposure to trauma is negative. There is also something called “post-traumatic growth” (Baker, Kelly, Calhoun, Cann, & Tedeschi, 2008; Calhoun, & Tedeschi, 1989, 2008). This is the idea that individuals can make meaning of something painful and derive benefits from the traumatic experience and adversity. In a study conducted by Jungers et al. (2009), Mauritian people described their experience of racism, and the researchers found instances where the participants found self-acceptance in their experience.

The idea of post-traumatic growth makes a lot of sense in the Haitian context, because due to Haitian people’s religious faith, many Haitians believe that God will show them favor even during the most trying times of their lives. Post-traumatic growth is possible in that a person can allows think of new possibilities in their lives, and appreciate their life, strength, and spiritual growth (Baker et al., 2008; Calhoun, & Tedeschi, 1989, 2008). There are examples in the literature where people experienced benefits from coping with a traumatic event, like a natural disaster. In a study conducted by Xu and Liao (2011), 51.1% of the 2080 surveyed survivors of the Sichuan earthquake experienced post-traumatic growth. “Best predictors of posttraumatic growth were being female, younger age, higher level of education, higher degree of earthquake-related exposure and PTSD symptoms, including intrusion and hyperarousal symptoms (p. 274).
In another study by Cryder, Kilmer, Tedeschi, and Calhoun (2006), post-traumatic growth was related to social support after natural disaster.

There are five domains of post-traumatic growth, which include greater appreciation of life, more intimate relationships, greater sense of strength, spiritual development, and new possibilities (Calhoun, & Tedeschi, 2008; Tedeschi, & Calhoun, 1995). Greater appreciation of life comes about when the individual begins to reexamine the things they once took for granted or overlooked. This makes the person change his or her priorities as he or she feels that they may have even been given another chance at life to fix certain things. This same individual may even start to spend more quality time with friends and family as he or she may realize that life is too short, and some things are just not worth it.

Another domain of post-traumatic growth is relationships with others. In this domain, an individual may begin to reflect on his or her intimate relationships and realize that they want to nurture them. Many people who experience a traumatic event later appreciate their support systems more than ever. They begin to realize that small arguments no longer mean anything, and they work to have positive and improved relationships with others.

People may begin to recognize an inner strength that was not noticeable before the trauma. The person might find that he or she is able to handle other challenges because of this newly discovered strength. The individual does not negate the fact he or she is still vulnerable from the trauma but now know that he or she is capable of surviving.
Many people who experience a traumatic event rely on a higher power to cope. It is after the traumatic experience that the person may feel even more connected than before to his or her spiritual outlet. This is especially prevalent, but not limited to people who had a strong religious affiliation prior to the trauma. Although there are some people who have negative feelings toward their religious beliefs, there are also those who have a significant increase in their spirituality (Calhoun, & Tedeschi, 2008; Calhoun & Tedeschi, 1989).

Finally, there is the domain of new possibilities. In this area, the person realizes that there are new options and opportunities that did not exist before the traumatic event. Some people change their career or even begin to volunteer.

**Resilience**

Resilience also appears to be a major theme in the Haitian community. After multitudes of traumatizing experiences in Haiti, the people seem to be able to bounce back and continue to function. Resilience is defined as “the ability of something to return to its original shape after it has been pulled, stretched, pressed, bent, etc. … the ability to become strong, healthy, or successful again after something bad happens” (Resilience, 2011, para. 1). It is the ability to face adverse circumstances without long-term consequences.

A exert from a book written by Bell (2001) illustrates resilience in the Haitian people perfectly. Bell says,

The bamboo symbolizes the Haitian people to a T, eh? We are little people. The bamboo is not a great tree with a magnificent appearance. But when the string winds come, well, even a great tree can be uprooted. The bamboo is really weak, but when the winds come, it bends but doesn’t break. Bamboo takes whatever adversity comes along, but afterwards it straightens itself back up. That’s what
resistance is for us Haitians: We might get bent… but we’re able to straighten up and stand. (p. 126)

In a study conducted by Burnett and Helm (2013), 140 Haitian students affected by the earthquake were interviewed and found that women reported much resilience and attributed it to their affiliation with religion and church. Though resilience appears to be a good thing, it can only go so far. In the Haitian context, Haitian people have gone through so much over the decades that saying Haitian people are resilient is a common phrase. However, there is now a question of whether it is actually resilience or tolerance.

**Earthquake as a Traumatic Event**

We will now discuss situational crisis, which is involves uncommon, extraordinary event (Levers, 2012) with major life changes, such as family issues, which include divorce, domestic violence, fatal illness, financial hardship, sexual assault, and homicide. There are other situational traumatic events, such as terrorism, community violence, and natural disaster. Natural disaster consists of tsunamis, hurricanes, tornadoes, and earthquakes.

Earthquakes are natural unexpected occurrences that humans cannot control. Earthquakes can affect people in unexpected ways. An earthquake is an experience that threatens your life, safety, and sense of security. Earthquakes also affect people’s economic and social status. Medianos and Evi (2010) expressed,

> Earthquakes have serious economic and psychosocial effects on a community. When large population areas are hit by disastrous earthquakes causing tremendous material and personal losses, their social and economical support systems and resources are violently disrupted, causing major traumatic experiences. (p. 139).

Earthquakes bring about significant physical and emotional impact and stress. Many people who survive earthquakes continue to live with the shock and fear the
earthquake caused. One of the greatest fears is that it can happen again, and there is no way of predicting or controlling it. This inability to have a sense of control over the situation brings about stress, fears, bad memories, and an intense sense of danger; and the more feelings of powerlessness and fear, the more likely a psychological diagnosis will be pronounced. Ying et al. (2014a) said that posttraumatic stress disorder is the most prevalent diagnosis in adolescents exposed to an earthquake.

**The 2010 Earthquake in Haiti**

Understanding the Haitian experience is key to this study.

Several factors contribute to the impact of a natural disaster beyond the actual event itself and the symptoms of the individuals must be understood from a sociocultural, historical, and political perspective. Therefore, given the lack of coordinated governmental efforts in Haiti to address the devastating impact of natural disasters, it is important to consider the sociocultural, historical, economic, and political factors that are inevitable aspects of the natural disasters, as well as the strengths of the Haitian people in coping with these events. (Nicolas, Schwartz, & Pierre, 2010, p. 96)

In other words, it’s not the earthquake by itself that cause the major traumatic impact, but it’s everything before that added on to the earthquake.

On January 12, 2014, many Haitian people woke up thinking it was a normal day like any other. Children got dressed, put on their school uniforms, polished their shoes, and headed out to meet friends on their way to school. Adults woke up that day and dressed as well, but some headed to work in offices, while others headed to the marketplace where they sold products and crops for a living. Then there were the hundreds and thousands others who had not been employed in years or never employed at all, who stayed home, or went to walk the streets, in hope that something would come up.

That afternoon also appeared to be pretty normal, and people continued to do what they normally did. At approximately 4:53PM everything changed, and many
Haitian Natives lives changed, and some would never be the same. It was the devastating 7.0 magnitude earthquake that hit the city of Port-au-Prince, Haiti, which would be called one of the most disastrous in history. The people of Haiti refer to the earthquake as *goudou-goudou*, which illustrates the sounds they heard while the ground was shaking. The earthquake lasted about 10 to 20 seconds but left devastation that would last for years.

When the earthquake hit, many children and families were on their way home or had just arrived at their home. Those who were in their homes or in buildings were at highest risk of death. The structure of the buildings were poorly constructed. This caused a pancake effect when the ground began to shake. The floors for the buildings flattened on top of each other, causing people to be buried alive. The capital was badly hit, and even the country’s national palace took a major blow. The news and media captured photographs and videos, as you could see people’s hands reaching out of the buildings, but there was no way to get them out. Natives shared stories of hearing screams after screams all through the night and the sense of hopelessness that came over them. Thousands of people walked the streets covered in dust with the fear and urgency screeching from their voices. You could hear many people crying, *Jezu gen pitiye*, which translates, “Jesus have mercy.” People were in a mass of confusion, unsure of what really occurred.

Many who were unharmed tried diligently to climb into the rumble and pull out anyone they could. Many who were walking the streets were left bruised and wounded. The need for medical attention, clean up, rescue, and stability was great, but often people were unreachable. International assistance wanted to come in and help, but it seemed
almost impossible. The earthquake had destroyed the phone lines, towers, roads, and the airport. There was no electricity and water, and there were numerous aftershocks.

The earthquake resulted in over 300,000 deaths (L. James et al., 2012). Hospitals, homes, and businesses were destroyed. People were unable to locate loved ones, and were unsure if they were dead or alive. Parents could not come to tell their children that their other parent had died. Then there were very scary situations, such as the prison break. Many high profile criminals were set free during the earthquake, which put thousands of people at high risk.

The day of the earthquake brought about many heroic stories too, like the solidarity of the people, as they grabbed their Bibles, held hands, and sang together as they walked the streets. Even though this was a devastating time, people came together in crisis and showed what Haiti was truly made of. There were later stories that would surface, such as through continuous efforts, people were found alive after 20 days under the rubble.

Normalcy that the Haitian people woke up to that 12th of January would be very far away in the coming weeks following the earthquake. Many people lived on the streets or in tents for months and even years following the earthquake. People who once worked could no longer, and their children were now forced to stay in the tents instead of going to school. The living conditions of the tents were absolutely atrocious. Many mothers complained about their children being very hot during the day and having a hard time sleeping on the cold ground at night. The water was unclean, and people could not find food. When international aide did reach the country and food started to come in, many
people still could not get food because the weaker ones could not fight the aggressive ones who fought for the food so they could sell it.

There was also a lot of crime. People were killed, raped, and robbed on a daily basis. HIV rapidly spread as well, as the last thing on people’s mind was safe sex practices. As a result, many people suffered from post-traumatic stress (Cénat & Derivois, 2014), and there has been an increase in violence, crime, dependency, and suicide (Amnesty International, 2011). It has been said that the lack of services to deal with the trauma was traumatizing too (Nicolas et al., 2010).

Most of the mental health media attention in Haiti has come after the 2010 earthquake; however, long before the earthquake, Haiti’s history of slavery and organized violence (Bailey et al., 2010; PAHO/WHO, 2010) contributed to the people’s mental instability. Furthermore, religion has contributed to the ways the people respond to mental healthcare. Therefore, dealing with Haitian people’s mental health is complex. Dr. Guerda Nicolas, a Haitian mental health expert, understands this and made a clear statement to people wanting to provide post-earthquake mental health relief aide in Haiti. “Please stay away—unless you’ve really, really done the homework” (Marcus, 2010, para. 2).

According to Nicolas, understanding the trauma experienced by Haitian people is quite complex. Nicolas believes that the normal North American diagnoses of post-traumatic stress disorder do not apply in Haiti (Marcus, 2010).

Standard PTSD treatment in the U.S. often involves therapies in which people recreate the memory of a traumatic event in steps or reorganize how they think about a past event, in order to help them learn ways to relax and cope. Nicolas has found that for many Haitians, singing, dancing, and receiving comfort from their minister is far more effective than these methods. “Things like dancing and praying are not a part of my psychological training, but are necessary to have the
outcome you want to have,” she said. “The kind of treatment model developed for PTSD doesn’t integrate folk medicine, it doesn’t take into account cultural aspects, and it makes the assumption that people have the wherewithal to avoid traumatic events. (para. 5)

Haiti’s Trauma Through the Bioecological Model

Even though trauma can be understood from different models, this study reviews the Haitian experience of the 2010 earthquake in Haiti from a bioecological perspective. Brofenbrenner’s (2005) bioecological model is a human developmental model across the lifespan that considers multiple systems that influences one’s life. The bioecological model of human development considers the individual as an active player in his or her environment, the environment acting as a force to influence the individual, and different systems within the environment intertwining each other. The model is comprised of five systems, which include the microsystem, mesosystem, exosystem, macrosystem, and chronosystem.

As thoroughly discussed in Chapter 1, all of these systems affect the individual. The microsystem, which includes immediate family; the mesosystem, which refers to situations where two or more microsystems affect the individual; the exosystem means the community and neighborhood systems; the macrosystem is the broad culture values and beliefs; and the chronosystem refers to the time change within a person’s lifespan.

Trauma can affect someone from a developing country, like Haiti, within his or her school, work, family, and community. However, before we evaluate how people’s systems were affected, we will take a look back in history. To understand the effects of trauma in the Haitian context, this section looks at bioecological prospective through history, poverty, and religion, and mental health ideologies of Haitians (see Figure 2.2).
Figure 2.2 Bronfenbrenner's (2005) bioecological model of human development applied to Haiti.

An understanding of the bioecological model, its transactional and systemic nature, and the role of attachment across the life span is an essential aspect of understanding the impact of trauma. An ecological-transactional perspective allows us to stimulate the lived experiences of traumatized persons within the time and space of a relevant ecology in order to understand the trauma event as well as personal meaning making. (Levers, 2012, p. 7)

**History.** To better understand the bioecological model from the Haitian context, consider the history of Haiti. There were multiple experiences in Haiti that were traumatic events and continue to affect Haitian Natives today, for instance, the harsh dictatorship of President François Duvalier. For the duration of his presidency, Haiti faced one of history’s worst dictatorships. Throughout that time, many Haitians left the country to escape turmoil. Unfortunately, these individuals were some of the most
prominent and educated, causing what history calls, “Haiti’s brain drain” (Jadotte, 2012). Haiti has yet to recover from this brain drain.

**Poverty.** Another bioecological concern is the macrosystem of the culture of poverty. The reason for Haiti’s lack of success is the overwhelming levels of poverty. The earthquake is a perfect example of that. There have been greater magnitude earthquakes around the world, such as in Chile and New Zealand; however, it is the poverty of Haiti that caused the people to suffer so much. “The traumatic impact from a disaster is often associated with factors such as poverty, inequalities, and housing crisis (among other factors) as opposed to the actual storm” (Nicolas et al., 2010, p. 98). Poverty, not the storm, is the reason Haiti’s buildings and roads were poorly constructed, which resulted in hundreds of thousands of deaths. The country was already extremely underdeveloped and the earthquake set them back generations.

It is difficult to understand the mental health dynamics of Haiti without examining its economic underdevelopment (Diaz & Schneider, 2012). The reality is poverty negatively affects the way people receive support services (Hopson et al., 2001). Diaz and Schneider further explained that globalization is deepening poverty and mental health challenges in Haiti.

Poverty and mental health impact each other in a cyclical fashion—economic deprivation, malnutrition, low education, inequality, indebtedness, overcrowding, lack of social networks, and inadequate healthcare lead to depression, substance abuse, stress and anxiety which, in turn, result in reduced economic engagement and productivity thereby exacerbating economic underdevelopment and deepening the cycle of poverty and poor mental health. (p. 497)

**Religion.** Another macrosystem of Haiti is religion. Religion also impacts Haitians mental health. Many Haitians identify as Catholic or Protestant; and although many Haitian people will not verbalize it, they also tend to practice Voodoo. Haitians
maintain their Christian beliefs while practicing Voodoo, as Voodoo is part of the culture for most Haitians (Desrosiers & St. Fleurose, 2002; Nicolas et al., 2012). Religion in Haiti offers a sense of purpose, consolation, and can increase self-esteem, alleviate despair, and give hope (Nicolas et al., 2012). It is impossible to provide effective emergency mental health treatment in Haiti without considering religion because faith and practice are part of the culture (Schafer, 2010). In a research study conducted by Wagenaar, Kohrt, Hagaman, McLean, and Kaiser (2013), the researchers asked the participants their preferred source of psychosocial support, and most participants also answered, “God,” although the researchers did not include “God” as a choice in the survey. This illustrates the importance of religion, faith, and a higher power for Haitian people.

Because Haitian people believe in natural and supernatural causes of illness, religion allows Haitian people to view health from two positions: (a) maladi bondyè, which includes ordinary physical illnesses that can be healed with medicine or a doktè-fèy (traditional healer), which includes those who heal through herbs; or (b) Maladi fè-moun mal or maladi diab, which is the invisible, secret, or magic, and can be healed by intervention of a bokor or a traditional Houngans (Nicolas et al., 2012; PAHO/WHO, 2010).

**Mental health in Haiti: Use of services by the Natives.** A final macrosystem is the view of mental health in Haiti. Depression and psychosis may be seen as the result of a spell. A psychotic break can be the outcome of a curse. Also a major depressive episode can be seen as the consequence of a curse sent by a jealous person (Desrosiers & St. Fleurose, 2002; Nicolas et al., 2012). With the belief of supernatural causes of mental
illness, Haitians are more likely to seek help from a voodoo priest than from the biomedical professional (Khoury et al., 2012).

With the religious and historical perceptions of the Haitian people, international workers, researchers, and practitioners have to be mindful of best mental health practices. In the same way, Shah (2006) found individuals from Eastern countries to consider fulfilling roles and obligations as a criterion for health.

**Haiti’s Trauma Through Lived Experiences**

This study uses the interpretive phenomenological approach to investigate the experiences of Haitian people after the earthquake and identify the essence of their human experience. Phenomenological methodology uses small groups of individuals to find themes and patterns behind what is being said (van Manen, 1997). In phenomenological research, the goal is to highlight the universal experience (van Manen, 1997, 2002).

One of the major components of interpretive phenomenology is hermeneutics, which consists of lived experiences. In order to understand the traumatic experiences of Haitians, we have to explore the different types of experiences that exist. van Manen’s (1997) lived existentials explores the lived body, time, and space. This is important in post-disaster responses because we want to know how a person experienced the disaster. For instance, a person might describe time as moving very slow during the earthquake in Haiti. What was only 10 minutes for that person seemed like an hour.

Like Haiti, Thailand, for example, has faced major disaster, and assessing the perceptions of the Native’s mental health needs is what helped. Tuicomepee, Romano, and Pokaeo (2012) found that Natives used Buddhism as a spiritual outlet. It is the hope
that these types of experiences may provide psychosocial insight in this study for the Haitian context.

**Summary**

Reviewing trauma is crucial to understanding this study. Chapter 2 provides a review of the relevant literature regarding the impact of trauma, trauma symptoms and diagnosis, the different types of trauma, such as an earthquake, a thorough explanation of the 2010 earthquake in Haiti, and experience of trauma from the theoretical foundations of this study, which are Brofenbrenner’s (2005) bioecological model and van Manen’s (1997) lived existentials. Finally, this chapter provided an extensive look at both the negative and positive effects of trauma.
It has been found that cultural competence is important when providing counseling services (Shah, 2007). Understanding and respecting individual and community culture can help establish long-term efficacy in counseling in Haiti. The primary focus of this study is to explore the experiences of Haitian people post-2010 earthquake, with the hopes that this will have implications for future psychosocial support in Haiti. Emergency workers, counselors, counselor educators, and policymakers may find the information in this research useful.

This chapter provides a description of the research methods and procedures used in the study. The chapter begins with a discussion of how the research questions, theoretical framework, and methods align. There is a thorough discussion about why a qualitative approach is most appropriate, by reviewing the research paradigm, approach, tradition, and design of the study. Next, the researcher discusses why an interpretive phenomenology is used to ground the study and why interpretive phenomenological analysis (IPA) is used to analyze the data. Finally, there is a discussion on steps used to ensure trustworthiness and validity and ethical considerations.

**Interactive Model of Research Design**

Maxwell (2005) developed an interactive model of research design, which helps novice researchers understand how their research goals, questions, framework, methods, and validity work together. Maxwell felt that a good research design had components that harmoniously worked together. In Figure 3.1 the interactive model of research is
displayed to illustrate the direction of this study. Table 3.1 illustrates the alignment of the research questions, theoretical framework, and methods.

Figure 3.1 An interactive model of research (Maxwell, 2005).
Table 3.1

Alignment of Research Questions, Theoretical Framework, and Methods

<table>
<thead>
<tr>
<th>Research Questions</th>
<th>Theoretical Framework</th>
<th>Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the major psychosocial issues that Haitian Natives dealt with after the earthquake?</td>
<td>- Micro: Systems closest to the individual (family, school neighborhood, daycare, etc.)</td>
<td>Lived Space, Body, Time, and Relationship</td>
</tr>
<tr>
<td>What were the crisis experiences and reactions of Haitian Natives after the earthquake?</td>
<td>- Micro - Meso: Interactions between microsystems</td>
<td>Lived Space &amp; Body</td>
</tr>
<tr>
<td>What implications did these crisis reactions have on the Native’s psychosocial supportive needs?</td>
<td>- Macro: Institutions that have an indirect effect on the individual</td>
<td>Lived Relationship &amp; Time</td>
</tr>
<tr>
<td>What were Native’s protective and risk factors after earthquake?</td>
<td>- The individual - Microsystem - Macrosystem</td>
<td>Lived Relationship</td>
</tr>
</tbody>
</table>

Choice of Research Paradigm, Approach, Tradition, and Design

Research Paradigm

When researchers are ready to talk about the research they intend to conduct, it is imperative to discuss paradigm. Paradigms are theoretical mindsets or collections of beliefs that underlie the research (Gelso, Nutt Williams, & Fretz, 2014). Quantitative and qualitative research methods are based on different assumptions about how to conduct
research and the role of the researcher. A paradigm is a shared view of those assumptions.

Given the objective of this research, to explore Haitian Natives experience of earthquake survivorship, a constructivist philosophical epistemology is the best fit. The guiding principle of constructivist research is that data are unique to their time and place. The constructivist paradigm does not assume an objective reality; instead, it proposes that the human experience can only be understood as a subjective reality. Constructivism is a theory of epistemology that states that human beings get their knowledge from their experiences and interactions. Psychologist Piaget called the systems of this knowledge, schema.

**Research Approach**

In constructivism there is a match with qualitative research. This study uses a qualitative approach, which is a general way of looking at conducting qualitative research. In quantitative research, the results can be generalized as the sample is large. In this study, however, there is a small group of participants interviewed who yield rich thematic material (Berg, 2012) and to provide the researcher with an in-depth understanding of the psychosocial phenomenon after the earthquake.

**Research Tradition**

Among the different research traditions in qualitative research, this study is phenomenological in nature. Phenomenology is a branch of interpretive research that focuses on peoples’ subjective experiences and interpretations of the world. Phenomenology attempts to understand the meaning of events and interactions from the subjective aspects of people’s behavior.
The goal in phenomenological methods is to provide an accurate description of the phenomenon being studied. It accepts the experience as it exists in the individual’s consciousness. Phenomenological research is the study of lived experience, which asks what an experience was like for a person (van Manen, 1997). Phenomenology is different from other sciences because it illustrates the way humans experience life without changing anything. It does not matter if the experience is real or imagined, as long as it presents itself to consciousness (van Manen, 1997). Anything outside of consciousness falls outside of the lived experience. The experience in phenomenological research has already been lived through and is therefore in the past and must be given by the person who lived through it (van Manen, 1997).

In phenomenological research, we study the essence of the story (van Manen, 1997). The researcher does not try to understand how the experience occurred, but, rather, the focus is the essence or nature of the experience as understood by the individual. It is the meaning of our experiences as we live them in everyday life. Phenomenology is a human science rather than a natural science. Finding essential themes is the core of phenomenological research, such as the experience of time, space, things, the body, and others. Through naturalistic exploration, the researcher focuses on themes that highlight the phenomena. With phenomenological inquiry, the study is connected to instrumentation and data transcription that is relevant to qualitative research (van Manen, 1997). This study specifically used interpretive phenomenology as a method of research, which gives a thick description of the phenomena and also allows the researcher to enhance the data by expressing his or her own interpretations.
To understand the phenomena at hand, a conceptual framework is needed. “Conceptual framework is a network, or ‘a plane,’ of interlinked concepts that together provide a comprehensive understanding of a phenomenon or phenomena” (Jabareen, 2009, p. 49). In the conceptual framework there are ontological, epistemological, and methodological assumptions. The ontological assumptions look at the “way things are”; the epistemological assumption looks at “how things really are,” and methodological assumption looks at “the real world” (Jabareen, 2009). The framework does not just collect concepts; it also looks at how they play an integral role. Conceptual frameworks provide understanding.

Bronfenbrenner’s bioecological model of human development, van Manen’s (1997) lived existentials, the review of the literature, along with the researcher’s cultural experience and knowledge helped to develop the conceptual framework for this study (see Figure 3.1). The researcher is of Haitian heritage and has conducted multiple works in Haiti, which influenced the direction of the study. The conceptual framework helps design the study and shape the research process. The framework is derived from the research question: What are the experiences of Haitian Natives post-2010 earthquake in Haiti, and the implications for providing appropriate post-crisis psychosocial support?

In phenomenological exploration, a systematic approach is transmitted, which helps convey the essence of a particular experience rather than relying on observable facts (van Manen, 1997). This phenomenological approach, therefore, helps illuminate the way Haitian Natives viewed their world after the earthquake. The conceptual categories that capture this are those represented in van Manen’s (1997) framework of
lived existentials: lived body, lived time, lived space, and lived relationship and Bronfenbrenner’s bioecological model (Bronfenbrenner & Morris, 2006).

**Research Design**

This study is exploratory qualitative research. The researcher uses an interpretative phenomenological-oriented design to ground the study and to collect data from the participants. Interpretative phenomenological research methods are used because they provide the researcher with rich data and real life experiences of the participants, which are at the heart of what the present research question seeks to understand. With phenomenological research, the researcher observes a phenomenon that is not adequately covered in the literature. Phenomenology allows the researcher to gather information from multiple sources, such as interviews and observations.

**Interpretive Phenomenology**

Interpretative phenomenology is the overall approach used to ground the study and collect the data (See Figure 3.2). van Manen’s lived existentials is part of the design of interpretative phenomenology. van Manen’s (1997, 2002) four lived existentials of lived space, body, time, and relationship were used to study the data gathered. Overall, phenomenology is a person’s perception of the meaning of a situation or event (Smith et al., 2009; van Manen, 1997, 2002). Using an interpretive phenomenological approach helps the researcher ask questions, such as, “What was it like to experience that?” Then by examining these perceptions from different individuals, the researcher hopes to find themes among the interviews.

Lived space concerns a person’s feelings of an experience. Lived space refers to times when individuals feel uncomfortable when another person is too close, or feelings
of warmth and comfort when someone lies in his or her own bed. Lived body (corporeality) refers to an individual’s bodily presence. The human body is designed to respond to cognitive and emotional experiences. Lived time (temporality) refers to the experience of subjective time of the past, present, and future. Someone may experience time differently depending on the situation. Finally, lived relationship is the experience people have with other humans.

This study examines the experience of Haitian Natives post-earthquake and how they experienced their feelings, body, time, and relationships during a very traumatic time in their lives. Understanding what it was like for people to experience the earthquake may help to understand what culturally appropriate services are needed for future psychosocial support. van Manen (1997) explained,

Researchers in professional domains such as education, nursing, medicine, law, psychiatry, counseling, and psychology increasingly are becoming aware of the importance of interpretive models that place human situatedness central and are based on the belief that we can best understand human beings from the experiential reality of their life worlds. How do we experience the life world? On the one hand it is already there; on the other hand we take part in shaping and creating it. In other words, the world is given to us and actively constituted by us: reflecting on it phenomenologically, we may be presented with possibilities of individual and collective self-understanding and thoughtful praxis (p. xi)

An example of a study that used interpretative phenomenology is shared here. Tebbet and Kennedy (2012) studied the experience of childbirth for women with spinal cord injuries using interpretative phenomenology. The participants were recruited from a hospital in South of England. The researchers met with the participants in their homes to conduct semi-structured interviews. The interviews were audio-recorded and asked questions about the support they received during childbirth, how prepared they were, and whether there was anything particularly negative or positive about the experience.
This research study wanted to purposely focus on people who were facing severe poverty and were displaced. Therefore the study concentrates on a part of downtown Port-au-Prince called *La Ville*. La Ville is a small town in Port-au-Prince. Years ago this area was completely commercial. After the reign of former Dictator Jean Claude Duvalier, many Haitian people turned parts of downtown residential. They built homes from materials, like carton boards, and there became a specific zone in La Ville known as *Cité Carton*, which translates to City of Cartons. Today downtown Port-au-Prince is half residential and half commercial.
It is difficult to obtain accurate statistics in Haiti, however, Port-au-Prince, the capital of Haiti, was said to have an estimated population of 897,859 people in 2003 and grew to approximately 942,194 in 2012 (Institut Haitien de Statistique et d’Informatique, n.d.). Although the entire city of Port-au-Prince was badly affected by the earthquake, the people of La Ville were severely affected. La Ville, which is located in the city center was about 16 miles away from the epicenter of the quake.

There were other towns in Haiti that were worse off than La Ville, such as Cité Soleil, but there is something unique about La Ville. La Ville would be almost equivalent to a “ghetto” - which is a term used to describe segregated parts of the United States occupied by minorities. On a regular day, thousands of people travel to La Ville to sell their products and goods. After the earthquake, this area became a ghost town. Everyone left, and it was said that only the dust remained.

The reason this happened was because the poorly built homes, called shantytown dwellings were mostly destroyed. La Ville illustrates how the poverty of Haiti coincides with then post-earthquake damage. Furthermore, the dead bodies that piled up caused disease and unsanitary conditions that were unbearable. The people called Moun Champs de Mars were some of the poorest inhabitants of Port-au-Prince. They were the least educated, and most of them did not have formal employment. People from this area are said to make as low as 212.19 goude per week, which is an equivalent of $4.53 per week. Although, they had a lot of youth between ages 21 to 30 years old, they were unable to pick things back up in the area they lived in.

Furthermore, after the 2010 earthquake in Haiti, the people of La Ville were internally displaced (Sontag, 2012). Because of their profound poverty, they were likely
to have the most challenges and did not have a support system of stable family members in place. They were completely dependent upon the NGOs for aide. These people were also very likely to live in tents. They moved to an area in Port-au-Prince called *Champs de Mars*, hence the name, *Moun Champs de Mars* that translates, the “people of Champs de Mars.” Champs de Mars’ major park that used to draw tourists from all over the world for Haiti’s annual carnival became residential ground for many. Tents flooded Champs de Mars within days of the earthquake, and the people of La Ville were right there. These individuals were also less likely to receive any type of mental health support.

**Sample size and sampling method.** To get a representation of the phenomena at hand, the researcher selected a small number of participants who live in La Ville. In qualitative research, the goal is to uncover meanings behind phenomena. In addition, participants in phenomenological studies are chosen because the researcher wants to discover and gain insight from a sample that offers the most to learn from (van Manen, 1997). This study uses purposeful sampling, specifically criterion sampling. Individuals in this study were chosen because they resided in La Ville, Haiti during and after the earthquake and had first-hand experience of the trauma, as well as relief and support efforts made in Haiti.

Seven participants were selected for the individual interviews. The focus group consisted of five of the seven participants from the individual interviews. Participants selected for this study were above 18 years old, not pregnant, and not related to the researcher. These three criteria were placed to protect the confidentiality of the participants, and produce high standards of ethical research practice, as recommended by Collaborative Institutional Training Initiative (CITI). Participants must reside in a low-
income household and currently live in La Ville, as well as during the earthquake. The rationale for these selection criteria (see Table 3.2) is that it reflects an important group of people in Haiti and, as mentioned earlier, is a good representation of individuals who experienced the earthquake and the aftermath. The selection process was the same for the individuals in the focus group and the individual sessions.

The researcher is interested in learning about participants’ experiences, which may include some type of social, counseling, or spiritual support. Whether or not a participant has received this support does not affect the study. The researcher is interested in whether or not this support was provided and what it did for the participant.

Table 3.2

*Participant Criteria*

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Description and Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haitian Natives who lived in La Ville prior to the earthquake</td>
<td>The researcher focused on people who were internally displaced and had first-hand experience of the aftermath of the earthquake.</td>
</tr>
<tr>
<td>Haitian Natives who currently live in La Ville</td>
<td>The researcher wanted to interview people who returned to their hometown after living in tents, and examine how they were supported.</td>
</tr>
<tr>
<td>Haitian Natives who reside in a low-income household</td>
<td>The researcher wanted to hear account of people who did not have the financial stability to pay for social services or gain the support they felt they needed. These individuals were completely dependent upon the government and NGOs.</td>
</tr>
<tr>
<td>Willingness to participate</td>
<td>The researcher wanted participants who were willing to set aside personal time for interviews and follow-up, as well as open to sharing personal information.</td>
</tr>
<tr>
<td>Not pregnant, above the age of 18, and not related to the researcher</td>
<td>This protects the participants’ confidentiality.</td>
</tr>
</tbody>
</table>

**Recruitment of subjects.** To recruit the participants, the researcher created a flyer with participation requirements (see Appendix A), such as age, household income...
criteria, and location before and after the earthquake. The flyer also had the researcher’s contact information. Finally, the flyer informed the participants of the incentive for participating, which was a free lunch at the time of the focus group or interview and a T-shirt. After interested/potential participants contacted the researcher, the researcher asked further questions to ensure the participant qualified for the study (see Table 3.2). The researcher then scheduled focus groups and individual interviews based on the participants’ availability.

To contact potential participants, the researcher posted flyers at the community center in Haiti, with the community center’s director contact information, and criteria for the study. After a potential participant contacted the community director, the researcher followed-up and ensured that the potential participant met the qualifications.

**Description of research site.** The data collection took place at the Haitian American Caucus (HAC)-Haiti compound, which is located in Croix-Des-Bouquets, Haiti. The mission of HAC-Haiti is to advance opportunity and improve the quality of life for the people of Haiti. They strengthen the capacity of communities through education and comprehensive community development to eliminate extreme poverty by providing opportunities for education, health, and economic self-sufficiency. Some of the many programs at HAC-Haiti compound include a low-cost primary school, health education, numerous workshops, and empowerment groups.

Purposeful sampling strategy was used to select the HAC-Haiti compound. It was chosen because it is one of the trusted grassroots organizations in the Port-au-Prince region. With a lack of trust for international aide (Schuller, 2010), it was important to have a site that the people could feel comfortable divulging personal information.
Data Collection

In this qualitative research study, data collection was based on interpretative phenomenology to capture the experiences of Haitian Natives who were part of the 2010 earthquake in Haiti. In quantitative research, data collection involves large sets of numbers; whereas, with qualitative research, large sets of words and experiences emerge into themes. The data collection process starts with a screening process. During the screening process anywhere from 10 to 50 or more individuals may be interviewed to find the appropriate participants. For this study, the primary method for data collection was individual interviews, which were audiotaped. Following the individual interviews, participants who the researcher felt could bring more to the study were asked to participate in a focus group.

The researcher chose five individuals who appeared like they may have more to bring in a group setting. The researcher used her group counseling skills to facilitate the group. The researcher attempted to limit her own biases and experiences in order to comprehend the participants’ understanding of mental health (van Manen, 1997). The researcher transcribed the data and obtained themes through interpretive phenomenological methodology, which explored the experiences of the Haitian participants.

Instrumentation

The primary method for data collection is individual interviews followed by focus group. Field notes and the audiotapes are used in the data collection process. In qualitative research, the researcher is part of the instrumentation (Creswell, 2013), as the researcher conducts the interviews, observes the body language, and analyzes the data.
The researcher in this study is part of the culture of the people being interviewed. The researcher’s experience and cultural competency is especially important here. It is, therefore, important for the researcher in this study to explain her background and qualifications for conducting this study.

**Researcher as an instrument.** Coming from low economic means, a Haitian immigrant family, cultural challenges, I have found positive experiences along with these original hardships that pushed me into the field of trauma therapy.

My parents came from Haiti where violence was culturally accepted. The culture was embedded in my upbringing here in the U.S. I witnessed the lack of support for underrepresented groups who were traumatized. I knew that I wanted to support people in this area. Right out of college, I first began counseling in a junior high school, and one year later, I was promoted to the crisis intervention department, where through assessing and counseling families, I realized that providing support services really worked. I witnessed families become empowered, children’s school attendance and grades go up, and a sense of stability returned to many homes.

I earned a Bachelor's Degree in Psychology and English, and Masters of Science Degree in Mental Health Counseling, and have over a decade’s worth of experience in social services, counseling, and trauma. Later, I joined a non-profit and my responsibilities included child development, outreach, and supervision. There I used my master’s level training to enhance counseling with clients especially around major issues, such as HIV/AIDS disclosure and depression. My counseling techniques revolved around cognitive behavioral therapy.
I also decided to assist the principal researcher when I realized how the research component in our agency helped us understand how to better serve our clients and evaluate whether our interventions really work. I had the counseling experience but with my research experience I brought the system perspective to the work that I did. It was one thing to develop a treatment plan, but another thing to develop systems that track large treatment plans. These and other experiences furthered my decision to pursue a degree in Counselor Education. With the degree, I believed I would be equipped with the necessary tools in psychopathology, leadership, and organizational development to teach and supervise.

My primary research interest is trauma, broadly defined. More specifically, I am interested in treatment efficacy for post-traumatic stress, as well as incorporating alternative techniques, such as play, music, art, and massage therapy, in counseling. My clinical interests are in areas of illness and domestic/child abuse.

After the 2010 earthquake in Haiti, I felt hopeless and wondered how I could support the people of Haiti and Haitian immigrants in the U.S. With my research interest in trauma, I was inspired to return to Haiti and help train professionals to provide mental health to the many people who need the service. I, therefore, started Global Trauma Research because I believe my purpose is to be used by God and through leadership, help people attain their goals by means of prayer, education, counseling, and support. I trust that anyone can get through a traumatic event with the right support. I am best known for my passionate work in Haiti, where I provide free trainings like, "The Haiti Trauma Project," a training program geared toward professionals, such as teachers, doctors, nurses, and religious leaders.
My work is largely influenced and inspired by Dr. Guerda Nicolas. Dr. Nicolas is a multicultural and multilingual psychologist. Her research is centered on partnering with ethnically diverse and immigrant communities to develop culturally effective mental health interventions. Dr. Nicolas has done a lot of work in Haiti concerning mental health, and her work is cited multiple times in this dissertation.

**The interview guide.**

**Individual interviews.** Based on the researcher’s previous knowledge of the population and Berg’s (2012) suggestions for qualitative research, this study began with individual interviews. Individual interviews allow the researcher to explore experiential and narrative material and to develop a conversation that would not be possible in a group setting (van Manen, 1997).

The interviews were audio-recorded and transcribed. The researcher chose to conduct interviews to be able to observe body language in the process. Body contact and language are unique and existential (Winther, 2008). Each culture has their own set of body language norms, which are fundamental to embodied experience and virtual communication (Creswell, 2013; Winther, 2008).

The interviews were approximately one hour in a private room in a community compound/center in Haiti. This allowed the participants to be in a place where they were comfortable, which provided a sense of calm and confidentiality. Before the researcher conducted each interview, the participants were informed that participation is voluntary and that they can drop out the study at any moment.

The interviews were semi-structured. Semi-structured interviews were chosen rather than structured or unstructured because semi-structured interviewing allows
flexibility in questioning, where the researcher may ask further questions and make clarifications (Berg, 2012). According to van Manen (1997) the essence of the question is leaving open the possibilities for more information. The researcher tries to avoid getting casual explanations, generalizations, or abstract interpretations as much as possible. Instead, the researcher tries to gather the mood and emotions from the person (van Manen, 1997).

The subjects in this research study were asked screening questions to determine their eligibility (see Appendix C). Questions asked of them included:

1. Please tell me a little about yourself.
2. Where do you live? For how long? Where were you before that?
3. Please share how was your life right before the earthquake?
4. Briefly describe how things changed?

Screening the participants allowed the researcher to build a relationship with the participants prior to the interview. The researcher had an opportunity to sit down with the participants and see if they were a right fit for this type of study (see Table 3.2). The screening also allowed the researcher to see if they felt comfortable sharing personal information. During the screening, some of the participants referred friends that they felt would have rich stories to share. This concept is called snowball (Sadler, Lee, Lim, & Fullerton, 2010) and caused the sample group to grow. Following the screening, the researcher reviewed the screened participants and selected the ones who were the best fit (See Table 3.3). The researcher then had an opportunity to return to the selected participants and schedule an interview date.
Table 3.3

*Description of Participants*

<table>
<thead>
<tr>
<th>Description</th>
<th>Summary of Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age Range</strong></td>
<td>The participants were between the ages of 25 and 40 years old.</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>Five participants were male and two participants were female.</td>
</tr>
<tr>
<td><strong>Source of Income</strong></td>
<td>There was a mixture of professions and sources of income. One of the participants was a teacher. One was a musician and also worked odd jobs. Three were unemployed and helped out friends whenever possible. One helped out at the Research Site. One sold goods in the market place.</td>
</tr>
<tr>
<td><strong>Location After Earthquake</strong></td>
<td>All seven participants moved to the tents in Champs de Mars. Two went to live with family after a few weeks. One received housing from the NGOs several months after.</td>
</tr>
</tbody>
</table>

*Selection.* When screening the participants, the researcher was looking for participants that were willing to expose themselves, and offered an elaborated story that provided depth. While listening to the shorter version of the participant’s story, the researcher was listening and probing for theoretical proposition, and how their story elaborated on bioecological systems (Bronfenbrenner, 2005) and connected to their family, neighborhood, government, etc.

The researcher originally met with 12 people. Of those 12, seven final participants were chosen. The individuals who weren’t chosen were two females and three males. One female was an unemployed and the other was a part time merchant. Two of the males were also unemployed and one was completely dependent upon family abroad. The other male was a school teacher.
Below is a description of the participants chosen (also see Table 3.3):

**Participant 1.** Participant 1 is a 26 year old single male, with no children. He was born in the countryside and his parents moved to Port-au-Prince when he was a pre-teen. He finished high school but hasn’t been able to go to college because of his financial limitations. Participant 1’s ultimate goal is to become a medical doctor. He currently lives at home with his family and works at the community center where the study took place.

**Participant 2.** This participant is a 28 year old single male. He says he is a student studying “information,” which is a trade in Haiti. He has been living in La Ville for over four years and was living there for about six months prior to the earthquake. This participant takes some side jobs to help pay for his bills. He currently resides with his brother.

**Participant 3.** Is a 34-year-old single male. He is currently a musician but had a very important role in the earthquake. He was one of the camp leaders. The camps were locations, where hundred of people lived in tents. This participant was responsible for 3 major camps, which housed approximately 700 people in tents. He now resides alone in La Ville.

**Participant 4.** Participant 4 is a 36-year-old widowed woman. She has one female daughter who she resides with. She is a merchant and sells products on the street for a living. Participant 4 is also highly dependent on family members abroad.

**Participant 5.** Is a 40-year-old single female with 4 children. She has never been married and resides with her three children. She currently works as an elementary school teacher.
Participant 6. Participant 6 is a 25-year-old single male. He is currently works for a marketing company, and hopes to open his own business one day. He says he is an entrepreneur. His goal is also to return to school and study abroad for a PhD. He currently resides at home with his parents.

Participant 7. Is a 39-year-old married male. He is currently unemployed and is too sick to work long hours. He lives at home with his wife and three children. He has completed elementary education and used to work as a brick builder.

The selected participants were asked to answer probe questions from interview protocols (see Appendix D). The interview questions followed van Manen’s (1997) lived existentials and semi-structured inquiry (see Table 3.1). For instance, research question one asks, “What are the major psychosocial issues that Haitian Natives dealt with after the earthquake?” which covers lived space, body, time, and relationship. This question gave the researcher an opportunity to see how they and their micro system (family, friends, neighbors, etc.) influenced their reactions. Some of the individual interviews questions that derived from that included:

1. What did you feel when the earthquake happened?

2. What did you see around you (i.e., dead bodies, etc.)? How did you react? How were people reacting? What did you think about the damages in infrastructure?

3. What were you thinking?

4. How did you handle your and others’ reactions/emotions? How was your body reacting? How did you deal with your body’s reactions?

Some of the questions posed to the focus group were: What was it like for you to live through the earthquake? How about your intimate, family, and social relationships?

Subsidiary research question two covers the lived space and body reactions Haitian
Natives might have experienced during the earthquake. This question helps the researcher see any traumatic symptoms experienced after the earthquake. Subsidiary research question three discussed lived relationship and time. Subsidiary research question four covers lived relationship and also the micro and macro systems in Brofenbrenner’s (2005) bioecological model helps the researcher see what systems of support were in place that helped the participants cope. Table 3.4 provides an account of the four major research questions that served as a foundation for the individual and group interview questions and initial codes.

Table 3.4

*Research Questions in Relation to Interview and Focus Group Questions and Codes*
(Continues on the next pages)
<table>
<thead>
<tr>
<th>What was that like for you? Did you get to mourn? How did you mourn? What about the bodies that weren’t found? How did you mourn them? 6: How were other people reacting to each other? How did you feel about those reactions? 7: Did you use any herbal remedies after the earthquake? If so, which ones? How did it or didn’t it help (PAHO/WHO, 2010)? 8: Did you or anyone you know use substances to keep your mind off of things? 9: Who were you likely to talk to about everything that was happening? Were they around? What did you share? Did it help? How? 10: How did music help? How did dancing help? How did storytelling or parables help (PAHO/WHO, 2010)? 11: Please share a story or a parable.</th>
<th>Source of Support Knowledge of Mental Health Feelings about Mental Health Overwhelmed Coping Mechanism Feelings Reactions Discomfort Comfort Result of Valuables Activities of Daily Living Thoughts on Preparation Impactful Story Future Preparation Future Acts</th>
</tr>
</thead>
<tbody>
<tr>
<td>What were the crisis experiences and reactions of Haitian’s after the earthquake?</td>
<td>1: What was your source of support after the earthquake? Did you know that there were mental health workers in Haiti? How do you feel about people getting help from these mental health workers? 2: Where there times when you felt overwhelmed? How did you cope? 3: Did you cry? If yes, how and where did you find solace? 4: Did you receive emergency assistance? If so, from who? If you found assistance, was it consistent? 5: Was there any particular situation that caused you discomfort? 6: What happened to your</td>
</tr>
</tbody>
</table>
1: Did you notice any changes in your behavior after the earthquake?  
2: How are you now?  
3: Who helps you now?  
4: What do you think about mental illness? How does that look to you?  
5: What mental illness symptoms did you or other people see?  
6: Please share a story about yourself or someone you know that illustrates how people were behaving weeks after the earthquake?

Changes in Behavior  
Current Status  
Current Support  
Current Attitude/ Feelings  
Stigma/ Or lack of  
Impactful Story

1: What did you notice about your family after the earthquake?  
2: What did you notice about your community leaders?  
What about the school teachers?  
3: How do you think poverty played a role in how you and your community were

Family Post Earthquake  
Community Post Earthquake  
Poverty’s Role  
Religion  
Religion’s Role  
Religious Leader’s Role  
Community’s Role  
Family’s Role  
Ability to Mourn  
Type of Mourning

What implications did Haitian’s crisis reactions have on their psychosocial supportive needs?

What were Native’s protective and risk factors after earthquake?
<table>
<thead>
<tr>
<th>Question</th>
<th>Thoughts on Haiti’s Independence</th>
<th>Haiti’s Curse?</th>
<th>History’s Impact Now</th>
<th>Impact of Poverty</th>
<th>Desires to live abroad</th>
<th>Thoughts on NGOs</th>
<th>Help from NGOs</th>
<th>Impactful Story on Poverty</th>
<th>Long Term Solutions</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>4: What religion are you?</td>
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<td>5: How do you think your religion played a role in your ability to cope after the earthquake (Nicolas et al., 2012; PAHO/WHO, 2010)?</td>
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<td>6: How did your “pastor, priest, or vodou priest” get involved during and after the earthquake?</td>
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<td>7: Did your family, or community leaders have funerals or mourning ceremonies? What exactly? Was that helpful? How? What about the bodies that weren’t found? How did you and your community mourn over them?</td>
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<td>8: Have you ever heard about the story that Haiti got its independence through a vodou ritual conducted by the country’s leaders?</td>
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<td>9: How do you feel about the talk that it was that independence vodou ritual that caused the earthquake?</td>
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<td>10: It has been said that Haiti is cursed by God, what do you think about that?</td>
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<td>11: How do you feel when you remember Haiti’s past history of slavery, organized violence, torture, gangs, kidnapping, and now earthquake? How does your body react to that?</td>
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<td>12: If your financial situation were better, how would that change how you reacted to the earthquake?</td>
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<td>13: If your financial situation were different, how would that change where you are now? How would that change your peace of mind?</td>
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<td>14: If you had the chance to leave and live abroad, how would that change things?</td>
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<td>15: What aide did you receive</td>
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</tbody>
</table>
from the NGOs? What do you think about them?
16: Please share a story that illustrates the poverty after the earthquake.

What do you think is the best way to provide long-term mental health care to you and your family (Bailey et al., 2010; Raviola et al., 2012)?

Do you have any other comments or stories you would like to share?

<table>
<thead>
<tr>
<th>SUBSIDIARY RESEARCH QUESTIONS</th>
<th>FOCUS GROUP QUESTIONS</th>
<th>INITIAL CODES</th>
</tr>
</thead>
</table>
| What are the major psychosocial issues that Haitian people dealt with after the earthquake? | 1: What was it like for you to live through the earthquake?  
a.Would you share with me about that time in your life?  
What were you doing?  
b.How did your body react to the earthquake?  
c.How about your intimate, family, and social relationships? | To Live Through Earthquake Reaction  
Reaction Time  
Thoughts/Attitudes  
Others Reactions  
Body Reactions  
Somatic Symptoms |
| What were the crisis experiences and reactions of Haitian’s after the earthquake? | 1: What was life like for you after the earthquake?  
a.Where there any Maladi Bondyè (ordinary/natural illnesses) that came about after the quake?  
b.Where there any Maladi fè-moun mal or maladi diab (invisible, secret, or magic illnesses) that came about after the earthquake?  
c.Who helped with this? What helped? | Natural Sickness/Ailments  
Supernatural Sickness  
Source of Support  
Lost  
New Relationships  
Valuables  
Post Work Life  
Coping Mechanism  
Motivation  
Post Traumatic Growth  
Family’s Role  
Other’s Role |
| What implications did Haitian’s crisis reactions have on their psychosocial supportive needs? | 3: Did you to loss any relationship? How about maintain or build new relationships?  
4: What about your living, | |
<table>
<thead>
<tr>
<th>Question</th>
<th>Impactful Story</th>
<th>Communication/ Verbal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: What parable or Bible verse helped you during the earthquake?</td>
<td>2: Each person please share your most memorable story during the earthquake?</td>
<td>3: What were Native’s protective and risk factors after earthquake?</td>
</tr>
<tr>
<td>2: Each person please share your most memorable story during the earthquake?</td>
<td>3: Please share your most memorable story from after the earthquake?</td>
<td>4: How do you think this interview will be helpful for the people of Haiti?</td>
</tr>
<tr>
<td>4: How do you think this interview will be helpful for the people of Haiti?</td>
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<tr>
<td>5: How did you cope with any stress that came your way?</td>
<td>6: What keeps you going?</td>
<td>7: What has given you purpose, consolation, and hope?</td>
</tr>
<tr>
<td>8: What good came out of your life as a result of the earthquake?</td>
<td>8: What good came out of your life as a result of the earthquake?</td>
<td>9: What role does religion play in that? What role does your family and friends have in that? Who or what else has a role in that?</td>
</tr>
</tbody>
</table>

The interview and group questions were created in English and translated to Haitian-Creole by the researcher. The researcher then sought consultation from a professional translator to ensure accuracy. The researcher played an important role in the interviews as the researcher understands the culture and was able to understand the body gestures and parable phrases spoken in Haitian-Creole. The researcher had a notebook to take field notes and write down the expressions that were provided by the participants that could not be recorded in the audio-recordings.
Participation in this research study was entirely voluntary. All information resulting from the interviews and any research notes were kept confidential. It was also made clear to the participants prior to involvement in this study that withdrawal at any time was allowed and no consequences would result. To anonymously identify the participants in the data, the researcher used codes, like “Participant 1.” The researcher kept the participants’ information in a locked cabinet in the student’s home. Audiotapes and written materials will be destroyed at the completion of the research per the recommendation of the National Institutes of Health. The researcher will also destroy all field notes at the completion of the study. Once the data has been explicated, as a courtesy, the investigator will offer the participants the opportunity to view the information.

**Focus groups.** Following the individual interviews was a focus group of five participants (Berg, 2012). Interview participants who the researcher felt could bring more to the study were invited to participate in the focus group. The group was video recorded. Berg also states that focus groups should be small rather than large in order to explore and observe the nature and effect of discussion discord, which cannot be obtained in individual interviews. If there are more than seven participants, the researcher should create several small focus groups with the other participants.

Focus groups allow the researcher to get a large amount of information in a short period of time (Berg, 2012). With focus groups, the research will be able to make close observations. “Close observation involves an attitude of assuming a relation that is as close as possible while retaining a hermeneutic alertness to situations that allows us to constantly step back and reflect on the meaning of those situations” (van Manen, 1997).
The researcher plays the moderator and attempts to draw out information from the participants (Berg, 2012).

Focus groups are particularly important in this study because talking in groups is part of the Haitian culture (PAHO/WHO, 2010). Regardless of what is going on in many Haitian Natives’ lives, they tend to gather in a group with their family and intimate friends. These people are usually the first to be consulted regarding treatment and advice (PAHO/WHO, 2010). Haitian people naturally gather in groups to share parables, old folklore stories, and jokes.

Furthermore, focus groups give the participants the atmosphere to express themselves freely and show behaviors, attitudes, and emotions. Group members sometimes react to comments made by each other, allowing for a synergy that draw other group members in the conversation. One final benefit to focus groups is the ability to lessen the power differential amongst the participants and the researcher (Berg, 2012).

The limitations of focus groups include the inability of the researcher to get the full natural settings of the participants’ behaviors. Many times participants do not know each other prior to entering the group; therefore, the behaviors may not be 100% natural as you would get in ethnography. Nonetheless, the focus group allows open discussions and the ability of the researcher to change the direction of the conversation or alter the pace (Berg, 2012).

The researcher’s training and experience as a clinical group supervisor and clinical group leader helped facilitate the group process. The researcher used stages of group therapy, such as forming, to discuss confidentiality, informed consent, exploration, and open communication. Furthermore, the researcher’s experience helped manage the
culture of the group. Small groups allow that culture to emerge through patterns, beliefs, and traditions (Wilson, 2005).

When beginning the group, the researcher kept in mind focus group dynamics. The researcher first introduced the research study and the guidelines for the interview, such as group norms and rules. Some of the rules included being polite, open, and orderly (Berg, 2012). The researcher then moved forward to short question and answer discussions. According to Berg (2012) and the basic ingredients to focus groups, the researcher clearly defined the objective and/or research problem. The familiar atmosphere allowed the participants to feel comfortable sharing and talking openly. This was achieved because the interview site is a community compound where local residents travel to on a weekly basis. At this compound site, there are services, such as female empowerment groups, free English classes, agricultural programs, and the like.

The interview group had a time frame, but one that was flexible so that interesting topics could emerge and be built upon. The researcher was organized and prepared. The researcher took a democratic approach in which the researcher facilitates discussion but allows the participants to guide the direction. The researcher was careful not to give advice or opinions. Ideally a focus group should consist of two facilitators, one observing and the other facilitating; however due to limited resources and for the sake of dissertation, there was only one facilitator. Finally, there was systematic analysis, by which the researcher used a data analysis process that can be replicated.

**Data Analysis**

Qualitative research is complex and involves many steps. Interpretive phenomenology was used to ground the study and to collect the data, which includes
individual interviews and a focus group. To analyze the data, the researcher used interpretative phenomenological analysis (IPA), where the transcribed text from the data was analyzed to arrive at a richer understanding of the context and bring meaning to the text. The researcher continually returned to the text re-analyzing each time to increase understanding and ensure high standards of cultural representation in the evaluation of the data (Frazier-Anderson, Hood, & Hopson, 2012). Ensuring cultural and social justice issues in the analysis increases validity of the data (Frazier-Anderson et al., 2012). While transcribing the data, the researcher reviewed her notes and allowed the behavioral patterns observed during the process to compliment the content.

**Interpretative Phenomenological Analysis (IPA)**

The study uses interpretative phenomenological analysis (IPA) (J. Smith et al., 2009), as the researcher is not only interested in the experience of Haitian Natives but also in the implication for crisis intervention. This approach also gives room to talk about the researcher’s experience and recommendations for counselors regarding best practice suggestions. In selecting IPA, we allow exploration, description, and interpretation of how the interviewees make sense of their experience (J. Smith et al., 2009).

IPA is unique because it is a qualitative approach centered in psychology rather than from different disciplines. It recognizes the influence of the researcher in the analysis process. IPA is informed by three key areas of philosophy: phenomenology, hermeneutics, and ideography. IPA examines how people make sense of their major life experiences (J. Smith et al., 2009). Experience is a complex thing to examine, and IPA allows the researcher to look at what happens in a person’s everyday life when something particularly significant happens (J. Smith et al., 2009). For example, the researcher in this
study might anticipate that a person who usually works the street market place in Haiti and has experienced the hot sun may realize how particularly hot the sun is the day of the earthquake. J. Smith et al. (2009) says,

> When people are engaged with ‘an experience’ of something major in their lives, they begin to reflect on the significance of what is happening and IPA research aims to engage with these reflections. So an IPA researcher might be interested in looking in detail at how someone makes sense of a major transition in their life—for example, starting work, having a first child, losing a parent—or they may wish to examine how someone makes an important decision—for example, whether to emigrate to a new country. (p. 3)

One of the major theoretical underpinnings of IPA is the hermeneutics version of phenomenology, which is the theory of interpretation. van Manen (1997) says it is possible to “make a distinction in human science research between phenomenology (as pure description of lived experience) and hermeneutics (as interpretation of experience via some “text” or via symbolic form)” (p. 25). One crucial part of how hermeneutics plays a role in IPA (J. Smith et al., 2009) is observing the hermeneutic circle, which illustrates for example:

<table>
<thead>
<tr>
<th>The part</th>
<th>The whole</th>
</tr>
</thead>
<tbody>
<tr>
<td>The single word</td>
<td>The sentence in which the word is embedded</td>
</tr>
<tr>
<td>The single extract</td>
<td>The complete text</td>
</tr>
<tr>
<td>The particular text</td>
<td>The complete oeuvre</td>
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<tr>
<td>The interview</td>
<td>The research project</td>
</tr>
<tr>
<td>The single episode</td>
<td>The complete life</td>
</tr>
</tbody>
</table>

The hermeneutic circle is especially helpful for the methods of IPA research. Each part of the circle works together. For instance, the words from the interview affect the sentence, and the sentence affects the word. If a person says, “I was afraid when the
ground began to shake,” the word “afraid” is significant but without the sentence explaining why that person was afraid, it does not have the same effect. Vice versa, the sentence does not leave much impact without the word “afraid.” Consequently, fear can, therefore, be derived as a theme in this example.

IPA calls for strategic steps in the analysis. First, it is suggested by J. Smith et al. (2009) that a close line-by-line analysis of the claims, concerns, and understanding of each participant be considered. Then it is imperative to identify emergent patterns/themes. The researcher then develops a dialogue that connects the coded data and psychological knowledge about what the participants might mean. This leads to the “development of a more interpretative account” (J. Smith et al., 2009, p. 79).

IPA researchers then move forward to the development of a structure or frame that illustrates a relationship between the themes. IPA also calls for the “organization of all this material in a format which allows for analyzed data to be traced right through the process, from initial comments on the transcript, through initial clustering and thematic development, into final structure of themes” (J. Smith et al., 2009, p. 80). The use of supervision, collaboration, and audit is helpful in testing the plausibility of the interpretation. Following this, a narrative is requested that tells a story and takes the reader through the interpretation, theme-by-theme, in some form of visual guide. Finally, IPA encourages the researcher to reflect on his or her own perceptions, concepts, and processes.

Some examples of how the steps are applied, are shared here. In a study discussed earlier about experiences of childbirth for women with spinal cord injuries (Tebbet &
Kennedy, 2012), IPA was used to analyze the data. In the transcription process, the researchers detailed their step-by-step process.

1. Each transcript was read and re-read. On the second reading of each transcript, the text was annotated. Important phrases, words, and insights were highlighted, and interpretations were made about statements that appeared particularly relevant to the women’s experience of childbirth. During this stage, notes about emerging themes that appeared to be coming from the data were recorded.

2. A table for each transcript was created. These tables clustered themes that were identified within each interview.

3. Clustered themes were compared between interviews, and the researcher investigated similarities and differences across the interviews. This led to the creation of 12 themes that covered all transcripts. An attempt was next made to cluster further until five superordinate themes.

Dibsdall, Lambert, and Frewer (2002) also described a similar process of data analysis. The researchers wanted to provide an in-depth account of the beliefs and experiences pertaining to food and health from a specific group of low-income women in the United Kingdom. They used audiotapes and verbatim transcriptions of the interviews, which were coded and analyzed. Their analysis process occurred as follows:

1. Audiotapes (over 10 hours) and interview transcripts (over 300 pages) were studied independently by 2 of the authors to obtain an overview of the participant’s responses. For each interview, notes were made (in the margins of the transcripts) of potential themes (a word or a short phrase).

2. The potential themes were discussed and compared at length by researchers until a consensus was achieved and a long list of themes was created for each interview.

3. The themes for each interview were assessed independently by the researchers, and themes having some commonality were grouped into “higher themes.” These higher themes were compared and discussed between researchers until a consensus was reached. Therefore, at this stage, a list of higher themes has been agreed on for each interview.

4. Researchers then compared the lists of higher themes across all of the interviews and produced a list of “shared themes” reflecting commonalities across the
interviews. Following further discussions, a list of shared themes was agreed upon and supported by verbatim questions from the participants.

5. Focusing on the psychological significance of the shared themes, commonalities were identified that allowed them to be grouped into superthemes, which we have termed “drivers.” In this case, three drivers were identified.

In another study conducted by de la Harpe and Boonzaier (2011), six women from South Africa were interviewed to examine their experience with their partners who were participating in a domestic violence intervention program. The researchers used semi-structured interviews to gather data from the women, and to hear their experience from their Native language. The researchers said they used IPA because of its sensitivity towards the interviewees’ accounts (de la Harpe & Boonzaier, 2011).

de la Harpe and Boonzaier (2011) further explained,

The knowledge produced in IPA is reflective in that it acknowledges its dependence on the researcher’s own perspective and goals for the research (Willig, 2001). The resulting analysis of the data is therefore both phenomenological, it represents the interviewees experiences of the world, and interpretative in that it is dependent on the researcher’s view of the world. Adhering to the methodology of IPA the researchers recorded their own reactions to the text. Following this, the text was organised into themes and theme clusters. The themes were used to organise the transcript in order to gain a conceptual understanding of what was presented by the interviewee. (p. 150-151)

Coding. Many novice researchers often fail to thoroughly illuminate the outcomes of their analysis. In this section, the researcher in this study outlines how she derived the themes and outcomes of the analysis. This allows the study to be as replicable as possible (Anfara, Brown, & Mangione, 2002).

Ethical Considerations

Participation in this research study was entirely voluntary. There are some risks involved in participating, such as re-traumatization. The participants’ shared information
focused on their day-to-day experiences after the earthquake, that they probably have not been explored beforehand.

Being that there is no IRB process in the country of Haiti, the researcher, therefore, adhered to all recommendations provided by Duquesne University’s IRB. The researcher sat down with the participants and fully explained what a research study is (in Creole). The researcher read the whole consent form to all the participants. Finally, the researcher coordinated with the community center where the interviews took place to provide a post-group for the participants to come to afterwards, if needed. The researcher used her clinical counseling skills to determine if the participants were overwhelmed or distressed during the session and would stop at any given time there was an apparent risk.

**Informed Consent Procedures**

Participation in this research study was entirely voluntary. There is no IRB process in the country of Haiti and it was unlikely that the potential participants were familiar with the research process in general; therefore, the researcher sat down with the participants and fully explained what a research study is in their Native language of Creole. Before video and audiotaping, the researcher read the informed consent to the participants and answered any questions they had. After consent, the researcher indicated that the participants may withdraw from the study at any time if they choose. The group participants were informed of the limitations of confidentiality within a group, which means group members may discuss what is discussed in the group without the researcher’s knowledge.
Considerations to Enhance Quality of the Research

Validity

To establish validity, the researcher used methodological triangulation. Methodological triangulation is “using more than one kind of method to study a phenomenon… It has been found to be beneficial in providing confirmation of findings, more comprehensive data, increased validity and enhanced understanding of studied phenomena” (Bekhet & Zauszniewski, 2012, p. 40). In this research study, semi-structured interviews, focus group interviews, and observations are used. The researcher contacted the participants after the study for verification of information. Finally, the researcher frequently checked in with her dissertation chair, who does not hold the same biases, to ensure things like the interview/focus group protocol and interpretation of the data are as objective as possible. The researcher also consulted with committee members regarding the interview questions in order to remove bias.

Trustworthiness

To establish trustworthiness, credibility, dependability, confirmability, and transferability must be confirmed (Williams & Hill, 2012). The researcher established trustworthiness by allowing the research study to be conducted at a trusted compound site, and the researcher provided the participants with a comfortable space, as the researcher speaks fluent Haitian-Creole. The researcher was aware of her own bias, as she too is Haitian. The researcher checked in with the participants, by asking them how they were feeling, or if they needed a break, in order to see if they were comfortable with the questions being asked during the interview process. Trustworthiness was also established by the use of literature and data examination by a second researcher.
Credibility

Credibility refers to the need for written constructions to be accurate descriptions of study participants’ perspectives. The researcher’s credibility lies in her 10 years of clinical skills. The researcher has worked in the social service industry and has experience conducting interviews and counseling sessions in which the client’s stories are taken into account. The researcher also has experience writing progress notes to highlight the client’s storyline.

Transferability

Transferability refers to the accuracy with which the findings from one study can be applied to another setting. Since constructivist researchers do not assume that there is a reality with demonstrable and immutable laws and mechanisms, they must give the consumer of the research guidance for deciding whether the study findings are transferable to other settings. This guidance is offered by means of comprehensive descriptions of settings, participants, and constructions. The researcher took the time to connect the findings of the research to that of other developing countries around the world and to transfer findings to similar cultures.

Summary

The purpose of this study is to explore the experiences of Haitian Natives post-2010 earthquake in Haiti. The research incorporates Brofenbrenner’s (2005) bioecological model of human development as the theoretical frameworks and interpretative phenomenology for the methodological framework to support the research design.
The study used a purposeful sample and conducted individual interviews followed by a focus group. The investigator, together with the researcher’s notes and observations were part of the instrumentation. The data collected was then transcribed to find themes based on the frameworks of the study.
CHAPTER 4

FINDINGS

The primary focus of this research study is to examine the experiences of Haitian earthquake survivors. Specifically, the study looks at the beliefs, attitudes, and needs of Haitian people regarding their psychosocial support. Furthermore, this work provides implications to emergency workers, counselors, counselor educators, and researchers.

To understand what happened to Haitian Natives during the earthquake and the psychosocial phenomena, the researcher used Brofenbrenner’s (2005) bioecological model of human development as the theoretical framework. The four subsidiary research questions that guided this study were:

1. What are the major psychosocial issues that Haitian Natives dealt with after the earthquake?

2. What were the crisis experiences and reactions of Haitian Natives after the earthquake?

3. What implications did these crisis reactions have on the Native’s psychosocial supportive needs?

4. What were Native’s protective and risk factors after earthquake?

The researcher interviewed seven Haitian Natives (demographic information can be found in Table 3.3). Although the researcher did not completely reach saturation, she stopped at seven because the participants provided consistent rich stories. Qualitative research has reached saturation when nothing new is developed from the group that the literature has not already said, or after a few participants have been interviewed, the findings remain consistent. This chapter presents the findings of the analyzed data using Interpretative Phenomenological Analysis (IPA). IPA is helpful when trying to understand and explain the ways in which participants make sense of their experience.
IPA is especially helpful in preliminary studies of emotional experience (J. Smith et al., 2009). The data that was reviewed and analyzed included: interview transcripts, focus group observations, and observational field notes. Figure 4.1 demonstrates the continuation of the research method approach found in Figure 3.2.

Figure 4.1 Continuation flow chart (J. Smith et al., 2009)

Translation

As noted in Anfara et al. (2002), “Since we are committed to opening the private lives of participants to the public; it is ironic that our methods of data collection and analysis often remain private and unavailable for public inspection” (p. 254). The researcher of this study provides a detailed account of her process in order to be as transparent and replicable as possible.
The data in this research study was first translated and transcribed. This was a long process that took approximately two weeks. The audiotapes that were over 10 hours long were listened to and translated sentence by sentence. This process took special skill because the translation had to capture the words and essence of the sentence. An example of the translation process is illustrated below.

Original Kreyòl


1st Translation

In that day, as normal I get up in the morning and on this very day I had vacation or something. The same day I was relax. Will relax with my friends and them. But normally I don't know how the system is where you are, but here we don't have no
electricity every day, but around 4pm you find electricity. I am a fan in soccer. I like to see many video in soccer. So, each time it is around this time, me and a cousin always watch, and they will give the electricity so we can go see the game soccer in the house of our friends. For this reason that day around 4pm they gave the electricity so we didn’t do anything new thing but go home to our friends. My cousin and I went to the house of his friend and we lay on a bed together and watch the game. But the House we were in had construction taking place in a house next door. With the construction we felt the bed move.

But because we didn't have any formal training or knowledge or views on a earthquake. So now you thought maybe one person was shaking the bed, so we observe around the bed. And you thought maybe the men who are working construction next door. But, then we were outside. I could not take it: I was in first and then outside. We don't know if it was a reflex. To this day I don't know how we got outside. We just saw that we came out. We then saw the streets turned upside down with those who were not able to keep your minds fixed on each other. And they were shouting and I saw my father who was in my house. This is when we started realize, and asked, Oh wow it is shaking. When this began we realize, and asked, Oh wow is shacking. Then people started to recognize that a earthquake happened; And I have kept in mind when I was 11 years old and I have lived something like that: but it was not something which caused all these effects. It had minor movement and those who said oh wow, so that the earth was shaking but no panic. Now everyone went home. But in this day it was brhhh.

Final Translation

That day, as normal I woke up in the morning. That day I was on vacation or something. That day I was relaxing. Relaxing with my friend. But normally – I don’t know how the system is where you are, but here we don’t have electricity everyday, but around 4pm you get electricity. I am a fan of soccer. I like to watch a lot of videos of soccer. So whenever it is around this time, me and a cousin of mine are always watching out to see when they will give the electricity so we can go watch the soccer game at our friend’s house. Therefore that day, around 4pm they gave the electricity so we didn’t do anything else but go to our friends house. My cousin and I went to that friend’s house and laid on a bed together and watch the game. But the same house we were in had construction taking place in a house next door. When the construction is happening there are things being hammered and conducted. While we were lying down we felt the bed moving. But because we didn’t have any formal training or knowledge or idea about what an earthquake is. So we thought perhaps someone was shaking the bed, so we were looking around to see what it might be. Then we thought maybe it’s the guys working the construction next door. But then we looked – and then I asked myself how did I get outside. I couldn’t understand it. I was first inside and then I just noticed that I was outside. We don’t know if it was an involuntary reflex. Till today I don’t know how we got out. We just saw that we were out. When we got outside we saw that the streets were turn upside down and people couldn’t hold on
to each other. People were screaming and I saw my dad who was in my house, who was eating – he ran out too. I saw my house was broken – the walls were flew off. That’s when we started to realize, and asked, oh wow the ground is shacking. That’s when people started to recognize that its an earthquake. I remembered that when I was 11 years old, I lived something like this. But it wasn’t something that caused all these effects. It was minor movements and people said oh wow the ground shook but no one panicked. That night everyone went home and slept. But that day, it was brhhh (takes in deep breath).

**Interim Analysis**

After translation, the data was then analyzed through interim analysis. The transcriptions were re-read and the audio interviews were re-listened to, to increase familiarity with the data. In addition, the audio of the group interview was re-listened to. The interim analysis gave the researcher an opportunity to clean the data, by removing all unnecessary comments in the transcription and to ensure the quality of the translations, and also create a second iteration of codes (see Table 3.4). The second iteration of codes removed codes that sounded repetitious, and used codes that the researcher felt highlighted what the researcher wanted to get out of the interviews. This also allowed for less codes.

**Analysis**

Once the interim analysis was completed for the individual and group interviews, the researcher conducted a second phase where she used the second iteration of codes to highlight the text for the transcribed individual interviews. The researcher did that by highlighting important phrases, words, or insights (J. Smith et al., 2009). A close line-by-line analysis of the claims, concerns, and comments of each participant was considered. The researcher continually returned to the text, and re-analyzed the data in order to increase understanding and ensure high standards of cultural representation in the evaluation of the data (Frazier-Anderson et al., 2012). To conduct this process, the
researcher used NVivo software (see figure 4.2). NVivo is a software created for qualitative researchers. NVivo was chosen because it allows the researcher to use transcribed data, audio, observations, articles, and the researcher’s knowledge in the analysis. During the analysis in NVivo, the researcher highlighted the codes. The codes helped the researcher recognize similarities in the interviews. Once the commonalities were established, the researcher further analyzed the commonalities, and special themes began to emerge. For instance, one of the codes was “Changes in Behavior,” and the researcher compared each interviewee who discussed difference in their behavior after the earthquake. A theme that emerged from that code was “Out of Body Experience.” For the group interview, the researcher wrote down notes of the emerging themes in a notepad.

![Figure 4.2 Screen Shot of NVivo.](image-url)
Phase 3 involved a second round of emerging themes using a second researcher and the participants. The researcher reached out to some of the research participants and shared some of her results. The researcher asked the participants if the researcher illustrated what they wanted to get across. The researcher then took advice from the participants and either added or removed from the content.

Later, another researcher, conducted her own analysis of the data, and came up with emerging themes. Using a second researcher to analyze the data is encouraged in the literature in order to limit bias (Dibsdall et al., 2002; J. Smith et al., 2009; Tebbet & Kennedy, 2012). The researcher of this study then communicated with the second researcher to discuss the findings. The two researchers combined their findings and noted common themes. The study’s researcher also noted any additional theme suggestions from the second researcher.

Finally, in phase 4, the researcher combined the themes from the individual and group interview in the phase two analysis. The researcher later looked at the relationship between themes derived from phase 2 and 3, and created a final stream of themes (Dibsdall et al., 2002; J. Smith et al., 2009). The researcher then highlighted her findings. See Table 4.1 for description of phase 1-4.
Table 4.1

*Analysis Process* (Continues on the next pages)

<table>
<thead>
<tr>
<th>Research Question:</th>
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<tbody>
<tr>
<td>What are the experiences of Haitian Natives post 2010 earthquake in Haiti, and the implications for providing appropriate post-crisis psychosocial support?</td>
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<table>
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<tr>
<th>Initial Codes:</th>
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<td>Coping Mechanism</td>
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<td>Discomfort</td>
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<td>Comfort</td>
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<td>Result of Valuables</td>
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<td>Activities of Daily Living</td>
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<td>Thoughts on Preparation</td>
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<td>Future Preparation</td>
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<td>Future Acts</td>
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<td>Current Status</td>
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<td>Community Post Earthquake</td>
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<td>Religion’s Role</td>
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<td>Religious Leader’s Role</td>
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<td>Community’s Role</td>
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<td>Family’s Role</td>
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<td>Thoughts on Haiti’s Independence</td>
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<td>Haiti’s Curse?</td>
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<td>Desires to live abroad</td>
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<td>Impactful Story on Poverty</td>
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<td>Long Term Solutions</td>
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<td>Individual Interviews &amp; Focus Group</td>
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Current Support
Stigma/ Or lack of

Future Acts
Impactful Verse
### Phase Three

<table>
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<th>Individual Interviews</th>
<th>2nd Rater Themes</th>
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<td>Referral and Resources</td>
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<td>Leadership Skills/ Skill Development</td>
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<td>Group Forming</td>
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<td>Music as a Coping Mechanism</td>
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<td>Music as an Awareness Source</td>
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<td>Opening to Serve While Making Money</td>
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<td>Self-Sufficiency</td>
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<td>Emotional Support Needs</td>
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<td>Finding Peace and Comfort</td>
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<td>Fear</td>
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<td>Disrespect for the Dead</td>
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<td>Spiritual Connection to God</td>
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<td>Worry</td>
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<td>Not in the “Right” Mind</td>
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<td>Physical and Mental Systems</td>
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<td>Effects of Trauma</td>
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<td>Trauma Symptoms</td>
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<td>Physical Symptoms</td>
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<td>Laughter</td>
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<td>Sexual Abuse/ Taking advantage of</td>
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<td>Unity</td>
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<td>Description of devastation before and after</td>
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<td>Helping Others</td>
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<td>Source of Comfort as: Family, Sports, Music, Singing, Praying, and Dancing</td>
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<td>Headaches</td>
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<td>Coping: Use of Medications as well as Cigarettes and Alcohol</td>
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<td>Sharing Stories for Healing</td>
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<td>Rebuilding</td>
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<td>Subsidiary Questions</td>
<td>Phase 2 Themes</td>
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<td>What are the major psychosocial issues that Haitian Natives dealt with after the</td>
<td>1. Fear</td>
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<tr>
<td>earthquake?</td>
<td>2. Worry</td>
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<td>3. Sadness</td>
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<td>4. Vulnerability</td>
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<td>5. Dying and Death</td>
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<td>6. Experiences of Past Earthquake</td>
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<td>7. Lack of Knowledge</td>
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<td>8. Out of Body Experience</td>
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<td>9. Lost</td>
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<td>10. Mourning/Grieving</td>
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<td>11. Past</td>
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<td>What were the crisis experiences and reactions of Haitian Natives after the</td>
<td>1. Unity</td>
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<td>earthquake?</td>
<td>2. Embarrassment</td>
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<td>3. Somatic Symptoms</td>
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<td>5. Religion</td>
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<td>6. Post Traumatic Growth</td>
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<td>7. Mental Health Impact</td>
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<td>8. Sexual Abuse</td>
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<td>9. Manipulation</td>
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<td>10. Changes in Behavior</td>
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<td>11. Feelings</td>
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<td>12. Positivity</td>
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Lack of Learning from the Experience
Dealing with the Trauma by Talking
Experiences of Death
Examples of Support
Comfort from Knowing it Could be Worst
Medicine/ Herbal Tea
Comfort Coping: Reading & Music
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<th>What implications did these crisis reactions have on the Native’s psychosocial supportive needs?</th>
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<th>1. Leadership Skills/ Skill Development</th>
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New Appreciation for Professional Mental Health Need for Support

1. Family
2. Religious Leaders
3. Doktè Fèy
4. Developed Leaders
5. NGOs

Kote Mwen Jwenn Konfo

1. The Power Found in Talking
2. Fellowship & Laughter
3. Spiritual Connection
4. Helping Others
5. Thinking of Others
6. Music/ Entertainment
7. Faith/ Hope
| What were Native’s protective and risk factors after earthquake? | Rebuilding and Life After | 1. Rebuilding  
2. Religion | After Life: Poverty Leads to Continuous Instability,  
After Life: Attending Church for Protection |
| --- | --- | --- | --- |
Findings

This section will discuss themes and findings that came from the interviews using Bronfenbrenner’s (2005) bioecological model and van Manen’s (1997) lived existentials. The primary research question asked, what are the experiences of Haitian Natives post 2010 earthquake in Haiti, and the implications for providing appropriate post-crisis psychosocial support? The findings from the subsidiary research questions will be discussed here.

Subsidiary Research Question #1: Major Psychosocial Issues

Theme 1 answered research question 1, which asked, what are the major psychosocial issues that Haitian Natives dealt with after the earthquake? Psychosocial issues are problems with one’s psychological development and social environment (Post & van Leeuwen, 2012). To understand the psychosocial issues that will be presented here, consider van Manen (1997) lived existentials. Lived space for example describes the ways people experience and get to know their environment. Lived relationship refers to connections people maintain with others (van Manen, 1997).

The earthquake was a contributing factor to lived space and relationship issues that many of the participants and their families were not prepared for. The psychosocial issues included alteration of life after earthquake, where the Native’s lives became worse after the quake. The other major psychosocial issues Natives dealt with were lack of knowledge about the earthquake, which led to further fear; and finally worry, and existential crisis & death reactions.
**Theme # 1: Adverse consequences of the earthquake.** The first subsidiary research question asked, what are the major psychosocial issues that Haitian Natives dealt with after the earthquake? Psychosocial issues arise when an individual is unable to cope with the stresses of life (Ozer et al., 2003). Often, this person has behavioral and/or emotional problems, and is unable to work productively, establish healthy relationships, identify gainful employment, have a quality life, or make contributions to their community. There were 12 individual interview questions and four focus group questions that helped answer subsidiary question one. The theme that emerged from this question was Adverse Consequences of the Earthquake, which yielded five sub themes (see Table 4.2):

- Alteration of Life After Earthquake
- Fear
- Worry
- Existential Crisis & Death
- Lack of Knowledge feeds into Fear

**Alteration of life after earthquake.** The first significant notation that came from the analysis was the commonalities in stories about how people’s lives changed after the earthquake. The participants lived experience (van Manen, 1997) was illuminated. It appears that most of the participants had a hard life before the earthquake, however they viewed their life after the quake to be worst. They explained that although they struggled for food and water before the earthquake, they had a sense of contentment, but after the earthquake that contentment was gone. Some examples of the negative comparison of the past and present came from Participants 1, 2, and 4.
To be honest, things were never easy. Things were a little difficult. Things weren’t good but they weren’t too bad as well. I worked hard to find a way to live and handle all the problems. (Participant 1)

Participant 2 said, “Life was normal. I was living well. I didn’t have any health issues. It’s after the quake that everyone had problems. People were not ready for such an event.” After stating this, the researcher asked the participant, “What do you mean by, you were living well”? He replied:

Meaning. I had good health, so I was living well… Well, I have to admit - no we did not have a home. We were renting a place to stay. I left the countryside to come and study in Port-au-Prince. Nonetheless, we were living well, because we didn’t have any health issues and we didn’t have anyone that died. (Participant 2)

My life was okay, thanks to God. But after the quake things changed. I had the thoughts that the 12th of January happened, but I always thought maybe there might be another one. I never thought that there could be such a thing. That’s why it will always be in my memory. (Participant 4)

_Fear._ “Fear is defined as an unpleasant often strong emotion caused by anticipation or awareness of danger” (Fear, 2015). Feelings of fear are common in traumatic experiences. In this study, fear was a major example of the adverse consequences of the earthquake. The interviewees had various experiences that endorsed fear. Some people were scared that the earthquake might happen again. When the earthquake first transpired many people didn’t know if their family and friends were okay, and feared the worst. One participant noted:

Putting everything together it’s like someone who was scared. I found myself thinking, if it’s like this, what I’m seeing, then I wonder how other people are doing. I was thinking maybe a lot of people died. I felt the desire to hide. I was scared. (Participant 1)

Participant 1 who had a close relationship with cousins further explained that he went back to his childhood experiences when he became scared. He even bent down, cradled his arms, as if he were going back into fetal position, and he explained:
When I was a kid, if I was scared, I would sleep in between them. I felt like I was reliving the same thing again. It's like I'm scared and I want to find comfort in my cousins. I wanted to be around them all the time. The moment they left my side I wanted to cry.

Participant 1 had multiple examples that expressed his fear. He was also able to relate his experiences to other survivors. He also mentioned the intense levels of fear that transpired at night. Here are his thoughts:

One other thing that is helpful to know is - during the day everyone was fine, but at night that's when the problems began. I started panicking in the dark. People asked what could possibly happen in the dark? There was a lot of doubt because people were scared. Because they couldn't see anything…

This was the time when people who did vodou, took the opportunity to go after people's children. People weren't only scared of the earthquake happening again, but there were so many other aspects such as the dark, security.

Numerous participants had a hard time expressing their feelings. When the researcher asked them how they felt, various times they explain their thoughts instead. After much probing, it appeared that the researcher had to directly ask them if they were scared or fearful. When probed in this manner, Participant 2 answered, “yes I was scared and then lonely. Because I had a lot of friends that died. I had friends who houses fell on them.” Participant 4 said, “Yes, I’m always scared.”

Participant 3 was in charge of three major camps, which hosted over 700 people living in tents. Participant 3 provided a unique prospective to the study, because he was able to share all the things he saw amongst the people. He explained how many people were scared, especially at night. He also shared his personal experience:

Sometimes I have moments of fear. Because the memory of the earthquake can’t leave you forever. For example, you can train a dog, but it will always be a dog. You can train cat, but it will always be a cat. So you can try to move on but you will never forget the earthquake. I’m trying to live with what happened. (Participant 3)
Lack of knowledge feeds into fear. One other component that contributed to the fear was the fact the survivors had no formal education about earthquakes. Several of the interviewees did not know what an earthquake was prior to the quake. Although some participant were in a much smaller earthquake years prior (which will be further discussed later), some said they had never heard of the term, and some revealed though they heard the term, they didn’t understand what it meant. When the quake transpired they couldn’t fathom what was happening. Three of the participants made reference to an earthquake that happened in 2005, and at that time, they didn’t know what was going on. That quake had a much lighter magnitude then what occurred in 2010, and it wasn’t until this 2010 earthquake that they realized what happened back in 2005.

Furthermore, when the focus group took place all of the five participants shared the same sentiments when they described their lack of knowledge towards the quake. Everyone had a different story as to what they thought it could be, but nonetheless, they didn’t know it was an earthquake. One thought it was construction, another thought it was a generator, and others thought it was the coming of Christ.

But because we didn’t have any formal training or knowledge or idea about what an earthquake is. So we thought perhaps someone was shaking the bed, so we were looking around to see what it might be. Then we thought maybe it’s the guys working the construction next door. (Participant 1)

After the quake Participant 1 started to connect the dots,

That’s when people started to recognize that it’s an earthquake. I remembered that when I was 11 years old, I lived something like this. But it wasn’t something that caused all these effects. It was minor movements and people said oh wow the ground shook but no one panicked. That night everyone went home and slept. (Participant 1)

Umm, my feelings were, I didn’t know what was happening. But I began to reflect to myself, and remembered that in 2005 there was something like this that happened. (Participant 2)
When I made it outside I didn’t have the thought of an earthquake on my mind. I didn’t have that culture. All I thought about was, is this the end of the world? I saw dead birds, damaged homes, and a lot of dust, so I thought it must be the end of the world. No one else around me knew that it was an earthquake. (Participant 3)

I knew what was happening but no one else in my bus understood. I learned about earthquakes in school. The bus passengers dropped to the floor. Some ran off the bus and put themselves in even greater danger. They were running into buildings and hiding under rocks. I had to tell them don’t do that. They didn’t understand. (Participant 6)

Worry. Another sub theme that emerged from fear was the constant feelings of worry. The participants felt that they worried more than usual. In addition, some of the participants found it unusual that they would worry about people they didn’t know. They worried about people in other towns and wondered if these individuals were worst off then they were. Participant 5 explained her experience immediately after the earthquake, and how she had to maneuver from dead body to dead body. She further explained that months and even years after the earthquake, she still thought about these people. The thoughts of these individuals brought Participant 5 a lot of distress. She explained:

Soute. It’s a game I used to play when I was a kid. I think its because I knew how to play that game – that’s what helped me. Because in the game you have to skip around. I had to jump over dead body after dead body. Sometimes I start thinking about all these people, and I start to cry.

Participant 1 had a similar story; he too saw dead body after dead body immediately after the quake. He also explained the sensitivity he has towards other people. Participant 1 felt that it is because of this sensitivity that he would constantly think about the safety and well being of other Haitian people after the quake. Participant 1 lived in the city, and wondered if people in the country were ok, and was fearful that
there situation might have been worse. He also wondered about ways he could get out of his town to help those people.

That is something – that perhaps this was developed in my upbringing, but my loved ones have exhorted me for my sensitivity. I’m always concerned and sensitive towards others. I always have the desire to help others. I kept thinking about – wow – what about the people who need help and can’t find it. I panicked because I wondered about other people. That really bothered me. I was thinking about my situation, others, and how I could help. I thought of other neighborhoods that don’t have the same infrastructure in place as we do – what was it like for them. In addition, the way people were disseminating the information was troubling at times. For example, when people said Port-au-Prince is broken. I thought there was nothing left at all. When you’re looking at how bad your situation is, and then hear that somewhere else is worse. (Participant 1)

I even asked myself what about other people, how did they get transportation to other places? (Participant 1)

Finally Participant 2 explained the same thing. He said after the quake first happened, all he kept wondering about was all the other people around the country, and if they were okay. Participant 4 also said, “Well, no I’m not scared for my life because I’m a servant of God. But I’m scared for many other people who don’t know Christ.”

In addition to worrying about strangers, not surprisingly, at the onset of the quake, several of the participants worried about the relatives they couldn’t find. They worried that their families had died. There was also no form of communication, which only heightened their worry. Some people had to wait days and even weeks before they found out if their relative was okay. Participant 6 said he walked for over 4 hours back to his home, constantly worrying whether or not his family was okay.

Existential crisis and death. Six of the interviewees lost family members and all seven lost friends. Death of loved ones was a common experience amongst all the participants. Some participants had the opportunity to mourn relatives in a funeral service, and for some family members, they did not. One other common experience was
the inability to bury the lost person because they couldn’t find the body. Participant 1 shared, “I had a cousin who lost her daughter. A wall fell on her… yes we found the body… There was a funeral. We had a small ceremony.” Participant 2 said, “Yes I lost friends and family.” When asked if there was a funeral service for them, he replied:

No because we couldn’t find the bodies. There were too many deaths. Even doctors died… We couldn’t explain how all these people died. Some people had a rock hit their head and then they died… We didn’t mourn or get any comfort. Only after several months were people comforted. (Participant 2)

We found some of the bodies and some we couldn’t find. We don’t know what happened to those friends. (Participant 6)

The second thing is, when I say we are nothing. When you’re looking at the way people died in the street. Not even the dogs wanted that type of meat. Then hundreds of people, whether black or red, or rich or poor - all were buried in the same hole. That’s means that we all have to realize that everyone, is someone. (Participant 3)

Death is something that usually happens in natural disasters, but in this case some of the participants reported extraordinary deaths. The participants had a fear of a bizarre unexplainable death. They said that people would just walk down the street and die. The participants said that a building didn’t fall on the person, and nothing brought on the occurrence, but somehow they would die.

And I was really scared because I just kept on hearing about people dying. I’d lay down and then hear that about 4 people just died. Then after a while I had to leave Port-au-Prince. I couldn’t take it anymore. (Participant 4)

Some people while they were walking down the street, they would just fall down and die after the quake. Right after the earthquake the ground shook again but no light poles or buildings fell down, and then there was this student walking down the street, who was studying nursing. She was walking down the street and she died, even though nothing fell on her. And I saw it with my own two eyes. I was sad and scared. I don’t know how I could explain this. (Participant 2)
Researcher’s Reflections

It appears that adverse consequences from the earthquake were a common theme amongst the participants. These experiences demonstrate how people change when their lived space changes. Many of the participants had been through a lot of hardship in their life, and unfortunately death, dying, and pain were not uncommon. The participants made it very clear however that the experience of the quake was different. They felt their past life was hard, but this was an intolerable kind of hard. It appears that they were able to accept their past hardships but the earthquake was unacceptable.

Fear and worry appeared to arise often in the interviews. This was interpreted as a reflection of the lived bodily changes as a result of the lived space changes. The interviewees were and still are constantly thinking about what happened to them. This has affected their lived relationships as well. In addition, the participants were caught off guard by the earthquake. Most earthquakes come by surprise however this was different. The interviewees didn’t have the language for an earthquake. Their lack of knowledge towards earthquakes only enhanced their fear. Furthermore, during the interviewee’s explanation of their lack of knowledge they described how their lived time altered. Their immediate moments following the quake were different then their ordinary days. They felt time went by slower and they remembered the unpleasant moments as if the quake had recently occurred.

In conclusion, research question one asked, what are the major psychosocial issues that Haitian Natives dealt with after the earthquake? The participants’ narratives illustrate key factors in adverse consequences such as comparison of the past and present, fear, worry, death, and lack of knowledge.
Table 4.2

Adverse Consequences of the Earthquake

<table>
<thead>
<tr>
<th>Focus Group</th>
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<th>P 2</th>
<th>P 3</th>
<th>P 4</th>
<th>P 5</th>
<th>P 6</th>
<th>P 7</th>
<th>Frequency</th>
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<tr>
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<td>X</td>
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<td>X</td>
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<td>X</td>
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<td>8X</td>
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<td>Worry</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>5X</td>
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<tr>
<td>Existential Crisis &amp; Death</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>9X</td>
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<tr>
<td>Lack of Knowledge feeds into Fear</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>8X</td>
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Subsidiary Research Question #2: Crisis Experiences and Reactions

The second research question asks, “What were the crisis experiences and reactions of Haitian Natives after the earthquake?” To answer this question, ten individual and six focus group questions focused on crisis experiences and reactions of Haitian’s after the earthquake were asked of the participants. The crisis experiences and reactions were Reyaksyon Pozitif, which translates to “Positive Reactions.” Although there were multiple painful experiences, the participants were able to find positivity as well. The other answer to subsidiary question two was Negative Reactions, which was highlighted as a theme entitled, The Hurt and Pain Continues for Haiti Cherie (Haiti my sweetheart), as well as Out of Body Experience. For Positive Reactions the subsidiary themes were:

- Development of a Sense of Unity
- Religion
Post-Traumatic Growth

For Negative Reactions, the examples were:

- Observations
- Panic
- Food
- Developing Distorted Thought
- Humiliation
- Abuse.

**Theme #2: Reyaksyon pozitif (Positive reactions).** In this research study there were many sad stories, and the participants had a challenging time living after the quake. In spite of these experiences, some of the participants reported some positive reactions that emerged (see Table 4.3).

**Development of a sense of unity.** After hurricane Katrina in the United States, the holocaust tragedy faced by the Jewish people, or the fight between Tutsi and Hutu in Rwanda, the people in distress came together to support one another. The same can be said for the people of Haiti after the earthquake. The interviewees shared multiple examples where they helped others and united for their common struggle. Through this unification, issues that were once at the forefront didn’t seem to matter as much anymore. Participant 1 shared that there was always division amongst the black and Mulatto Haitians, however after the earthquake the people unified.

This is an interesting question. You see how right now there is a lot of conflict in Haiti. People are also protesting. But one thing that occurred right after the earthquake was unity. The Haitian people were truly united. There was no difference between the blacks, white, and mulattos. Especially since there is usually division amongst the blacks and mulattos, but this didn’t exist during the time. Because when you looked, where was the Mulatto sleeping? - the same
place. Everyone tried to support one another. Everyone was the same or one. Now when people have issues with each other, they say why is that people got along right after the earthquake but can’t get along now. People used this as a positive thing moving forward. (Participant 1)

Participant 3, who was a tent camp director, expressed the unity he observed when he said, “When the quake just happened, and you realized that you were okay, you then began to help others. There was uhhh - a sense of unity amongst us.” He is also a musician and believed that his songs brought people together. Participant 3 was chosen to visit multiple camps and perform his songs for thousands of displaced Natives. As he describes one of his songs he said:

Oh yes. It was very popular. Whenever I came in people would start to sing my songs. Sometimes I would go in camps, that I didn’t even know the people, and as I walked by, they would start singing, ‘wash, wash, your hands.’ Very popular. (Participant 3)

There was unity. No one was thinking about who is better than the other. Families came together. As a matter of fact, there were no families. Everyone was a family. (Participant 5)

**Role of religion.** Religion was also a positive reaction amongst the people. Haiti is known to be a religious country, where people practice Catholicism, Protestantism, and Vodou. The religious leaders roles post quake illustrates how the systems (Bronfenbrenner, 2005) affected the way people responded to the quake. In the bioecological model the micro and macro systems influence the individual. Due to this influence many religious leaders used the time to preach people into conversion, and most of the participants agreed with this method. The participants felt that Jesus and church was the only thing that could help them with their emotional distress.

Yes that’s the only name I can call on is Jesus. He is the only one that can understand my trembling. (Participant 1)
Although a lot of people died, there were some good things that happened. Some people converted to Christianity. Joining Christ is the best thing to happen to someone. Also, there were some people that were doing bad things, and they stopped. (Participant 2)

The positive reaction of religion was demonstrated in a joke one of the participants shared. Although Participant 5 viewed vodou negatively, she said found humor when she joked about people’s reaction to Vodou.

There are some jokes that came from this too. There was a guy who was always watching out for Vodou doctors. And he heard a sound, and said it’s too early for you guys to do Vodou, and apparently it wasn’t Vodou it was the quake. So although the earthquake was sad, there were things that made you laugh as well. (Participant 5)

**Post-traumatic growth.** As with most natural disasters, after the quake there was no food, water, or shelter. The interviewees described a hopeless situation, as some of them waited days and weeks for international and governmental aide. Yet through it all they were optimistic. In addition, the participants demonstrated multiple examples of post-traumatic growth. Post-traumatic growth occurs when a person finds benefits from a challenging experience (Baker et al., 2008; Calhoun, & Tedeschi, 1989, 2008). It is the idea that people can make meaning behind a painful experience. In this study, instead of taking everything the wrong way, the participants decided to have a positive reaction and looked at the good things that came from the earthquake.

The idea of post traumatic growth makes a lot of sense in the Haitian context, because due to Haitian Native’s faith, many Haitian’s believe that God will show them favor even during the most trying times of their lives. Posttraumatic growth allows the person to think of new possibilities in their lives, and appreciate their strength and spiritual growth (Baker et al., 2008; Calhoun, & Tedeschi, 1989, 2008). There are five domains of posttraumatic growth, which include: greater appreciation of life, more
intimate relationships, greater sense of strength, spiritual development, and new possibilities (Tedeschi, & Calhoun, 1995).

In this study one of the greatest indicators of post-traumatic growth was spiritual development. Participant 5 explained, “Good things came from the quake, like people getting saved.” Participant 2 said:

Although a lot of people died, there were some good things that happened. Some people converted to Christianity. Joining Christ is the best thing to happen to someone.

Participant 2 said that he and his relatives did not have a close relationship before the quake, however afterwards he was able to count on them for food. He said, “My family also changed because they realized that they had to share.” Finally Participant 5 demonstrated a greater sense of strength. She told the researcher that although she has been through many hardships in life, she puts a smile on her face, because she wants her children to be happy. She believes that God gave her the strength to move on from this tragedy.

I start to think to myself - that could have been me. God loves me a lot. And Florence, I have to tell you God created me in a way, so that I could endure a lot of different things. Because I been through so much in life. (Participant 5)

Participant 1, 3, 4, and 5 found new possibilities, as they were able to find jobs and develop leadership skills (which will be discussed later). Participant 3 who managed multiple camps found a new appreciation for life when he recognized all the love and attention he was getting as camp director. He said, “Also, all these people really loved me, and till today when I see some of them on the streets they are always appreciative of me. They are always happy to see.”
Researcher’s Reflections

One theme that emerged from research question two, “What were the crisis experiences and reactions of Haitian Natives after the earthquake?” was positive reactions. Although there were devastating occurrences from the earthquake, all the participants agreed that there were some positive reactions as well.

Participants 1, 4, and 5 contracted jobs as a result of the earthquake, and believed they would not have received these opportunities had the quake not happened. Many of the participants also believed that it made them and their families’ better people. They reported so many people changing for the better. It appears that Participant 2 did not have a close relationship with his family prior to the earthquake, however he says they learned to share, and he even lived with them at one point after the quake. The interviewee’s positive reactions highlight how a person’s lived space can affect the way they view the different systems in their lives. The way the participants knew and experienced their environment changed in a negative way, however their faith, great sense of culture, and support systems allowed them to find positive meaning behind their experience. Furthermore, humor was also portrayed when one of the participants spoke about the role of religion. Here humor is interpreted as a coping mechanism.

Table 4.3

*Reyaksyon Pozitif (Positive Reactions)*

<table>
<thead>
<tr>
<th>Focus Group</th>
<th>P 1</th>
<th>P 2</th>
<th>P 3</th>
<th>P 4</th>
<th>P 5</th>
<th>P 6</th>
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</table>
Theme #3: The Hurt and Pain Continues for Haiti Cherie

One final theme for subsidiary research question two was the patterns of hurt and pain that Haiti can’t seem to get past. The theme illustrates the negative reactions of the interviewees. This theme emerged because Haiti has seen a great deal of turmoil and tribulation throughout the years, which include dictatorship, violence, crime, and poverty (Amnesty International, 2011; Hagaman, 2013; Raviola et al., 2012). When the focus group began, several of the participants shared their feelings on how Haiti had no historical breaks. Participant 3 said, “We have 200 years since we got our independence, and look we had a 5.2 earthquake, and you see all the devastation it caused. And there are other countries that had 9 points, and didn’t have all that devastation.”

The focus group participants of this study felt overwhelmed by the continuous traumatic events that happened one after the other. They felt like they didn’t have time to react to the multiple events. They further explained that once they reacted to one event, another occurred immediately afterwards. The subsidiary themes that emerged were Traumatic Observations, Panic, Food, Developing Distorted Thought, Humiliation, and Abuse (see Table 4.4).

The distress that leads to trauma. The interviewees witnessed several traumatic events after the quake that left them hurt, in pain, and in distress. When the focus group took place, participants shared story after story about children who were taking a bath, and ran out into the street with no clothes on; and people who were trapped in buildings, who were screaming and crying for help, but were never rescued.
Continuous exposure to trauma can cause major illnesses like post-traumatic stress disorder, anxiety, depression, as well as many physical ailments. In this section the themes that arose from the traumatic exposure of the participants are illustrated here. Recognizing the trauma exposure after the quake can help demonstrate the amount of post earthquake psychosocial support needed.

Then I saw people with broken heads, bruising. Some had a broken arm, because either a brick fell on them. Then there were people coming in from neighboring areas – some were looking for a hospital. Some people it took two or three days later, and they still couldn’t find hospital care. Some had broken legs. Broken hands. Blood was dripping. And everyone was looking for a place, such as a hospital to get care. Everyone was screaming. Some people died. Some people had electric wires fall on them. Some were hit by a car. It was a tragic incident for the country of Haiti. (Participant 1)

When I left my area, I went to Champs de Mars to sleep in a big park, like a soccer field. Everyone from the area went to go sleep there. There were nights while sleeping there, that I started to relive the things that happened. (Participant 1)

Participant 2 explained, “The quake happened unexpectedly. People were shocked to see all the devastation.” Participant 6 said, “I walked over dead body after dead body. It was horrible.”

I would be in the house and nothing is happening and I feel like the house is shaking. When that occurred I would hurry and get up and then go run outside… It’s like my brain had a flashback… Every time I wanted sleep I had a hard time. I kept seeing something. I kept thinking about what happened. (Participant 2)

I had brothers, and family members that died. That hurt us a lot. Also, the way they were throwing the dead bodies around also. I never felt good about that. Even though I would go to sleep and wake up, I would still believe that something like that could happen again. It’s a natural disaster. (Participant 4)

When I left Port-au-Prince, going to Jackmel. I went barefoot because I didn’t have any shoes. I didn’t have any clothes to wear. The clothes I had on was dirty. Also you couldn’t distinguish the men from the women, because everyone was swollen. (Participant 4)
One other thing that I realized was that we didn’t know how to conduct first aide. If someone was bleeding after the quake just happened, we thought all we could do was send them to the hospital, but we could have provided first aide if we knew how. (Participant 6)

**Panic.** Another example of the negative reactions was panic. In most chaotic scenes, people do not behave rationally, and the earthquake of Haiti was no different. Here the lived bodily changes were illustrated because the people didn’t have knowledge of a quake, and because they made traumatic observations, they began to panic.

When we got outside, we saw that the streets were turn upside down and people couldn’t hold on to each other. People were screaming and I saw my dad who was in my house, who was eating – he ran out too. (Participant 1)

Participant 1 also shared,

I panicked because I wondered about other people. That really bothered me… But after the earthquake things were really bad, it was as if, it was the end of the world. It was like everything was finished. We didn’t have food or water. Things changed completely. Things seemed impossible. Things were finished. No water no food.

Everyone was screaming. Some people died. Some people had electric wires fall on them. Cars hit some. It was a tragic incident for the country of Haiti…

While Participant 2 explained this, his hands were actually shaking as well.

Yes I could see my body shaking and I felt my body shaking inside too. If my body isn’t shaking, my heart starts shaking, and I would run outside and say oh wow, is there another earthquake? It’s like my brain had a flashback. (Participant 2)

I was in a bus traveling with 21 other passengers. When the earthquake happened everyone was panicking because we didn’t know where our relatives were and our phones didn’t work, so we couldn’t call and see that they were okay… I walked for over 4 hours before I got to the ville. My family didn’t calm down until they saw me. (Participant 6)
**Somatic symptoms.** Several of the focus group participants agreed that they had undesirable symptoms after the quake. A common symptom amongst the focus group was trembling. Many agreed that they had shaking affects at some point. The lived bodily changes were illustrated through somatic manifestations.

I felt like my body was cracking. Its like I felt like some, umm, I don’t know how I could explain it…Well your so scared, you feel like you want to hid, and the body cant take it anymore…The moment you are living something like this - the constant thoughts cause you to have headaches. Other things caused the headaches too. Because normally you’re supposed to drink water, but when you’re in a situation like that, you don’t have access to water and this can cause a headache as well. (Participant 1)

Participant two said, “My feelings were, I heard a lot of screaming. I was traumatized. Every time I heard a car honk, my heart started beating fast.” The researcher asked, “Are you referring to post earthquake - that you were startled after car honks”? He replied, “Yes that’s what I mean.” The researcher followed up by asking, “For how long did this last”? He said, “For several and several months. Then I saw a psychologist and she gave me examples, and then I got a break and that didn’t happen anymore.” He further added, “because there were many after shocks. It was so painful.” The researcher then asked, “Where did you feel the pain?” “My heart. My heart was beating so fast that I had to hold my chest.” He later added:

Yes my body continued to shake even after the quake… Yes I went to the country side for a while and even when I was there laying down my body would start to shake. I would be in the house and nothing is happening and I feel like the house is shaking. When that occurred I would hurry and get up and then go run outside.

As Participant 2 was explaining his experience, his hands were shaking in the midst of the interview. When asked if he noticed his body shaking during the actual occurrence, he said:
Yes I could see my body shaking and I felt my body shaking inside too. If my body isn’t shaking, my heart starts shaking and I would run outside and say oh wow, is there another earthquake? It’s like my brain had a flashback.

Yes I felt like my eyes were trembling and my head hurt. My body ached also, because I saw too many things. As a matter of fact I spent over a month in bed. (Participant 4)

I would tremble all over…
I’m still like that. I never had stomach aches but my body would tremble. I haven’t healed yet. Recently as I was getting ready for church, there was a thief that tried to enter the backyard and I heard the sounds and I started trembling, and I quietly whispered, Jesus, Jesus, Jesus. I got to church and I was still trembling. Sometimes even if I’m taking nap, I start to shake. (Participant 5)

**Inability to break bread.** Family and group gatherings are customary symbols in the Haitian culture. During gatherings it is very likely for people to ‘break bread.’

Therefore the participant’s negative reaction to food was an unlikely response. The interviewees didn’t have an appetite, lost weight, or they couldn’t look at certain foods. As they further described their experience, they said they had a hard time looking at, smelling, and eating meat. Their lived experience illustrated the physiological symptoms of their psychosocial distress.

Well, I have a sister. She was really affected. She didn’t even want to eat. She lost weight and so did my mother. (Participant 1)

Yes I had trouble eating. Every time I thought of things I lost my appetite. And I became very skinny. (Participant 2)

The second thing is, when I say we are nothing - when you’re looking at the way people died in the street. Not even the dogs wanted that type of meat. Then hundreds of people, whether black or red, or rich or poor - all were buried in the same hole. That’s means that we all have to realize that everyone, is someone. Don’t give yourself too much value because we are nothing. (Participant 3) When I got home to Jackmel, I couldn’t eat. After about 15 days I tried to eat meat and I threw it up. I just couldn’t. (Participant 4)
Developing distorted thought. As with any major catastrophes, mental health issues will arise. The trauma experience brought about not only traumatic reactions, but also distorted thoughts.

Ahhhh, I can’t say that I thought I was going to die. But I felt like death was coming, and that everything was finished… Honestly, yes I thought I would just lose it one day. (Participant 1)

The researcher asked Participant 1 if he believed people had mental health challenges after the earthquake and he responded:

Ahhh yes, everyone reacts to things differently. There are some that wanted to be alone, others wanted to read a book, some wanted to sing or run. There are some too, that the problems are so overwhelming that they lose their mind. Especially when they start thinking about everything they went through and the dead people they saw. (Participant 1)

Yes I could see my body shaking and I felt my body shaking inside too. If my body isn’t shaking my heart starts shaking and I would run outside and say oh wow, is there another earthquake? It’s like my brain had a flashback. Note: While he is explaining the body shaking. His hands were actually shaking as well. (Participant 2)

Well, I wouldn’t say that many of these people are completely healed but people are a little better. But there are people who lost their mind completely. There a lot of people who I’ve seen afterwards that seem like they lost it. (Participant 3)

Sometimes I just start screaming, ‘Oh Lord.’ It’s because I’m remembering the 12th of January. There were people who came to the camps to conduct certain trainings with us, and I couldn’t hear them. I couldn’t listen to anything anyone was saying about the earthquake. My heartbeat would jump. Every time I heard the 12th of January my heart would jump. After a while, I would come back to myself. (Participant 4)

“I started repeating myself often when I would say something. I had a trauma.”

The researcher then asked the participant, “Do you think it was affiliated with your memory?”

Yes I had a memory problem. I could remember things. People would tell me that I said that already, and that’s how I knew I just repeated the same things. My friend would say, “Oh come on man, you just said that.”(Participant 2)
The same participant even recalled concerns with his brother:

My brother would just take off running. Screaming, ‘oh oh oh’ the earthquake is here. Sometimes, I had to hold him down. I don’t know what’s that called. (Participant 2)

I start to think to myself, that could have been me. God loves me a lot. And Florence, I have to tell you God created me in a way, so that I could endure a lot of different things. Because I been through so much in life. I been traumatized. (Participant 5)

I became numb to death. I grew up watching people die all time, and not even an ambulance would come pick them up. So you grow up used to death. (Participant 6)

**Humiliation.** In the weeks following the quake, the interviewees began to accept their situation; however found some behaviors that were unacceptable. Normally they would never be in such a situation. Some were humiliated because they were homeless and dependent on others. Participant 1 said:

people’s thought to themselves, I never would have thought I would be in a situation like this. I never thought I could be in this place, and now I have no choice because of this earthquake.

I saw a lot of things during my time working the camps. For example there was a woman, who needed assistance but she couldn’t fully disclose what the problem was. She kept saying she needs her medication, and can’t stay without her medication. But without further detail I couldn’t help her. Eventually she felt comfortable enough to tell me that she had AIDS. It was very hard for her to tell me. It was humiliating. She was in a position where she had to share this, when ordinarily she wouldn’t have had to. (Participant 3)

The workers would embarrass them while they were handing out the rice. Or sometimes they wouldn’t show up with the food at all. They also complained about the fact that they couldn’t work. So I had to form a committee and we had meetings and discussed how the water and food is important, but its time to send people home, because they are tired. So we made recommendations, and found out about what kinds of existing projects were out there, to help people get into homes (Participant 3)
Abuse. The final indicator that the hurt and pain continues in Haiti is illuminated in the subsidiary theme, abuse. Domestic violence, sexual assault, and child abuse are common social issues in Haiti (Angulo et al., 2015; Bailey et al., 2010; PAHO/WHO, 2010). These traumatic experiences certainly continued post earthquake.

Ummm well, there was a lot of things that cause people to be scared. First off the security system wasn’t normal… In addition the other problem was some people used this as an opportunity to do harm to others while it was dark. This was the time when people who did vodou, took the opportunity to go after people’s children. People weren’t only scared of the earthquake happening again, but there were so many other aspects such as the dark and security. (Participant 1)

Is it over? Is the sexual abuse over? And it’s not over because it’s continuing. Now its not being done in the tents but they are still taking people’s children. (Participant 4)

What really hurt me was that there were some people that took the opportunity to steal things. People took the opportunity to break into homes and take money. Even when we were in the tents, people were taking stuff. That’s the negative things. I didn’t want to say anything in the focus group in front of the guy that was in charge of the camps, but some of the men demanded sex from the women before they gave them food. When I was helping out in the tents, some of the men said that in order for me to get anything, I had to bring in my 3 daughters. I said, what! My 14-year-old daughter. Never. But a lot of women were victim to that. Many marriages were broken because of this. There was a woman whose husband was in charge of the tents, and he kept sleeping with all these different women, and eventually she had to leave him. (Participant 5)

Oh yes. A lot sexual abuse. Women suffered the most though. That’s why I feel like there should be a way to protect the women when things like this happen. The tents should be divided by gender.

The other thing was that the people who really needed the aide were not getting it (survival of the fitness). When people heard they were giving stuff out in the camps, people came from all over… Then there were way too many deaths. People were just dying off. You could hear their voices trapped in the buildings and you couldn’t do anything to save them. (Participant 5)

Researcher’s Reflections

One major theme that emerged for research question two – What were the crisis experiences and reactions of Haitian Natives after the earthquake? – was The Hurt and
Pain Continues for Haiti Cherie. The subsidiary themes that emerged were The Distress that Leads to Trauma, Panic, Somatic Symptoms, Inability to Break Bread, Developing Distorted Thought, Humiliation, and Abuse. The researcher had the opportunity to see the participants react while reminiscing on their negative reactions. Some participants stopped, paused, and took in deep long breaths as they talked about their negative observations.

Breaking Bread is a cultural and religious term used to illustrate the unity that occurred when Christ broke bread with his disciples. In Haiti, mealtime is an important time for people, especially families. Like many cultures, this is the time for people to talk about their day, tell jokes or interesting stories. The interviewee’s inability to break bread is interpreted as a disruption in the macro and micro system due to the disruption in the interviewee’s lived space experience. Due to the traumatic witness of dead bodies, the meat reminded the participant’s of dead flesh. That reminder interrupted an important cultural and religious experience for Haitian natives.

During these interviews, the researcher also had the opportunity to observe the differences between the male and female participants. Participant 5, who is a female, knew Participant 3, who is a male camp director, prior to the focus group. Participant 5 asked to speak to the researcher again after the group interview. She then explained that she didn’t want to mention it in front of the camp director, but there was a lot of abuse going on in the tents. The two female participants spoke multiple times about the abuse. The male participants however focused more on the panic and humiliation. The difference in perception for male and female participants highlights the difference in Haiti’s macrosystems.
Table 4.4

The Hurt and Pain Continues for Haiti Cherie

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<thead>
<tr>
<th>Focus Group</th>
<th>P 1</th>
<th>P 2</th>
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<th>P 5</th>
<th>P 6</th>
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<tr>
<td>Somatic Symptoms</td>
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Theme #4: Out of Body Experiences

Out of body experience emerged from research question two (see Table 4.5). This experience could have been categorized under another theme such as negative experience or positive experience, however it was given its own unique place because the narratives had positive and negative components, which are worth mentioning and highlighting on its own. In interpretative phenomenology, the researcher accepts the story as the participant explains it. As presented by the participants, they had experiences where they weren’t themselves. They believed that their souls and minds went some place else, and their body began to react on it’s own. When their souls and minds returned to them, they couldn’t explain what happened during the time they were gone. Some of these experiences saved the interviewees lives, while the experience left others reflecting on their trauma.

So we thought perhaps someone was shaking the bed, so we were looking around to see what it might be. Then we thought maybe it’s the guys working the construction next door. But then we looked – and then I asked myself how did I get outside. I couldn’t understand it. I was first inside and then I just noticed that I
was outside. We don’t know if it was an involuntary reflex. Till today I don’t know how we got out. We just saw that we were out. (Participant 1)

The researcher asked Participant 1 to clarify getting out the house. The researcher asked, “you said many things that were interesting. The first is, you said you saw you left the house but you don’t know how you got out. Explain further please.” Participant 1 further said:

To explain - I don’t know. I saw the movements happening. That’s what you call an involuntary reflex. For example, something might be flying into your eyes, and you notice that you move but don’t really know how that happened. I think that’s the same thing that happened. We were in the house and bam, we were out the house. To be honest, I didn’t know that I had that type of strength to get out.

Participant 4 had multiples out of body experiences. She explained being physically present, but mentally somewhere else. This even put the participant in danger.

There were times I was walking down the street and I didn’t even see when a car was coming. There was a time, I was walking down the street and there was a car in front of me and I didn’t see the car. The car noticed that I wasn’t in my right mind and he stopped the car right in front of me, and I just lay right on top of the car. The driver started laughing. Then when I came back to my right mind, I jumped up. And the driver honked his horn, and I got up, and he drove off. (Participant 4)

Participant 4 also said:

I couldn’t hear them. I couldn’t listen to anything anyone was saying about the earthquake. My heartbeat would jump. Every time I heard the 12th of January my heard would jump. After a while, I would come back to myself.

Some of the participants connected their experience to a spiritual force. They said that they believed God saved them and spared their life. One participant connected that literally and explained that he didn’t know what was going on during the earthquake, and he found himself trapped in his home. He further explained that when he called on Jesus, he found himself outside his home, but couldn’t recall exactly how he got out of the house.
I saw the house shaking and I heard a lot of noise. I didn’t know what was going on. It was like a wind. There was a lot of dust. I left the house but I couldn’t see my front or back. When I got to the staircase, I noticed that I was barefoot. I tried to go back and get my sandals but I couldn’t put my feet on the floor. I then leaned on the wall. Even though I leaned on the wall I couldn’t be supported because it was shaking. And then I yelled Jesus. Then at that moment the temperature changed. And then immediately I was outside and everyone was screaming… I didn’t know what was happening. (Participant 2)

Participant 6 was on a bus traveling to another town when the earthquake hit.

When he was asked about his experience walking home, he said that he had to walk over multiple dead bodies. Then he said:

Its like I’m a robot. I traveled and walked home but it wasn’t really me. When I say robot, I mean we were lucky to have seen the earthquake and live through it. There were people lying on the floor dead. In a psychological sense, it truly affects you.

**Researcher’s Reflections**

The participants out of body experiences were truly unique. Three out of four of the participants did not connect it to a spiritual force; instead they said they couldn’t explain what happened. This experience is a perfect illustration of the changes in the interviewee’s lived body, time, and space. “Lived body refers to the ways whereby the lived qualities of human embodiment – for example, bilateral symmetry, upright posture, degree of ableness – related to and unfold in the lived spaces in which we find ourselves” (Seaman, n.d., para. 5). Lived time relates to the various way people experience time.

Table 4.5

*Out of Body Experiences*

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<tr>
<th>Focus Group</th>
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Subsidiary Research Question #3: Implications of Haitian’s Crisis Reactions on Their Psychosocial Supportive Needs

The third research question asked, “What implications did these crisis reactions have on the Native’s psychosocial supportive needs?” To answer this question, six individual interview questions that related to Natives psychological needs were designed to elicit responses to answer the question. The implications that the crisis reactions had on the Natives psychosocial supportive needs were a New Appreciation for Professional Mental Health, and a realization that source of support and comfort are needed.

Theme # 5: New appreciation for professional mental health. In Haiti professional mental health specialists such as psychologist, psychiatrist, counselors, and social workers, are almost none existent (E. James, 2004; Nicolas et al., 2012; PAHO/WHO, 2010). In addition, there is a stigma against professional mental health care (PAHO/WHO, 2010). It is therefore significant to find that participants in this study referenced professional mental health care, and were open to such care (see Table 4.6). This section illustrates the viewpoints of these research participants.

I have to say, not only getting the physical needs met, getting the mental needs met was important too. About 3 months after the quake, they build a clinic. The NGO that I received support from built this clinic to treat all the major injuries. This clinic served people from all over. People that had broken arms, legs and so on. There was a lot. There were people there providing mental help also. Because when a person has a head injury that is treated, it doesn’t mean inside their head is treated…That clinic was there for about 4-5 months…Remember I told you that the patients came from all over. So after they were treated they left and went home to their families or went back to their neighborhoods. (Participant 1)

Yes I sleep well now because my doctor gave me medication… After 3 months after the quake I saw the psychologist. The psychologist referred me to my primary doctor, and my doctor prescribed me sleep medication. I’m not taking the medication anymore. I took it for 22 days. (Participant 2)

At the moment, we needed some type of therapy. Talking could only go so far. When the psychologist came by – I mean they listened. (Participant 3)
I need to see a counselor. It’s too much. Sometimes people need a professional who understands what we don’t understand. (Participant 7)

Table 4.6

New Appreciation for Professional Mental Health

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<th>Focus Group</th>
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Researcher’s Reflection

Because mental health service is scarce in Haiti, it is not usually part of the language. People do not talk about counseling. In addition, mental illness has a stigma.

The post earthquake exposed the Natives to a mental health culture they were not used to.

In the aftermath of the earthquake, a fleet of NGOs and international organizations (IOs) entered the country to provide emergency care and “psychological first aide” to amputees in a state of posttraumatic shock, and those with other physical injuries… later psychiatrists and psychologists arrived to fill the gap of these NGOs and IOs for 1 to 4 months at a time, providing psychosocial support services in different sections of Haiti. In addition, more than 300 graduate students in social work and psychology (who studied outside Haiti) were employed to provide services. (Nicolas et al., 2012)

The language of mental health changed, and it was evident in the participants of this study. They now had a new found appreciation for such a service.

Theme #6: Need for Support

The interviewees had a desire to be comforted after the earthquake. Due to that desire, the interviewees sought out support from the people they felt could help them with their distress. Participant 1 explained, “and everyone was different. But everyone was looking for some type of support.” All the participants expressed a need to build a consistent support system, whether it was for themselves or the people around them. The most popular sources of support included: being comforted by family, religious leaders,
Doke Fe, Leadership that were Developed, or NGO’s, which are consistent with the micro and exosystems (see Table 4.7).

**Family.** A major source of support was the participant’s family. It appeared that although the family was going through the same trauma, they still supported each other however they could. Haiti is a collectivist country. Multiple Haitian people believe in a group effort. It is also common for families to live together in the same backyard. Children get married and build their new homes on the same land as their parents, siblings, aunts, uncles, and cousins. Therefore in times of crisis, the people in their immediate microsystem are called upon.

There were nights while sleeping there, that I started to relive the things that happened. During those times I cried. And I have some cousins that I am really close to. We hang out a lot together. When I was a kid, if I was scared I would sleep in between them. I felt like I was reliving the same thing again. Its like I’m scared and I want to find comfort in my cousins. I wanted to be around them all the time. The moment they left my side I wanted to cry. I would cry and asked someone to go get them. (Participant 1)

Well my family helped me. Some of my family members gave us some of their food and talked to us. (Participant 2)

My family wasn’t harmed and was there for me. (Participant 6)

My aunt helped me. I could always go to her fore everything. (Participant 7)

**Religious leaders.** Religious leaders appeared to have an important support role after the earthquake. Religion is an crucial part of the Haitian culture. The language and traditions are rooted in religion. For that reason, religious leaders play an important role in Haitian people’s lives.

There were Pastors, Priest, and neighborhood watch leaders. (Participant 1)

After the quake the church called people to repentance and also helped people find ways to deal with their stress…Some of the Pastors felt that this was the opportunity to call people to repentance. (Participant 1)
Sometimes they had services, and they united everyone and talked to us. They explained what an earthquake is. He also spoke about building our homes better. (Participant 2)

Then some people who lost all their belongings, and the churches took some of those people in. I am a religious person and reading the bible helped me a lot. I also prayed. Even during the quake when everything was shaking, I was praying. Right after the quake there was a big service that we all went to participate in. That was helpful. (Participant 2)

**Doktè fèy (Herbal healers).** In addition to medical doctors, many of the participants spoke about the important role the herbal healers played in supporting them. The focus group also spoke about the significance of having people who understand the human body in the Haitian context.

I didn’t take any herbal medication. But my family did. There is a powder that they mix up and give to people when they suffer from shock/startle… Oh yes some people drank bitter coffee. Some people put a wet towel on their head. (Participant 1)

I drank an herbal tea. I drank one especially for shock. When Haitian people are surprised by something, they often drink a spoon of olive oil or tea. My cousin made the tea for me and made me drink the spoon of olive oil. Also, I went to an herbal healer (Doktè Fèy). He conjured up different leaves for me to drink. (Participant 2)

I had to see an herbal healer. My body was in shock. (Participant 7)

**Developed leaders.** A significant finding that came as a subtheme was Leadership Development. When the earthquake just happened, there were multiple international aides, and many resources to distribute. The international workers recognized they needed Natives that understood the culture, in order to be effective. Due to that, many Haitian leaders were born. Participant 1 explained it well when he said,

There were Pastors, Priest, neighborhood watch leaders, and then leaders were born after the earthquake, because there was so much help that was needed to handle all the multiple resources coming in. Everyone provided the support they could.
Participant 3 became a leader over night and became a source of support for over 700 people. His music (which will be highlighted later), helped sustain a huge cholera outbreak within his tents. Participant 1 didn’t feel better until he started helping and is still a source of support for many today. He works at the compound the interviews took place. Participant 4 and 5, both females, spoke about the leaders who looked out for them and either supported them by making referrals. Participant 4 was able to get her child in school at the compound that was formed by a new Haitian leader after the quake. Participant 5 got a job from a new Haitian leader, and returned to school teaching. Participant 5 also had Haitian leader friends bring her food during her times of need. The researcher asked, “It sounds like Samuel was a source of support for you?” “Yes he was a support for me.” “Okay. But how were you supported right after the quake?” “I wasn’t supported after the quake. I didn’t have any place to go, to get help.” (Participant 2)

Participant 1 further suggested:

It's always important to train people who live in the country. If there are visiting psychologist for example – when they leave whose going to help. It’s always good to train the people who live in Haiti. Also, these chosen people can’t be just anyone. It has to be people who have already advance such as a professor.

**NGOs.** Finally the NGO’s were there to provide extra support. Contrary to the literature reporting Haitian Natives distrust (Klein, 2007), here the interviewees found the NGO’s to be helpful towards their recovery.

There was an NGO called Double Harvest. They provided education and other resources. In addition, they created several committees to help the community. I joined a committee and started helping people. When I helped people that helped me a lot, and I started to feel better. (Participant 1)
So my committee and I had to do some investigations. Some people got 2000 Haitian dollars to get a home for a year, and another 1000 Haitian dollars so that they could survive for a few days. And then 200 Haitian dollars for transportation. This is how we got to close out the camps. (Participant 3)

Our government didn’t help. They didn’t know how to help… The NGOs brought food to the camps. The people fought and argued over the food but the NGOs did their part. They are not Haitian. (Participant 7)

Researcher’s Reflections

One major theme that emerged for research question three, “What implications did these crisis reactions have on the Native’s psychosocial supportive needs?” was Source of Support is Needed. The participant’s found support in family, religious leaders, Doktè Fèy, leaders that were developed, and the NGOs.

Support is an important factor in the recovery process. Most people can get through a traumatic event with the right support. In the vulnerable state the Haitian people were in, it was important for them to have people they could count on.

Table 4.7

Needed for Support

<table>
<thead>
<tr>
<th>Source of Support</th>
<th>Focus Group</th>
<th>P 1</th>
<th>P 2</th>
<th>P 3</th>
<th>P 4</th>
<th>P 5</th>
<th>P 6</th>
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<td></td>
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</tr>
<tr>
<td>Doktè Fèy</td>
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<td>X</td>
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<td></td>
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</table>

Theme #7: Kote Mwen Jwenn Konfo (Where my Comfort is Found)

After the earthquake happened the participants and their loved ones were in a lot of distress. As mentioned earlier some of their reactions included crying, panic, etc.

When these reactions and emotions arose, the participants were searching for ways to be
comforted. Comfort appeared to be a major theme from all the participants. They also described the same desires for their friends and family. They found comfort in different ways but at the end of the day, however they went about it, they wanted and needed comfort. There were some commonalities in their source of comfort, that included talking, praying, listening to music, etc. (see table 4.8). Participant 1 explained it well when he said, “And everyone was different. But everyone was looking for some type of comfort.” Participant 2 stated that he was reading when the earthquake happened, and continued to read because that brought him comfort. He also described laughing.

**The power found in talking.** As explained earlier, some people had experiences with a psychologist, but there was no consistency. The visiting mental health professionals came and left. Instead it appears that they found their own forms of consistent counseling. Talk therapy appeared to work, however not in a formal setting. It appears that talking in a group or talking with close ones helped.

Yes after about 10 days people were able to talk about it. They started sharing stories like, ‘had I not ran out the building, this is what would have happened to me.’ ‘My instincts told me to do this or that, and I did it, and that’s what saved me.’ Everyone was explaining their story…

When the quake just happened, no, no one was talking. People were more concerned with first aide. Their primary needs were food, water, and so on. But after about 10 to 15 days that’s when people started acting like their normal selves and started talking. This is the time that people finally started discussing what is an earthquake. People finally began to get explanation of what it was. This is when people started getting advice from the radio about how you should behave or act during an earthquake. (Participant 1)

I told you I spoke to my family, friends, or my cousins. Then I started looking for ways to distract myself or enjoy myself. (Participant 1)

The participants further shared what they observed with others. Participant 1 who lived in a tent for several weeks stated that after the earthquake calmed down he noticed
that people began to speak more, he commented, “Yes they did. Sometimes they would share their stories of the earthquake.” He even gave final advice at the end of his interview and suggested:

I would recommend that someone speak to someone that they are really close to if they are having problems. I would tell someone don’t keep your problems inside because that can cause problems. The more I talk about something, the more it helps me… I would speak to someone I trust or someone that has some experience in this domain.

I had my brothers, my pastor and my friends to talk to. I explained how the incident hurt me, and that I would be startled when I woke up in the night. It’s like I had a seizure in my sleep. They explained that it’s because my feet were shaking a lot during the quake, and that’s what caused that. They said that it would take several months for me to get better, and for the shaking to stop…

Yes especially with the fellow students. I would tell where I was, and what happened to me, and others would do the same. (Participant 2)

**Fellowship/laughter.** A sub theme from comfort was laughter. Laughter appeared to heal the soul. All of the participants talked about how laughter comforted them. Humor is interpreted as a coping mechanism, as participants used laughter to get through their trauma.

There were some people that found comfort in playing soccer. There were others who played other sports such as running. There were others who found comfort in taking a walk. Some people sang. For me I had to be near my friends. When we laughed and talked that helped me a lot. (Participant 1)

Participant 2 said:

Yes joking around. Several us would gather together and tell jokes. It helped me and so many others. If we’re in a group, one person would share their joke, then the other would share theirs, until we all went around.

At the moment, we needed some type of therapy. Talking could only go so far. When the psychologist came by – I mean they listened – but it’s when you placed activities in the camp that can help people return to their normal selves. I used to do that. The people who could – I had them buy radios, and at night we put music in the camps, and enjoyed listening to music. We would sit back, eat, and drink
and listen to music. We also had programs. I was in the camps for over 3 years, so on mothers day we had celebrations. (Participant 3)

**Spiritual connection.** Another sub theme was spiritual connection by means of God and prayer. All the participants said they prayed. During the focus group one of the participants shared how she was frozen while the earthquake was happening. Her son ran on one side, her daughter ran down the street, and one of her students ran in another direction, so she wanted to react and help them all but felt paralyzed. She explained how she just stood there and began to pray in her heart. She says this comforted her and helped her to move forward. Other narratives of how God and prayer helped are illustrated here.

People started panicking in the dark. People asked what could possibly happen in the dark? There was a lot of doubt because people were scared, because they couldn’t see anything. To deal with that - at night people got together and prayed. It was also very cold at night. The ground was very cold. The praying, dancing, singing really helped people forget about what was happening. (Participant 1)

No one forced it to come, it was of God, and therefore it could happen again. That’s why I believe that we have to serve God because that way, even if you die, you know that you’ll be okay. (Participant 4)

I have peace. This earth is not ours. (Participant 3)

Jesus… Yes that’s the only name I can call on is Jesus. He is the only one that can understand my trembling… Yes it helps. But when I say I don’t have anyone. I mean, I don’t have a doctor that would explain what is happening to me. Before the earthquake, I was normal. I was so normal that when something surprised me, I would laugh. (Participant 5)

**Helping others.** Another sub theme of comfort was helping others. It appears that many of the participants felt that being useful and helping others was comforting to them. Participant 3 was a musician with multiple leadership abilities. When the earthquake happened he became a director for 3 camps. During his time there, his leadership capabilities improved. One of the participants started the interview by explaining how he
was distressed because he was so worried about other people in other parts of Haiti. He then found comfort when he was able to help others. The researcher therefore asked him, “This is interesting because when the earthquake first happened you were bothered and thinking about how other people were doing, and it appears that you didn’t find solace until you started helping others?” He replied, “Yes this is correct. It helped with the constant thoughts and other symptoms. It relieved the stress.”

The work I was doing helped a lot of people. But I felt like the service I was providing, came back to me, and was a service for me too. In the community I used to live in, I was valued naturally. But I wasn’t valued to extent of leadership, where people felt like they could count on me during difficult times. But now even politicians who want to hold office, come and speak with me. After the earthquake, I became important to people. The major saw all the things I did, and approved my abilities. (Participant 3)

Thinking of others. This example of support was unique, because it wasn’t your typical thinking of others. The participants of this study found comfort when they thought of how their situation wasn’t as bad compared to so many others. They decided that they weren’t going to complain because it could have been worse. They talked about being happy that they were alive. They often compared their story, to other’s stories. This brought them comfort.

While interviewing Participant 2, the researcher asked him, “So, you were comforted when you heard that someone else had it worse?” He replied:

Yes there was hope because of that. Also. For example, if a mother lost her only child, she is comforted to know that she didn’t lose her child because he was in a gang or doing what is wrong. Then she hears about all the thousands of people who died, she may cry for several months, but then she is comforted to know that it could be worse. She knows that she will not see that person again. She will also hear on the radio about all the other people and neighbors who are going through the same thing.
Researcher then asked, “So she will be comforted to know that there are others going through the same thing? “Yes. They will unite to help each other because they are all going through the same thing.” (Participant 2)

Well, normally when you have someone that you’ve gotten used to them, and you lose them, it affects you. But during the earthquake, there was a lot of thinking happening. If someone didn’t lose any relatives, and you compare yourself with others who lost all their relatives. Well its like. Well I found that I found comfort knowing that I had nothing to complain about. My life was favorable in that sense. (Participant 6)

Participant 3 had to think about all the people he was responsible for in his camps. He didn’t have time to think about his own issues because of the many issues he had to solve.

Well, this reminds me of a parent, a mother or a father who has to feed all their children and cant even provide them with water or food. I had to make my brain work, and I created a committee. We created an association as well. You see when you’re going to ask for help, and only one person ask, it misses the power. But when a group goes then its more powerful. So the association I created came together and wrote letters to the government explaining that we this amount of families in our tents and this is the amount of help we need. (Participant 3)

Music/entertainment. In addition to fellowship and laughter, a common source of comfort was music. The participants found music in the church, they sang amongst themselves, and one participant created songs. “If you love music, you will always listen to music when you are sad or down,” says Participant 2.

Participant 3 had the most to share about music. He is a musician by trade, and when he was given the opportunity to direct multiple tent sites, he decided to share his music with hundreds. When he was feeling down, he found comfort in writing music, and others found comfort in listening to his music. He performed mini concerts in multiple camps as well; not only the ones he was responsible for. In addition to the earthquake, his songs had a major impact on the cholera outbreak. The Natives weren’t sure what was causing the rapid spread of the bacterial disease. Participant 3’s songs educated the
people about the cause of cholera and how to prevent it. His experience and songs are
highlighted here.

Oh well, music is my passion. But after the quake, that was something different. I
wrote two songs when I was doing a lot of thinking. Every time I started thinking,
I started singing a song, and then I forgot about what was worrying me.
(Participant 3)

Singing: In a fraction of a second, the country was broken. Everyone thought we
were dreaming. It was a reality, for the country to be broken. Haitian people we
been under attack. It’s been over 200 years since we found our freedom. The
chains are still on our heads. After this catastrophe look at how we are in trouble.
That must make us think. Think. What you thought you were – nothing. What are
we? Nothing. What you thought you were – Nothing. What are we? Nothing.
What you thought you were – Nothing. What are we? Nothing.

Singing: Kids, you have to wash you hands. Wap, Wap. Wash your hands. Adults,
you have to wash you hands. Wap, wap. Wash your hands. If you don’t wash your
hand. If you don’t wash your hands, a lot of bad things could happen. A lot of bad
things could happen. If you don’t wash your hands, if you don’t wash your hands.
A lot of bad things could happen… Young people, you have to wash your hands.
Wap, wap. Wash you hands. Adults you have to wash your hands. Wap, wap.
Wash you hands. If you don’t wash your hands, if you don’t wash your hands. A
lot of bad things could happen. Wash, wash, wash your hands. Wash, wash, wash
your hands with water and soap. (Participant 3)

**Faith and hope.** There was a great sense of faith amongst the interviewees. Many
of them had different experiences of faith, but each experience brought on a sense of
comfort. Some felt that God would allow some good to come from the earthquake,
although they hadn’t seen yet. The implication was a hope that things would get better.

Yes, I haven’t seen it yet, I’m still waiting, but I believe something is coming… I
wouldn’t say that it’s natural or supernatural. But like I said before, because of my
faith – perhaps God himself will use something natural to handle this problem. Or
He can use anything. (Participant 1)

Honestly, yes I thought I would just lose it one day. But because I am a person of
faith, I believed that change had to come. I believed that something had to come
out of this. I didn’t believe that things would end this way. (Participant 1)

Yes exactly, despite everything, despite the fact that things were a bit difficult, I
thought there would be change somehow… I didn’t see it, but I felt that
something was coming. I was determined to believe that something was coming. (Participant 1)

Another problem I had was that as a school teacher, I couldn’t work for several months. And at times I couldn’t look at the kids, because I couldn’t feed them. I had no husband, no help. I’d look at the kids, and I’d start crying. I used to say, one day everything will be back to normal. One day the schools will open again. (Participant 5)

I realized that everyone must die. It’s a part of life. Why is it that we don’t pray for someone when they die? We have to accept that we must live and we must accept that we must die. There is no need to cry for someone who dies. Especially when you think about what happens after death. There is reason to be happy and accept the death. (Participant 6)

**Researcher’s Reflections**

One other theme that emerged for research question three, “What implications did these crisis reactions have on the Native’s psychosocial supportive needs?” was Kote Mwen Jwenn Konfo. The participant’s found support in the Power of Talking, Fellowship & Laughter, Spiritual Connection, Helping Others, Thinking of Others, Music/Entertainment, and Faith/Hope.

The participants of the study recognized the significance of finding comfort. The participant’s pinpointed key things that made them feel better. Talking in groups or to people they could trust was a common theme. In addition, although the participants were not in the best living conditions, they still found solace in laughter. Religion and God has been highlighted throughout all the interviews, and spiritual connection to God, even through music seemed to help participants and their loved ones bring meaning to all the devastation.

Table 4.8

*Kote Mwen Jwenn Konfo (Where I find Comfort)*

<table>
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<tr>
<th>Focus Group</th>
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<th>P 2</th>
<th>P 3</th>
<th>P 4</th>
<th>P 5</th>
<th>P 6</th>
<th>P 7</th>
<th>Frequency</th>
</tr>
</thead>
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133
### Subsidiary Research Question #4: Native’s Protective and Risk Factors After Earthquake

The fourth subsidiary research question asked, “What were Native’s protective and risk factors after the earthquake?” To answer this final question, sixteen individual interview questions were asked to support this research question. The themes that emerged were After Life: Poverty Leads to Continuous Instability and After Life: Attending Church for Protection.

**Theme #8: After life: Poverty leads to continuous instability.** A risk factor is exposure of an individual to something that increases their likelihood of developing a disease or injury. Among the many risk factors, poverty and concern for rebuilding is highlighted here because the participants felt it was the most crucial barrier to their recovery. Poverty has been a psychosocial issue for Haiti for generations. The participants recognized that without money the country was in danger of facing the same aftermath if something like this were to happen again. In addition, the participants recognized that without money and education, people were building the same unstable homes.

After that we tried to rebuild. We created a home build out of plastic. To see if we could have a place to sleep. People were tired of sleeping on the ground so after a

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while we started building homes that weren’t really normal but something we could go inside of. (Participant 1)

Some people don’t have access to certain materials because of money. If the person is poor then they are not able to get the right materials. (Participant 1)

If we had money we would have built the right kind of homes. The way we constructed our buildings were not the right way. (Participant 2)

Basically we are late. If we had our stuff together, the houses would be constructed with better standards. There were thousands of people who were victims, but if the construction was better then perhaps 500 people or 1000 would die, but we wouldn’t have lost all these people. (Participant 3)

Money has and always will be the problem in Haiti. If we had the means we would be living like other people around the world. Our homes would be back to normal right now. No. No. Our homes would not have been broken. (Participant 7)

Table 4.9

*After Life: Poverty Leads to Continuous Instability*

<table>
<thead>
<tr>
<th>Focus Group</th>
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<th>P 2</th>
<th>P 3</th>
<th>P 4</th>
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Theme #9: After life: Attending church for protection. When the earthquake first happened, church leaders took it as an opportunity to assemble people to fellowship and get comfort. In addition to that, it appears that participants felt protected when they went to church. The participants felt this was the most important factor to recovery. The focus group spent several minutes talking about if the Haitian church was stronger, the church could have been the place they received their entire aide. Participant 4 and 5 both expressed gratitude for the church being their source of refuge. Participant 1 stated:

After the quake the church called people to repentance and also helped people find ways to deal with their stress.
There some people who lost all their belongings, and the churches took some of those people in. I am a religious person and reading the bible helped me a lot. I also prayed. Even during the quake when everything was shaking, I was praying. (Participant 2)

Oh yea. Actually there are people who are still crying. Sometimes it’s cried of joy too. Because you’re remembering all the people who died. Then you think, its not that you’re more educated then them, or you’re more human than them, but if we survived it’s the grace of God. (Participant 4)

Table 4.10

<table>
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**Chapter Summary**

This study used an Interpretative Phenomenological Approach to examine the experiences of Haitian earthquake survivors. This chapter covered the findings from the analysis of the data. The findings yielded nine themes and 27 sub themes. Through the analysis the themes that emerged were Adverse Consequence of Earthquake, Reyaksyon Pozitiif, The Hurt and Pain Continues for Haiti Cherie, Out of Body Experiences, New Appreciation for Professional Mental Health, Need for Support, Kote Mwen Jwenn Konfo, After Life: Poverty Leads to Continuous Instability, and After Life: Attending Church for Protection.

One focus group and individual interviews were analyzed to complete this study and provide rich information about cultural experience of the people in Haiti after the 2010 earthquake. Careful analysis and categorization was conducted before conclusions were made. The analysis is provided in this chapter.
CHAPTER 5
DISCUSSION

This research study focuses on the experiences of Haitian Natives after the 2010 earthquake in Haiti. The goal of the study is to determine where are they now in terms of psychological, social, and spiritual well-being, and what implications do their stories have for emergency workers interested in working in Haiti, counselors interested in providing clinical services in Haiti, counselor educators interested in providing training, and researchers interested in the effects of natural disasters in developing countries. The four subsidiary research questions that guided this study are:

a. What are the major psychosocial issues that Haitian people dealt with after the earthquake?

b. What were the crisis experiences and reactions of Haitian’s after the earthquake?

c. What implications did Haitian’s crisis reactions have on their psychosocial supportive needs?

d. What were Native’s protective and risk factors after earthquake?

Interpretative Phenomenological Analysis (IPA) was used to analyze the interviews conducted. “In choosing IPA for a research project, we commit ourselves to exploring, describing, interpreting and situating the means by which our participants make sense of their experiences” (J. Smith et al., 2009). In this chapter IPA results are discussed further, and findings, implications, and recommendations are presented. Many of the sub themes that emerged illustrated findings that were consistent to the literature and culture of Haiti, such as: Fear, Lack of Knowledge, Worry, Development of a Sense of Unity, Role of Religion, Post-Traumatic Growth, Distress, Panic, Somatic Symptoms, Developing Distorted Thought, Humiliation, Abuse, the Power Found in Talking,
Fellowship and Laughter, Spiritual Connection, Music/Entertainment, Faith, Rebuilding as a Risk Factor, and Church as a Protective Factor. There were sub themes that emerged however that brought about new findings and contributions to the literature, which included: Alteration of Life After the Quake, Existential Crisis & Death, Inability to Break Bread, Out of Body Experiences, New Appreciation for Professional Mental Health, Helping Others, and Thinking of Others.

**Theme #1: Adverse Consequences of the Earthquake**

As with all calamities, it appears that negative experiences were common themes amongst the participants of this study. Research confirms that negative impacts of natural disasters on survivors are unavoidable (Benight et al., 1999). Named Adverse Consequences of the Earthquake, there were five sub themes that emerged which included: Alteration of Life After Earthquake, Fear, Lack of Knowledge feeds into Fear, Worry, and Existential Crisis & Death.

According to Maslow’s (1943) Hierarchy of Needs (see Figure 1.1), there are different levels of humanly requirements a person must have met such as food, shelter, air, and sleep, in order to be concerned with other levels, such as safety and security, friendship and love, and so on. Maslow recognized however that different levels could be fulfilled without lower level gratification. For example, Maslow acknowledged that someone could be loved and appreciated but still have issues with shelter. This is what occurred with the participants in this study, when it came to their life before the earthquake. They were content with life because although they struggled to find food and shelter, they had love, friendship, and family, and were therefore able to establish esteem and confidence.
After the quake however, the participants not only had continued issues with shelter, food, and water, but now lost their loved ones and confidence in their stability. Therefore the subtheme, Alteration of Life After Earthquake exemplifies the participants lived space and lived body (van Manen, 1997) changes. According to van Manen’s (1997) lived existential, lived space encompasses environmental changes; lived body covers physical symmetry, posture, and capableness of a person. Because of the environmental changes, some of the participants lived body experiences changed.

The lived body fluctuations were observed in one of the participants who returned to childlike behaviors while under distress. Jean Piaget (1971), a psychologist developed a well-recognized model for the stages of development. He said that in the sensorimotor stage children are comforted by sucking, touching, and relationships. It is not uncommon to see when a person is traumatized that they go back to those early stages of development. These traumatized individuals may start to exhibit early behaviors such as bed wetting, sucking of the thumb, attachment with their parents, etc. (Levers, 2012). Adolescents may start to act out in school, turn to drugs or alcohol, and adults may start using drugs too, have trouble keeping a job, or become violent at home. These are just some of the ways trauma can affect an individual.

The participant mentioned earlier who demonstrated this fluctuation in stages, when under intense fear, went back to a time when he felt safe, which was while he slept in between his cousins as a child. While displaced and living in a tent, this same participant slept with his cousin at nighttime – which was when he was most fearful. This was not the only example of reversion. During the interview, a participant went into fetal position as he described his experience. In psychology when a person goes into fetal
position it illustrates the desire to return to their inner child. This is called regression. Regression transpires when an adult takes on the position of a child because they are dealing with great levels of stress (Okello, Nakimuli-Mpungu, Musisi, Broekaert, & Broekaert, 2014). The person retreats to a time when they might have felt safe.

Fear was a common experience amongst all the participants, and therefore yielded the sub-theme, Fear. Fear is a shared reaction for earthquake victims (Karairmak & Aydin, 2008). Due to the fact that the earthquake occurred at night, some of the participants became afraid of the dark. When nighttime arrived, the participants were reminded of the occurrence of the earthquake. Although fear is a normal manifestation for earthquake survivors, fear of the dark is particularly interesting in the Haitian context. Haitian people normally travel alone at night, with no flashlights. In the countryside and more urban parts of the city of Port-au-Prince, this can be difficult because there are absolutely no streetlights. It is pitch dark, yet their eyes have adjusted and they maneuver with extricate sense of direction from location to location with no fear or problems. The fact that people were now afraid of the dark was a rare experience. This means the participant’s perception of night had changed, and hence their lived space (van Manen, 1997) was altered. In addition, it is customary for an experience connected to a person’s trauma, to become a trigger (Lee, 2011; McFarlane, 1987; McMillen, North, & Smith, 2000). In this instance nighttime can be interpreted as a trigger of the trauma, which instilled fear (See Figure 5.1).
The lack of knowledge that fed into fear also appeared to be a negative experience of the participants. The people of Haiti refer to the earthquake as “goudou goudou.” This reference came about because when the ground began to shake it made sounds like, goudou goudou. The inability to put a name to the event, caused people to name it, “goudou goudou.”

During the focus group, the researcher shared with the participants her experience with an earthquake. This allowed the participants to share more information. The researcher explained that her earthquake was in California, and although she and the people of the State had knowledge and understanding of an earthquake, there was still an element of surprise. The participant’s shook their heads in agreement, however informed the researcher that if they had some type of understanding of the quake they could have
perhaps reacted differently. They felt that their lack of knowledge caused them to fear what could happen next.

The participant’s fear was their defense mechanism. Fear functions as a defense mechanism because it guards people from the unknown, as well as uncertainty, risk, and failure (Allwood, Bell, & Horan, 2011). The unknowingness of the earthquake elevated the arousal of fear. In order to deal with a traumatic event, the human body’s natural response is to feel a wide range of intense emotions and physical reactions. Those reactions include fear, shock, disbelief, sadness, helplessness, anger, and shame (Help Guide, n.d.b).

The participants’ response due to their lack of knowledge can also be connected to Bronfenbrenner’s (2005) macrosystem of culture. Many times psychological problems are identified as an individual problem, when it is a systematic issue. In Brofenbrenner’s (2005) ecological model, the macro system is defined as “consistently observed values and norms in a culture or subculture” (Forrest, Elman, & Shen Miller, 2008). Religion is an important part of the Haitian culture (PAHO/WHO, 2010) and many Haitian people adhere to biblical principles. Therefore, because the participants didn’t have the formal knowledge of an earthquake, some affiliated it with the coming of Christ.

The Bible says, “Look, I come like a thief! Blessed is the one who stays awake and remains clothed, so as not to go naked and be shamefully exposed” (Rev. 16:15 New International Version). This bible reference illustrates the unexpectedness of the coming of Christ, and the explanation for the participant’s reference. They connected the earthquake to what they knew culturally – which was faith and religion. Therefore, the
participants fear was a normal response because they feared the wrath of God and/or being left behind (1 Thess. 4:13-18 and 1 Cor. 15:50-54 New International Version).

Worry was another sub theme that emerged from fear. It is common for people to worry for their family and friends during times of disaster, however in this case, many of the participants constantly worried themselves over people that they didn’t know or see. They concerned themselves with people that were on the other side of the country, and worried if they were all okay. Literature shares a lot of information on worry in times of natural disaster or other traumatic experiences (Scott, 2010; Segerstrom, Solomon, Kemeny, & Fahey, 1998). Most individuals however, concern themselves with their family or things happening immediately around them. The participant’s here, thoughts were distant. Further assessment would have to be conducted to provide a conclusive explanation for their worry; however, some possible interpretations are posttraumatic growth or avoidance.

Posttraumatic growth is discussed further later in this paper, however in the context of avoidance – this is an additional finding because typically avoidance is characterized by the effort to avoid dealing with the stressful situation by modifying the perception of the experience (Lowe, Manove, & Rhodes, 2013; Polusny et al., 2011). In this study the participants did not eliminate their current situation but rather exacerbated it.

Avoidance became a coping mechanism for the participants of this study. Although a maladaptive coping method, it protects the survivor from the psychological damage (Kaplan et al., 2012; Meier, Carr, Currier, & Neimeyer, 2013). One of the concern for this strategy is avoidance may lead to posttraumatic stress disorder (PTSD),
because people who suffer from PTSD typically avoid their trauma (Smith et al., 2014). Therefore, the participants in this study may have worried about other people and things that were not around them in effort to avoid what was happening in front of them.

The final sub theme that emerged was existential crisis and death. It was an unfavorable death and dying. The participants explained watching people die although nothing happened to them physically. The people they observed were not struck by an item or trapped in a building, but mysteriously died right in front of them. Ordinarily Haitian people might have attributed this this to a supernatural cause (Bartkowski, 1998; PAHO/WHO, 2010), but they didn’t. The extraordinary deaths cannot be explained without further scientific data, however the participant’s fear from the experience can be interpreted as an existential crisis. Existential crisis occurs at a moment when a person begins to question their life and life in general. Existential crisis can occur when someone has faced a traumatic experience, when they are dissatisfied with their life, searching for meaning of life, when one feels alone or life’s realities has shifted (Dreyfus, 1962; Pervin, 1960; Ryback, 1972; Vandenberg, 1993).

Stolorow (2009) talked about the existentiality of emotional trauma firsthand.

Stolorow said (as cited Stolorow, 2009),

I seemed like a strange and alien being—not of this world. The others seemed so vitalized, engaged with one another in a lively manner. I, in contrast, felt deadened and broken, a shell of the man I had once been. An unbridgeable gulf seemed to open up, separating me forever from my friends and colleagues. They could never even begin to fathom my experience, I thought to myself, because we now lived in altogether different worlds.

When a person says to a friend, “I’ll see you later” or a parent says to a child at bedtime, “I’ll see you in the morning,” these are statements whose validity is not open for discussion. Such absolutisms are the basis for a kind of naïve realism and optimism that allow one to function in the world, experienced as stable and predictable. It is in the essence of emotional trauma that it shatters these
absolutisms, a catastrophic loss of innocence that permanently alters one’s sense of being-in-the-world. Massive deconstruction of the absolutisms of everyday life exposes the inescapable contingency of existence on a universe that is random and unpredictable and in which no safety or continuity of being can be assured.

The unpredictability that is inescapable is the traumatic experience of watching people die with no explanation. This can lead many people to question life or existence, and in that instant fear is instilled. Overall, in theme #2 the participant’s negative experiences are to be expected with a natural disaster, and the participant’s reactions, whether it was fear, worry, anxiety, or existential fears, were all natural responses to their trauma, which in the end helped them survive it.

**Theme #2: Reyaksyon Pozitif**

In the Native language Kreyòl, “Reyaksyon pozitif” means positive reactions. Though there were multiple challenges, the interviewees were able to find some positive meaning behind their experience, which included Development of a Sense of Unity, Role of Religion, and Post-Traumatic Growth. The reality is not all exposure to trauma is negative. In the field of psychology, mental health professionals’ help their clients deal with their problems by helping them identify their emerging strengths and help bring meaning to their trauma. There is therefore a connection between positive reactions and trauma (Eva, 2006; Gries et al., 2000). Many times when a tragedy occurs, a person must find positive meaning behind it in order to cope effectively (ter Kuile & Ehring, 2014).

While finding a way to cope, it is not uncommon for people to unite in major catastrophe. In a study conducted by Xu and Liao (2011), 2080 survivors of the Sichuan earthquake were surveyed and findings illustrated unity. Around the world, unity allows for people to find security knowing that others are going through the same thing, and they are not alone. In Haiti’s earthquake, unity allowed people to put away differences that
have been at surface for years. Haitians have dealt with division amongst social class and race for generations. When participants struggled to understand why such a devastation could occur, it appears that they found solace knowing that something positive like mending problems of race could result from the devastation.

Haitian people have the mentality that ‘all things will work together for the good.’ It is not uncommon for Haitian people to say, “God knows everything,” and believe that God will work out every challenge in their lives. Therefore, in this study, religion also provided the participants an opportunity to have something good to say about their experience.

Posttraumatic growth was also a sub theme that emerged, which is consistent with the literature. Multiple studies around the world have recognized that people find growth in their hard times (Barrington & Shakespeare-Finch, 2013; Levers, 2012). When a person is able to derive benefits from a traumatic experience and adversity, it is called “post traumatic growth” (Baker et al., 2008; Calhoun, & Tedeschi, 1989, 2008). It is the idea that people can make meaning behind a painful experience, and what was meant for bad can be turned to good. There are five domains of posttraumatic growth, which include: greater appreciation of life, more intimate relationships, greater sense of strength, spiritual development, and new possibilities (Calhoun, & Tedeschi, 2008).

It is significant to note that earthquake survivors of this study and their family members found meaning in their experience, by appreciating life, reconciling faulted relationships, finding strength that they didn’t know they had, and recognizing abilities and gifts they had in themselves that allotted them new possibilities.
In addition, worry was an indicator for posttraumatic growth. As mentioned earlier, worry can be interpreted as a form of avoidance or posttraumatic growth. Immediately after the earthquake, some of the participants worried about people and things that were out of their reach. In a study conducted by Ying, Lin, Wu, Chen, Greenberger, & An (2014b) the researchers examined the relationships of trauma exposure and control beliefs with posttraumatic growth (PTG) in a sample of adolescent survivors of the Wenchuan earthquake. They found, worry about others who might have been affected by the earthquake was positively associated with concurrently measured PTG. In other words, the more adolescent survivors were worried, the more growth they reported. This finding is similar to a result in the study by Laufer, Hamama-Raz, Levine, & Solomon (2009), indicating that subjective reactions such as fear may facilitate meaning making after experiencing a traumatic event. More important: Our results indicated that the associations between worry about others and both concurrently measured PTG and changes in PTG were moderated by primary control beliefs. Among those participants who expressed low worry about others after the earthquake, high primary control beliefs appeared to lead to greater PTG. (p. 195)

**Theme # 3: The Hurt and Pain Continues for Haiti Cherie**

The theme “Hurt and Pain Continues for Haiti Cherie,” yielded seven sub themes which included: The Distress that Leads to Trauma, Panic, Somatic Symptoms, Inability to Break Bread, Developing Distorted Thought, Humiliation, and Abuse. The theme hurt and pain continues for Haiti, is one that is true and unfortunate. Haiti has faced a lot of trauma throughout the years, such as intense poverty, violence, crime, and dangerous living conditions (Angulo et al., 2015; Bailey et al., 2010; PAHO/WHO, 2010), and the participants of this study asked themselves, ‘when will it be over’? Herman (1992) wrote, “to study psychological trauma means bearing witness to horrible events. When the events are natural disasters or “acts of God,” those who bear witness sympathize readily with the victim” (p. 7). An earthquake is considered to be a
traumatic event (Madianos & Evi, 2010; Ying et al., 2014), and there were many traumatic observations and symptoms mentioned by the participants of this study. Several studies have been conducted to examine the psychological effects of earthquakes, but there is still so much to learn. Consistent with the vast literature on trauma, certain symptoms are to be expected such as posttraumatic stress, depression, and anxiety (Basoglu, Steinberg, Salioglu, & Livanou, 2004; Kilic & Ulusoy, 2003; McMillen, North, & Smith, 2000; Shinfuku, 2002).

The results of this study are comparable to other studies on post disaster. Death, serious injury, destruction and loss of property are common things that expose people to trauma after an earthquake (Madianos & Evi, 2010). Madianos and Evi also said, “Earthquakes, have serious economic and psychosocial effects on a community. When large population areas are hit by disastrous earthquakes causing tremendous material and personal losses, their social and economical support systems and resources are violently disrupted, causing major traumatic experiences” (p. 138). Continuous trauma exposure can cause people to become “numb” to new issues. This could also be called resilience (Burnett & Helm, 2013; Nicolas et al., 2010). The Haitian people have been found to say that the issues and problems never end for Haiti. This is important to know because now that this earthquake has occurred, what does it mean for people who have experienced so many past traumas that they are still recovering from.

Therefore in the subtheme, “The distress that Leads to Trauma,” the participants discussion of lost loved ones, the observations of dead bodies and injured people, and the destruction are normal observations to make in times of great disaster. A study also conducted in the same area of Haiti after the earthquake reported “an extraordinary
burden of traumatic events and stressors experienced by the Port-au-Prince population after the earthquake” (Cerdá et al., 2013, p. 417). Cerdá also reported Haiti’s earthquake as one of the worst disasters of the century, the level of damage produced by the Haiti earthquake was significantly more far reaching in terms of deaths, injuries, and infrastructure damage than disasters previously studied in the United States. Further, the pre-disaster level of economic deprivation, low life expectancy, high rates of infectious disease, and exposure to violence probably led to a ubiquitous pre-disaster burden of psychological disability in the general population, which substantially influenced the potential for recovery in the general population after this disaster (p. 419).

This same study also found a prevalence of PTSD and MDD meeting DSM-V-TR standards. Because Haiti has a violent trauma history, individuals who had first hand experience with those past events had higher chances of PTSD and MDD. The standards used in this study to assess PTSD and MDD were a revised validated assessment tool (Cerdá et al., 2013). Although there is no formal language or established standards for PTSD (Marcus, 2010) in Haiti, the symptoms observed in Cerdá et al.’s (2013) study are consistent with what was found in this study and other studies conducted in Haiti.

If trauma is an intolerable situation that exceeds a person’s resources and coping mechanisms, and if left untreated can cause major cognitive and behavioral problems (Garfin et al., 2014; Levers, 2012; Wang et al., 1999), and Haitian people have experienced multiple untreated traumatic experiences; then the behavioral and emotional responses shared by the participants of this study, the trauma reported by multiple sources (Cerda et al., 2013; Raviola et al., 2012; Schuller, 2010; L. Smith et al., 2014) does in fact put many Haitian people in a “post-traumatic stress” state.

Furthermore, PTSD and MDD have similar risk factors, which include, “pre-earthquake history of violent trauma and mental illness of a close friend or relative and post-earthquake low social support” (p. 419), which many people in this study have.
Caron (2010) estimated about 190,000 people in Haiti suffered from posttraumatic stress after the earthquake.

3,8 millions d’habitants à Port-auPrince, on peut estimer que 190 000 personnes manifestent ou vont manifester des symptômes de stress post-traumatique et ce sans compter, les dépressions, les troubles anxieux et les psychoses réactionnelles (p. 116).

In addition, the abuse described by the two women of this study are also common risk factors for trauma, and Cerda et al. (2013) reported “higher risk of PTSD among women” (p. 420). L. Smith et al. (2014) reported the Haitian women in their study to have more symptoms of posttraumatic stress then men.

With the multitude of evidence presented in this study and other studies (Caron, 2010; Cerda et al., 2013; Raviola et al., 2012; Schuller, 2010; L. Smith et al., 2014), Haiti’s lack of knowledge of trauma and mental health, or lack of mental health services is no longer an excuse to remain in a mental health stagnate state. “The core experience of psychological trauma are disempowerment and disconnection from others” (Herman, 2012, p. 133). As mentioned in the implications section below, mental health services are a necessity for Haitian people in order to “empower the survivor… and this cannot occur in isolation” (Herman, 2012, p. 133). What was once a mental health movement in the United States, is a now a well-established outlet for many, and the same can happen for Haiti.

Panic, which is also part of trauma, was another sub theme that emerged in this study. Due to the traumatic observations mentioned earlier, such as destruction of property, dead bodies, etc. people began to behave irrationally. The participants panicked after the quake. There is also a link between panic symptoms and trauma history (Barrera,
Graham, Dunn, & Teng, 2013). Some of the participants even met the criteria for panic attacks. According to Barrera et al. (2013) panic attacks occur when a person has

- Shortness of breath
- Racing heart
- Trembling and Shaking
- A feeling of detachment from surroundings

Consistent with the literature, panic reactions are frequently found in people with posttraumatic stress. One subsidiary theme that was not consistent with literature findings was Inability to Break Bread. The participant’s trauma caused them to have multiple abnormal responses to food. As mentioned in chapter four, breaking bread, which is a phrase used in many religious cultures, portrays eating with family and friends, which is an important cultural experience for many Haitian people.

The earthquake occurred during the evening when it was almost 5:00pm. This is an important point to look at because the quake occurred when most people would be joined with their families for dinner. Many of the participants might have been hungry or just ate when they walked out of their homes, into a street full of dead bodies. The continuous exposure to flesh left the participants with a gruesome memory. This explains the interviewees lost of appetite and weight. The participants reported feeling full or not hungry when they saw meat. Therefore it appears that food, especially meat became a negative trigger for many of the participants. Poor people, whom constitute most of the population in Haiti, rarely eat meat and fish, which is considered a luxury; therefore negative reactions to meat is extremely abnormal and a theme to take into consideration.
The participants recognized that finding meat repulsive was abnormal because this was not something they would ever consider prior to the quake.

Previous articles also noted Haitian people’s inability to eat meat after the earthquake. A quote mentioned earlier is worth citing here again. Schuller (2010) observed that despite their resilience and solidarity, people were visibly exhausted and traumatized. One day, a neighbor of mine insisted I eat the chicken on her plate of food, despite the scarcity of meat. Surprised, I asked why. “Because it looks too much like the flesh of my mother, who is still buried beneath our house,” she said. (p. 4)

The participant’s inability to break bread was a perfect illustration of their trauma. When a person is traumatized a typical symptom is flashbacks. War veterans for example may continue to visualize their time in combat even months and years after they return home. In order to cope with these flashbacks, survivors often avoid any stimulus that reminds them of the trauma (Barrera et al, 2013). Therefore although the participant’s inability to eat meat was not a common factor found in the literature, their avoidance was.

As mentioned earlier avoidance is a coping mechanism that protects the survivor from psychological damage (Kaplan et al., 2012; Meier, Carr, Currier, & Neimeyer, 2013). This inability to break bread leaves implications for emergency workers and counselors on how to help survivors find healthier coping strategies.

Although inability to break bread is uncommon in the Haitian community, somatic symptoms are common (PAHO/WHO, 2010). Haitian people usually respond to depression and psychological issues in their bodies. Because they believe that they have to continue their daily activities in spite of what is going on around them, their responses therefore appear physically in forms of headaches, backaches, dizziness, etc. (PAHO/
WHO, 2010). This was illustrated in this research study as well, as interviewees experienced trembling, headaches, stomachaches, insomnia, and accelerated heart rate.

**Theme # 4: Out of Body Experience**

During a crisis situation, an individual may forget about the constrictions of his or her horizon, including his or her perceptions, movements, imagination, and interpersonal experience (Fuchs, 2007). This is exhibited in flight or flight response for example. Fight or flight also known as acute stress response is an instinctual physiological response to a dangerous situation (Wester, 2011). On the contrary, in a crisis, a person’s horizon of possibilities may also be limited. “The restriction of the lived body (inhibition, anxiety, loss of drive) and the loss of emotional resonance lead to a severe disturbance of the patient's responsivity and exchange with the environment” (Fuchs, 2007, p. 428). In this limitedness, episodes of panic attack are not uncommon. During and after a traumatic occurrence, it is normal to experience panic. In addition, withdrawal, feeling unreal or detached from your environment, lighted headed, or like you’re going crazy are all symptoms (Barrera et al., 2013).

Several participants in this study explained having an unexplainable reaction where they were no longer themselves. They described it as an out of body experience. At the moment the participants felt one or more of the following symptoms: withdrawal, exelerated heart rate, fear, or shortness of breath – which are symptoms of panic attacks or acute stress response. When asked to explain what happened, they couldn’t.

Many Haitian people do not have mental health knowledge and normally believe in supernatural and spiritual forces. When Participant 2 said Jesus saved him during the quake, it was a normal response for most Haitian people. In the case of out of body
experience, the participants had never seen or heard of such a thing and therefore could not explain what took place.

“Instead of searching for explanations behind the phenomena, phenomenology may help the therapist to perceive better and understand what it is like to be the patient and to live in his world” (Fuchs, 2007, p. 424). Whether the participants were experiencing a panic attack, fight or flight response, or something else, van Manen’s (1997) lived existential can help illuminate their experience. Lived body (corporeality): refers to an individual’s bodily presence. The participant’s bodily experience during the out of body experiences makes sense in the context of lived body. Physically the participant’s physique was present, however his or her lived experience was different. In lived experience we accept the person’s perception as it is provided. As explained in the implications section, counselor’s can use phenomenology to help them understand survivor’s lived experience, such as out of body experience, in an attempt to serve them better.

**Theme # 5: New Appreciation for Professional Mental Health**

According to the literature, Haitian people have a common belief in supernatural causes of mental illness. Haitians are more likely to seek assistance from a voodoo priest than a biomedical professional (Khoury et al., 2012). Budosan and Bruno (2011) said,

A very large number of Haitians, especially those of lower education and economic status, made use of traditional practitioners, i.e. herbalist (dokte fey) or religious healers, i.e. houngans and mambo (male and female voodoo priests) when faced with mental problems. Also, Christian churches in Haiti help people cope with mental and emotional problems. Dispensaries, religious health facilities and herbalists were by far the most common choice for treatment (80% of all consultants before the earthquake), since they were less expensive and more easily available. Hospital clinics and other types of healers were physically less accessible and their treatments were more expensive. Patients therefore referred to
them less frequently (only 6% and 5% of consultations, respectively) to treat more uncommon and severe mental problems.

When examining Bronfenbrenner’s (2005) Bioecological model in the Haitian context, the macrosystem represents culture of mental health for Haitians. Haitians believe in both natural and supernatural causes of illness. Depression and psychosis may be seen as the result of a spell. A psychotic break can be the outcome of a curse. Also a major depressive episode can be seen as the consequence of a curse sent by a jealous person (Desrosiers & St. Fleurose, 2002; Nicolas et al., 2012). Because of these beliefs and unlikeliness of Haitians to see a biomedical professional for mental health support, it is significant to see the participants in this study interested and even open to professional psychological help. The psychological support from NGOs and international emergency workers, presented a new mental health culture in Haiti. This new finding has implications for counselors and counselor educators (which will be discussed later).

**Theme # 6: Need for Support**

The research participants found the need for support helpful, whether it was from family, religious leaders, Dokte Fey (herbal healers), developed leaders, or the NGOs. Other than NGOs, most of the sources of support mentioned in this paper are common for Haitian people (L. Smith et al., 2014). In a study conducted by L. Smith et al. (2014), they found Haitian people who sought out help from family had lower psychological trauma symptoms after the quake. Bronfenbrenner’s (2005) bioecological model of human development considers the individual as an active player in their environment, the environment acting as a force to influence the individual, and different systems within the environment intertwining with each other. It helps us understand how the different systems in society affect someone. The macrosystem for example has direct impact upon
the way people seek social support (Jungers et al., 2009; Hopson et al., 2001; Logsdon et al., 2008).

A person’s support system can make or break their recovery process after a traumatic event (Harvey & Delfabbro, 2004). Support varies from individual to individual; but wherever it comes from, it allows for listening, validation and counter-validation responses, and proposed solutions (Crevier, Marchand, Nachar, & Guay, 2014), which are important attributes to counseling. One different help mentioned in this study was from the NGOs. According to Klein (2007) Haitians lack trust for NGOs. Although this is a collective thought in Haiti, the interviewees in this study felt otherwise. They found the NGOs to be helpful and great source of support post earthquake.

Wherever the participants in this study or the people of Haiti in general find their support, international counselors and counselor educators interested in working in Haiti must keep in mind that their stay is temporary and have the responsibility to mobilize support systems that Haitian Natives feel comfortable with.

**Theme # 7: Kote Mwen Jwenn Konfo**

The sub themes that emerged from “Kote Mwen Jwenn Konfo” which translates to “Where I find Comfort,” were: power found in talking, fellowship and laughter, spiritual connection, helping others, thinking of others, music/entertainment, and faith/hope. When someone is affected by a traumatic experience, they not only try to find meaning behind what occurred, but they also use their instincts to find ways to cope.

This point is illustrated in a study conducted by Wagenaar et al. (2013), where the participants found comfort in faith. The subjects were asked to answer questions on a survey and turning to God appeared to be the preferred resource for psychosocial support
although the researchers did not include “God” as a choice in the survey. The researcher observed that the participants in this study were looking for ways to alleviate their distress. Without much support from the outside, they quickly recognized that when one mechanism wasn’t working they should quickly move on to the next. ter Kuile and Ehring (2014) further noted

> considerable number of trauma survivors report a change in the intensity of religious beliefs and/or activities as a consequence of the traumatic experience… religious beliefs and practices are often cited as providing support and comfort, resulting in an increase in religiosity. (p. 353)

Some individuals experience the worst possible events, and somehow recover and continue to function in their lives, whereas others are unable to cope. It is the individuals who are unable to cope and find solace in their situation, that are at risk for a disorder forming. It is natural for the human body to avoid that risk, and find ways to survive. This is what happened in Haiti. The Natives naturally found culturally appropriate ways to help them make it through the traumatic time in their lives. Culturally appropriate coping mechanisms are especially important to observe because L. Smith et al. (2014) said, “there is a need for insight into culture’s role in coping in the aftermath of trauma” (p. 3).

Furthermore, the body has a natural desire to find solace and comfort and everyone does this differently. Some symptoms a person can experience immediately after the quake include trembling or shaking, pounding heart, rapid breathing, cold sweats, or feeling dizzy or faint (Help Guide, n.d.b).

There is psychological significance to the natural ways the participants in this study coped. Talking was a common theme found amongst all the participants. Many of the participants even enjoyed talking to this study’s researcher, and commented that they were happy to share their story. The participants talked to their family and friends,
religious leaders, community leaders, or others who went through the same thing. They found that releasing what was on their mind helped. According to the trauma help guide, “talking about your feelings may be difficult, but will help you heal” (Help Guide, n.d.b, para. 7). A major component to counseling is talking. All mental health professionals would agree that although it may be difficult to face feelings head on, it is the most commonly used and most effective approach to the healing process. After the earthquake many Haitian Natives bioecological systems (Bronfenbrenner, 2005) were disrupted, whether through death, inability to communicate, etc. Later as people began to find shelter and a little more stability, talking to family members, friends, neighbors, and officials helped the participants connect again to the systems they found important, which is just as important in the therapeutic process.

Fellowship and laughter also have psychological significance. In study conducted in Japan, laughter was used to subside conflicting social situations (Maemura, 2014). The study revealed that Japanese conversations are governed by a concept known as kuuki, where various types of laughter are used to help in conflicting situations. The same can be said for the participants in this study that used laughter to help them get through. One participant even made jokes about serious issues, which helped her find solace in the problem. Although laughter is not a curative treatment, it can help alleviate much suffering (Erdman, 1993).

Another subsidiary theme that emerged from Theme 3 was, spiritual connection. There is a large body of literature that deals with spirituality in counseling. Studies have found that spirituality is particularly effective when approaching grieving clients (Muselman & Wiggins, 2012).
Muselman and Wiggins (2012) also said,

Often, when death touches people’s lives, they turn to God or a Higher Power for solace. They also rely on religious or spiritual communities for emotional sustenance as they cope with loss associated with death. Spiritual or religious rituals such as wakes, sitting Shiva (Judaism), and funerals or memorial services are practices woven into the fabric of culture to provide support to families and communities during times of death and loss. (p. 229)

It is therefore consistent with the literature that turning to God and the church is a coping strategy. In psychology practitioners sometimes use Fowler’s (1981) faith development theory, which helps clinicians assess adaptive qualities in spiritual development (Parker, 2011). The final stage in this theory is conjunctive and universal faith, which is where the participants in this study were. They knew that there were unfair things that happened to them but still turned to the God they grew up with, and that brought them comfort.

Herman (1992) discusses a survivor mission, which is a mission a person takes on to help others who have gone through the same trauma he or she did. This is another way a person can seek resolution for his or her traumatic experience. Survivor missions help the victim find meaning behind his or her experience. Because Haiti is collectivist society, it is consistent with the literature that participants in this study found comfort in helping others (a sub theme in this study). L. Smith et al. (2014) further noted effective coping for Black and immigrant populations includes a supportive value system encompassing a strong sense of self, religious beliefs, and responsibility toward one’s family and community. The spiritual, educational, occupational, and familial worlds of people of color often overlap into collectivist experience with little delineation between the individual, the family, religious institutions, and community members. (p. 3-4)

Participants also compared their problems to that of people who were far worse then them and found that this helped them as well. These participants are good examples
of people who would take on a survivor’s mission. Multiple leadership skills were developed after the earthquake, and the participants shared a desire to acquire further skills so they could do more in the future. Furthermore, in the field of psychology, clinicians often help client’s transition from therapy to no therapy by connecting them with a service that allows them to pay it forward.

Subsidiary theme Music/Entertainment was another finding for comfort. “Research on the use of music in medicine is a multidisciplinary field involving natural, social, and behavioral sciences, arts, and even mathematics” (Mrázová & Celec, 2010). Singing in church, listening to music, and performing music helped the participants in this study cope and educate themselves about the earthquake. In psychology music has profound affects for bringing solace and comfort. Music therapy is seen as noninvasive and safe form of therapy. Later in this paper, suggestions are provided on how counselors can use talking, humor, and music in counseling in Haiti.

**Theme # 8: After Life: Poverty Leads to Continuous Instability**

Common risk factors for developing a mental health disorder after a traumatic event include: history of trauma, life stressors, poor coping skills (Schoedl, Costa, Fossaluza, Mari, & Mello, 2014), brain structure (Shein et al., 2012), severity and nature of the trauma, lack of social support including financial, housing, and counseling (Briere & Elliott, 2010). There were many risk factors mentioned in this study such as loss, trauma history, and support, however one very significant risk factor was poverty.

Poverty was a major risk factor towards Haitian people falling back into the same situation. Some of the participants were afraid of rebuilding, because they knew the country didn’t have the financial means to build stable homes. Because earthquakes are
unpredictable, the participants feared facing the same adversities if another quake occurred again. They realized that they and others weren’t building secure homes, however because of their poverty they felt like they had no choice. Participant 1 expressed concern that if the quake happened again many people would be trapped in buildings again, yet when asked about his home, he admitted he rebuilt his house with plastic.

The culture (Bronfenbrenner, 2005) of poverty is part of the reason for Haiti’s immense levels of instability. The earthquake is a perfect example of that. There have been harder hit earthquake around the world, such as in Chile and New Zealand, however it is the immense poverty of the country that caused such a major disaster. The country was already extremely underdeveloped and the earthquake set them back generations. The reason many other countries are able to recover faster from future earthquakes is because their economic development allots them the avenues to avoid repetition. Haiti’s inability to have properly built homes and other construction causes a continuous fear that can develop further psychological issues. Dealing with Haiti’s poverty is far beyond the capacity of counselors, however mental health specialist must keep poverty in mind, when not only considering their limited counseling resources, but also when creating effective treatment plans.

**Theme # 9: After Life: Attending Church for Protection**

In a study conducted by Burnett and Helm (2013), 140 Haitian students affected by the earthquake were interviewed and found women who reported much resilience and attributed it to their affiliation with religion and church. The findings in this study were consistent with that of Burnett and Helm (2013). Protective factors can reduce the long-
term affects of trauma. Some protective factors mentioned in the literature include capacity for emotional regulation (Barney, 2013), social support such as community organizations and churches, positive beliefs, self-efficacy and motivation (Barney, 2013; Schultz et al., 2013), and engagement such as with school, employment, religion, and culture (Madsen & Abell, 2010).

Although multiple protective factors were mention in this study, church was by far the most important for participants. Church is a religious institution that usually provides more than spiritual benefits. Haitian churches like with many other cultures, provides a place for support, motivation and acceptance. These factors are very important in the healing process, which is why church is portrayed as a protective factor here.

Furthermore, church in Haiti offers a sense of purpose, consolation, and can increase self-esteem, alleviate despair and give hope (Nicolas et al., 2012). In a normal clinical approach, therapist dealing with traumatized clients find the resources available to them (Lee, 2011). With that being said, church is not only a place of refuge but also a clinical outlet. “Considering the large number of cases with PTSD, it is not unusual for church leaders and pastors to be contacted for help with mental health problems related to traumatic events that they have experienced” (p. 164).

Implications

Understanding the experiences of Haitians post-earthquake, and how they respond to psychological distress, can help emergency workers, practitioners, educators, and researchers understand best practices for future psychosocial support in Haiti.
Implications for Emergency Workers

Immediately after an earthquake daily reminders of the event are usually apparent (Barney, 2013; Barrera et al., 2013). Emergency workers have a unique responsibility to help survivors’ transition to the next stage as swiftly and safely as possible. In order to do this, it is recommended that social and mental health services be provided. For social interventions, emergency workers should help survivors find lost loved ones, lost documents, and provide consolation (Acharya, Upadhya, & Kortmann, 2006). Acharya et al., 2006) also suggested “support normal cultural-religious events such as funeral ceremonies, informal schooling, common interest activities, activities for isolated and vulnerable persons such as orphans, child combatants, widows, older people without families” (p. 590). Also, one of the issues brought up by the two women in this study was abuse in the tents. Emergency workers should consider advocating for separation of tents by gender.

For the psychological services, emergency workers should involve the Natives in the decision-making and implementation process. Involving the Natives can help international emergency workers understand cultural perceptions and provide culturally-embedded treatments that are more operative, less resource intensive, or less troublesome (Shah, 2006). Not only for cultural competence but involving Natives also ensures the work continues after emergency workers leave. The Natives can include local talent, which will also help empower locals and enhance their various leadership abilities.

One of the sub-themes of ‘Kote Mwen Jwenn Konfo’ was music. Five of the participants found music helpful. Participant 3, who is a musician, found the music to be helpful not only for himself but also for the hundreds of people he was directing in his
camp. In the future, emergency workers can gather local talent such as musicians and empower them by giving them an outlet to perform. This will help not only them, but also the people listening who find music as a source of comfort. Furthermore, since night time was a trigger for fear, then emergency workers can look into providing assistance at night, with church/prayer services, entertainment, and music, which can reduce long term suffering.

**Implications for Counselors**

Although not very attractive – because of its lack of therapeutic technique, phenomenology is actually an important attribute to counseling because it allows unbiased understanding of the client’s experience. The lived experience of the participants shared in this study provides implications to clinicians who want to understand the experiences of people post earthquake and how to better serve them.

Due to technology, medicine, religion, money, and business stimulation, mental health programs are beginning to grow around the world (Hohenshil et al., 2013). Governments around the world are starting to realize that the positive mental health of their citizens is crucial to economic and social growth (Hohenshil et al., 2013), therefore more administrations are investing in mental health services. The counseling profession is in different developmental stages around the world, but theory and practice are looking at long-term cultural competence in a broad global context (Hohenshil et al., 2013; Shah, 2007).

According to Hohenshil et al. (2013),

Counselors in all countries will need to become globally literate. Global literacy is the basic information people need to maneuver through life in the highly interconnected world of the 21st century… Although dealing with diversity is an important goal for all professional counselors, acquiring global literacy must now
be a new goal for counselors who wish to practice in a culturally competent manner. (p. 3, para. 2)

International divisions can be found in almost all major counseling institutions, for instance: American Counseling Association, National Board of Certified Counselors (NBCC) – International, Chi Sigma Iota Counseling Academic and Professional Honor Society International (CSI), and the Council for Accreditation of Counseling and Related Educational Programs (CACREP). Since these institutions as well as most universities are looking at counseling globally, understanding the Haitian mental health experience has implications for counselors interested in working in Haiti, and those interested in practicing in a cultural competent manner in the United States and abroad.

In the United States and other countries counselors are sometimes unequipped to deal with transcultural beliefs and interactions clients bring to the session (Nassar-McMillan & Lee, as cited in Hohenshil et al., 2013). This issue is becoming more and more apparent because immigration is rising in almost every major city in the U.S. and abroad. Immigration issues could stem from food and employment, to safety and freedom. “Thus, it behooves mental health professionals to identify commonalities in cultural competencies to apply both within and outside their professional context” (Hohenshil et al., 2013, p. 9). The implications for this study help counselors around the world interested in improving their cultural competence.

Traditionally counseling was found in Western countries, but now non-western countries are developing similar programs. Non-western countries however, combine cultural practices, herbal healing, and religious rituals (Shah, 2006). Considering culture is unavoidable in counseling. Hohenshil et al. (2013) said,
A contemporary view of mental health practice illustrates the dichotomous influences culture can have on the psychological functioning of individuals, groups, and families. It is widely understood that culture and its effects can include resilience and positive coping strategies while at the same time bringing about variety of psychological stressors. This dynamic can occur both inter- and intraculturally. (p. 9)

Since culture cannot be avoided in counseling, the implications for counseling in Haiti is embedding culture in the services. Haiti has been conducting traditional healing for mental health issues, but the concern is whether or not the Native rituals prepare people for the many post-disaster trauma symptoms that arise after a major catastrophe like an earthquake. Many similar countries to Haiti have begun to look into more options for mental health and post disaster services, and looking at their strategies might be helpful for Haiti.

Comparable to Haiti, the country of Nigeria has faced many hardships over the years. Nigeria has always used traditional and indigenous methods of counseling and healing before the thought of professional counseling was ever presented to the country. WHO (2002) reported that 80% of Africans use traditional healing methods for mental and physical health needs. Now the country of Nigeria has formed professional counseling services. Although there is a strong Western influence in Nigerian counseling, they also still implement their cultural traditions.

In the Republic of Botswana, there are two health systems, which include the traditional system and the Western system (Seloilwe & Thupayagale-Tshweneagae, 2007). When it comes to mental illness, similar to Haiti, many people in Botswana visit traditional doctors first and if they don’t work, they then seek out assistance from Western system doctors (Hohenshil et al., 2013; Seloilwe & Thupayagale-Tshweneagae, 2007). The professional counselors in Botswana are aware of this, and continually
recognize that in order to provide appropriate and effective counseling, the two systems must be able to support each other.

Like Haiti, Botswana is a collectivist country and they solve their problems in groups (Bhusumane as cited in Hohenshil et al., 2013). The concern for counseling that therefore comes from that is indigenization, “adapting imported ideas to fit local needs” (Gray, Coates, & Yellow Bird, 2008, p. 5). To avoid the risk that comes from indigenization counselors from Botswana try to collaborate with and learn from the traditional system (Hohenshil et al., 2013).

Sabone (2009) also recognized that there are aspects of traditional healing that Western counselors can learn from that are actually consistent with counseling theory and practice, such as healers knowledge of the people’s support systems that are align with their beliefs (Hohenshil et al., 2013). Sabone (2009) also stated the indigenous healers use holistic modalities where they look at,

the integrality of the mind and the body, the person and his or her environment, as well as the significance of human relations in the health of the body and mind. Indigenous health practitioners have, for a long time, acted as advisers, health educators, and counselors. (p. 781)

To provide effective counseling in Botswana, counselors consider the fact that their clients may also be working with an indigenous healer. (Lopez-Levers, as cited in Hohenshil et al., 2013).

Counselors who are disconnected from the social or familial networks of their clients may need to pay particular attention to this issue and become as familiar as possible with clients’ social networks and extended family support systems and the role(s) of these networks in clients’ lives. Counselors must also be able to understand and honor the holistic viewpoints of clients, including the important role of ancestors, as they conceptualize and intervene. Approaches that emphasize the strengthening of interpersonal relationships may also be particularly beneficial. However, the most important strategy counselors can use to provide
culturally appropriate services may be to listen carefully to the narratives of clients worldviews and beliefs embedded within them. (p. 25)

Levers makes a good point about looking at narratives, as this study does. The goal of this study is not to change the country of Haiti, its standards, traditions, or culture, but to enhance, so that people can move towards recovery in a fast and swift manner. Therefore, since “talking” and a “new appreciation for professional mental health” was a finding in this study, this section provides conclusions that can be drawn from these themes. The cultural counseling standards that have been effective in collectivist countries such as Botswana, can be applied in Haiti as well.

It is therefore recommended by the researcher of this study that professional counseling and Native rituals be combined to provide support post disaster in Haiti. Professional counseling in Haiti can consist of a referral system. If a Haitian person believes the illness is a supernatural issue, a referral can be made to a traditional healer, if the traditional healer feels that continuous talking might be useful, referral can be made for counseling. Since Haiti does not have formal counselors, training professionals readily accessible could be useful (Implications for Counselor Educators will be discussed later).

The type of counseling that is recommended, is group counseling. In Botswana “change at the individual level is often of secondary importance to change at the group level. Likewise, group processes have traditionally been used to promote change (Hohenshil et al. 2013). Group and family counseling, as well as support groups, may be culturally appropriate disciplines for Haiti. One on one counseling might not be as helpful. Participant 3 said that when the Psychologist came by, they listened, but that was
it; when in fact counseling usually doesn’t involve the client listening only, but rather talking.

The participants in this study found themselves talking and fellowshipping in groups and felt that this was helpful. Groups allow the participants to talk amongst themselves, and also have opportunities to share traditional stories and jokes. Group intervention is very common in the field of psychology. Bemak and Chung (2011) used post disaster group counseling and group supervision using the disaster cross-cultural counseling model (DCCC), and found it to be helpful in the Haiti. Specifically they found group counseling using this model helped the Haitian people orient themselves during the traumatic time in their lives.

The Disaster Cross-Cultural Counseling (DCCC) model, which was developed from a psychological adjustment development model for refugees, has three phases. Phase I, the helper assists the survivor in using their existing abilities to deal with the new environment the disaster brings about, so that they can feel safe. Phase II, the helper integrates the survivors new and old skills and helps them handle the disaster. Phase III, involves stabilization. The model takes into account the social service needs of people post earthquake, such as losing important documents, finding missing loved ones, safety, etc. (Bemak & Chung, 2008).

In DCCC,

Group work is an ideal intervention for disaster survivors and must be facilitated within a multicultural framework. Groups provide a commonly felt bond of universality. Sharing their disaster story with others who have encountered the same or similar experiences can be reassuring for those who believe their experience was unusual or unique. This format provides opportunities to explore loss and reminisce about “before,” to observe a variety of coping strategies, to view others at various stages in the resolution of trauma, and to gain satisfaction (altruism) by helping others. Thus, groups can serve as a forum for survivors offer
a forum for people to quickly identify those with greater psychological need. (Bemak & Chung, 2008, p. 329)

By reviewing the stories of the participant’s in this study, counselors could look at lived space from a different perspective. In a group setting, the clinician can move away from focusing on the uncontrollable environment the participants are living in, but rather center on the lived space and his or her ways of living with others. Furthermore, in Haiti, telling stories and parables in a group setting are part of the culture. Incorporating storytelling in counseling allows for narratives that bring about cohesion, support, and coping.

One of the major reasons for incorporating counseling in post disaster assistance in Haiti is due to the trauma experienced. Cerda et al. (2013) conducted a study in Haiti and said “The fact that 39.8% of care-seeking survivors in the general practice clinic experiences symptoms consistent with MDD should alert health professionals to the magnitude of the problem in primary care settings after disasters” (p. 419). In addition, Cerda et al. (2013) also noticed that, “the prevalence of PTSD (24.6%) and MDD (28.3%) were also higher than most other post-earthquake population-based studies” (p. 419). This is therefore a major indicator that the need to intervene for the mental health needs of the people of Haiti in now.

Finally, laughing seemed to be both effective and appreciated for the interviewees. Laughter is a universal language and very effective in making people feel better. In a study conducted by Ko and Youn (2011) entitled, “Effects of Laughter Therapy on Depression, Cognition and Sleep Among Community-Dwelling elderly,” it was found that laughter was a useful cost effective and easily accessible intervention that left positive effects on the participants depression and insomnia. The researcher of this
study therefore recommends alternative therapies such as laughing. The suggested route for using laughter in therapy could be allowing clients the opportunity to participate in support groups that encourage story telling and joking. The therapist can also use humor in the sessions to help release the tension with hard topics. This can be affected because research has found that humorous interventions release tension and anxiety (Falk & Hill, 1992).

The therapist must be mindful however not to let humor allow the client to block out expressing their true emotions. Falk and Hill (1992) warned therapist to be mindful of clients who are asked questions such as, ‘what they are afraid of,’ and they answer with a nervous laugh, because they may feel threatened when asked to intensify their feelings. However overall within the Haitian context because counseling is so foreign, laughter can be used to lighten the clinical experience.

Another suggestion to clinicians is using music and writing therapy. Because Haiti has a lot of financial constraints, using cost effective treatment strategies can go a long way. Music therapy is a good idea for adults and children. It has also been found that music helps not only treat mental but also somatic illnesses (Mrázová & Celec, 2010). Writing therapy can also be useful to individuals who are having a hard time expressing themselves. Counselors working in tents could provide pen and paper to everyone living there for example, and that can help support clinicians who cannot stretch themselves too thin.

**Implications for Counselor Educators**

At the end of one of the interviews, one of the participants suggested that further leaders be born in Haiti. He asked that leaders be trained to continue the trauma work.
Counselor Educators have an opportunity to get involved in a mental health movement in Haiti. Although it will be a struggle because for a large society “the systematic study of psychological trauma depends on the support of a political movement” (Herman, 1992, p. 9), but it can still be done.

Although there are very limited psychological services such as psychiatrists, counselors, and social workers, Natives can be trained to provide basic psychosocial intervention. Raviola et al. (2012) said,

> Not only in Haiti but also more broadly, health care providers, trainees, and students need to be educated in implementing multidisciplinary systems of mental health care… Moreover, collaborative sharing of experiences across nationalities, cultures, and disciplines is important in ensuring that programs in low-resource (and often postcolonial) settings are not imposed from outside but driven by local needs and leaders. (p. 74)

Counselor educators interested in providing mental health training in Haiti have to have the vision of multidirectional counseling services. Due to the enormous levels of poverty, they have to consider time and resource allocation trainings that incorporate mental health and spiritual services. These trainers should be creative and incorporate acute therapies that involve music, art, and activities that bring about laughter. The suggested strategy for implementing education sessions that incorporate all of this is to build the curriculum with Haitian Natives. It may also be effective to reach out to Haitian leaders and see how they can co-facilitate. Finally, in order to produce long-term efficacy, it is suggested that counselor educators train leaders, such as doctors, nurses, teachers, and religious leaders who are readily accessible to Natives, and will be able to continue the counseling and trainings when the trainers leave. In a study conducted by Wagenaar et al. (2013), they suggest, “because 92% of respondents had visited a
biomedical provider at least once in their lifetime, we recommend that biomedical providers receive training to screen for and treat psychiatric conditions” (p. 370).

Furthermore, as noted earlier, Nicolas et al. (2012) said in the aftermath of the earthquake, a fleet of NGOs and international organizations (IOs) entered the country to provide emergency care and ‘psychological first aide’… Three to six months after the earthquake, however, such care had almost completely disappeared… Psychiatrist and psychologist arrived to fill in the gap… more than 300 graduate students were employed… However, many of these students received little guidance and supervision… Very little collaboration has been established between mental health professionals from overseas and nationals working in Haiti. (p. 513-514)

Counselor educators must make a very hard attempt to not train people to work in isolation. Cohesion is firmly needed amongst all persons interested in providing counseling in Haiti. Before a counselor educator begins training anyone to either go to Haiti or those who already living and working in Haiti, collaboration with local and even national leaders is imperative. Because mental health services is so new in Haiti, the need to rally natives in the effort cannot be stressed enough. Participant 1 said,

Its always important to train people who live in the country. If there are visiting psychologist for example – when they leave whose going to help. It’s always good to train the people who live in Haiti. Also, these chosen people can’t be just anyone. It has to be people who have already advance such as a professor

In addition, the trainings may possibly consist of teaching the trainees to screen clients for psychological trauma even when they didn’t come in for that. This study and other studies demonstrate somatic symptoms as an issue for Haitian people with emotional distress (Wagenaar et al., 2013). Therefore, trainees such as biomedical professionals should be sensitive to patients who show symptoms of headache, backache, insomnia, stomachache, etc. as these signs could be psychological. Furthermore, trainings
should incorporate social services, alternative techniques, and spirituality as mentioned earlier in emergency worker and counselor implications.

**Implications for Researchers**

This qualitative study is part of the stepping-stone for future mental health services in Haiti. This paper considered Raviola et al.’s (2012) suggestion for future qualitative study looking at local and regional needs, perceptions, and realities of mental health. Despite the numerous articles that say that Haitian people do not accept professional psychosocial support (Budosan & Bruno, 2011; Desrosiers & St. Fleurose, 2002; Khoury et al., 2012), the participants in this study stated otherwise. Perhaps after the earthquake, the hundreds of international aide that included counseling services exposed the people of Haiti to something new; either way something has changed. It is recommended that further studies be conducted to illuminate the Haitian post-earthquake experience and consider factors of psychosocial support.

Furthermore it is suggested that future studies consider a longitudinal study that looks at the long-term affects of training Haitian Native’s who provide psychosocial support. Finally, researchers should consider a study on transgenerational trauma, looking at how Haiti’s past history of trauma (including the earthquake) is transferred from first generation trauma survivors to their offspring (Goodman & West-Olatunji, 2008; Braga, Mello & Fiks, 2012). “Limited information is available on the mental health impact of historical, political, and economic conditions in Haiti” (Nicolas et al., 2012, p. 511).

**Limitations of Study**

One of the major limitations of this study was translation. The interview questions were created in English. The questions were then translated to Haitian-Creole. In
addition, the interviews were conducted in Haitian-Creole and translated to English and then transcribed. Although the researcher consulted with translators, this still creates a limitation because in the conversion process, many things get lost in translation.

Another limitation of this study may have been the researcher’s Haitian background. This may have caused the participants to be limited in their responses. For instance, a vast amount of literature that says voodoo is a religious practice of Haitian people (Bartkowski, 1998; PAHO/WHO, 2010), yet the participants in this study did not identify with the practice and associated it with negativity. Though a common practice in Haiti, voodoo has a negative connotation to many Haitian people (Bartkowski, 1998), and to avoid judgment, the participants may have been reluctant to be completely forthcoming.

**Chapter Summary**

This paper contributes to a small body of literature on the mental health needs and services of Haitian Natives. Specifically it provides background on Haiti’s history with mental health, poverty, religion, violence, etc. and an explanation of multiple bioecological systems in the Haitian context, and how they are further disrupted by the earthquake. This study also specifically answers the question, what are the experiences of Haitian Natives and implications for post-crisis psychosocial support?

In this chapter the experiences of Haitian were further analyzed and compared with research, literature, and knowledge of Haiti. The study generated nine themes and 27 sub themes. The findings suggest that the interviewee’s experiences were both negative and positive. Some of the negative experiences were continuous trauma symptoms such as panic, worry, and fear. Some of the positive experiences were unity, leadership
development, and posttraumatic growth. Conceptual models captured the process and outcomes of psychosocial issues related to post-earthquake context and were compared with previously developed conceptual frameworks. Based on the conclusions and results from this study, implications were stated as they relate to practice, teaching, and scholarship.
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APPENDIX A

RESEARCH ADVERTISEMENT

English

What was it like for you after the earthquake?

Interview
For people who experienced the earthquake

If you want to participate in an individual and group interview to discuss your experience, call Samuel Darguin at 509-3848-6587

To participate you must be:

1) at least 18 years old (2) not pregnant (3) reside in a low income household (5) and live in Croix-Des-Bouquets, Haiti, as well as during the earthquake.

Incentive to participate is a T-shirt and lunch
Ki jan li te ye pou ou apre tranbleman tè a?

Entevyou
pou moun ki viv tranbleman tè a

Si ou vle patiśpe nan yon entèvyou pou gwoup moun, pou diskite eksperyans ou, rele Samyèl Darguin nan 509-3848-6587

Pou patiśpe ou dwe:
1) omwen 18 ane (2) pa ansent (3) viv nan yon kay ki revni piti (5) ak ap viv nan Croix-des-Bouquets, Ayiti, et pandan tranbleman tè a.

Ankourajman pou patiśpe se manje midi et yon chemiz
CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE: The Experiences of Haitian Residents Post 2010 Earthquake in Haiti, and the Implications for Post-Crisis Psychosocial Support

INVESTIGATOR: Florence Saint-Jean, MHC, florencesaint@gmail.com, Doctoral Student, 718-407-0482.

ADVISOR: (if applicable:) Dr. Louis Gregoire, Ph.D., Faculty, & Dissertation Chair Department of Counseling, Psychology, and Special Education 412-396-4442

SOURCE OF SUPPORT: This study is being performed as partial fulfillment of the requirements for the doctoral degree in Executive Counselor Education & Supervision at Duquesne University.

PURPOSE: You are being asked to participate in a research project that seeks to investigate your experience during and after the earthquake, and how that might help future mental health services in Haiti. It will take approximately one to two hours in individual interviews and one to two hours in a group interview, as well as approximately 30 minutes in a follow-up call, if needed. The interviews will be taped and transcribed.

These are the only requests that will be made of you.

RISKS AND BENEFITS: There is some risk involved in being in this study, such as feeling overwhelmed, stressed, and sad because of the memories you have from the earthquake. The benefit to participating is a chance to share your story.
COMPENSATION: You will receive a shirt and lunch for participating in this study. In addition, participation in the project will require no monetary cost to you.

CONFIDENTIALITY: Your name will never appear on any research instruments. No identity will be made in the data analysis. All written materials and consent forms will be stored in a locked file in the researcher's home. Your response(s) will only appear in data summaries. All materials will be destroyed at the completion of the research.

During the group session, participants will be encouraged to keep everything they hear confidential however the Researcher cannot guarantee that group members will keep the discussion confidential, which means group members may discuss what is discussed in the group without the Researcher’s knowledge.

RIGHT TO WITHDRAW: You are under no obligation to participate in this study. You are free to withdraw your consent to participate at any time and your data will not be used in analyses.

SUMMARY OF RESULTS: A summary of the results of this research will be supplied to you, at no cost, upon request.

VOLUNTARY CONSENT: I have read the above statements and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason. On these terms, I certify that I am willing to participate in this research project.

I understand that should I have any further questions about my participation in this study, I may call Samuel Darguin (HAC compound Director) at 509-3848-6587, Florence Saint-Jean (Principal Investigator) at 718-407-0482, Dr. Louis Gregoire (Advisor) at 412-396-4442, or Dr. Linda Goodfellow, Chair of the Duquesne University Institutional Review Board 412-396-6326.

Participant's Signature ________________________ Date __________

Researcher's Signature ________________________ Date __________
OTORIZASYON POU PATISIPE NAN YON ETID RECHÈCH

TIT: Eksperyans Ayisyen apre 2010 Tranbleman Tè an Ayiti, ak enplikasyon pou Sipò Sikolojik et Kriz

MOUN RECHÈCH LA: Florence Saint-Jean, MHC, florencesaint@gmail.com, Elèv Doktoral, 718-407-0482.

KONSEYE: Doktè Louis Gregoire, Ph.D., Pwofesè, & Prezidan Thèse Depatman Konsèy, Sikoloji, ak Edikasyon Espesyal 412-396-4442

SOUS SIPO: Etid sa se pou yon pati nan pwogrè nan kondisyon pou degre nan doktora nan Egzekitif Konseye Edikasyon ak Sipèvizyon nan Duquesne University.

OBJEKTIF: Nou mande ou patisipe nan yon pwojè rechèch ki chache envestige eksperyans ou pandan ak apre tranbleman tè a, e ki jan ki ta ka ede sèvis sante mantal nan lavni nan Ayiti. Li pral pran apeprè youn a de èdtan nan entévyou endividylèl ak youn nan de zè de tan nan yon entévyou gwoup, menm jan tou apeprè 30 minit nan yon apèl swivi, si sa nesesè. Entévyou yo pral tepe ak transkri. Sa yo se sèlman demann ke nap mande ou.

BENEFIS AK RISK YO: Gen kèk risk ki enplike nan etid sa a, tankou santi akable, ensiste, ak tris paske memwa ou gen de tranbleman tè a. Benefis nan patisipe, se yon chans pou ou pataje istwa ou a.

KONPANSASYON: Ou pral resevwa yon chemiz ak manje pou patisipe nan etid sa a. Anplis de sa, patisipasyon nan pwojè a pap pral koute ou lajan.

KONFIDANSYALITE: Non ou pa jann parèt sou nenpòt enstriman rechèch. Pa gen idantite kap fèt nan analiz la. Tout materyèl ekri ak fòm konsantman ka sere nan yon dosye ki fèmen akle
nan kay elèv nan. Repons ou ap sèlman parèt nan rezime a. Tout materyèl pral detwi nan fin rechèch la.

Pandan sesyon gwoup la, yo pral ankouraje patisipan yo tenk bagay yo tande konfidansyèl sebandan moun Rechèch a pa ka garanti ke manm gwoup yo ap ka diskyi kon konfidansyèl, ki vle di manm gwoup yo ka diskite ki sa ki diskite nan gwoup la san moun Rechèch a pa konnen.

**DWA RETIRE TÈT OU:**

Ou gen okenn obligasyon patisipe nan etid sa a. Ou mèt retire konsantman w nan nenpòt ki lè et enifòmysyon ou a pa pral itilize nan analiz la.

**REZIME REZILTA:**

Pral gen yon rezime de rezilta rechex sa et rezilta ap founi pou ou, san sa pa koute, depi ou demann sa.

**OTORIZASYON VOLONTÈ:**

Mwen li deklarasyon sa yo anwo a et mwen konprann ki sa ki te mande m'. Mwen konprann ke patisipasyon mwen an se volontè et si mwen kapab retire konsantman mwen a nenpòt ki lè, pou nenpòt ki rezon. Nan tèm sa yo, mwen sètifye ke mwen vle patisipe nan pwojè rechex sa a.

Mwen konprann ke si mwen gen nenpòt lòt kesyon sou patisipasyon mwen nan etid sa a, mwen ka rele Samyèl Darguin (Direktè HAC) nan 509-3848-6587, Florence Saint-Jean (Moun Rechèch Prensipal) nan 00-1-718-407-0482, Doktè Louis Gregoire (Konseye) nan 00-1-412-396-4442, oswa Doktè Linda Goodfellow, Prezidan Konséy Revizyon Enstitisyonèl nan University Duquesne nan 00-1-412-396-6326.

Siyati Patisipan an ___________________________ Dat ___________________________

Siyati Moun Rechèch a ___________________________ Dat ___________________________
## APPENDIX C

### SCREENING PROTOCOLS

<table>
<thead>
<tr>
<th>Screening Protocol</th>
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<td>Date:</td>
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<td>Age:</td>
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<td>Sex:</td>
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<td>Highest level of education:</td>
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5. Please tell me a little about yourself.

6. Where do you live? For how long? Where were you before that?

7. Please share how was your life right before the earthquake?

8. Briefly describe how things changed?
APPENDIX D

INTERVIEW GUIDE

Individual Interview Protocol

Interviewer: Florence Saint-Jean

<table>
<thead>
<tr>
<th>Location:</th>
<th>Participant(s):</th>
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<th>Session Starting Time:</th>
<th>Session Ending Time:</th>
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Introduction. In order to gather data that is imperative to future mental health services and policy in Haiti, I look to gain your insight and experience after the earthquake.

If it’s OK with you this interview will be audio and video recorded. The recording will be used for my note taking purposes. The recording will be kept confidential and your identity will be kept anonymous and you will only be referred to as an “interviewer”. Do you give me permission to audio and videotape?

Major Psychosocial Issues that Haitian People Dealt with After the Earthquake

- Please describe your mental state after the earthquake

  Probe 1: What did you feel when the earthquake happened?

  Probe 2: What did you see around you (i.e. dead bodies, etc.)? How did you react? How were people reacting? What did you think about the damages in infrastructure?

  Probe 3: What were thinking?

  Probe 3: How did you handle your and others reactions/ emotions? How was your body reacting? How did you deal with your body’s reactions?
Probe 4: What somatic symptoms did you experience? (i.e. headaches, back pain, insomnia, low-energy, etc.) (PAHO/WHO, 2010)?

Probe 4: Did you lose anyone? Who? What was that like for you? Did you get to mourn? How did you mourn? What about the bodies that weren’t found? How did you mourn them?

Probe 5: How were other people reacting to each other? How did you feel about those reactions?

Probe 6: Did you use any herbal remedies after the earthquake? If so, which ones? How did it or didn’t it help (PAHO/WHO, 2010)?

Probe 7: Did you or anyone you know use substances to keep your mind off of things?

Probe 8: Who were you likely to talk to about everything that was happening? Were they around? What did you share? Did it help? How?


Probe 9: Please share a story or a parable

Crisis experiences and reactions of Haitian’s after the earthquake

- Please describe your experience immediately after the earthquake

Probe 1: What was your source of support after the earthquake?

Did you know that there were mental health workers in Haiti?

How do you feel about people getting help from these mental health workers?
Probe 2: Where there times when you felt overwhelmed? How did you cope?

Probe 3: Did you cry? If yes, how and where did you find solace?

Probe 4: Did you receive emergency assistance? If so, from who? If you found assistance, was it consistent?

Probe 5: Was there any particular situation that caused you discomfort?

Probe 6: What happened to your home? How did you feel when it first happened? How do you feel now?

Probe 7: Were you able to continue your daily chores after the earthquake or did you have some time when you did nothing (Schuller, 2010)?

Probe 8: Do you think Haiti was prepared to handle this earthquake? Do you think you, or your family or friends were prepared?

Probe 9: What is the first story that comes to your mind?

Probe 10: What would you do different if God forbid there was another catastrophe? What advice would you give someone who may experience an earthquake in a country like Haiti?

**Implications of Haitian’s Crisis Reactions on Their Psychosocial Supportive Needs**

Probe 1: Did you notice any changes in your behavior after the earthquake?

Probe 2: How are you now?

Probe 3: Who helps you now?

Probe 4: What do you think about mental illness? How does that look to you?
Probe 5: What mental illness symptoms did you or other people see?

Probe 6: Please share a story about yourself or someone you know that illustrates how people were behaving weeks after the earthquake?

Native’s Protective and Risk Factors after Earthquake

- Please describe how your community was impacted

  Probe 1: What did you notice about your family after the earthquake?

  Probe 2: What did you notice about your community leaders? What about the school teachers?

  Probe 3: How do you think poverty played a role in how you and your community were impacted?

  Probe 4: What religion are you?

  Probe 5: How do you think your religion played a role in your ability to cope after the earthquake (PAHO/WHO, 2010; Nicolas et al., 2012)?

  Probe 6: How did your “pastor, priest, or vodou priest” get involved during and after the earthquake?

  Probe 7: Did your family, or community leaders have funerals or mourning ceremonies? What exactly? Was that helpful? How? What about the bodies that weren’t found? How did you and your community mourn over them?

  Probe 8: Have you ever heard about the story that Haiti got its independence through a vodou ritual conducted by the country’s leaders?

  Probe 9: How do you feel about the talk that it was that independence vodou ritual that caused the earthquake?
Probe 10: It has been said that Haiti is cursed by God, what do you think about that?

Probe 11: How do you feel when you remember Haiti’s past history of slavery, organized violence, torture, gangs, kidnapping, and now earthquake? How does your body react to that?

Probe 12: If your financial situation was better, how would that change how you reacted to the earthquake?

Probe 13: If your financial situation was different how would that change where you are now? How would that change your peace of mind?

Probe 14: If you had the chance to leave and live abroad how would that change things?

Probe 15: What aide did you receive from the NGOs? What do you think about them?

Probe 16: Please share a story that illustrates the poverty after the earthquake.

What do you think is the best way to provide long-term mental health care to you and your family (Bailey et al., 2010; Raviola, Eustache, Oswald, & Belkin, 2012)?

Do you have any other comments or stories you would like to share?

Can I call you a few weeks from now, if I have more questions?
APPENDIX E

FOCUS GROUP DISCUSSION QUESTIONS

Group Interview Protocol

<table>
<thead>
<tr>
<th>Interviewer: Florence Saint-Jean</th>
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<tr>
<td>Location:</td>
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Introduction. In order to gather data that is imperative to future mental health services and policy in Haiti, I look to gain your insight and experience after the earthquake.

If it’s OK with you this interview will be video recorded. The recording will be used for my note taking purposes. The recording will be kept confidential and your identity will be kept anonymous and you will only be referred to as an “interviewer”. Do you give me permission videotape?

Please be aware that due to the content explored in this group, everything that is said here should remain confidential. I cannot guarantee that group members will keep this discussion confidential, which means group members may discuss what is discussed in the group without my knowledge, however I cannot stress enough how imperative it is that everyone keep this discussion confidential.

Questions

1. What was it like for you to live through the earthquake?
1. Would you share with me about that time in your life? What were you doing?

b. How did your body react to the earthquake?

c. How about your intimate, family, and social relationships?

2. What was life like for you after the earthquake?

a. Where there any “Maladi Bondyè” (ordinary / natural illnesses) that came about after the quake?

b. Where there any “Maladi fè-moun mal or maladi diab” (invisible, secret, or magic illnesses) that came about after the earthquake?

c. Who helped with this? What helped?

3. Did you lose any relationships? How about maintain or build new relationships?

4. What about your living, working or learning spaces? How was that impacted or shaped by the earthquake?

5. How did you cope with any stress that came your way?

6. What keeps you going?

7. What has given you purpose, consolation, and hope?

8. What good came out of your life as a result of the earthquake? What role does religion play in that? What role does your family and friends have in that? Who or what else has a role in that?

9. What parable or Bible verse helped you during the earthquake?

10. Each person please share your most memorable story during the earthquake?

11. Please share your most memorable story from after the earthquake?

12. How do you think this interview will be helpful for the people of Haiti?