

Running head: MOTHERS' RELIGIOUS INFLUENCE IN HAITI

Mothers' Religious Influence on Children Experiencing Trauma:
Haiti Community Clinic Focus Groups

by

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Dedication

My dissertation research is dedicated to Haiti: the first major setting of African enslavement in the Americas, the first African revolution in the Americas for the right of self-governance, and a centuries-old symbol of the continued struggle of Africans who have undergone colonization and neo-colonization. You are an inspiration to me, a Black/African American/Black American male. A special dedication is offered to Partners in Development, Inc., Ipswich, MA, www.pidonline.org. Without your devotion and kindness for 25 years to the primary medical care and education of mothers, children, and families in Blanchard, Damien, Canaan, and surrounding areas of Port-au-Prince, Haiti, many poor Haitian communities would not have access to healthcare, and this research also would not be possible.

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Table of Contents

Abstract	1
Haiti Community Clinic Focus Groups	3
Purpose of the Study	5
A Review of the Literature	5
An Overview of History and Societal Contexts	5
An Ecological Model	7
Assessment of Children's Resilience with the House-Tree-Person (HTP) Test.....	12
General Dimensions of Religion	13
Outcomes of Religious Coping	17
Transmission of Religion through Parents	19
Religious Coping During Disasters	21
Religion in Haiti.....	23
Vodou in Haiti.....	23
Catholicism in Haiti	25
Protestantism in Haiti	25
Statement of the Problem.....	29
Research Questions.....	29
Summary.....	30
Definitions of Terms	31
Continuous Trauma.....	31
Resilience	31
Religion	31
Vulnerability.....	32
Methods.....	32
Overview of an Archival Study.....	32
Integrative Mixed Methods Approach (IMM)	33
The Use of Focus Groups.....	34
Measures.....	35
Procedures	39
Research Hypothesis	40

Data Analyses.....	41
Qualitative Analysis Validity Checks	42
Results and Religious Themes	43
Theme 1: Talk with God to Help You (Frequency=29).....	44
Theme 2: God Will Not Leave You (Frequency = 20)	46
Theme 3: It's an Assembly: We Share our Problems at Church (Frequency= 19).....	48
Theme 4: Train up a Child (Frequency=15).....	50
Theme 5: Hope for Tomorrow (Frequency 10).....	52
Non-religious Themes	54
Secular Theme 1: Parenting Factors (Frequency = 66).....	54
Secular Theme 2: Community Factors (Frequency=43)	57
Negative Theme I: Shame and Embarrassment (Frequency = 11).....	59
Summary of Qualitative Findings	60
Quantitative Findings.....	61
Post Hoc Analyses.....	64
Summary of Quantitative Findings	66
Discussion.....	67
Thematic Analysis of Haitian Mothers' Focus Groups.....	67
Secular Theme 1: Parenting Factors.....	73
Secular Theme 2: Community Factors	75
Negative Theme I: Shame and Embarrassment	76
Quantitative Analyses	77
Post Hoc Analyses.....	81
Limitations of the Study	85
Directions for Future Research.....	88
Summary of the Study.....	91
Conclusion.....	93
References.....	94
Table 1	104
Table 2.....	105
Table 3.....	106

Table 4.....	107
Table 5.....	108
Table 6.....	109
Appendix A.....	110
Appendix B.....	111
Appendix C.....	113

List of Tables

Table 1	104
Table 2	105
Table 3	106
Table 4	107
Table 5	108
Table 6	109

Abstract

An earthquake measuring 7.0 on the Richter scale hit Haiti on January 10th, 2010. The earthquake, an urgent crisis, occurred in the context of persistent social dysfunctions, amplifying both the chronic poor living conditions and adversities for children and families. The purpose of the study was to enquire into the possible ways children in Haiti are socialized by the religiousness and other coping ways of their mothers and caretakers in the childhood contexts of societal and continuous trauma. Participants were Haitian mothers ($N = 27$) who participated in three focus groups that were conducted in their location of residence: Canaan-Damien ($n=10$), the Providence Orphanage ($n=8$), and Blanchard ($n=9$). Participants were also the children of these mothers ($N=42$). Religious and non-religious qualitative themes emerged from the focus group discussions. For example, some of the themes were: *You talk to God to help you; God will not leave you; Parenting Factors*, and *Shame and Embarrassment*. The themes and their frequencies formed five thematic clusters: (a) Positive Religious Cluster, (b) Negative Religious Cluster, (c) Positive Secular Cluster, (d) Negative Secular Cluster, and (e) Shame and Embarrassment Cluster. The correlations among the thematic clusters, as well as their relationships with the Resilience and Vulnerability scores of the children were studied. The Resilience and Vulnerability scores were derived from ratings of the children's House-Tree-Person (HTP) drawings reported in a previous study (Roysircar, Colvin, Afolayan, Thompson, & Robertson, 2017). Data-based similarities and differences between and among thematic clusters, as well as in the thematic clusters by the children's different locations, were investigated. There was a significant negative relationship between the Positive Religious Cluster and HTP Vulnerability. There was a significant positive relationship between the Shame and Embarrassment Cluster and HTP Resilience. All locations had a significantly higher incidence of

the Positive Secular Cluster than the Positive Religious Cluster. There was a nonsignificant effect of location on the Positive Religious Cluster. However, some themes differed by location. The study's results, limitations, and implications for future research are discussed.

Keywords: Haiti, continuous trauma, religion, parenting, mothers' focus groups, thematic analysis, mixed methods

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Mothers' Religious Influence on Children Experiencing Trauma:

Haiti Community Clinic Focus Groups

An earthquake measuring 7.0 on the Richter scale hit Haiti on January 10th 2010. In the following two weeks, the country reported at least 52 aftershocks measuring 4.5 magnitude or greater. Death toll estimates ranged from 100,000 to 316,000, with approximately 3 million people affected (Echevin, 2011). In addition to the high death toll, 250,000 residences and 300,000 commercial buildings were severely damaged with an estimated cost of 8 billion or 120% of Haiti's gross domestic product (Echevin, 2011).

Following the earthquake, several efforts to assist Haiti ended with controversy. Cholera appeared in the country for the first time in nearly a century. Some researchers have concluded that United Nations peacekeeping security forces introduced cholera bacteria into the river system. The outbreak of cholera caused the deaths of over 4,500 people and made almost 300,000 more people sick (Lantagne, Nair, Lanata, & Cravioto, 2014). In 2015, National Public Radio (NPR) documented the mismanagement of nearly half a billion dollars of donations by the Red Cross. The Red Cross intended in late 2011 to redevelop the country's areas most affected by the earthquake, but by 2015 "not one home was built in the community, and many residents lived in shacks made of rusty sheet metal, without access to drinkable water, electricity, or basic sanitation" (National Public Radio, 2015, p. 1). Structural failures during a time of acute distress is a specific form of disparity common between the rich and the poor in Haiti.

Persistent Adversities

The earthquake, an urgent crisis, occurred in the context of persistent social dysfunctions, amplifying both the chronic poor living conditions and adversities for children and families. In addition, challenges related to societal violence (e.g., rape and physical violence),

limited public sector capacity, and health inequity have intensified, resulting in even greater challenges to children's basic needs, safety, and protection (Pierre et al., 2010). The immediate shock and trauma of the earthquake were enhanced by the stress of people not being able to save the trapped and help the injured. Rescue tools were unavailable; health facilities were overwhelmed; first aid capacity was limited; and many roads were blocked (Pierre et al., 2010). Children's physical traumas, which included debilitating injuries and burns, were treated in improvised field hospitals. Beyond stabilizing the acute child mental health problems after the earthquake, such as those by efforts by the International Red Cross, volunteers, and primary care clinics run by NGOs from the United States, comprehensive and sustainable evidence-based interventions continue to be needed to treat the dynamic interplay between chronic and acute stressors (Pierre et al., 2010). Religious coping by Haitians is a potential area where researchers can develop interventions to address the negative effects of chronic and acute stressors on mental health.

In the World Health Organization's book, *Culture and Mental Health in Haiti: A Literature Review*, Kirmayer (2010) argued that religion plays a crucial role in all spheres of Haitian life, including politics, morals, work, family life, and health. Religion can increase an individual's self-esteem, alleviate despair, and provide hope in very difficult and trying circumstances (Kornreich & Aubin, 2012). Faith-based groups already in existence in the Haitian community and religious practices carried out by families may provide cost-effective support that can promote resilience and optimize mental health outcomes in children (Brewer-Smyth & Koenig, 2014).

Purpose of the Study

The study sought to address the problems of societal stressors and continuous trauma of Haitian children by providing an understanding of the potential ways that religiousness of parents can promote resilience in children living in Haiti. The study first investigated mothers' views of religion expressed in focus group conversations, whose audiotapes are archived in the Antioch Multicultural Center for Research and Practice. Second, the study investigated the relationships of the mothers' views with their children's resilience and vulnerability assessed by their House-Tree-Person (HTP) drawings and reported by Roysircar et al. (2017).

A Review of the Literature

Haiti is located in the Atlantic Caribbean, sharing the island of Hispaniola with the Dominican Republic. Haiti or "mountainous" in the language of the original inhabitants, the Arawaks, is named appropriately because 80% of the land is covered by mountains (Bellegarde-Smith, 1990). Haiti's dense population of 10.3 million people is mostly concentrated in cities, coastal plains, and valleys. The capital of Haiti is Port-au-Prince with a population of approximately 900,000.

An Overview of History and Societal Contexts

Haiti was founded by former African slaves brought to the island by the French in the 1700s. Many Haitians were first-generation West Africans from the Asante, Oyo, Ibadan, Dahomey, and Benin cultural groups. These first-generation African slaves had previously lived in African towns and were exposed to textile and metalworking occupations. Their civilizations had long-established complex cultures as well as social, political, and economic structures that they carried to Haiti (Bellegarde-Smith, 1990).

The revolution for Haiti's independence began in 1791 when slaves revolted in St. Domingue. Within weeks, the revolution included 40,000 of the colony's 465,000 slaves. Freedom fighters, L'Ouverture and Jean-Jacques Dessalines, led the revolution against the French in Haiti and then against 60,000 soldiers sent from Britain and France to reestablish servitude. An estimated 150,000 Haitians died during 12 years of the revolution. However, by 1804, Haiti was a free, independent republic (Robinson, 2007). After Haiti's independence, France demanded 26 billion dollars in financial reparations from Haiti to compensate France's lost revenue from no longer owning Haitians as slaves. A century later around 1900, following the slave revolt, 80% of Haiti's national income was being paid as debt to American and French financial banks from which Haiti borrowed money to pay for reparations to France (Robinson, 2007).

Social environment. Haiti is currently the poorest nation in the Western hemisphere even though between 2000-2010 extreme poverty declined from 31 to 24% (World Bank, 2018). More than 6 million out of 10.4 million (59%) Haitians live under the national poverty line of \$2.44 per day. In addition, over 2.5 million (24%) Haitians live under the national extreme poverty line of \$1.24 per day. Currently, 6.3 million Haitians cannot meet their basic needs, and 2.5 million do not make enough to pay for food. Poverty is even greater in rural areas as compared to areas where trade and commerce occur (World Bank, 2018).

Healthcare. In Haiti, over 7% of children die at birth, and children have a 30% chance to die before the age of 15. In 2012, for every 100,000 births, 380 women died in Haiti, compared to eight maternal deaths for every 100,000 births in Europe (World Health Organization, 2010). Adolescent fertility rate is high (69 births per 1,000 girls aged 15–19 years) affecting not only girls, young women, and their children's health but also their education and employment

prospects. Births to girls aged 15–19 years old have the highest risk of infant and child mortality as well as a higher risk of morbidity and mortality for the young mother herself (Echevin, 2011). Almost half of the population of Haiti has no access to formal healthcare services (Verner, 2007). Only 30% of healthcare facilities are public and most of them are in urban areas. In rural areas, nongovernmental organizations (NGOs) provide 70% of health services (Verner, 2007).

Family. In Haiti, the family is a strong protector as well as a risk factor for child development. The Haitian family is relatively large as women typically give birth to 4.2 children. Poor and extremely poor households usually have a greater number of children than non-poor families. Structurally, women head 53% of Haitian households. Causes for the absence of fathers include migration, death, and abandonment (Roysircar, 2013). Only 1 in 3 children live with both parents in urban areas, while 20% of children have neither a mother nor a father in the household (Echevin, 2011). In a 2002 report on life in Haiti, 86% of youth surveyed responded that family disintegration is a “very big” problem in Haiti with 94% of youth responding this way in urban areas. The same report found that 25% of Haitian youth do not feel safe in their home, and 33% are fearful to leave their house or go to the market (Justesen & Verner, 2007).

An Ecological Model

In order for the study to have assessed how religiousness of mothers might lead to resilience in their children, an understanding of the entire ecological system in which child development occurs is required. According to Bronfenbrenner (1989), the trajectory and sustenance of human growth are determined by five socially organized subsystems: microsystem, mesosystem, exosystem, macrosystem, and chronosystem. A microsystem is a pattern of community engagements (e.g., school, place of worship, healthcare systems), social roles, and interpersonal relationships carried out by a developing person. A mesosystem is a system of

microsystems, comprising linkages and processes that take place between two or more settings (e.g., school, place of worship, primary care medical setting) where the developing person is interacting. An exosystem (e.g., government, laws, and policies) determines the relations, processes, and resources of the systems at the micro and exo levels, where developing individuals have limited control, but in which norms and procedures directly influence their well-being. A macrosystem consists of overreaching patterns of cultural and structural characteristics of a given society, with particular reference to belief systems, religions, customs, privileges, oppressions, gender attitudes, etc. Last, the chronosystem characterizes the change or consistency over time of a person's life and the whole environment in which that person lives.

Resilience

The definition of resilience, as provided by the Psychology Dictionary, is the ability to adapt or rebound quickly from change, illness, or bad fortune (Nugent, 2013) Resilience is a person-environment interactional competence that becomes measurable when a stressor occurs. The interaction involves personal disposition (e.g., a problem-solving approach) as well as communal resources found in collective societies like parents, mentors, and worshiping practices (APA, 2017; Masten & Powell, 2003). This frame is consistent with Bronfenbrenner's (Bronfenbrenner & Ceci, 1994) bioecological theory of child development and has been applied to sociocultural, political, racial, gender, age, and class contexts. Consider, for instance, the experiences of African Americans post-Hurricane Katrina and Caribbean Africans post-2010 Haiti earthquake. For children and adolescents, resilience relates to competence in accessing resources to enable positive behavioral, emotional, and educational functioning. For the purpose of the present study, resilience was proposed to be negatively correlated with vulnerability, as it was found in Roysicar et al.'s (2017) study on posttraumatic stress of Haitian children.

Conceptually, Masten (2001) referred to resilience as “the everyday magic of ordinary, normative human resources in the minds, brains, and bodies of children, in their families and relationships, and in their communities (p. 9).” Her definition stresses that resilience is a common phenomenon that children access from competent caretaking in the family and community. Resilience also consists of cognitive and self-regulation skills, positive views of self, and motivation to be effective in the environment. When operating effectively, these intrapersonal strengths and a person’s microsystemic resources ensure that appropriate development continues even through traumatic events. However, when the microsystem is affected (e.g., family, school, healthcare system), then developmental problems can arise in children and youth.

Defining the common nature of resilience is a debatable subject. For example, Infurna and Luthar (2017) attempted to replicate the findings about the prevalence of resilience following three events (spousal loss, divorce, and unemployment) using data from previous studies on resilience. When using identical model specifications as in prior studies, the authors found that resilient trajectories were most common.

The authors then changed two assumptions used in prior studies: that (a) all classes (e.g., resilient, non-resilient groups; i.e., between group comparison) have similar variability in levels of post-adversity adjustment and (b) there is no variability in changes within classes. They allowed for variability in adjustment preceding stressor events, as well as differing degrees of highs and lows over time among people in “resilient” subgroups. When these parameters were changed, results showed that the resilient trajectories following a disaster were least common. Infurna and Luthar’s (2017) results showed that trajectories of resilience (stability before and after a major life stressor) can vary substantially, depending on assumptions made about the

people before and during the stressor. The way that studies conceptualize the experience of adversity (i.e., continuous, acute) influence whether group trends appear to be resilient. For instance, in the case of Haitians, no assumption was made about prior stability because Haitians living in poverty and structural neglect experience continuous trauma. The current mixed methods study that included Haitian children who lived in difficult circumstances and how their mothers might have helped them to be strong can inform potential researchers about the parameters that are appropriate in measuring trends of resilience.

General concepts of resilience. Definitions of resilience typically consider both the type of threat to functioning and the quality of adaptation after exposure. Threats typically fall under such terminology as risk, adversity, and stressful life events. Positive adaptation includes an absence of psychopathology, success in age-salient developmental tasks, subjective well-being, and relational competence (Wright & Masten, 2015). Outcomes generally worsen, and resilience becomes less likely as risk factors increase, persist, and accumulate. For example, greater risk is assumed for individuals who experience an acute new adversity (e.g., natural or human-made disaster) amid ongoing poverty and/or war, making for continuous trauma, than for a similar, but isolated, acute adverse experience (Masten & Narayan, 2012). The former risk factor assumption might be applied to Haitians.

During recent years, resilience research has begun to emphasize the importance of cultural contexts. Sociocultural microsystems provide individuals, often in the context of families and communities, with beliefs and ways of living and coping with the common difficulties of life (Harkness & Super, 2012). Adaptive responses and knowledge transmit across generations by assigning families and cultural institutions the task of training the youth in beliefs about adaptation and its practices (Wright & Masten, 2015).

Culture is a powerful macrosystemic influence that molds identities and value systems at global, national, and local levels, which inevitably affect transactions at the micro-level of a social ecology. Bronfenbrenner's (1989) Ecological Systems Theory, which describes how people are embedded in social ecologies, is consistent with this view. Macro-sociocultural worldviews shape the structure of microsystems (e.g., extended versus nuclear families), as well as microsystemic goals, morals, orientations, interactions, and socialization patterns (e.g., orientation towards religion). The microsystemic processes then shapes children's development and behavior (Theron & Theron, 2010).

According to the APA (2008) Task Force on Resilience and Strength in Black Children and Adolescents, ecological models of resilience need to include a layer of socio-historical experience (e.g., marginalization, colonization). Researchers and practitioners need to systematically practice "the explicit inclusion of factors that specifically encompass ... racial, ethnic, and cultural experiences...." (APA, 2008, p. 2). For example, Roysircar and Pignatiello (2011) assessed mental illness by examining clients' conflicts between and within various levels of an Asian Indian female immigrant's ecological systems. A person-environment concept of resilience suggests learning resilience is possible. The person, family, education, and other levels of the ecosystem cultivate and are cultivated through interactions that ultimately determine whether the complete system provides resilience. When levels of the ecosystem, such as the government or local institutions cultivate little resilience, the person may have to adjust to obtain available resources within oneself and within the environment (Reivich, Seligman, & McBride, 2011). Resilience includes multiple strategies and pathways that have been adapted from the experiences that different people have living in various ecological contexts and cultural contexts

(Westphal & Bonnano, 2007). The experiences include the combination of individual, family, and environmental factors (Glicklen, 2006).

Resilience promotes a sense of safety and connectedness, perceived control and agency, and regulation of arousal and behavior (Masten & Narayan, 2012). Resilient individuals, who are strong by disposition and have social support, when experiencing events that many consider traumatic may not manifest symptoms of trauma. Character traits, such as the commitment to finding the meaning of life, belief that one can grow from bad and good, and belief that one can influence one's surroundings as paths to resilience are also referred to in Biblical texts (Masten & Narayan, 2012).

Assessment of Children's Resilience with the House-Tree-Person (HTP) Test

Roysircar et al. (2017) used HTP drawings of children living in Haiti to assess their resilience and vulnerability post-2010 Haiti earthquake. The authors conceptualized resilience from cultural and systemic perspectives, while they saw vulnerability in the context of Haiti's historical and continuous trauma. They created theoretically-based Resilience (RES) and Vulnerability (VUL) items (31 items) that were scored as present or not present (1 or 0) in their sample's ($N = 131$) drawings. See Appendix A for the items and the scoring system. Dr. Gargi Roysircar has released her copyright to the HTP scoring of Haitian children's drawings. RES correlated negatively and VUL correlated positively with a Creole translated measure of trauma symptoms self-reported by the children. Over 50% of participants had significantly different scores on RES and VUL suggesting that the measure was sensitive to individual differences. The study provided information about resilience and vulnerability of children living in continuous adversity.

Buck's (1948) House-Tree-Person (HTP) test is a drawing technique designed to elicit information about a participant's personality integration, flexibility, sensitivity, and maturity; and the specific and general interaction between that personality and the environment. Participants are simply told to draw a house, a tree, and a person. The pictures of a house, tree, and person were initially chosen for several reasons, including their familiarity even for young children and the willingness of people of all ages to draw such pictures.

According to Buck (1948), the house is a dwelling place and usually represents the place where the most intimate interpersonal relationships occur. Drawing the house may bring to mind experiences of one's home and other people who may live at one's home. The tree is a part of the natural environment that is alive or dead that relates to an individual's life and ability to find happiness in one's surroundings. The person can be living or was once living and reflects ideas about specific and general interpersonal relationships. Buck's ecological presentation through House Tree Person drawings is proposed to measure the chronic and acute adversities that Haitians experience. The HTP test is an appropriate instrument given its levels of analysis at the individual, microsystemic (family, neighbors, peers, religious worship), and the environmental (poverty, destruction, and violence) levels.

General Dimensions of Religion

Religions operate in many of the same areas that resilience research identifies as important for positive outcomes (Crawford, Wright, & Masten, 2006). In psychological research, religion is divided into five interlocking components: (a) intellectual, (b) ideological, (c) public, (d) private, and (e) religious experience (Huber & Huber, 2012). Intellectual religion refers to the expectation that religious people have knowledge of religion, and that they can explain religious views. Religious ideology is the expectation that religious individuals have beliefs regarding

existence, the essence of a transcendent reality, and the relation between the transcendence and humans. Public practice of religion is the expectation that religious persons belong to religious communities, including participation in religious rituals and communal activities. In private practice, people devote themselves to individualized activities and rituals in private space, such as through prayer and meditation. The last component of religion, religious experience, refers to the expectation that religious individuals have a connection to an ultimate reality that affects them emotionally.

People who participate in the above-mentioned general dimensions of religion can promote many of the same factors that are required for resilience (Crawford et al., 2006). Positive and negative religious coping happens when religious followers use religion to help them deal with adverse situations (Harper & Pargament, 2015). Positive and negative religious coping are addressed below.

Positive religious coping. Religious support is a distinctive form of social support that can facilitate deeper family relationships, helping to make sense out of adversity or trauma (Crawford et al., 2006). In a qualitative study of black South African youth, Brittan, Lewin, and Norris (2013) found that religion promoted resilience by providing support, facilitating a connection to the past, providing a moral compass, and promoting healthy development. Particularly relevant to cross-cultural practices, religion facilitated resilience by providing a complementary framework to bridge traditional African practices with intersecting Christian beliefs.

Gunnestad and Thwala (2011) found religion engendered resilience in South African youth through an opportunity to work on crises in cooperation with God and friends and through prayer and intercession (i.e., the action of saying a prayer on behalf of another person). Prayer

and fellowship operated in tandem as traumatized children received moral, spiritual, and practical support from Christian friends and church members. Faith and hope emerged as important resources in resilience. Prayer, fellowship, and the word of God helped youth maintain faith and hope. The hope was that God would support them in their struggles, giving them strength to persevere. Hope was also for eternal life, which gave them the ability to accept death because the respondents felt that God would take care of their loved ones. Last, values and good models helped the youth make good decisions in difficult situations.

The protective effects of religious participation against mental health problems vary according to the level of secularization within a country. Majority Christian societies have moral sanctions against suicide that help to protect members of the society who are not religious. Practicing traditional religious rituals with the observance of religious events may create a stronger protective effect against distress.

Langhinrichsen-Rohling, Friend, and Powell (2009) found in their review of the literature on religion that the negative relationship between increased religious participation and decreased suicidality may be enhanced when members actively congregate with other members. In very stressful situations, a self-directed coping style may offer less protection from adversity than a collaborative coping style. Thus, societies with secularized religious practices may offer more protection to members working collectively than for individuals who engage with religious practices in isolation.

Negative religious coping. There is also research on the negative effects of religious coping. According to Pargament, Smith, Koenig, & Perez (1998), ineffective religious coping is associated with (a) overemphasizing congregational or religious values to the neglect of other needs, (b) religious coping strategies that do not match the results that are desired, as well as (c)

conflict between individuals and their interpersonal and ideological systems. The ways that ineffective religious coping affect functioning are addressed below.

The first ineffective way to cope comes from an overemphasis on personal goals and values to the neglect of religious and spiritual ends (Pargament et al., 1998). Following traumatic events people often respond by questioning God's love and power, without considering that God has provided them alternatives for life situations. These individuals may attribute religious meaning to adverse events (e.g., the stressor as an act of evil forces), which is not consistent with how the scriptures explain the meaning of their troubles (Harper & Pargament, 2015).

The second ineffective way to cope includes waiting for God to control a stressor that requires some level of human agency, making pleas for divine intervention, or completely excluding God from attempts to cope (Harper & Pargament, 2015). This includes the use of religion to punish oneself for a stressful situation (i.e., I am in the situation because God is punishing me), and the use of religion to deny that a negative event caused any negative consequence (i.e., Because God is with me, I have no feelings about this negative event; Pargament et al., 1998).

Last, religious coping becomes problematic when conflict occurs between family, friends, or congregation members. Anger towards God can also occur for the role that an individual thinks God played in a negative life event, in experiences of personal religious doubts, and in one's confusion in coping with the event (Pargament et al., 1998). When a tragedy is particularly difficult to overcome, religious or spiritual faith may be severely hindered or even abandoned (Harper & Pargament, 2015).

Outcomes of Religious Coping

Religion protects against a range of factors, enhancing one's ability to cope effectively with life stressors and decreasing mortality and morbidity rates (Matthews et al., 1998). Varon and Riley (1999) found a positive correlation between improved adolescent mental health and social functioning and maternal church attendance. Research on church involvement among African American youth indicated positive correlations between church involvement, decreased stress, and employment. Church also provided mentors and helped to foster positive identity development (Cook, 2000). The extensive literature review undertaken by Donahue and Benson (1995) indicated that religiousness in adolescence is positively associated with prosocial values and behavior, and negatively related to suicidal ideation and attempts, substance abuse, premature sexual involvement, and delinquency.

According to Harrison, Koenig, Hays, Eme-Akwari and Pargament (2001), the relationship between positive religious coping and rates of depressive symptoms has received the most attention. In general, positive religious coping strategies, such as seeking spiritual support, expressing spiritual contentedness, receiving congregational support, benevolent reframing of the stressful event, and collaborative partnerships with God produce the lowest rates of depressive symptoms.

Religious coping is common with many different religions. Muslims read the Qura'n for comfort and to help with patience; Jews consult with their Rabbis and honor the Sabbath; Buddhists try to achieve understanding and mindfulness; and Hindus seek a spiritual awakening (Pargament & Raiya, 2007).

People often turn to religion to cope with stressful events. At times, religious coping yields positive results and other times negative ones. Ano and Vasconcelles (2005) conducted a

meta-analysis of 49 studies on the relationship between religious coping and stress. Four types of relationships were investigated: (a) positive religious coping with positive psychological adjustment, (b) positive religious coping with negative psychological adjustment, (c) negative religious coping with positive psychological adjustment, (d) and negative religious coping with negative psychological adjustment. The use of positive religious coping strategies, which included benevolent religious reappraisals, collaborative religious coping, and seeking spiritual support, were found to be related to reduced stress and spiritual-related growth, positive affect, and self-esteem. Not only did positive religious coping increase positive outcomes, positive religious coping also protected against depression, anxiety, and distress more so than those who did not use any religious coping strategies. Negative religious coping strategies (e.g., felt punished by God, attributed their situation to the work of the devil, etc.) were positively associated with negative psychological adjustment to stress, such as more depression, anxiety, distress, etc. For people already undergoing stressful situations, negative religious coping provided additional stress. While negative religious coping may be harmful, it did not necessarily prevent people from experiencing positive outcomes; in fact, some forms of negative religious coping represented spiritual struggles that were actually pathways towards growth.

It is important to note that positive and negative religious coping methods can occur together and in varying degrees over the course of the trauma recovery process (Harper & Pargament, 2015). Religious people experience religious struggles, which can threaten their deepest values, commitments, and worldview. People respond in many ways following adverse situations. For example, they may feel that God has abandoned them; their troubles are from the devil; and/or they may question the meaning of life. Religious struggles can cause lower happiness in life. However, when religious people maintain religious commitment, religious

support, and religious hope, the relationship between religious struggles and lower happiness becomes weaker. In particular, religious commitment and life sanctification buffered the relationship between religious struggle and higher symptoms of depression (Abu-Raiya, Pargament, Krause, & Ironson, 2015).

Negative religious coping, such as, spiritual discontent, interpersonal religious conflict, and negative reframing are associated with more depressive symptoms (Harrison et al., 2001). Posttraumatic stress and psychological distress symptom inventories were positively associated with pleading, religious discontent, and good deeds among family members of homicide victims. Greater turmoil during time of loss could have served to mobilize religious coping strategies, leading to religious discontent, plea for miracles, and practicing good deeds (Thompson & Vardaman, 1997). Negative religious coping has been associated with higher rates of mental health symptoms and particularly symptoms of posttraumatic stress in female trauma survivors (Fallot & Heckman, 2005). For university students who experienced various forms of traumatic events, negative religious coping was associated with greater symptoms of posttraumatic stress, after controlling for secular coping styles (Gerber, Boals, & Schuettler, 2011).

Transmission of Religion through Parents

Parental socialization is one of the most important ways that children learn and internalize messages about religion. Bebiroglu, Roskam and Wailet, (2015) proposed three models that describe parental socialization of children in religion: (a) unidirectional, (b) bidirectional, and (c) channeling models. In the unidirectional model, children are inactive recipients of socialization messages from their parents (i.e., modeling church religious activities, such as church attendance). Bidirectional models acknowledge the religious communications that occur between parents and children. Parent-adolescent conversations about religion are common

and perceived as more positive when the discussions focus on adolescents' needs and interests rather than those of their parents (Dollahite & Thatcher, 2008). The channeling model of religious socialization considers the socialization influence of peers, religious mentors, and schools (Regnerus, Smith, & Smith, 2004). According to this model, parents situate their children in social institutions, which strengthen and maintain religious devoutness (Regnerus et al., 2004).

Flor and Knapp's (2001) showed that direct transmission variables (i.e., parental religious behavior and parental desire for child to be religious) predicted child religious behavior and the importance of religion to the child. Parental modeling of religious behavior, more so than parental desire for their child to be religious, best predicted religious behavior of boys. The transactional discussions (i.e., didactic discussions of faith) also contributed significantly in predicting both child religious behavior and the importance of religion to the child.

The more religious behaviors parents displayed (i.e., church attendance) and the more positive their attitudes were towards religion (i.e., how important they believed religion to be), the greater was the transmission of religiousness to their children (Bader & Desmond, 2006). In addition, the religious transmission benefitted from consistency between parental religious behaviors and attitudes. Compared to children raised by religiously inconsistent parents, children who were raised by consistent parents attributed more importance to religion, frequency of prayer, and sacredness of doctrine. Children of consistently religious parents displayed higher levels of religion than children raised by religiously inconsistent parents.

The impact of two churchgoing parents on their children was considerably stronger than that of one alone (Voas & Storm, 2012). Findings showed that not only parental but also grandparents' religious activity had a significant effect. While much of the influence of

churchgoing was related to parents, many of the reasons why children went to church were also related to other members in the family attending church, like grandparents.

Religious Coping During Disasters

Survivors of natural disasters weave religious meaning into their interpretations, responses, and coping styles, more so than persons who experience human-made disasters (Aten, O'Grady, Milstein, Boan, & Schruba, 2014). For example, following a 23-year-long fire in a coalmine, Kroll-Smith and Couch (1987) found that members of the affected community attributed the technical fire to human failure rather than God. In contrast, survivors of natural disasters referred to their experience as an act of God (Aten et al., 2014). For communities of African descent, such as Haitian people, natural disasters are more challenging because these are located in the historical context of human-made disasters: slavery, colonialism, and governmental mishandlings (Nobles, 2013).

Pargament et al. (1998) distributed surveys by mail to members of two churches in Oklahoma City at the time of the bombing of the federal building. Approximately 72% of the participants were Baptists and 27% belonged to the Disciples of Christ. Most people reported that they knew at least one person who had been injured or killed in the bombing. Greater use of positive religious coping was strongly associated with higher levels of stress-related growth and more positive religious outcomes (growing closer to God or the church). However, positive related coping was also slightly related to more PTSD symptoms. Positive religious coping was not significantly related to callousness. Greater use of negative religious coping was associated with more positive PTSD symptoms and higher levels of callousness; and it was slightly tied to stress-related growth.

The pathways of development following disasters can lead towards psychological and spiritual transformation in the form of posttraumatic stress disorder or growth, depending on the quality and response of resources already present (Aten et al., 2014). For example, Walter and LaMendola (2007) found that survivors' spirituality had a direct link with posttraumatic growth in their study of 607 survivors of an earthquake in Taiwan. Communities in Taiwan developed collective spiritual narratives about suffering that contributed to individual psychological growth.

Disasters can impair spirituality by decreasing a person's connection to God, faith, purpose in life, the ability to transcend difficulties, inner peace and harmony, and inner strength. Spirituality and religion can potentially assist individuals towards resilient pathways by enabling a positive worldview, meaning making, and purpose, hope and motivation, personal empowerment, and a sense of control. The increase of social support found from religious organizations following disasters can provide within the congregation role models for suffering and decision-making (Aten et al., 2015).

Worthington et al. (2016) argued in a conceptual paper that un-forgiveness is a potential byproduct of disasters, whether human-made or natural because survivors tend to attribute blame for their circumstances. They may blame God for allowing the event to occur or the federal government for their slow and meager responses. Therefore, Worthington et al. assert that forgiveness is necessary for individuals and communities to transform feelings of resentment, bitterness, and fear into a stronger sense of purpose and improved social relationships. forgiveness and participation in religion are focused on others, and these processes promote interaction with systems of peoples' ecosystem where they can access resilience. Religious communities can provide a social context and moral guidelines for forgiveness, which can also promote further discussion about forgiveness within the wider community and families.

Religion in Haiti

Christianity is the most widespread religion practiced in Haiti, though many Haitians also practice forms of the Afro-Caribbean religion known as Vodou. Haitians are Roman Catholic (about 54.7%; the official religion of Haiti); Protestant 28.5% (i.e., Baptist 15.4%, Pentecostal 7.9%, Adventist 3%, Methodist 1.5%, other 0.7%); Vodou 2.1%; other faith 4.6%; and none reported 10.2%. Roman Catholicism was the first official religion in Haiti and remained the sole state religion until 1985, when the Haitian president at that time, Jean-Claude Duvalier, recognized Protestantism. In 2003, President Aristide recognized Vodou as an official religion after years of campaigning by Vodou leaders (Richman, 2012). Vodou, Catholicism, and Protestantism are discussed below.

Vodou in Haiti

Haitian Vodou is a neo-African spiritual system, religion, and philosophical way of life that comes from Dahomey and in Yorubaland, in western Nigeria. The term Vodou means “god” or “spirit” in the Fon language and encompasses the larger idea of belonging to the family of the spirits. Deities are referred to as lwa, anj, and mystè. In addition to Dahomey and Yourbaland influences, Haitian Vodou is distinct from other Afro-Caribbean traditions because it also incorporates the powerful systems of the Bakongo peoples in Central Africa. Due to the various influences, the development of Vodou in Haiti may have been an effort to unify Africans from different parts of the continent before and after independence (Bellegarde-Smith & Michell, 2013).

Haitian Vodou's theological structure is similar to other religious worldviews found in Africa and the African diasporas, sharing similarities with Cuba's Santería and with Brazilian Candomblé. As with African-derived religions, Haitian Vodou is a Monotheistic faith in that it

establishes one supreme, omnipotent God. This supreme entity, Gran Mèt or Bondye, is immaterial, and prayers are not even addressed to this power. Below the Gran Mèt are hundreds of lwa representing natural forces that are rendered into ethical principles or societal values and then anthropomorphized. Human beings and all of nature are associated with deities with whom they share their vital energies. A Mèt Tèt, or guardian angel, leads and guides each person (Bellegarde-Smith & Michell, 2013).

During ceremonies, lwa helps the living deal with health, family crises, spiritual imbalance, and other areas of human functioning. Lwa's have personal characteristics, each having their own songs, day of the week, favorite food, etc. The leaders within the Haitian Vodou community are the male priest (houngan) and female priest (manbo), who are responsible for the needs of their Vodou families (Bellegarde-Smith & Michell, 2013).

The African roots found in Vodou endured colonialism by incorporating features of Christianity through a process known as syncretism. Vodouists had no qualm worshipping Catholic saints and African gods together on the same altar. Many contemporary priests who embrace the secular teaching of cultural relativism hold that Vodouism is beneficial to the Haitians, especially the poor class (Louis, 2007). Many saints of the Catholic Church are the same spirits served in the Vodou temples, with the names and days of some Catholic saints corresponding with the names and days of some lwa. An example of syncretism occurs in Vodou ceremonies, which often begin with Catholic prayers mixed with voodoo words. Syncretism between Vodou and Catholics also happens through the rite of pote-ve, a form of penance practiced by Catholics and Vodou believers to obtain a positive response for their prayers (Paul, 2016).

Catholicism in Haiti

Followers of the Roman Catholic Church make up the largest denomination of Christianity. The Roman Catholic Church and Protestants share many basic tenets, such as the doctrine of the Trinity, the inspiration of the Bible, the deity of Christ, and His virgin birth, atoning death, and bodily resurrection. The most significant ways that the Catholic Church differs from other Christians tenets include: (a) denying the Protestant doctrine of justification through faith alone or by grace alone; (b) denying the Protestant doctrine that Scripture takes precedence over church teaching and tradition; and (c) having beliefs surrounding Mary and the saints (Theopedia, 2017).

The Spanish and French introduced Catholicism throughout Haiti in the 17th century. Haitian governments have respected the Catholic Church spreading the church's influence in political, economic, and educational arenas. The Catholic Church established hospitals and many dispensaries. Hospitals were very expensive, so much that the poor typically did not have access to them. The dispensaries that Catholic congregations established in rural areas gave medical care at a low cost for the poor. Benefits from Catholic schools, conducted by friars and nuns, typically only apply to children from the commercial, professorial, and intellectual classes.

Protestantism in Haiti

Protestantism began as a movement within Christianity during the 16th century when Christians separated from the Roman Catholic Church. Protestantism represents a diverse range of theological and social perspectives and related organizations and denominations (Theopeida, 2017).

While Protestantism had a difficult start in Haiti, it is now well-established. Most new Protestants come through converting members from Vodou and Catholic religions (Louis, 1997).

Protestants practice the rite of fasting and ordinance that were in practice in the Old and the New Testaments. In the Old Testament of the Bible, fasting was used to atone through physical self-denial, while the fasting in the New Testament is done to seek the Lord's help and guidance. The fasting movement found in Haiti began in the 1950s and embodied both New and Old Testament types. For some Protestant churches, such as Holiness and Pentecostal, the power of the Holy Spirit to cast out demons and heal the sick is very relevant in Haiti (Louis, 2007).

Protestant churches, which prioritized bringing God and material to the poor, dedicated resources to uplift poor Haitians. Following persistent economic stagnation of the Duvalier regime that ended in 1986, the Protestant church was instrumental in opening schools, clinics, and orphanages. The Protestant church complemented the Haitian government, which in many ways did not provide for most Haitians. In particular, Protestantism spread within the schools and orphanages (Germain, 2011). The Protestants have more schools in the country than any other group involved in education. They also established hospitals, mainly in the urban areas, as well as clinics, dispensaries, and nutritional centers, especially in the rural areas. More so than Catholicism, some Protestant churches have led a campaign against Vodou to destabilize its leadership. Churches convince the houngans and mambos that the Judeo-Christian God is the only spirit they should serve to obtain salvation for themselves, their family, and their community (Germain, 2011).

O'Grady, Rollison, Hanna. Schreiber-Pan, and Ruiz (2012) studied the impact of Haitians' spirituality on their psychological and spiritual growth following the 2010 earthquake. Participants were earthquake-affected adult male and female Haitians ($N = 108$) from local church communities, a secondary school, and a tent community. Five psychological instruments were used in the study. The Daily Spiritual Experience Scale measured individuals' thoughts and

feelings about their perceived interactions with a higher power in everyday life. The Spiritual Assessment Inventory assessed awareness of God and the quality of relationship with God with five subscales: (a) Awareness, (b) Disappointment, (c) Grandiosity, (d) Realistic Acceptance, and (e) Instability. The Inventory Loss Scale assessed injury to self and/or family members, damage to housing, and degree of threat. The Posttraumatic Growth Inventory Short Form measured positive outcomes reported by people who have experienced traumatic life events. The Spiritual Transformation Scale assessed individuals' perception of their spiritual development over time. A local Haitian who was fluent in English and worked as a translator translated the instruments into Haitian Creole. Surveys were then reviewed for accuracy by a French-speaking, U.S. citizen. Posttraumatic growth and spiritual transformation correlated moderately and significantly with participants' positive perceptions and expectations of God, and with awareness of God's involvement in their lives, as well as their specialness to God.

O'Grady et al. (2012) discussed that Haitians who believed that God is close to them and considered themselves special to God may have drawn upon these beliefs during adversity. There was a moderate positive relationship between posttraumatic growth and spiritual transformation, suggesting the important role that spirituality might play in transforming cognitively and emotionally traumatic events. A moderate positive correlation was found between greater amounts of loss and greater disappointment in participants' relationship with God; however, feelings of disappointment did not affect overall psychological and spiritual transformation. Women had significantly greater daily spiritual experience and greater overall spiritual transformation than males. O'Grady et al. commented that women tend to score higher on measures of spirituality in general. Hierarchical regression models were conducted to determine predictors of posttraumatic growth and spiritual transformation. Two models found individuals'

daily spiritual experiences and their awareness of God explained significant amounts of variance in posttraumatic growth (20%) and spiritual transformation (18%) beyond the degree of loss experienced. Since the earthquake, 80% of respondents agreed or strongly agreed that their faith in God grew, 71% reported practicing religion more regularly, 52% indicated that their faith community helped them cope with the earthquake, and 82% agreed or strongly agreed that they have felt God's inspiration during or following the earthquake. On the other hand, a strong minority of participants reported negative spiritual reactions: 23% agreed or strongly agreed that they felt more distant from God, and 20% indicated that they were less spiritual.

Orton and O'Grady (2016) qualitatively analyzed case studies (e.g., a forest fire; a Haitian grandmother affected by the 2010 earthquake) to elaborate on spirituality and resiliency processes. They referred to cosmology, described as a spiritual-cultural-sociohistorical macrolevel ecological influence that frames international large-scale catastrophes for culturally diverse societies. A cosmology episode occurs when a triggering event (e.g., loss of children) interacts with potentially unsustainable aspects of the cosmology (e.g., identity as a mother). The anticipation of a given cosmology episode helps resilience outcomes. During a cosmology episode, "sense-losing" involves giving up beliefs and practices that previously helped people explain the world, but are no longer salient following the event. When individuals are open to expanding or altering their cosmology framework, they are better able to facilitate resilient sense-losing and sense-remaking. The ability of improvising (i.e., revising old meaning while incorporating the changing environment) is contrary to failing to discard and replace previous knowledge and relying more on moment-to-moment experiences. The authors identified two resilience themes: (a) transformative pivot (i.e., spiritual experience between sense-losing and sense re-making) and (b) divine inspiration (i.e., dramatic improvisations). One Haitian

participant described a transformative pivot during a prayer when he felt God encouraging him to go with his family to his spiritual community's temple. Following this point in his life, this person began to have growth beyond pre-earthquake level. The results and conceptualization of O'Grady and her colleagues' studies (2012; 2016) guided the overarching categorizations of the present study's thematic analysis of Haitian mothers' focus group conversations.

Statement of the Problem

In January of 2010, an earthquake hit Port au Prince introducing an acute adversity into Haitian life already marred by longstanding political and economic disparities. The history of Haiti contains both elements of resilience and vulnerability, perhaps a necessary condition for Haitians to rebuild for themselves while remaining open for assistance. Haitian religion, which emphasizes both trials and triumphs in life, was a pivotal factor in Haitian independence and remains a relevant factor for Haitians' adjustment to continuous and acute adversity at the current time. Researching the religious influence of mothers on children through the narratives of Haitian mothers might provide a platform for enhancing culturally responsive methods that Haitians already use to assist their children during times of adversity.

Research Questions

The study sought to address the problems of societal stressors and continuous trauma for Haitian children by providing an understanding of the potential ways that religiousness of mothers might promote resilience in children living in Haiti. The purpose of the present study was to explore how religion assisted Haitian mothers to pass attitudes and practices of resilience to their children. Research suggests that religion can provide resilience in the face of adversity (Masten, 2001). However, there are various forms of religion (i.e., Intellectual, Ideology, Public Practice, Private Practice, and Religious Experience; Huber & Huber, 2012), which facilitate

resilience in different ways, depending on cultural contexts and ways of transmission (i.e., unidirectional, bidirectional, and channeling; Dollahite & Thatcher, 2008). On the basis of the above-stated rationale, the research questions for the study were as follows:

1. What are the types of religious themes that may emerge from asking mothers in Haiti about the ways they help their children during times of adversity?
2. How may the religious themes in mothers' discussion socialize their children?
3. Are the religious themes that may emerge related to their children's Resilience and Vulnerability score ratings given to their house, tree, and person drawings by raters in the study by Roysricar et al. (2017)? These children's mothers were the participants in the focus groups, whose discussions were analyzed for themes in the present study.
4. Will other themes that are not religious arise from the mothers' focus group discussions, and will these different themes be related to their children's Resilience and Vulnerability scores.

Summary

When an urgent crisis occurs in the midst of persistent social dysfunctions, the resultant condition is one that increases adversities for children and families. The presence of persistent structural failures during the acute Haitian earthquake produced a specific form of disparity, low microsystemic resources (employment, education, infrastructure, law enforcement, judicial processes, intact family, healthcare) that the urban poor in Haiti, in fact, has struggled with since independence. Religious coping by Haitians is a potential area where researchers can develop interventions to reduce the negative effects of chronic and acute stressors on mental health. Faith-based groups already in existence in the Haitian community and religious practices carried

out by families may provide cost-effective support that can promote resilience and optimal mental health outcomes in children.

Definitions of Terms

Continuous Trauma

Continuous trauma has four characteristics: the context of the stressor conditions, temporal location of the stressor, complexity of discriminating between real and perceived threats, and the absence of protective systems (Masten, 2012). Continuous trauma pertains to Haitian children because of their experience of poverty, disparate healthcare, and community insecurity and violence. Geographically, Haiti has few resources, subject to unpredictable hurricanes and earthquakes. Socio-politically, governmental services are lacking.

Resilience

Resilience in children is an ordinary condition that results from competent and caring adults in the family and community, cognitive and self-regulation skills, positive views of self, and motivation to be effective in the environment. When operating effectively, these internal (intrapersonal) and external systems ensure that appropriate development continues even through traumatic events; however, when the internal and/or external system is negatively affected developmental problems can arise. Consequently, the major threats to child development are threats towards the adaptive system (Masten, 2012).

Religion

Dollahite (1998) defined religion as a covenant and faith community that has teachings and narratives which enhance the search for the sacred and encourage morality. Religions are found in authoritative spiritual traditions that transcend the person and point to larger realities within which the person is embedded. Specific to the present study is the Christian religion,

especially Catholicism and Protestantism, as well as Vodouism. Christianity is the religion based on the person and teachings of Jesus of Nazareth, or its beliefs and practices.

Vulnerability

Vulnerability is susceptibility to being wounded or hurt and an inability to produce an effective outcome, suggesting that one lacks power and is helpless in adversity. Children and their mothers are often the most vulnerable populations in poor countries and most affected by natural disasters. While not a complete list, specific risks for all children in the world include poverty, female gender, education, family, health, and violence (Justesen & Verner, 2007).

Methods

This was a mixed methods study of previously unanalyzed Haitian mothers' focus group data from 2014 archived in the Antioch Multicultural Center for Research and Practice (MC Center). The director of the MC Center, Gargi Roysircar, Ed.D., granted me permission to utilize the mothers' focus group data as well as their children's quantitative Resilience and Vulnerability data. The information about participants, procedures, and instrumentation was obtained from Dr. Roysircar's Institutional Review Board (IRB) application (Roysircar, 2014, see Appendix D) and from Roysircar's research paper (Roysircar et al., 2017), as these documents were relevant to the data collection and analyses for the present study.

Overview of an Archival Study

Secondary data analysis is the re-use of often-archived data by researchers. There are economic advantages in using archival data with regard to financial costs, time saved, and energy used (Boslaugh, 2007). A weakness of secondary analysis within qualitative research is that it can potentially promote an epistemological approach that views the data as a discrete, authentic entity, and relegates contextual factors as background variables instead of an integral part of data

creation. The contrary view to this perspective is that all data and findings are social constructions, including quantitative research. Thus, restricting the analysis of qualitative data to the original researchers who were involved in the study unnecessarily privileges contextual factors over the participants' own understanding and experiences. Consultation with the original researchers is suggested to help with these issues (Alexander, Edwards, & Temple, 2007). The present study was guided by the original researcher and interviewer of the Haitian mothers' focus groups, Gargi Roysircar.

Integrative Mixed Methods Approach (IMM)

This study utilized an integrative mixed methods approach (IMM). This model permits researchers to design studies that allow for data conversion, for example, the conversion of qualitative *thematic categories* into numeric *thematic variables* (Castro & Coe, 2007). Statistical results are then used to enhance the rich interpretation of the quantitative results. The principal aim of this approach is to enhance researchers' ability to explain phenomena above the sole use of a qualitative or quantitative approach.

The qualitative methodology elicited emergent themes about the potential ways that religiousness and non-religiousness of mothers might promote resilience in children living in Haiti. Qualitative research investigates people within their natural setting, attempting to make sense of the meaning that an individual or group ascribes to phenomena in their lives. This was an appropriate methodology to understand the problems of societal stressors and continuous trauma of Haitian children from the perspective of Haitians. Given the complexity of Haitian culture, collection of data to address Haitian mothers' perceptions needed to occur in their natural settings where participants were able to establish patterns and themes through their dialogue. Results are presented using the words of each participant as well as my own, resulting

in a complex, rich description and interpretation of participants' lives (Creswell, Hanson, Clark, & Morales, 2007).

The quantitative phase of the study used a correlational research design. The correlation coefficient provided a measure of degree and direction of relationship. The purpose of the design was to measure the directionality and strength of the relationships between and among focus group thematic clusters about religious and non-religious influences of mothers on their children, and their children's Resilience and Vulnerability scores measured by the ratings of HTP drawings.

The Use of Focus Groups

According to Morgan (1996), the optimal number of focus groups to achieve data saturation is typically five sessions with 8–10 participants in each group. The diversity of participants and the range of topics covered in interviews increase the number of groups necessary to anticipate that no new information can come from the focus groups (Morgan 1996). A snowball recruitment strategy was used to recruit mothers of Haitian child/youth research participants, as this was a convenient method to reach a target population of people who do not typically engage in research (Faugier & Sergeant, 1997). Focus groups are particularly useful to explore participants' knowledge in a way that is not accessible through other methods. Interactions among participants encourage dialogue that might not otherwise emerge, for example, in a series of single respondent interviews (Carey, 1995). Focus groups also allow other members to act as checks to what other participants say.

Participants. Participants ($N=27$) were Haitian nationals 20-50 years of age who were poor with little to no education, and survivors of the January 2010 earthquake. Participation was only open to mothers, guardians, or caretakers of the children who completed the HTP test in

2014. Participants were from Blanchard–Damien ($n=9$), a town that was not significantly damaged by the earthquake; Canaan ($n=10$), a relocation camp on a barren hillside several miles outside of Port-au-Prince without access to clean water, food, or jobs; and the Providence Orphanage ($n=8$), an orphanage that is owned by a Haitian former Catholic nun that provides housing and care for orphan children. Many mothers had medical issues such as diabetes, hypertension, and sickle cell anemia.

Setting. Patients were served by Partners in Development (PID; www.pidonline.org), a religiously affiliated American non-governmental organization (NGO), which runs a free primary care clinic in Blanchard, located on the outskirts of Port-au-Prince. PID provides multivitamins, educational materials, shoes, and yoga classes for children; prenatal clinics for pregnant women; and primary care and education for diabetic, cardiac, sickle cell, and HIV/AIDS patients. The Providence Orphanage, sheltering 30 children at the time of data collection, is for children whose parents are deceased or have given their children up for adoption. The Providence Orphanage is also served by the PID primary care clinic. The Antioch Multicultural Center collaborates with PID to provide disaster mental health services and conducts psychological assessment research and program evaluation of their services.

Measures

Focus group questions. The focus group interviews were guided by open-ended questions about resilience that were based on qualitative themes that were developed in a study with Holocaust survivors (Greene, 2002). These questions were used for several reasons. Holocaust survivors experienced adversity before, during, and after the events of the Holocaust. Similarly, Haitians have experienced continuous adversity before the acute earthquake event. Furthermore, because the Holocaust occurred in the 1940s, interviewed survivors were older

adults who had faced adversity over a lifetime. Haitian adults (i.e., mothers and caretakers from the present study) had as well experienced adversity as youths in the form of persistent poverty and political upheavals. The focus group questions were:

1. What are the things that help your children be healthy and well?
2. What are the ways that your family overcomes adversity?
3. What contributes to your children's recovery after difficult experiences?
4. What roles do religion and spirituality play in your daily life?
5. How does the community help you handle difficult events?
6. How do you provide food and shelter for your children?
7. How did you help your child become capable?

House-Tree-Person Test (HTP). Drawing assessments have been used internationally in post natural and human-made disaster settings (e.g., Dewaraja, Sato, & Ogawa, 2006; Huss, Nuttman-Shwartz, & Altman, 2012). Tharinger and Stark (1990) found that taking a qualitative approach to developing criteria for projective drawings was useful for assessing internalizing disorders in children.

Roysircar et al. (2017) used HTP drawings by children ($N= 131$; age range 6–15) in Haiti to assess for resilience and vulnerability post the 2010-Haiti earthquake. The HTP test was administered in 2012, 2013, and 2014. Themes were identified from a pilot qualitative study (Afolayan, 2015) of drawings from the children to develop an objective rating system for HTP drawings. In the pilot study, the drawings of 13 children were qualitatively analyzed. Areas that drew the most attention in drawings of a house, tree, and person indicated adaptation or maladaptation. For example, one child's house drawing indicated adaptation because the child drew a house with decorations, and a pathway that led to the house. Another child's house

drawing indicated maladaptation because two thirds of the house the child drew was flat without a roof or walls, and there was no pathway to the house. Adaptation was indicated in a child's tree drawing because the child drew a tree with fruit and many leaves, while another child's tree drawing indicated maladaptation because the child drew a tree that had its top cut off and was floating without roots. Adaptation was indicated by a child's drawing of a person because the person had an open mouth smiling. Maladaptation was indicated in a child's person drawing by a depiction of a person with no nose and naked. These and other focal points became resilience and vulnerability criteria for the rating items of the HTP drawings. See Appendix A for the scoring criteria of the HTP adapted for Haiti. Dr. Roysircar has released her copyright of the scoring criteria.

Exploratory measurement analyses of the scoring system led to the formation of Resilience (RES) and Vulnerability (VUL) items (31 items) that were scored as present or not present (1 or 0) in the children's drawings. For example, a VUL variable in a Tree drawing is "bare tree." If the child drew a tree that was full, green-shaded with fruits, etc., then the score would be VUL= 0. Vice versa, a RES variable in the House drawing is "Accessibility." If the child drew a house with steps and pathway to the house, then the score would be RES score = 1. The scores were added to calculate a sum of scores for each HTP drawing.

After the exploratory analyses, the authors investigated HTP scores of Haitian children ($N=131$) who were assessed in 2012, 2013, and 2014. There were 44 children from Blanchard, a town that was moderately damaged by the earthquake. A relocation camp, Damien had 25 children, and 46 children came from Canaan, a relocation camp on a barren hillside with little access to clean water, food, or jobs. There were also 16 children from a small orphanage.

Analyses were conducted to assess for differences by age, sex, township, and year of data collection. The authors also studied whether an individual child's subscale scores were significantly different from each other and from those of the rest of the children. Inter-rater reliability of RES = .63 and VUL = .67 were fair or better. The overall coefficient alphas for RES = .87 and VUL = .77 across all raters for each year were considered acceptable. Inter-scale correlations of RES and VUL had a significantly strong negative Pearson correlation as theoretically expected. RES had a significant negative Pearson correlation with CROPS (a measure of child trauma symptoms), and VUL had a significant positive Pearson correlation with CROPS.

The authors also performed a multivariate regression analysis to examine patterns in RES and VUL scores among children based on their age, gender, year that the child was in the study, and location (e.g., Canaan, Blanchard, Damien, and Providence Orphanage). The multivariate regression model explained a moderate amount of the variance in RES and VUL scores $F(2, 118) = 5.17, p \text{ value} = .007$. In addition, RES and VUL scores were significantly predicted by each of the variables in the model (age, gender, year, and location). RES scores differed by gender (higher scores for males) perhaps because Haitian girls and women may experience many systemic and relational forms of oppression. In addition to gender, with each additional year of age, the RES score increased and the VUL score decreased. The authors explained this difference as perhaps related to psychosocial, cognitive, and drawing capacities that develop with age. The results also showed that in three of the four locations, RES scores decreased across time but at different rates, and VUL scores increased. However, in Canaan, the relocation camp with limited resources, the RES scores increased across time with little change in VUL scores. While none of the differences were significantly different, trends gave insights into the resilience and

vulnerability of Haitian children with different exposures to disaster. For example, the Canaan children who were exposed to adversity for a longer period than other locations were perhaps living the Haitian religious orientation of moral resistance, courage, and stoicism from before the earthquake.

Last, the authors evaluated the reliability and rarity of the difference between an individual's RES and VUL scores. The individual scores were converted to z scores. The difference of each child's RES and VUL scores showed that 53% of children had RES and VUL scores that were different from each other. Of the children who had RES and VUL scores that differed, 53% had higher RES than VUL scores. These results suggested that many children in Haiti showed resilience, but some also were affected by vulnerability.

Roysircar et al.'s (2017) study on vulnerability and resilience in Haitian children following a mass disaster led them to conclude that research needs a better understanding of how Haitian parents help their children with their safety and security. The current study sought to understand the relationship between parents' attitudes about adversity, family coping, religiousness, and community resources and their children's positive and negative adaptations, as indicated by ratings of their HTP drawings.

Procedures

Permission to conduct the present study was obtained from the Antioch University New England's IRB. In 2014, focus groups with the assessed children's mothers and caregivers ($N= 27$; three focus groups in Blanchard, Canaan, and the Providence Orphanage) provided information. The focus group interviews were guided by open-ended questions that were based on qualitative themes developed in a study with Holocaust survivors (Greene, 2002). A PID-trained Haitian translator led the focus groups in the presence of the researcher, Gargi

Roysircar. The translator asked one question at a time and only asked the next question after all respondents had an opportunity to answer. In total, seven questions were asked, and the groups' answers and conversations approximated one hour and 30 minutes for Blanchard–Damien and Canaan, each, and one hour for the Orphanage. Answers were audiotaped and the translator took notes. Participants were notified that if any time they felt uncomfortable answering questions or discussing in the group, they could stop participation. Names and identifying information about participants were not collected. The conversations were transcribed and translated into English by a Haitian American doctoral student of counseling psychology in a Southern university in the USA. See Appendix C for the Creole focus-group translations into English.

Research Hypothesis

The following hypotheses were based on previously stated research questions:

Hypothesis 1. Positive religious themes that emerge from asking mothers and caretakers in Haiti about how they deal with adversity will have a positive relationship with their children's Resilience scores, as measured by HTP ratings.

Hypothesis 2. Positive religious themes that emerge from asking mothers and caretakers in Haiti about how they deal with adversity will be negatively correlated with Vulnerability scores, as measured by HTP ratings.

Hypothesis 3. Negative religious themes that emerge from asking mothers and caretakers in Haiti about how they deal with adversity will have a positive relationship with their children's Vulnerability scores, as measured by HTP ratings.

Hypothesis 4. Negative religious themes that emerge from asking mothers and caretakers in Haiti about how they deal with adversity will have a negative relationship with their children's Resilience scores, as measured by HTP ratings.

Hypothesis 5. Non-religious themes that emerge from asking mothers and caretakers in Haiti about how they deal with adversity will have relationships with their children's HTP Resilience and Vulnerability scores.

Data Analyses

An IMM format was used to analyze data within this mixed methods study. Castro and Coe (2007) outline six phases of IMM which include: (a) Phase 1, familiarizing yourself with your data; (b) Phase 2, extracting *response codes*; (c) Phase 3, creating *thematic categories*; (d) Phase 4, dimensionalizing the thematic category via *scale coding*; (e) Phase 5, qualitative and quantitative *data analysis*; and (f) Phase 6, creating *storylines*.

In Phase 1, dialogues from focus groups in Blanchard–Damien , Canaan, and the Providence orphanage were read. I became familiar with the way Haitian mothers and caretakers described their life and experiences. Phase 2 involved generating initial codes, which were phrases or ideas that Haitian mothers communicated about their religious and non-religious influences on their children. Phase 3 involved organizing and combining previously identified codes or core ideas or texts into potential themes in the data. Themes were identified, with some codes being retained as sub-codes, where appropriate. In Phase 4, scale coding was used to *add* dimension of *frequency of response* to a thematic cluster. Frequency scale coding involved counting the number of mentions of a given theme across the mothers. Each case contributed to only one scale code value to a given thematic category.

In Phase 5, Pearson *r* correlational analyses examined the relationships between and among the scale coding of focus groups' themes by location (i.e., Blanchard–Damien , Canaan, the Providence orphanage), as well as with children's Resilience and Vulnerability, as measured by ratings of HTP drawings. In Phase 5, data for each theme was organized into narratives,

definitional descriptions, and tables to explain each theme. The stories that accompanied each theme were described, in terms of how the stories related to the study's research questions and the overall big picture of the data. Excerpts from the data were quoted in the report to support the emergent themes.

Qualitative Analysis Validity Checks

Dependability. To increase dependability in the study, transcripts were checked for consistency and thoroughness of coding. Two analysts devised the coding scheme, continually tested interpretations against the actual data (i.e., analytic induction), and carefully coded the transcripts. Dependability was further enhanced by keeping audit trails (i.e., records) of the procedures, contexts of data collection, and the ways in which the analysis emerged. This strategy made it possible for an independent investigator to determine if data collection and analysis followed acceptable standards.

Transferability. The study's transferability was increased with the use of the two members of the coding team debriefing with each other. Debriefing is an important part of qualitative studies that aids in redirecting or refining methods and interpretations of data. It helps assure transferability of results by creating a body of concepts and procedures common to the research team. I enhanced transferability by doing a thorough job of describing the research context and the assumptions that were central to the research and added a section that described my biases and other attitudinal and identity characteristics. A person who wants to transfer the results to a different context is then responsible for deciding how appropriate the transfer will be.

Coders. I am a 4th year African American male psychology doctoral student in my 30s. I am a returning student, a licensed psychology associate who has counseling experience with urban, low-income African American children and families in community mental health centers

and inpatient settings. I spent several years as a Peace Corps volunteer in African countries, providing public health service to rural and urban communities, as well as having attended a historically black college and university in the Southern United States. I am a member of a South Eastern Baptist church. A second coder was an African American deacon in his 70s who lives in the South Eastern United States. As a deacon, he assists the church's pastor in promoting the spiritual welfare of the church. He is apt to teach and perform other services at the discretion of the pastor. He also assists the pastor in home visitation and other evangelical efforts of the church. He obtained a bachelor's degree in engineering from a Historically Black College and University in the Southern United States. As per Hill, Knox, Thompson, Williams, and Hess (2005), during data analysis, the coders had discussions regarding their expectations so that the study's findings could be located within the coders' contexts. My dissertation chair and I also had such conversations about their respective contextual influences. My dissertation chair is an Indian American woman in her 60s. She received her doctoral degree in counseling psychology from a Southwestern University. She conducts research on disaster outreach in international settings, on immigrants' mental health in the United States, and on multicultural counseling competencies.

Results and Religious Themes

The main purpose of the study was to qualitatively analyze focus-group discussions of 27 mothers and determine whether emerging themes related to the Resilience and Vulnerability scores of their children, scored in a previous study (Roysircar et al., 2017) for their HTP drawings. This section presents religious and non-religious themes that emerged from a qualitative analysis of the 27 mothers' focus-group discussions held in Canaan, Blanchard-Damien, and the Providence Orphanage. The research questions that drove the

qualitative analysis were: (a) 1. What are the religious themes that emerge from asking mothers in Haiti about their experiences of adversity? (b) 2. How might the themes of religion in the mothers' discussions socialize their children? (c) 3. Will other themes arise that refer to other resources such as communal help and support for people who are suffering? In addition, quantitative analysis studied the relationships between the frequency of identified qualitative themes and children's Resilience and Vulnerability scores based on their HTP drawings.

Religious themes emerged from a thematic analysis of three focus groups comprised of mothers or women caretakers from Blanchard, Canaan, and the Providence orphanage. The five themes that emerged in order of frequencies were, (a) Theme 1: You talk to God to help you; (b) Theme 2: God will not leave you; (c) Theme 3: It's an assembly: We share our problems at Church; (d) Theme 4: Train up a child; and (e) Theme 5: Hope for tomorrow. The respective themes are introduced and discussed below. See Table 1 for the Religious themes and subthemes that emerged from the focus group discussions.

Theme 1: Talk with God to Help You (Frequency=29)

The theme "Talk with God to help you" reflected the belief that people can talk with God to help them solve their problems. Mothers offered their thoughts and wishes to God through daily prayer routines. When there was no benefit from talking with others, God gave assistance to mothers. Additionally, this theme included the belief that people who are not able to address or resolve issues by themselves, they can seek a higher authority, such as church elders. The theme "Talk with God to help you" had 4 subthemes: (a) Subtheme 1: Prayer for help; (b) Subtheme 2: I wake up and always pray; (c) Subtheme 3: Emissaries; and (d) Subtheme 4: I'd rather talk to God.

Subtheme 1: Prayer for help (Frequency = 20). The subtheme “Prayer for help” represents the basic idea that mothers pray to God for help during times of adversity. Some mothers prayed for specific help, such as guidance, money, and physical healing. A mother from Blanchard said, “When things are tough, we look for the Guy upstairs for comfort and help. When there is no hope only God can help get you out of a difficult situation.” Physical healing through prayer was represented in the words of a mother from Canaan. She said, “You tell God to heal your wound so that God can make you stand much better” Another mother said, “I turn to God, to church, asking for money and assistance.”

Subtheme 2: Emissaries (Frequency = 4). The subtheme “Emissaries” was coded because mothers detailed how God answered their prayers through the actions of a pastor or congregation members. Accepting help from a pastor was expressed in one mother’s thoughts: “You feel that the pastor reaches your wound, and you go on your knees to ask God to pardon you, to heal your wounds.” Mothers were also willing to believe that the research interviewers were sent by God as answers to their prayers. The belief that the interviewers were carrying out God’s answers to mothers’ prayers was typically reflected at the close of a comment: “God sent you [the interviewers] and will allow you to do all that is necessary for the people of Canaan; may God bless you more” After a mother from Canaan spoke about the difficulties she has with feeding and providing for her 10 children, she said, “if you all can come here and do something for us, I would say “thank you” and with God’s grace, “God be with you.”

Subtheme 3: I wake up and always pray (Frequency = 3). The subtheme “I wake up and always pray” reflected how some mothers began to pray the moment they woke and continued throughout the day. They not only asked God for kindness but also gave thanks for what God has already provided. Describing her routine, a mother from Canaan said, “I wake up

and I always pray to God because of what God has done for me. I can ask God to always keep me, so that I can always follow Him until eternity." Another said, "Every day when you wake up, you are supposed to ask God for grace because He has done a lot of favors to help you." Another from Canaan said, "At noon I pray to God, at night I pray, at midnight I pray to God because of what he has done for me."

Subtheme 4: I'd rather talk to God (Frequency = 2). The subtheme "I'd rather talk to God" emerged because some mothers expressed that their problems can only be solved by praying to God for help. For example, a mother from Canaan said, "I do not have anyone. I only have God who is helping me... I am praying to God so that God can give me something." Another mother from Blanchard said, "God is the only one who helps us. Mom and Dad can't help, family can't either, only God. My home was broken by the earthquake; after many prayers we are trying to get back together." Some mothers preferred to ask God rather than people for assistance. This was reflected in following quote from a mother in Blanchard,

Sometimes it is not a good thing to share your problems with other people. Neighbors tell other people about your problems. I'd rather talk to God without anyone knowing what I am going through.

Theme 2: God Will Not Leave You (Frequency = 20)

The theme "God will not leave you" was coded because mothers made statements about the presence of God in their lives. "God will not leave you" is the belief that people can persist through adversity when God is present with them. When others/people are not helpful, God will be present and give His assistance. However, the expectation that people have about God helping them through His presence may conflict with their perception that their life has not improved.

The theme "God will not leave you" had four subthemes: (a) Subtheme 1: God will never let you

go, (b) Subtheme 2: Under God's protection, (c) Subtheme 3: I only have God; and (d) Subtheme 4: Distance from God.

Subtheme 1: God will never let you go (Frequency = 7). The subtheme "God will never let you go" represented a shared sentiment that God is ever-present and will never leave. A common proverbial statement was, "He will not leave you." One mother said, "I have hope in God because when you lean on God, God will never let you go and won't leave you in the road."

Subtheme 2: Under God's protection (Frequency = 8). The subtheme "Under God's protection" reflected the idea that the greater the problem, the more some parents or caretakers felt they needed to be in God's presence. God's presence, not prayers, help them traverse difficult situations and remove adversities. According to a mother from Blanchard,

If it wasn't for God, I'd probably be dead, crazy, or both. I am under God's protection.

The bigger the problem, the deeper you need to go under him. He will take care of the problems for you. Knowing that calms me and gives me hope and perspective.

The presence of God provides strength and courage to continue through life's many challenges.

Another mother said,

I see that evangelicalism has done a lot of things. Because if Christ wasn't with me, my boat would have tipped over. I wouldn't still be here because my boat tipped over in Lagonave (Island in Haiti). I survived. I have been in a car accident. I survived, and I see that it was God who had a surprise for me.

In addition to strengthening a mother's resolve to continue through life, as reflected in the previous quote, abiding by God also removed adversities and kept followers grounded. This is reflected in the following statement,

There are moments when I feel that my sorrows will take me away. Then when a sister comes my way and says, "Sister, I have not seen you. How are the children? What are your activities?" And I say, "Sister, I am here with Jesus. If it wasn't for Jesus, everything would not have been good."

Subtheme 3: I only have God (Frequency = 4). The subtheme "I only have God" was coded because some mothers stated that only God can help. For example, one mother from Blanchard said, "God is everything to me. No one can help you, not even your mom and dad. So, any type of problems you may have, only God can solve them." Another mother described that she depends on God because she has no one else. She said, "I do not have anyone, I only have God who is helping me because I do not have anyone to help me."

Subtheme 4: Distance from God (Frequency = 1). The subtheme "Distance from God" reflects a small minority of participants who expressed a distance between themselves and God. God was present but these mothers' relationship with God did not seem to affect their lives for the better. One mother said, "God is peace but at this moment there is no work, everyone is complaining, people cannot stay at peace because there is no work and you cannot live."

Theme 3: It's an Assembly: We Share our Problems at Church (Frequency= 19).

The theme "It's an assembly: We share our problems at Church" reflected the belief that church helps congregation members deal with their problems. The theme also reflected the idea that church attendance can influence interactions outside of church. For some people church was a place they went because they had nowhere else to go. The theme "It's an Assembly: We Share our Problems at Church" had three subthemes: (a) Subtheme 1: Church is a good thing; (b) Subtheme 2: It's about everyone; and (c) Subtheme 3: Nowhere else to go.

Subtheme 1: Church is a good thing (Frequency = 12). The subtheme “Church is a good thing” reflected the idea that church can provide congregation members with benefits and remove negative situations in life. One mother spoke about how her experience of church affects her life. She said,

Church is a place where there is a lot of good especially for me. Trials and tribulations try to overcome me; I have problems and I feel tears in my eyes... At church God can make you and me stand stronger than before.

The ability of church to remove negative situations in life was also a common theme in other mother's responses. A mother from Canaan echoed this sentiment.

I am a member of the church and I am always at ease at church. When I think about negative things, I get my Bible, read a psalm, and they go away. Church is a good thing. Church removes all negative thoughts from your head.

Subtheme 2: It's about everyone (Frequency = 5). The subtheme “It's about everyone” was coded because mothers expressed how participation in church can empower the churchgoer's ability to engage in relationships outside of church. Some mothers treated people inside and outside the church in the same way. Other mothers were not comfortable with revealing conversations with people outside of church. Explaining how church helps her talk with people outside of church, one mother said,

Church plays many important roles. When you go to church, it shows you love; it shows you suggestions; it shows you how to talk. You go to church; it is an assembly. It makes you know people. It makes you not be ashamed in public. It is possible to talk no matter what your status is in society.

Another mother expressed how brotherly and sisterly love within church extends to her relationships with people outside of church. She said,

To me it is not a question of whether it's your neighbor or not, it is about everyone. If you are a true servant of God, you are supposed to help everyone with what you have. If you have something, you can share. If God has given something to you, you should give to someone who doesn't have any.

One mother made a statement that reflected how church is a safe place for her to talk about her problems but such communication outside of church was viewed as risky.

I won't tell everyone outside that I have a problem, but in my church, I can say I have a problem. We are all brothers and sisters and we share with one another. When I confide in someone, that person comforts me and relates me certain passages. I then have joy and I send my troubles away because I am talking with them.

Subtheme 3: Nowhere else to go (Frequency = 2). The subtheme "Nowhere else to go" reflected the idea of some respondents went to church because they had nowhere else left to go. For example, a mother from the Providence Orphanage said, "whenever I have a problem, I go to church because I feel like talking to someone gets me nowhere. I would rather listen to a sermon." Another mother said, "Whenever I have a problem, I go to church for a full-day group prayer or fasting. I'd rather spend the day at church because I'm homeless and I cry every day. I feel overwhelmed by all this."

Theme 4: Train up a Child (Frequency=15)

The theme "Train up a child" reflects the belief that raising children can bring parents closer to God. Mothers raised their children by modeling religious behaviors. They also provided a religious context for their families' problems by telling their children stories and talking with

them. Sometimes mothers asked God to provide for their children because they could not. The theme "Train up a child" had four subthemes: (a) Subtheme 1: Explain the situation; (b) Subtheme 2: Let's pray; (c) Subtheme 3: The same religious path; and Subtheme 4: Leave in God's Hands.

Subtheme 1: Explain the situation (Frequency = 6). The subtheme "Explain the situation" reflected how mothers used stories and lessons to provide their children with a religious context for their experiences. The use of stories is reflected in the following quote, "Give the children a good number of stories, so that they can have strength to know that after suffering there is resilience in God." A mother from Blanchard also said, "When you cannot provide for your kids, there is no need to yell at them. Talk to them and explain the situation and they will understand. Talk to them about life and pray to God." A mother from Blanchard spoke about what she told her child during a time of adversity.

Kid, today we can't afford to send you to school. We are not working; we are doing nothing; we have nothing, no shop, no small income. No one is helping us but God. He will provide. He will find a way.

Subtheme 2: Let's pray (Frequency = 4). The subtheme "let's pray" was coded because modeling religious behavior was a common way of parents or caretakers teaching their children about church practices. One mother said, "You teach the children at church; you teach them how to pray because within the church you can find good things. This is what I can teach my child." The comments of a mother from Blanchard reflected how she operated as a model for her children on how prayers help her deal with difficult experiences. She said,

I would tell him, son, let's pray for God to intervene. I did all I could. I have tried everything. Let us get down on our knees, and let's see who God will put on our path to

help us because I want you to have something. Even if I have nothing, I want you to have something, and be somebody.

Subtheme 3: The same religious path (Frequency = 3). The subtheme “the same religious path” reflects the idea that parents can bring out the best qualities within themselves when they socialize their children about God. One mother explained this belief, “When you are in the evangelism and have a child too, you are more likely to abide [in God].” Another mother talked about how her duties for child-rearing changed after she became devoted to God. She said,

Just like how I changed by bringing my child along the same religious path. My child can hear the sermon too and will not have bad thoughts and won't take a bad path. My child can stay within the church.

The process of parenting can also help caretakers maintain their relationship with God. For example, a father (a few men also joined the focus groups) from Canaan stated,

Even when you did not have a goude [Haitian currency like a Haitian dollar], being a Christian still makes you not have thoughts of robbing other people. You understand? Be serious and think about the child.

Subtheme 4: Leave in God's hands (Frequency = 2). The theme “Leave in God's hands” was coded because some mothers spoke about how they needed God to help their children because they had nothing more to offer. For example, a mother from Canaan said,

We leave the children in the house in God's hands because there is no food. The children call “Momma we are hungry. What are you doing?” It is a moment of difficulty for a mother who is working. These things are very grave.

Theme 5: Hope for Tomorrow (Frequency 10)

The theme “Hope for tomorrow” was coded because many mothers, no matter their

current problems, felt God can change their prospects for tomorrow. The mothers expressed the transformational nature of “tomorrow” when they commented how God can transform them, their children, and their life situation. The theme “Hope for tomorrow” had two subthemes: (a) Subtheme 1: Become a new person; and (b) Subtheme 2: Tomorrow brings better things.

Subtheme 1: Become a new person (Frequency = 6). The subtheme “Become a new person” reflected how tomorrow can change a person for the better. For example, one mother stated, “Tomorrow, he will become a new person in society and help himself.” When asked what parents should do after a child goes through a difficult experience, one mother from Canaan said, “You take the child and give him hope about what tomorrow will be like. Have patience, and then you speak to this child and tomorrow the child will change.” In Blanchard a mother said, “School and education are good for them, so that tomorrow they [children] can become important people.”

Subtheme 2: Tomorrow brings better things (Frequency = 4). The subtheme “Tomorrow brings better things” communicates how God can change situations for the better with time. For example, one mother said, “When you are having difficulty...If you do not find hope and strength today, then you will find it tomorrow.” An interviewer summarized the response of several mothers in Canaan by stating the following, “they are helping their kids and let them know that tomorrow will bring better things and they should be honest and product even when they are suffering.” Tomorrow is perceived as an aspirational state of being that does not necessarily follow the calendar day, or even life on earth. For example, a mother said, “The good thing about spirituality and religion in your life is that it always makes you have hope. You may even stand here today and may die but you still have hope that you will reach tomorrow after death.”

Non-religious Themes

In addition to the identified religious themes that were expressed by parents or caretakers, non-religious themes emerged that were identified and labeled as Secular Perspective and Negative Perspective. Haiti has a higher percentage of people who follow the Christian faith than many other countries in the world, making the separation of secular thoughts from religious themes a difficult task. As descendants of West African people, Haitians have a sociocultural history that values faith over other forms of knowledge and lived experience. Therefore, many of the identified secular thoughts intersected with the identified religious themes, but the secular thoughts might suggest that the parents had the ability to help their children overcome adversity through independent pathways.

The non-religious themes were the following: *Parenting Factors* with the subthemes (a) “Talk with child,” (b) “Educate the child,” and (c) “Hold the child”; and *Community Factors* with subthemes (a) “Sharing with the community” and (b) “limitation of community support”; and Shame and Embarrassment. See Table 2 for non-religious themes and subthemes.

Secular Theme 1: Parenting Factors (Frequency = 66)

Parenting Factors were expressed in the focus groups when mothers and caretakers described how they talked, educated, and held their children. Even when mothers and caretakers did not have much for themselves, they attempted to provide something for their children. The theme “Parenting Factors” had five subthemes: (a) Subtheme 1: Hold the Child; (b) Subtheme 2: Educate the Child; (c) Subtheme 3: Talk with the Child; (d) Subtheme 4: Hustle for Money; and (e) Subtheme 5: Lack of Support.

Subtheme 1: Hold the child (Frequency = 18). The third identified subtheme “Hold the child” represented conversations that mothers had about the way that physical touch can help

their children deal with difficult moments. This theme is expressed in the following statement made by a caretaker from the Providence Orphanage, "Just like the proverb says, without a mother there is no children. If you do not have a mothers' patience, then everything the child does will make you feel frustrated. You have to embrace the child." Another caretaker from the Providence orphanage stated,

During moments of difficulty you place the child close to you whether you have something to give them or not. You adore him, soap his body, brush his teeth.... If you don't have food you can take care of him by putting him under your stomach, cuddling him, and talking with him.

Subtheme 2: Educate the child (Frequency = 16). The subtheme "Educate the child" refers to statements that parents and caretakers made about the need to teach their children with both formal and informal methods. Education through family socialization was expressed in the following quote from a mother's conversation in Canaan,

Family education is what children should have. They should respect young and old people..... My son sees what I do and that is how I elevate my child so that tomorrow he will not become dangerous for people who are living in this country.

Mothers and caretakers knew that they must often put their own struggles aside so that they could encourage their children to attend school. They recognized that education was useful for their children throughout their lifetime and could change their children's prospects for tomorrow. These ideas are displayed in the quotation that follows. A mother from Blanchard reasoned, "Because I will be gone one day, I want to leave my children with something that will be useful [education] for them." Another mother also from Blanchard said, "To make a child feel good about themselves parents must send them to school, a university, or to learn something

useful. We try our best not to put our struggles and sufferings that we are experiencing right now on him [i.e., the child]." Also, in Blanchard a third mother said, "School and education are good for children, so that tomorrow they can become important."

Subtheme 3: Talk with the child (Frequency = 11). The subtheme identified as "Talk with the child" reflected that mothers stressed the importance of talking with their children but did not mention any religious reasons. This theme was portrayed in the following quote by a mother in Canaan, "When you do not have anything [possessions], you do not curse at your children because that only makes them more upset. You put them on their feet and talk with them until they are better." Another mother stated,

When you have nothing to give to a son, you sit and talk with him. You explain how life is, how he must manage, and how to live so that he will not let himself get caught up in trouble. When you teach him these things, then he can hold himself up.

Subtheme 4: Hustle for money (Frequency = 9). The subtheme "Hustle for Money" refers to mothers who spoke about the various methods they use to earn money for their children's education, personal care, and well-being. For example, a mother in Blanchard said,

What would I do to feed my children? Anything! When you have kids you're ready to do anything. I do all kinds of work. I do laundry for people. Today i found a laundry job, and tomorrow I may be selling goods at the market place. I will sell anything from fruits to detergents for them to have a life.

One mother taught her child how to obtain money for himself, so that he would not learn to acquire money through illegal methods, such as stealing. She explained,

I show him how to make money [by] how I make money so that he can work to make money even when he is at school. I make him bags of candy that he can sell to pay for transportation to school. That way he can go to school and help himself.

Subtheme 5: Lack of material support for the child (Frequency = 7). The subtheme “Lack of support for the child” references how some mothers failed to provide material support for their children. One mother in Blanchard said, “my kid has no father; he left us. I am a single mom, I want to put my child up for adoption.” A mother in Canaan said, “I do not have money in my hands. Sometimes my children wake up, and go to sleep, and wake up the same way again without anything. They can’t even go to school.” Many of the mothers and caretakers who failed to provide for their children also had trouble providing for themselves. For example, a mother from Canaan said,

For me I have children who I would like to help but the truth is that I have nothing. There are times when they cannot go to school. I cannot give them food, for since morning I have not yet eaten.

Secular Theme 2: Community Factors (Frequency=43)

Caretakers depended on community support to help them get through adversity. The availability of community support varied by respondent, but each spoke about the necessity of community help; to their benefit or detriment. The theme “Community Factors” had two subthemes: (a) Subtheme 1: Sharing with the community; and (b) Subtheme 2: Limitations of community support.

Subtheme 1: Sharing with the community (Frequency = 27). The subtheme “Sharing with the community” was coded because mothers spoke about how community members share with one another. The limited resources available to parents and caretakers in Haiti highlighted

the need for community help. This idea was represented well in the following words of a Canaan mother,

We may have problems, but we can live. We share with people who are less fortunate than us. If we didn't know how to share with others, the existence of everyone here would not be possible.

A mother from the Providence Orphanage said,

We help each other out if we have. If madam does not have, I should share my things with her. I shouldn't sit down and eat food by myself while she stays like that [hungry] and does not have money [so that] she is sleeping without eating. It is not good.

Subtheme 2: Limitations of community support (Frequency = 16). The subtheme "Limitations of community supported" reflected that some parents or caretakers made statements that appeared to indicate that they did not feel that the community was available to them. The sentiment that community members were unavailable or unhelpful was expressed more often when participants spoke about nonchurch members than when participants referred to the church assembly. Lack of support was emphasized in the following exchanges, "A long time ago the community used to help but now people are swimming to leave. There is no more community." Another mother said, "There is not a community here that will help us. No one has anything for themselves, so we are not able to help each other." A third mother said, "Many of us do not have family in this community or nearby; so, we cannot tell our child to go and stay at a relative's house. We work things out for ourselves so that our children are provided for."

Other caretakers acknowledged that community members could help with some problems, but they were not suitable for more serious issues. This is represented in the following statement from a mother in Blanchard,

Your next-door neighbor can help with regular stuff like emergencies, advice on little thing, but it's not okay to open up to them. You can trust only your family. Even though some neighbors can be like family, they are hard to find.

Negative Theme I: Shame and Embarrassment (Frequency = 11).

Mothers' efforts to provide for their children during times of adversity were met, at times, by feelings of shame and embarrassment. Shame and embarrassment arose when caretakers failed to provide food, school, medical care, and other necessities for their family. In addition to shame in the context of parenting, embarrassment and shame arose when mothers had to ask neighbors, friends, or family members multiple times for the same favor, with little means to reciprocate in the future. Shame was often expressed in the context of mothers who struggled to maintain a balance between giving and taking resources. The theme "Shame and Embarrassment" had two subthemes: (a) Subtheme 1: Parental shame; and (b) Subtheme 2: Community shame.

Subtheme 1: Parental shame (Frequency = 5). The subtheme "Parental shame" was coded because several mothers expressed shame in the context of parenting their children. For example, a mother from Canaan described how her child's lack of education affects her. She said, "I have a child who is 10-years-old who does not go to school. If you ask him to sign his name, he cannot write it. This is an embarrassment for me." Humiliation and shame also occurred from the parents' inability to provide medical care for their children, represented in the following statement, "We endure a lot of misery because we feel humiliated by people who see we have sick children."

Subtheme 2: Community shame (Frequency =6). The subtheme "Community shame" reflected how many caretakers indicated that they felt ashamed or embarrassed because they

depended on others for transportation or activities of their daily life. One mother from Canaan indicated that her son would no longer travel with her because he was embarrassed with her inability to pay for transportation and that she solicited free rides. She said,

There are some places he says that he will not go with me anymore like to the hospital because I talk too much, and I ask the drivers for forgiveness. The driver ridicules me when this happens, and my son is unhappy.

Another mother reflected a similar sentiment,

If you are going to ask for a ride, not every driver will give you a free ride. He will say how long have you been asking me for a ride? Since you have been asking me for so long, today you will find another ride. So then when this happens, you unfortunately must go by foot and not ask for a ride. I am scared of this humiliation.

Expressions of shame and embarrassment were more common in secular themes compared to religious themes. In fact, several caretakers spoke about the usefulness of religion to deliver them from the pitfalls of shame and embarrassment. One mother from Blanchard said, "When there is no hope, only God can help you get out of a difficult situation and humiliation, with all the problems we are enduring." Another mother from Canaan said,

Trials and tribulations try to overcome me; I have problems and I feel tears in my eyes. Every moment you sit at home you have a problem; you have humiliation upon humiliation. That's when tribulations overwhelm you. But when you enter a church, they pick you up so that you can stand and not be timid.

Summary of Qualitative Findings

The study found several themes about parenting from the analyses of three focus-group discussions of mothers and caretakers who live in three Port au Prince neighborhoods. Parenting

themes showed the intersectionality of secular thoughts and religious values. Generally, the mothers said that they persisted through adversity because God was present in their lives. Their conversations with God were especially important when problems could not be solved by peers. However, they generally felt comfortable talking about their problems with their church congregation members. Christianity was transformative for the mothers and their family members: giving them hopeful prospects that tomorrow can transform circumstances and people for the better. Mothers raised their children to have a relationship with God by role modeling and telling them religious-based stories. The presence of God was, however, not always helpful for all mothers: Some mothers depended on God by default because they lacked social support. Other mothers questioned the power of God's presence because their lives had not improved.

The analysis also found themes that were non-religious. Frequency counts showed that mothers reported themes within the secular cluster more than the religious cluster (see the next section on theme clusters). Mothers had encouraging conversations with their children about overcoming adversity and stressed the importance of education to their children. They worked at various jobs to make money to send their children to school. Mothers comforted their children by holding them when they could not provide material resources. The availability of community support varied per mothers' experiences, but each spoke about the impact of one's community to their benefit or detriment. Some mothers had feelings of shame and embarrassment when they failed to provide for their children and when they asked for help without the ability to reciprocate.

Quantitative Findings

This section examines whether the themes that emerged from the focus groups of mothers and caretakers discussed in the previous section related to their children's HTP Resilience and

Vulnerability scores reported in a previous study (Roysircar et al., 2017). To undertake this enquiry, themes and their frequencies were combined to form five thematic clusters. Religious themes were separated into either a positive or negative religious cluster, depending on whether the themes were determined to be positive or negative. They were labeled as *Positive Religious Cluster* and *Negative Religious Cluster*. Secular themes were separated into either a positive or negative secular cluster, depending on whether the themes were determined to be positive or negative and labeled *Positive Secular Cluster* and *Negative Secular Cluster*. Shame and embarrassment themes were labeled as the *Shame and Embarrassment Cluster*. See Table 3 for the five thematic clusters. Results rephrased the study's broad hypotheses stated in Methods section (Chapter 2) to include thematic clusters. The thematic clusters were formed after the qualitative analysis of the study was completed.

Hypothesis 1. *The Positive Religious Cluster that emerged from asking mothers and caretakers in Haiti about how they deal with adversity will have a positive relationship with their children's Resilience scores as measured by HTP ratings.* Hypothesis 1 was not supported by a 1-tailed Pearson correlation analysis that found Positive Religious Cluster and HTP Resilience ($N = 42$ children) had a nonsignificant correlation $r = .16, p = .15$. See Table 4 for the correlation between the Positive Religious Cluster and HTP Resilience scores.

Hypothesis 2. *The Positive Religious Cluster that emerged from asking mothers and caretakers in Haiti about how they deal with adversity will be negatively correlated with Vulnerability scores, as measured by HTP ratings.* Hypothesis 2 was supported by a 1-tailed Pearson correlation ($N = 42$) that found a significant negative relationship between Positive Religious Cluster and HTP Vulnerability $r = -.28, p < .05$. An increase of mother's positive religious cluster was related to a decrease in their children's vulnerability. Although significant,

the Pearson correlation was low. See Table 4 for the correlation between the Positive Religious Cluster and HTP Vulnerability scores.

Hypothesis 3. *The Negative Religious Cluster that emerged from asking mothers and caretakers in Haiti about how they deal with adversity will have a positive relationship with their children's Vulnerability scores as measured by HTP ratings.* Hypothesis 3 was not supported by a 1-tailed Pearson correlation analysis that found the Negative Religious Cluster and HTP Vulnerability ($N = 42$) had a nonsignificant relationship $r = -.18, p = .13$. See Table 4 for the correlation between the Negative Religious Cluster and HTP Vulnerability.

Hypothesis 4. *The Negative Religious Cluster that emerged from asking mothers and caretakers in Haiti about how they deal with adversity will have a negative relationship with their children's Resilience scores, as measured by HTP ratings.* Hypothesis 4 was not supported by a 1-tailed Pearson correlation that found Negative Religious Cluster and HTP Resilience ($N = 42$) had a nonsignificant relationship $r = -.01, p = .47$. See Table 4 for the correlation between the Negative Religious Cluster and HTP Resilience scores.

Hypothesis 5. *Non-religious Clusters that emerged from asking mothers and caretakers in Haiti about how they deal with adversity will have relationships with their children's HTP Resilience and Vulnerability scores. The non-religious clusters were: a) Shame and Embarrassment Cluster b) Secular Clusters.* A 1-tailed Pearson ($N = 42$) correlation found a significant positive relationship between the Shame and Embarrassment Cluster and HTP Resilience, $r = .26, p < .05$. An increase of mother's shame was related to an increase in their children's Resilience. Positive and Negative Secular Clusters were not related to HTP resilience and Vulnerability scores. See Table 4 for the correlation between the Shame and Embarrassment cluster and HTP Resilience scores.

Post Hoc Analyses

Relationships between the religious clusters and secular clusters were studied. The Negative Religious Cluster had a positive relationship with the Positive Religious Cluster, $r = .75, p < .01$ and Positive Secular Cluster $r = .67, p < .01$. The Negative Religious Cluster also had a significant negative relationship with the Negative Secular Cluster $r = -.75, p < .01$. An increase in mothers' Negative Religious Cluster was associated with an increase of their Positive Religious Cluster and Positive Secular Cluster. In addition, an increase in mothers' Negative Religious Cluster was associated with a decrease in Negative Secular Cluster.

Shame and Embarrassment Cluster. There was a significant negative relationship between the Shame and Embarrassment Cluster and the Positive Secular Cluster $r = -.79, p < .01$. Additionally, the Shame and Embarrassment Cluster had a significantly positive relationship with the Positive Religious Cluster $r = .59, p < .01$, and the Negative Secular Cluster $r = .71, p < .01$. An increase in mothers' Shame and Embarrassment Cluster was associated with an increase in their Positive Religious and Negative Secular Clusters. Additionally, mothers' Positive Secular Cluster increased as their Shame and Embarrassment Cluster decreased.

The study found a significant negative correlation between the HTP Resilience and HTP Vulnerability scales $r = -.56, p < .01$, showing an increase in children's HTP Resilience scores was associated with a decrease in their HTP Vulnerability scores.

The study analyzed whether the positive themes that emerged from mothers' and caretakers' focus-group discussion were significantly more than the emergent negative themes; whether the religious themes were significantly more than the secular themes; and whether these incidences differ by location, Blanchard, The Orphanage, and Canaan. A series of paired-sample t-tests were conducted.

Positive and Negative Clusters. There was a significant difference in Canaan scores for the Positive Religious Cluster ($M=.76, SD=.43$) and the Negative Religious Cluster ($M=.08, SD=.10$); $t(9)= 5.50, p = .001$. There was a significant difference in Blanchard for Positive Religious Cluster ($M= .71, SD= .56$) and Negative Religious Cluster ($M=.13, SD = .22$); $t(8)= 4.27, p =.003$. However, there was no significant difference in Providence Orphanage for Positive Religious Cluster ($M=.38, SD =.47$) and Negative Religious Cluster ($M=.03, SD =.07$); $t(7)= 2.20, p= .06$. The significance level was missed narrowly.

Positive Religious and Positive Secular Clusters. A paired-sample t-test was conducted by location to assess whether the incidence of the Positive Religious Cluster differed from the Positive Secular Cluster in Canaan, the Providence Orphanage, and Blanchard. There was a significant difference in Canaan for the Positive Religious Cluster ($M=.76, SD=.43$) and Positive Secular Cluster ($M=1.45, SD=1.04$); $t(9)=-2.98, p = .015$. The Positive Secular Cluster had a higher standard deviation relative to the mean in comparison to the Positive Religious Cluster. There was a significant difference in the Providence Orphanage for the Positive Religious Cluster ($M=.38, SD =.47$) and the Positive Secular Cluster ($M=1.50, SD =1.16$); $t(7)= -4.29, p= .004$. Both Clusters had a high standard deviation relative to the means. In Blanchard, means for the Positive Religious Cluster ($M= .71, SD= .56$) and the Positive Secular Cluster ($M=1.60, SD = .30$); $t(8)= -4.70, p =.002$ were significantly different. See Table 5 for differences between the Positive Secular Cluster and the Positive Religious Cluster by location.

The study analyzed whether the frequency of the Positive Religious Cluster differed in a significant way, depending on the location where the mothers and caretakers lived. A one-way between-subjects ANOVA was conducted to compare the effect of location on the Positive Religious Cluster in Canaan, the Providence Orphanage, and Blanchard. There was

nonsignificant effect of location on the Religious Cluster $F(2, 24) = 1.60, p = .29$.

There was, however, a significant effect of location on Religious theme 1 (Talk with God to help you) $F(2,24) = 3.91, p < .05$, partial eta squared .25. Post hoc analysis found that scores for Blanchard were significantly higher than for the Providence orphanage. There was also a significant effect of location on Religious theme 2 (God will not leave you) $F(2,24) = 4.00, p < .05$, partial eta squared .25. Post hoc analysis found that Canaan had significantly higher scores than Blanchard and the Providence Orphanage. The effect size of the difference for the two religious themes were moderately low. See Table 6 for the effect of location on the Religious themes and the Positive Religious cluster.

Summary of Quantitative Findings

Results showed that an increase in mother's Positive Religious Cluster was related to a decrease in their children's HTP Vulnerability scores. Additionally, children's HTP Resilience scores increased as their mothers talked more frequently about Shame and Embarrassment.

An increase in the Negative Religious Cluster was associated with an increase in the Positive Religious Cluster and the Positive Secular Cluster. In addition, an increase in the Negative Religious Cluster was associated with a decrease in the Negative Secular Cluster. In terms of shame and embarrassment, an increase in the Shame and Embarrassment Cluster was associated with an increase in the Positive Religious Cluster and the Negative Secular Cluster. Additionally, the Positive Secular Cluster increased as the Shame and Embarrassment cluster decreased.

Regarding the effect of location on clusters, Canaan and Blanchard had significantly more incidence of the Positive Religious Cluster than the Negative Religious Cluster, while there was no difference found for the Providence Orphanage. Across all locations, the Positive Secular

Cluster was significantly higher than the Positive Religious Cluster. Finally, there was a moderately small significant effect of location on Religious theme 1: Talk to God to help you, with the score for Blanchard significantly higher than that for the Providence Orphanage. There was also a moderately small significant effect of location on Religious theme 2: God will not leave you, which showed Canaan had a significantly higher score than Blanchard and the Providence Orphanage.

Chapter 4: Discussion

The purpose of the study was to enquire into the possible ways children in Haiti are socialized by the religiousness and other coping ways of their mothers and caretakers in the childhood contexts of societal and continuous trauma. To the stated aim, the study first presented qualitative themes that emerged from three focus groups of the children's mothers in three different locations. Second, the study presented quantitative findings on the relationships and differences between and among thematic clusters, as well as differences in the thematic clusters by the children's different locations. Third, the study presented the quantitative relationships of the thematic clusters with the Resilience and Vulnerability scores of the children, whose House-Tree-Person drawings had been rated in a previous study for resilience and vulnerability (Roysircar et al., 2017). These findings are discussed in the following section.

Thematic Analysis of Haitian Mothers' Focus Groups

Theme 1: Talk with God to help you. Praying to God for help means that individuals have a relationship and a history of communications with God that may inform them about how they can behave in challenging situations. Talking with God was the most common sentiment expressed in the focus groups. The relationship that mothers developed with God helped them trust that He would answer their prayers. For example, a mother from Blanchard said, "When

things are tough, we look for the Guy upstairs for comfort and help. When there is no hope only God can help get you out of a difficult situation.” Krause and Chatters (2005) found the most frequent type of prayer for African Americans was that God’s “will be done.” A prayer that God’s will to be done was first expressed by Jesus before his crucifixion. He felt overwhelming sadness and anguish that he would be required to be separated from his father to die for the sins of people. He said, as stated in Matthew 26:42, “My Father, if it is not possible for this cup to be taken away unless I drink it, may your will be done.” This prayer appears relevant to the current study because the prayers of many mothers were for God to have an effect on their lives. Krause and Chatters suggest that prayers for God’s will to be done may be effective because many of the problems that are faced by people of African descent (e.g., racism, economic disparities) are largely intractable and slow to change because they operate at the macro-societal level that is out of control of an individual person.

Mothers and caretakers prayed for guidance, money, and physical healing among other concerns. Research suggests that the content of prayers may be associated with different outcomes (i.e., positive or negative). For example, Perez et al. (2011) found that depressive symptoms were negatively correlated with prayers of “reception” (i.e., passively waiting for divine wisdom, understanding, or guidance). However, Whittington and Scher (2010) found that prayers for guidance can have a positive effect on self-esteem, optimism, and meaning of life, while prayers aimed at getting something from God had a negative effect on subjective well-being. Many of the mothers in the current study reported that they prayed for specific things (i.e., health, community center, money, etc.), yet many others prayed for wisdom and for understanding of their life circumstances. Thus, the mothers’ talking with God could have both positive and negative outcomes, depending on the needs expressed by the mothers.

Several participants encouraged the interviewers by believing that the interviewers were sent by God. For example, one mother said “if you all can come here and do something for us, I would say thank you with God’s grace. God be with you.” Praying on behalf of a person and knowing that someone is praying on one’s behalf have benefits to mental health. For example, Krause (2003) suggested the deleterious effects of chronic poverty on mental health are significantly reduced for individuals who believe others often pray for them. The effect remained when the study controlled for emotional support from family members and close friends. In addition, Krause found that individuals who often prayed for others experienced a 48% reduction in the relationship between financial strain and health problems. It may be important for people of African descent to have others prayed for and for them to pray for others given their cultural grounding in interconnectivity and communalism. Indeed, Gillum and Griffith (2010) reported African Americans were more likely than European Americans to report being prayed for by others. Perhaps, another example of interconnectivity and communalism was shown by mothers inviting the interviewers to participate in their religious experience as emissaries and answers to their prayers. The interviewers became perceived participants in the mothers’ and caretakers’ relationship with God.

Theme 2: God will not leave you. The theme “God will not leave you” was reflected in several mothers’ talk about the constant and enduring presence of God. Because God was believed to be always present, the mothers could attribute God’s protection, care, and love to positive events. Every triumph over adversity was potentially caused by God’s protection. According to DeAngelis and Ellison (2017), people who believe God controls the course and direction of their life also make positive attributions about traumatic experiences. DeAngelis and Ellison explained one way that the presence of God may defend the mothers against negative

experiences is by the mothers reframing the traumatic experience as evidence that God protects them. This was expressed in the following quotation from a mother, "I wouldn't still be here because my boat tipped over in Lagonave [island in Haiti]. I survived. I have been in a car accident. I survived, and I see that it was God who had a surprise for me."

The Haitian mothers who believe in a God who is always present and protects them for harm may thus attenuate their suffering from chronic poverty. For example, Krause, Pargament, Hill, and Ironson (2018) found the relationship between chronic poverty and economic difficulties on health was less pronounced for study participants who had a pantheistic view of God (i.e., God is all around us in nature), and a theistic view of God (i.e., God is the creator of the universe. who protects us) than a deistic view of God (i.e., God created the universe and then left people to fend for themselves).

A few mothers could not express how their life benefited from the presence of God. This perspective might lead to spiritual discontent (i.e., confusion and dissatisfaction with God; Pargament, Koenig, & Perez, 2000) because the mothers could not reconcile why God did not change their life situation. This skepticism about God was consistent, if to a lesser degree, to O'Grady et al.'s (2012) study that found, following the 2010 earthquake, that nearly one-fourth of Haitians agreed or strongly agreed that they felt more distant from God. However, less participants (3%) in the current study expressed a distance from God. Participants in the present study were interviewed four years following the earthquake and appeared to respond more to the chronic adversity that was exasperated following the earthquake rather than the earthquake itself.

The subtheme "I only have God" was coded because some mothers described how they thought only God can provide them with help. They made statements such as "God is everything to me. No one can help you, not even your mom and dad.... only God can solve them." Harper

and Pargament (2015) referred to this as a form of negative religious coping: the mother quoted above may have used religion to deny the significance of a negative event or circumstance (i.e., family, friends, community can offer no help). This theme was relatively rare as were most negative religious themes but suggest that some mother might have negative outcomes from their negative religious coping.

Theme 3: It's an Assembly: We Share our Problems at Church. Several mothers and caretakers detailed ways that the church helped them get through difficult experiences and changed their perspective on life. Chaney's (2008) qualitative analysis explored what African Americans believed were beneficial aspects of church attendance. Through "Fellowship" African Americans felt emotionally warm and supported by church members. They were especially comforted when they believed congregations members were genuinely concerned about them. For example, a pastor at one church from Chaney's study said, "you come here and get loved and embraced...feelings are not judged. That allows you to be transparent now and open and talk about your problem.... (p. 5)." The description of church as a place where people can talk about their problems was a poignant theme in the current study. The ideas of grace, forgiveness, and the fallibility of humanity preached in the church may be the pathway that makes the church a place where people feel free to talk about their problems without judgement or shame. This understanding was collaborated in the following quote from a mother in Canaan, "I won't tell everyone outside I have a problem but, in my church, I can say I have a problem. We are all brothers and sisters and we share with one another."

Several mothers expressed that their participation in church affected how they behaved outside of church (i.e., helping others, feeling free to talk). Some mothers explained how sharing in church encouraged them to share outside of church and other mothers talked about how

church helped them talk with people outside of church without shame. Perhaps these mothers internalized the messages in church to an extent that allowed them to function in similar ways regardless of the social context. Research does support that participation in church can help congregation members develop prosocial behaviors (i.e., donating money, volunteering time, and helping a stranger) particularly in countries with economic disparities (Guo, Liu, & Tian, 2018). Van Cappellen, Saroglou and Toth-Gauthier (2016) found the social aspects of the church induced the emotion of love, which in turn promoted prosociality.

Theme 4: Train up a child. Mothers have a critical role in socializing their children to religion (Bebiroglu et al., 2015). In the current study, mothers acted as religious models for their children and helped their children frame their experiences in the context of God. According to Butler-Barnes, Martin, and Boyd (2017) parents who have strong religious beliefs and practices likely communicate messages to their adolescents about God, how to pray, and they require them to attend church even when their adolescents' have little interest in God. Adolescents who verbally connected with God reported higher well-being than adolescents with lower levels of religious connectivity. Given the findings by Butler et al. and the reported beliefs and practices of mothers in the current study, their children likely benefitted from their religious socialization (i.e., messages about God and prayer, and the importance of church attendance).

Flor and Knapp (2001) found, in addition to parental religious behavior (i.e., church attendance, prayer), that religious discussions between parents and children also increased both children's religious behavior and the importance of religion to them. The mothers in the current study used stories to explain to their children how God would deliver them from their hardships and expressed an openness to listening to their children. For example, a mother said, "Give the children a good number of stories, so that they can have strength to know that after suffering.

there is resilience in God.” The use of stories is also reflected the Haitian oral tradition.

Theme 5: Hope for Tomorrow. Mothers in the study had hope that God would change their current problems by tomorrow. Many reflected the following sentiment, “When you are having difficulty...If you do not find hope and strength today, then you will find it tomorrow.” This theme of expecting a better tomorrow was consistent with the finding of a doctoral dissertation (Galindo, 2016) who studied the expression of hope in Haitian adults living in Jacmel and Gwo Jan (a mountain community outside of Port-au-Prince). One participant in Galindo’s study stated, “...You have hope, you have to believe in God, that you will have a better tomorrow, a better life.” The author postulated that hope in tomorrow may reflect an overall sense of trust in God’s control over participants’ lives and their fate. Many participants in the Galindo’s study explained that there is always hope when there is life, reflecting the Haitian proverb “if your head hasn’t been cut off, you have the hope of wearing a hat.”

In the current study, tomorrow was an aspired place that would not necessarily occur while alive. For example, a mother said, “The good thing about spirituality and religion in your life is that it always makes you have hope. You may even stand here today and may die but you still have hope that you will reach tomorrow after death.” Gunnestad and Thwala (2011) reported that their South African participants had hope for eternal life, which gave them the ability to accept death. This may be a form of Christian–Vodou synchronism where the cosmology of Vodou reflects African humanism where the living, the dead, and the unborn play equally significant roles in an unbroken historical chain of eternal life (Bellegarde-Smith & Michel, 2013).

Secular Theme 1: Parenting Factors

The ability of caregivers to support their children is important for child development and

helps children move through adversity. Even when mothers and caretakers in the current study did not have much for themselves, they attempted to provide something for their children. Boothby et al.'s (2017) qualitative analysis of parenting in Uganda found that investing in children's future was the most important attribute of positive parenting. The respondents emphasized investing in education and connected both formal and informal education with the child's future. The education subtheme in Boothby et al.'s study echoed the educational sentiment of the mothers in the current study. One participant in Boothby et al.'s study stated, "When a child is educated and has knowledge [the parent] would have provided everything for that child—their future will be bright" (p. 162). In the current study a mother repeated a similar sentiment, "Because I will be gone one day and I want to leave my children with something [education] that will be useful for them."

Mothers in the Haitian focus groups emphasized the importance of holding a child and providing their hygienic needs. For example, a mother said "During moments of difficulty, you place the child close to you whether you have something to give them or not. You adore him, soap his body, brush his teeth." Research presents evidence that holding a child is culturally appropriate for people of African descent and reflects cultural beliefs in interrelatedness in the conceptualization of relationships and competence. For example, Keller, Völker, and Yovsi (2005) compared the parent-child interactions of Cameroonians (Nso; whose descendants are Haitians) and Germans. The Nso conception of good care of infants seemed to rest on primary care, body contact, and body stimulation. A mother in Keller et al.'s study made the statement: 'The mother and the child are supposed to feel each other's skin in order to be happy' and 'the mother is supposed to bring the baby close to her chest and 'ló'ti' (comfort)," an expression of care that was similar to the mothers' expressions in the current research.

Secular Theme 2: Community Factors

Caretakers depended on community support to help them through adversity. Orton and O'Grady (2016) described an encounter with a grandmother in Haiti who had lost all her children and grandchildren to the earthquake. She knew herself within the community as a mother and grandmother, but now wondered what her identity was. Mothers in her tent community were overwhelmed by the needs of their children and she considered taking a therapist's advice to braid the little girls' hair in the morning. This helped her take back a place in the community exemplified by her comment, "I have been taking care of the little ones in the community." The idea of helping oneself by helping the community was repeated by a mother in Canaan when she said, "We share with people who are less fortunate than us. If we didn't know how to share with others, the existence of everyone here would not be possible." According to Derivois, Merisier, Cenat, and Castelot (2014), social support from schools, home, and religious and social organizations available to children and teenagers living in the Haitian microsystem had a negative relationship with PTSD symptoms.

At the same time, several Haitian mothers in the current study detailed how their community was not helpful in providing care for their children, transportation, education or in generally finding people they could trust with their problems. For example, a mother from Cannan said, "there is not a community here that will help us. No one has anything for themselves, so we are not able to help each other." Rahill et al.'s (2016) qualitative analysis of post-earthquake Haiti interviews detailed how a mother could not depend on neighbors to comfort her in the loss of her child because her neighbors had lost four or five family members themselves. Rahill et al. gave the following quotation: "it's not that one would not want to help a neighbor, but now, everybody's head is spinning, because everybody has problems, and so that's

what has happened” (p. 597).

Mothers in the present study made comments about how their environment was a desert of resources. The scarcity of resources that mothers in Haiti needed so that they could provide for their children might lead to negative consequences for their families. For example, Edmond, Randolph, and Richard (2007) found the availability of resources and characteristics of the community, such as the lack of access to clean water sources, vaccination, electricity, and schools in Haiti, can lead to a decreased sense of parenting competence and anxiety for Haitian mothers. Derivois et al. (2014) found the relationship between a lack of social support and PTSD symptoms was especially strong for children who did not attend school and those who were orphans. This implication may be relevant to the children in the Providence Orphanage and many of the mothers who had problems paying their children's secondary school fees.

Negative Theme I: Shame and Embarrassment

The efforts of mothers and caretakers to provide for their children were met at times with feelings of shame and embarrassment, which were common across all locations (i.e., Canaan, Blanchard, the Providence Orphanage). Shame and embarrassment arose when they failed to provide food, school, medical care, and other necessities for their children. Parents were ashamed that they could not pay for their children's medical care and because their children could not read. Edmond et al.'s (2007) analysis suggested that Haitians are vulnerable to shame because their culture is “other” focused. In Edmond et al.'s study, mothers without the resources to reciprocate care for other children in their Lakou (village or small compound) could be labeled as incompetent or selfish mothers. Edmond et al. (2007) postulated that the mothers' inability to support their children materially can lead them to have experiences of shame and interpersonal tensions.

In addition, Hagaman et al. (2013) found the most common cause of suicide in Haiti was the failure to meet social expectations and public shame. In the current study, embarrassment and shame arose when mothers had to ask neighbors, friends, or family members multiple times for the same favor, with little means to reciprocate in the future. This idea was repeated in Hagaman et al.'s description of a man who could not repay a loan taken to pay for his cows and attempted to kill himself before community members could approach him for repayment.

Quantitative Analyses

Hypothesis 1. The Positive Religious Cluster that emerged from asking mothers and caretakers in Haiti about how they deal with adversity will have a positive relationship with their children's Resilience scores as measured by HTP ratings. The study failed to show that an increase in mothers' positive religious cluster was associated with an increase in their children's Resilience. The HTP Resilience scale is a composite of resilience that children experience from their own abilities, their home, and their community. One possibility for the non-significant result is that mothers' religiousness may provide their children resilience within their families and in their moral fortitude, but mothers' religious attitudes does not expand to provide their children with resilience in other areas, such as interpersonal and intrapersonal psychological functioning and dynamics. Following the 2010 earthquake, the mother's religiousness might not increase the likelihood that their children's experience of their devastated natural environment or poor governmental responses to the disaster as being resilient.

Another possibility for the non-significant result was that the Positive Religious Cluster comprised of five religious themes that varied in content. While the overall cluster was not correlated with children's HTP Resilience score, the study might have found a relationship between HTP Resilience and individual religious themes. For example, Bartkowski, Xu, and

Levin (2008) found church attendance, perhaps similar to the present study's Theme 3: *Church, it's an assembly*, more so than other maternal religious practices, as a stronger factor in children's resilient functioning in behavioral, emotional, and cognitive areas of development. In addition, DeAngelis and Ellison (2017) found the notion that God controls the course and direction of one's life, similar to the presents study's Theme 2: *God will not leave you*, helped participants to reframe traumata from negative experiences to positive experiences.

Hypothesis 2. The Positive Religious Cluster that emerged from asking mothers and caretakers in Haiti about how they deal with adversity will be negatively correlated with Vulnerability scores, as measured by HTP ratings. The significant negative correlation between the Positive Religious Cluster and HTP vulnerability was consistent with the study's hypothesis. The result suggested that children with low vulnerability risks for themselves, their household, relationships, and their environment had mothers who reported more religious practice and beliefs. The result is unsurprising given the well-documented relationship between positive religion coping and several facets of healthy psychological functioning. For example, Varon and Riley (1999) found youths whose mothers attended religious services at least once a week had greater overall satisfaction with their lives, more involvement with their families, better skills in solving health-related problems, and felt greater support from friends compared with youths whose mothers had lower levels of participation in religious services. Brody, Stoneman, and Flor (1996) also found greater parental religiousness (i.e., attendance and importance of church) led to adolescents with cohesive family relationships, lower levels of interparental conflict, and fewer externalizing and internalizing problems.

Hypothesis 3. The Negative Religious Cluster that emerged from asking mothers and caretakers in Haiti about how they deal with adversity will have a positive relationship with their

children's Vulnerability scores as measured by HTP ratings. The study failed to show that an increase in mothers' Negative Religious Cluster was associated with an increase in their children's Vulnerability. Ano and Vasconcelles (2005) meta-analysis found that negative religious coping strategies were positively associated with negative psychological adjustment to stress. The result that the negative religious coping of Haitian mothers did not seem to relate to whether their children experienced their abilities, their home life, and their environment as vulnerable is encouraging. Perhaps the expression of a contentious relationship with God was viewed differently in the current study by mothers and their children than in studies with other populations. One possible reason for the results might be that the Haitian mothers considered their relationship with God as involving periods of struggle; thus, negative religious coping did not represent a poor endpoint to their relationship with God but instead an occasion for growth.

Hypothesis 4. The Negative Religious Cluster that emerged from asking mothers and caretakers in Haiti about how they deal with adversity will have a negative relationship with their children's Resilience scores, as measured by HTP ratings. The study failed to show that a decrease in mothers' negative religious cluster was related to an increase in their children's Resilience. Research generally suggests that negative religious coping has a positive relationship with negative outcomes and that negative religious coping has a negative relationship with positive outcomes (Pargament et al., 1998). However, Ano and Vasconcelles' (2005) meta-analysis of 49 studies did not support that negative religious coping is inversely related to positive psychological adjustment. Their analysis found people who felt abandoned by God, attributed their negative situation to the devil. Other forms of negative religious coping did not necessarily relate to lower self-esteem, less purpose in life, lower spiritual growth, or other negative outcomes. In addition, a few empirical studies found that negative religious coping

became spiritual struggles that later related to spiritual and stress related growth (Ano & Vasconcelles, 2005). The result that there was not a negative relationship between the Negative Religious Cluster and HTP Resilience is consistent with the finding by Ano and Vasconcelles.

Hypothesis 5. Non-religious themes that emerged from asking mothers and caretakers in Haiti about how they deal with adversity will have relationships with their children's HTP Resilience and Vulnerability scores. The non-religious clusters were: (a) Shame and Embarrassment Cluster and (b) Secular Cluster. The study found an increase of mother's shame was related to an increase in their children's Resilience. Positive and Negative Secular Clusters were not related to HTP Resilience and Vulnerability scores. The positive correlation between mothers' shame and their children's HTP Resilience was unexpected given research that associates shame with negative outcomes (Walker et al., 2013). For example, Scarnier, Schmader, and Lickel's (2009) found that shame predicted whether parents attempted to distance themselves from the negative conduct of their children, mother's tendency for harsh punishment of their children, and the removal of emotional warmth. However, according to Wong and Tsai (2007), in collectivist societies, the feeling and expression of shame is valued and functions to regulate people's behavior toward community norms and social harmony. Shame in the present study can be summarized as a violation of the normative collective statement: "I can ask you to help me and my child because you can ask me to help you and yours." This form of shame from not performing parental communal responsibilities is different from the conceptualization that parental shame is caused by the publicity of a child's misconduct and how the child's behavior might negatively impact the parent's self-image, as stated by Schmader et al. The shame in the current study reflected mothers' provision of resources for their children in ways that were generally discourage by the community norms (like begging for free transportation).

Additionally, the mothers modeled for their children how to remain resilient by “threading the needle” between personal needs and community restrictions, when I comes before We.

Post Hoc Analyses

Children's HTP Resilience and Vulnerability. The study found that an increase in children's HTP Resilience scores was associated with a decrease in their HTP Vulnerability scores. The significant negative correlation between HTP Resilience and HTP Vulnerability in the 2014 sample is consistent with findings by Roysircar and colleagues (2017, 2018) on ratings of children's House-Tree-Person drawings in samples from 2012, 2013 and 2014.

Correlation between the mothers' Positive Religious Cluster and Negative Religious Cluster. The study found that an increase in mothers' Negative Religious Cluster was associated with an increase in the Positive Religious Cluster. This result is not surprising that the mothers in Haiti reported both positive and negative religious coping. The mothers who were more religion had generally had a relationship with God, which like most relationships, include moments of agreement and disagreement. This reasoning is supported by research. For example, Pargament, et al. (1999) found their participants use both positive and negative religious coping strategies in response to various major life stressors.

Correlation between the mothers' Negative Religious Cluster and Positive Secular Cluster. The study also found that an increase in the mothers' Negative Religious Cluster was associated with an increase in the mothers' Positive Secular Cluster. Perhaps, the mothers who primarily used secular reasons to explain their ability to cope attributed their negative experiences to religious causes, which helped them to maintain an overall positive outlook towards their secular functioning. For example, McDougle, Konrath, Walk, and Handy (2016) found secular coping (e.g., volunteering) reduced the risk of mortality for non-religious adults

while it was related to a higher risk of mortality among religious respondents. While among self-identified religious individuals, religious coping (e.g., church attendance) was associated with a lower mortality risk, religious coping had no effect for non-religious respondents. Some mothers may see the utility in secular approaches to coping, but because they remain influenced by practices in a religious country, they may attribute the negative events to religion.

Correlation between the mothers' Negative Religious Cluster and Negative Secular Cluster. Finally, the study found that an increase in the mothers' Negative Religious Cluster was associated with a decrease in the Negative Secular Cluster. This result is not surprising. The Negative Secular Cluster included an inadequate parental support for children and a lack of community support, while the Negative Religious Cluster broadly referenced a lack of support from God or the overdependence on God because of a lack of social support. Perhaps the common factor between the two variables is a lack of support.

Correlations with Shame and Embarrassment Cluster. The study found that an increase in mothers' Shame and Embarrassment Cluster was associated with a decrease in their Positive Secular Cluster. The study also found that an increase in mothers' Shame and Embarrassment Cluster was associated with an increase in mothers' Negative Secular Cluster. Taken together these results are unsurprising given that many mothers spoke about shame and embarrassment in the context of obtaining resources for themselves and their children (secular daily living activity). Mothers might have experienced more shame and embarrassment as they had negative parental and community-based experiences (Negative Secular Cluster). On the other hand, mothers experienced less Shame and Embarrassment when they experienced less adversity from parenting and had more support from their community (Positive Secular Cluster).

Correlation between Shame and Embarrassment Cluster and Positive Religious

Cluster. The study found a positive relationship between the Shame and Embarrassment Cluster and the Positive Religious Cluster. This relationship appears contradictory, but religiousness has a component of falling from grace, shaming the sinner, and punishment. Religiousness and shame from moral transgression may go hand-in-hand. Ano and Vasconcelles (2005) found that positive religious coping had a positive relationship with positive affect and self-esteem, and reduced distress, depression, and anxiety. However, compared to other psychological variables, shame has a complex relationship with positive religious coping. For example, while Murray and Ciarrocchi (2007) found shame along with congregational conflict, and spiritual struggles were the best predictors of life dissatisfaction, they also found that shame along with spiritual experiences, private religious practices, congregational support, and spiritual struggles were the best predictors of positive affect (Murray & Ciarrocchi, 2007). The increase in the Positive Religious Cluster may be a response to contextualize or alleviate Shame.

Frequency of the mother's religious themes. One question that arose from the study was whether mothers and caretakers talked about religion more or less in some locations (i.e., Canaan, the Providence Orphanage, and Blanchard). The results showed that the location where mothers and caretakers lived did not affect their Positive Religious Themes. However, there was a small significant effect of location on Religious theme 1: Talk to God to help you, with scores for Blanchard significantly higher than for the Providence Orphanage. There was also a significant effect of location on Religious theme 2: God will not leave you, that showed Canaan had a significantly higher score than Blanchard and the Providence Orphanage. These results are consistent with Roysircar et al.'s (2017) study that found worse outcomes from children in Providence orphanage compared to children who lived in Canaan. Mothers who lived in Canaan

were different the Blanchard mothers and the Providence Orphanage caretakers because they were relocated from their destroyed homes to an outer area of Port au Prince, following the earthquake of 2010. As they entered a new environment, these mothers may have felt that they were rescued by God and blessed by a refuge and felt the consistency of having a God that will never leave them. The context of the Providence Orphanage might explain why caretakers talked with God less than mothers from Blanchard and reported less about the presence of God than mothers from Canaan. Caretakers at the Providence Orphanage raised children under an organizational structure that remained consistent providers during and after the earthquake of 2010 under the supervision of a Catholic nun. The caretakers referred to the Catholic nun when they spoke about their opportunity to provide non-religious resources for the children. Perhaps the reference to the Catholic nun by caretakers was an expression about their faith in God giving them an opportunity to serve. Employment at the Providence Orphanage also provided money to caretakers to provide for their families, and the nun ensured that the children at the orphanage were cared for.

Mother's religious and secular themes. This research also asked whether mothers and caretakers talked about religious themes significantly more than secular themes. In addition, do these incidences differ by location. Across all locations (i.e., Canaan, Providence Orphanage, and Blanchard), mothers spoke about positive religious themes significantly more so than positive religious ones. One reason for this finding is that only one focus-group question out of seven specifically asked about religion. Nevertheless, Mothers and caretakers spontaneously mentioned the relevance of God and the church when they answered other questions about adversity, community, food etc. as expected from Haitians who value the importance of religion in many aspects of their life.

Limitations of the Study

Qualitative analysis. The qualitative analysis had limitations. First, the focus groups were conceived to assess the ways mothers helped their children during times of adversity. However, fathers and other community members in Canaan voluntarily sat in on the focus groups. The addition of men might have influenced how mothers responded to the focus group questions. In addition, mothers at the Providence Orphanage provided answers about both their biological children and the children who lived at the orphanage. Caring for orphanage children may differ from parenting one's biological children.

Interviewer characteristics are another factor that might have affected the mothers' responses. For example, an interviewer's demeanor, such as body language, facial expressions, and manner of dress might have communicated the interviewer's personal preferences or values that might have affected the focus group members' answers. In addition, given Haiti's cultural socialization in communalism, the articulation of group norms may have silenced individual voices of dissent. My individual characteristics might have had an impact on the identification of qualitative themes and on the interpretation of the qualitative and quantitative results of the study. I am not Haitian, and I have a Baptist religious affiliation. A Haitian researcher might have better understood Haitian culture and the Creole language, without needing English translations, which might have led to different themes with alternative interpretations.

The ability of the researcher to answer the study's hypotheses was limited by the use of archival data. For example, the purpose of the present study was to assess the way that mothers' religiousness may influence the resilience of their children, but only one question asked of the focus groups pertained to religion. It is debatable whether the study would benefit from asking direct and in-depth questions about the way religion helps children overcome adversity. Rather,

the study assessed the influence of religion through several general questions about how mothers helped their children during times of adversity.

The study failed to describe how Haitian mothers and caretakers may have used spiritual elements of Vodou to encourage their children during times of adversity. Vodou as a way of life for many Haitians has implicitly permeated their expression of Christianity. For example, many saints of the Catholic Church are the same spirits served in Vodou practice (Paul, 2016). However, about 30 years ago, the Protestant church was instrumental in opening schools, clinics (including the PID clinic where the present study was conducted.), and orphanages, following economic difficulties of the late 1980s (Germain, 2011). More so than the Catholic ministry, Protestant churches led a campaign against Vodou to destabilize its prevalence and spiritual leaders (Germain, 2011). The study's emphasis on the religious aspects that Haitian mothers and caretakers use to help their children may have favored the expression of Christian religious practices and precluded the structural practices and customs that are associated with Vodou. Study participants may have been discouraged to talk about specific spiritual practices associated with Vodou. The study might have found more examples of Vodou faith observed by the participants had the study focused on the spiritual aspects of Haitians. Characteristics that typify the Vodou worldview, such as the sanctity of life, the connection between the living, dead and unborn, etc. (Bellegarde-Smith & Michell, 2013), may have emerged had the study empathized the spiritual lives of Haitian mothers and caretakers.

Quantitative analyses. The quantitative analyses of the study had several limitations. First, the study used a Pearson correlational analysis to assess the relationships between the mothers' religious and non-religious thematic Clusters and their children's HTP Vulnerability and Resilience scores. However, correlational analyses provide no basis for causality. Had the

study assessed the casual relationships between the variables, the results could indicate that an increase in mothers' religiousness affects their children to report less vulnerability. In addition, comparisons made in the study for Canaan between the Positive Religious Cluster ($M=.76$, $SD=.43$) and Positive Secular Cluster ($M=1.45$, $SD=1.04$) found that the Positive Secular Cluster had a higher standard deviation relative to the mean in comparison to the Positive Religious Cluster. Therefore, the result that the mothers in Canaan had significantly more Positive Secular Cluster than Positive Religious cluster should be interpreted with caution. The comparison made in the study for the Providence Orphanage for the Positive Religious Cluster ($M=.38$, $SD =.47$) and the Positive Secular Cluster ($M=1.50$, $SD =1.16$) showed that both had high standard deviation relative to their respective means. Therefore, the result that the mothers from the Providence Orphanage had significantly more Positive Secular Cluster than Positive Religious Cluster should be interpreted with caution. The standard deviations were likely affected by the small sample size. While the focus group sample size ($N=27$) was sufficiently large for qualitative thematic analysis, the limited frequencies of the themes were utilized as quantitative data.

The method used to relate religious and non-religious clusters with HTP Vulnerability and Resilience scores was to average religious and non-religious clusters for each location and relate the averages to the HTP Resilience and Vulnerability scores of children who lived in those locations. The study might have benefited from a method that paired specific mothers with their children; however, the limitations of community-based practice research did not allow for a matched methodology. All that was confirmed was that these mothers' children had participated in the HTP drawing study (Roysircar et al., 2017). An additional limitation was that the method used to convert themes into thematic clusters. In the Integrative Mixed Methods Approach

(IMM) outlined by Castro and Coe (2007), thematic clusters are formed by both the frequency and intensity of a thematic category. The use of both frequency and intensity is thought to increase the stability of clusters. Intensity categories include coding for comments that represent *basic mentions* or *emphatic mentions* of themes. The study did not calculate the intensity of thematic categories because intensity was difficult to ascertain from written translated text.

Directions for Future Research

There are several suggestions for future research. The current study was conducted with mothers, caretakers, and children in a society that was historically and currently traumatized, poor, and collectivist. A future study might extend the research to a setting where a natural disaster has occurred in a relatively prosperous setting, such as Japan, and in a more individualistic society, such as flooding in the Netherlands. In addition, the current study found that an increase in mother's religiousness was associated with an increase in their children's vulnerability. That is, if the children were less at risk, then their mother would be less prone to religiousness. Future research could assess whether child religiousness moderates the relationship between mother's religiousness and child vulnerability. Research suggests that the religiousness of children might moderate the impact of their mothers' religious on their experience of vulnerability. For example, Goeke-Morey, Taylor, Merrilees, Shirlow, and Cummings (2014) found that a stronger relationship with God predicted fewer depression and anxiety symptoms for youth whose mothers used more religious coping. To assess the effect of moderation, a future study might conduct several focus groups with children and several focus groups with parents. The question that arises is whether young children are cognitively and verbally developed to articulate about religion.

Another area of future research is the replication of the current study with Haitian fathers

or families with two parent households. Bader and Desmond's (2006) research suggested that the consistency between the religious values of mothers and fathers increase the transmission of these values to their children. Therefore, the relationship between parental religiousness in two family households and their children HTP Vulnerability and Resilience might be stronger than in the current study. However, it is acknowledged that two-parent intact families are few in number in impoverished urban communities in Haiti (Roysircar, 2013).

The current study correlated the religiousness of mothers, which represented the microsystem level of their children's ecosystem, with children's experience of resilience within their individual, microsystem, and macrosystem ecosystem levels. The study found that the Religious Clusters were not related to children's HTP Resilience perhaps because mothers' religiousness did not transfer past the family to influence the children's experience of resilience in their neighborhoods, community, local government, etc. Future research might specifically study which religious factors are related to resilience at various levels of Haitian children's ecosystem. The suggestion follows Wright and Masten's (2015) stipulation that research include an ecologically informed perspective of resilience to understand how individuals maximize resilient outcomes in their lives. To increase the opportunity for intervention in a variety of contexts, which might strengthen resources and protective systems for children, researchers must identify the multiple levels within the children's ecology that influence resilience.

The study found a positive relationship between the mother's Shame Cluster and their children's HTP Resilience scores perhaps because mothers experienced shame as they violated community norms to ensure resources for their children. An additional study might assess how times of adversity affect community members' ability to maintain community norms, and how community members navigate, cope, and perhaps create adjusted norms that benefit them and

their children. The study might assess the ways that mothers confront their former beliefs and practices about being a productive community member and expand or alter their cosmology framework (cf. Orton & O'Grady, 2016). Haitian mothers may experience a cosmology episode when they ask for help without the prospect of reciprocity, which may benefit their children but also cause shame as the mothers confront their concept of being productive community members.

Last, Guideline 7 of the APA Multicultural Guidelines (APA, 2017) states that psychologists should endeavor to examine the profession's assumptions and practices within an international context. American psychology has strong epistemological (e.g., secular, agnosticism, self-centrism) and axiological assumptions about measurement and reductionism that might not be present in Haiti. The assumptions of secularism and scientific parsimony associated with psychology might affect the acceptance of the present study's results to people who live in Haiti. Therefore, the body of research on mothers' religiousness in Haiti might benefit from a study that has a purposeful Christian epistemology and axiology, which are present in Haitian society. A future study based on Christian axiology might use a transformative paradigm that assumes that the research should lead to the direct benefit of the participants because the research was conducted with God's love, justice, etc. Fambro (2016) suggested that "calling" and "Christian worldview" are two characteristics that distinguish a Christian researcher from other researchers. The Christian researcher should feel called by God to do a specific work in order to accomplish a specific Christian purpose. When the researcher is not driven by their calling, the onus falls on the researcher to describe the importance of what he or she has found. The current study might have followed a Christian calling by measuring the worth of the research by the spiritual benefits (i.e., closer to God as result of the research, increase in

Christian values, influence of God in their lives, etc.) the Haitian community received. In addition, from a God-informed worldview, Christian scholars should seek the Bible as accountability to their findings. The analysis of themes and results of the current study were primarily interpreted through the secular and agnostic lens of American psychology even though the two coders of the focus group conversations were devout Baptists. A Christian-based study might couch the results and interpretations within Biblical scriptures. That said, the original researcher of the study, who collected the present study's data in Haiti, Dr. Gargi Roysircar, is a non-Christian. She has demonstrated great respect for cultural, religious, and language diversity through her multicultural work in the United States and her international service, all documented in numerous publications. Dr. Roysircar's mental health practice and research in Haiti since 2010 are consistent with the religious and collectivist worldviews of Haitians.

Summary of the Study

Several religious themes about parenting emerged from the analyses of discussions of three focus groups composed of mothers and caretakers who lived in three Port au Prince neighborhoods. Generally, the mothers said that they persisted through adversity because God was present in their lives, which helped them to be hopeful that tomorrow will be better than today. Mothers prayed to God and taught their children Christian values. Children of mothers who spoke more about the way that religion helps their children during times of adversity expressed less vulnerability than children of mothers who spoke less about the benefits of religion. Not all the mothers and caretakers had a positive relationship with God. However, while these mothers voiced some negativity about God's helpfulness, Pearson r correlational analysis showed that high levels of negativity towards the relationship with God was significantly related to generally high levels of positive relationship with God. Thus, whether positive or negative, the

conversations were God-centered. In general, regarding locations, the conversations that mothers in Canaan and Blanchard had about religion were significantly more positive than negative.

The analysis also found themes that were non-religious. Across all locations, mothers and caretakers spoke about the utility of garnering secular/material resources for their children significantly more than the way that religion helps their children with moral endurance. The mothers and caretakers stressed the importance of education to their children and worked various jobs to provide for them. When mothers did not have physical resources, they comforted their children by holding them. Mothers also spoke about the benefit of their community. In general, the more mothers and caretakers spoke about the benefit of accessing secular resources for their children during times of adversity, the more they reported difficulties in their relationship with God.

In addition to benefits from secular resourceful, some mothers spoke about the difficulty that they had attempting to access material resources for their children. When mothers and caretakers spoke less about the difficulties they had attempting to access secular resources, they talked more about difficulties in their relationship with God. The implication is that secular coping advances religious coping and vice versa.

Last, some mothers had feelings of shame and embarrassment when they failed to provide for their children and when they asked for help without the ability to reciprocate. While these mothers may have felt shame and embarrassment, their children had significantly less vulnerability than children of mothers and caretakers who did not express as much shame and embarrassment. Mother's increased expression of shame and embarrassment was related to more dialogue about the way that religion helps their children during times of adversity, more dialogue about poor access to secular resources, and less dialogue about access to secular

resources.

Conclusion

The 2010 Haitian earthquake, an urgent crisis, occurred in the context of persistent social dysfunctions, amplifying both the chronic poor living conditions and adversities for children and families (Pierre et al., 2010). The current study sought to gain a better understanding of the way that mothers use religiousness during times of adversity and how their religiousness may be related to their children's resilience and vulnerability. The study presented qualitative themes that emerged from three focus groups of the children's mothers in three different locations. Thematic clusters were formed from the qualitative themes and used to assess the relationships of the thematic clusters with each other and with the Resilience and Vulnerability scores of the children, whose House-Tree-Person drawings had been rated in a previous study for resilience and vulnerability (Roysircar et al., 2017). Religion remained a crucial practice that influenced Haitian mothers' experience in all spheres of their life, morals, work, family life, and health. On the basis of the results, it is understood that mothers' religiousness can alleviate their children's despair and provide hope in very difficult and trying circumstances (Kornreich & Aubin, 2012).

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Tables

Table 1

Religious themes and subthemes in Haitian Mothers' focus group discussion and frequencies

Religious Theme	Canaan	Orphanage	Blanchard	Sum
Theme 1: Talk with God to help you	12	2	15	29
Subtheme 1: Prayer for help	5	1	14	20
Subtheme 2: Emissaries	4	0	0	4
Subtheme 3: Wake up and pray	2	1	0	3
Subtheme 4: Rather talk to God	1	0	1	2
Theme 2: God will not leave you	11	3	6	20
Subtheme 1: God will never let you go	4	2	1	7
Subtheme 2: Under God's protection	5	1	2	8
Subtheme 3: I only have God	1	0	3	4
Subtheme 4: Distance from God	1	0	0	1
Theme 3: It's an assembly: We share our problems at Church	8	4	7	19
Subtheme 1: Church is a good thing	5	2	5	12
Subtheme 2: It's about everyone	2	2	1	5
Subtheme 3: Nowhere else to go	1	0	1	2
Theme 4: Train up a Child	5	4	6	15
Subtheme 1: Explain the situation	3	0	3	6
Subtheme 2: Let's pray	0	2	2	4
Subtheme 3: Same religious path for mother and child	2	1	0	3
Subtheme 4: Leave in God's hands	0	1	1	2
Theme 5: Hope in Tomorrow	4	3	3	10
Subtheme 1: Become a new person	2	2	2	6
Subtheme 2: Tomorrow brings better things	2	1	1	4

Note. Sum= frequency of themes and subthemes.

Table 2

Non-religious themes and subthemes in Haitian mothers' focus group discussions and frequencies

Secular Perspective	Canaan	Orphanage	Blanchard	Sum
Theme 1: Parenting factors	22	21	18	66
Subtheme 1: Hold the child	5	9	4	18
Subtheme 2: Educate the child	7	2	7	16
Subtheme 3: Talk with child	4	5	2	11
Subtheme 4: Hustle for money	3	3	3	9
Subtheme 5: Lack of support for child	3	2	2	7
Theme 2: Community factors	17	10	16	43
Subtheme 1: Sharing with community	10	5	12	27
Subtheme 2: Limitations of community support	7	5	4	16
Negative Perspective				
Theme 1: Shame and embarrassment	6	2	3	11
Subtheme 1: Parental shame	3	1	1	5
Subtheme 2: Community shame	3	1	2	6

Note. Sum=frequency of themes and subthemes.

Table 3
Thematic clusters

Positive religious cluster	Negative religious cluster	Positive secular cluster	Negative secular cluster	Negative theme Shame/ Embarrassment
1. Never let you go	1. I only have God	1. Talk with child	1. Lack of support for child	1. Parental shame
2. God's protection	2. Distance from God	2. Educate the child	2. Limitations of community support	2. Community shame
3. Prayer for help	3. Rather talk to God	3. Hold the child		
4. Wake up and pray	4. Nowhere else to go	4. Hustle for money		
5. Emissaries	5. Leave in God's hands	5. Sharing with community		
4. Church is a good thing				
5. It's about everyone				
6. Become a new person				
7. Tomorrow brings better things				
8. Same religious path				
9. Let's pray				
10. Explain the situation				
11. Leave in God's hands				

Table 4

Correlations for Religious and Non-Religious Clusters and HTP Resilience and Vulnerability

Variables	1	2	3	4	5	6	7
1. HTP Resilience		-.56**	.16	-.01	-.20	.18	.26*
2. HTP Vulnerability			-.28*	-.17	.04	-.01	-.20
3. PRC				.75**	.02	-.13	.59**
4. NRC					.67**	-.75**	-.09
5. PSC						-.85**	-.79**
6. NSC							.71**
7. SEC							

Note. **Correlation significant at the 0.01 level (1-tailed). *Correlation significant at the 0.05 level (1-tailed). HTP = House-Tree-Person Drawing Ratings, PRC = Positive Religious Cluster, NRC = Negative Religious Cluster, PSC = Positive Secular Cluster, NSC = Negative Secular Cluster, SEC = Shame and Embarrassment Cluster.

Table 5

Paired sample t-tests comparing positive religious and positive secular clusters by location

		<u>Pair</u>	<u>Mean</u>	<u>SD</u>	<u>t</u>	<u>Sig. (2-tailed)</u>
Canaan	Pair 1	RC	.76	.43	-2.98	.015
		SC	1.45	1.04		
	Pair 2	RC	.76	.43	5.50	.001
		NRC	.08	.10		
Providence	Pair 1	RC	.38	.47	-4.29	.004
		SC	1.50	1.16		
	Pair 2	RC	.38	.47	2.20	.06
		NRC	.03	.07		
Blanchard	Pair 1	RC	.71	.56	-4.7	.002
		SC	1.6	.30		
	Pair 2	RC	.71	.56	4.27	.003
		NRC	.13	.22		

Note. RC= Religious Cluster, SC = Secular Cluster, and NRC = Negative Religious Cluster.
Pair 1 = RC-SC, and Pair 2 = RC-NRC.

Table 6

Effects of location on religious themes and positive religious cluster

<u>Theme</u>	<u>df</u>	<u>F</u>	<u>Eta²</u>	<u>P</u>	<u>Location</u>	<u>Mean difference</u>	<u>Sig.</u>	
Religious theme 1	2	3.91	.25	.03	Blanchard	Canaan	.46	.08
						Providence	1.31*	.11
Religious theme 2	2	4.00	.25	.03	Canaan	Providence	.73*	.02
						Blanchard	.65*	.03
Religious theme 3	2	.20	.02	.82				
Religious theme 4	2	.04	.003	.96				
Religious theme 5	2	.20	.02	.82				
Positive Religious Cluster	2	1.60	.12	.29				

Note. Religious themes only include Positive Religious Themes.

Appendix A

Haiti House-Tree-Person (H-HTP) Test Items for Scoring Haitian Children's Drawings of a House, Tree, and Person**Instructions for Scoring**

Score each item for the presence of the item: 0 if the item is not present in the drawing; 1 if it appears in the drawing (even if the feature is repeated in a drawing, the score is 1).

The H-HTP has 2 indexes: Resilience and Vulnerability

HTP Resilience (RES) 14 items. RES house items included: (1) accessible house, (2) window/s, (3) necessary structural details (roof, walls), (4) house dominating the paper, (5) a general nurturing appearance, and (6) cognitive complexity (dimensionality, use of several colors, spatiality, decorations, curtains, landscape, engaged people, etc.). RES tree items included (7) lush foliage, (8) proportionate tree-ground relationship, (9) leaves and/or fruits, (10) roots embedded in the ground, and (11) cognitive complexity (tropical trees with branches, including fronds, dominating the landscape, clear stable trunk lines, shades of green, colored fruits). RES person items included: (12) clothing, (13) open arms, and (14) interpersonal interactions. RES had similar number of house and tree items, indicating positive home atmosphere, family life, and interactions with the environment. The RES person items indicated that basic physical and social-emotional needs were met.

HTP Vulnerability (VUL) 17 items. VUL house items included: (1) sparse/empty house and (2) bare outside environment. VUL tree items included (3) bare tree, (4) branches with no leaves, and (5) exposed bare roots. VUL person items included (6) a sad look, (7) large or too small drawing, (8) non-human, (9) weapons, (10) excessive or too few details, (11) no mouth, (12) exposed genitals, (13) no arms, (14) knife-like fingers, (15) no feet, (16) no lower body, and (17) missing/disproportionate neck. Nearly three-quarters of VUL items were negative person items, indicating poor self-representations, social attitudes, and self-efficacy; these are also identified in the traditional HTP literature (Groth-Marnat, 1997; Oster & Crone, 2004).

Note. Gargi Roysircar, the author of the HTP scoring system for children's drawings in Haiti, has released her copyright of the measure.

Appendix B

Girl 8 years old, 2012





Resilience Scores for a female child's drawings. Case 2 (Girl, age 8) drawings, which appear in the Appendix 2, were given the following ratings. **House.** *Accessibility:* steps and pathway to the house (RES score = 1), no window (RES score = 0), *basic details:* a roof with the Haitian flag, a light bulb (RES score = 1), *nurturing house:* a chain of three heart-shaped symbols with the larger heart inscribed "Love Me" (RES score = 1), *cognitive complexity:* decorations in color, flowering indoor and outdoor plants, a person engaged in activity in the middle of the house (RES score = 1). **Tree.** *Tree grounded in soil:* mango tree in a planter full of dark soil (RES score = 1), *lush tree:* eight ripe mangoes (RES score = 1), *tree is dominant:* tree placed in the center of the page (RES score = 1). **Person.** *Clothing:* person is naked (RES = 0), *open arms:* person's arms are comfortable at the two sides of the person (RES = 1), *interpersonal interactions:* connected to a baby fetus (RES = 1). Total RES score = 9

Vulnerability scores for a female child's drawings. The same Case 2 (Girl, age 8) drawings were given the following ratings. **House.** *sparse/empty house:* house with furniture, an active person (VUL = 0), *bare outside environment:* flowers, colored steps (VUL = 0). **Tree.** *bare tree:* full, green-shaded tree with fruits (VUL = 0), *branches with no leaves:* below the bough four branches--two thick and two thin bare branches, part of a leaf separated from the branches (VUL = 1), *exposed bare roots:* planter at the base of the trunk (VUL = 0). **Person.** *A non-human for a person:* person is an attractive woman with the inscription "maman" (VUL = 0), *person has clothes:* woman wearing earrings (VUL = 0), *person has basic details:* has hair, eyes, eyebrows (VUL = 0), *no mouth:* has smiling lips (VUL = 0), *no neck:* person has a neck (VUL = 0), *no arms:* person has arms (VUL = 0), *no feet:* woman has feet (VUL score = 0), *no legs and lower body:* woman has legs and is showing pregnancy (VUL score = 0), *excessive detail:* a baby is transparent in the mother's stomach with a horizontal division line passing across the baby like an umbilical cord (VUL score = 1), *person is disproportionately small relative to the page:* person's drawing is centered and is dominating the page (VUL score = 0). Total VUL score = 2.

Note. The above HTP drawings and their ratings have been released by Gargi Roysircar from her data collection in Haiti in 2012.

Appendix C

The following is an English translation from Haitian creole of focus groups with mothers from Canaan, the Providence Orphanage, and Blanchard. The participant is a Haitian mother or caretaker. The Interviewer is a trained translator and the Investigator is Gargi Roysircar. Gargi Roysircar has released the English transcripts of the audiotaped Creole focus group discussions.

Canaan

Investigator: Don't start to write yet...hold it in your hand...Can you get a little closer to him so that he won't be isolated, tell me where to stop? These papers...they took an airplane to bring them. Hold this. Good day.

Interviewer: I'm so happy you've come thank you

Investigator: We want to understand the children of Haiti, so we thought to understand the children of Haiti we should talk to the parents also.

Interviewer: She said that she wants to understand the children of Haiti but will need to speak with the parents. She said she wants to understand the children of Haiti to understand them better.

Investigator: We will ask you some questions about how you help your children, how you help your children to be strong, how you help your children to be good people. (Interviewer translates this.)

Investigator: We have the questions in Creole, is there anyone who wants to read them, so raise your hand people who can read Creole...people who can read Creole.

Investigator: We will ask you one question at a time. When everyone has answered question one then we will go to the next question. But I understand that not everyone will want to answer all questions, I understand that – that's alright. I would also like for your all to talk to each other about question 1, quest. 2, a conversation among all the parents, like a meeting.

Interviewer: So, when we have the conversation because we are tape recording one person at a time, only one person will raise their hand to answer the question. Do you want to respond to the question, you can have a seat? Do you have any questions that you can to ask the madame because the questions are written on the paper but haven't started?

Interviewer: Are you guys listening, first question. What type of things helps your child feel that they are well, what type of things are good for their health? Anyone can talk...only one person can talk. She does not have to stand...you don't have to stand madame, you can seat down to talk. Okay.

Participant 1: You said what type of things that are good for children, things that are good for their health?

Interviewer: Yes, what are some things are that make them feel good.

Participant 1: So, this means when you have children you feed them well, you put them to school, also give, well school is education, you give them education and send them to school. But with how the country is there is no work, we are not in jobs, we don't have anything, and we are in a desert that does not bring us anything. So that means the children do not live well. Understand? They do not live well. That means they are not in good health they don't go to school, they don't eat well, we don't have help so that we can help them. With this the children do not live well. They cannot live well.

Interviewer: Please stop, because I need to take note of what you said

Investigator: let them talk

Interviewer: Okay, another person can respond to question 1

Participant 2: When someone has a child, first you are supposed to give it food, you understand, they have to go to school. When someone has a child, for that child to live well, you have to give the child food, the child has to go to school, you have to be the child's friend, you have to talk to them so that they will understand, you have to talk to them to understand. But the child is use to the parent and the way the parent interact with them.

Interviewer: okay another person who wants to talk

Participant 3: A parent would like to help a child, but we do not have, we can't help the child. You are in a desert here and the children...I have one who is 10 years old who does not go to school. If you ask him to sign his name, he can't write his name, this is an embarrassment for me. One bucket of water for 5 goudes, there are days when you don't have the 5 goudes to buy water, there's a problem. There is a plant from a tree that you use to break a branch to drink from, but rain does not. But now it is pouring. So, all the children are with me like a bunch of cows in the savanna. So that means the parent would like to do but they don't have anything because all parents are looking at the children "white in their eyes" because there are days you wake up you can't even give the child food. When you go to someone to buy credit from them you can't pay, and it is like you are a robber who breaks his arm. So, things are very hard, it's hard for us because we are in a time now. If we could have help with school or someone to carry us then this would not be like a force for us. Because those who can help don't have to help you. So that means the children are not in school, roaming around all dirty, barefooted, when you as a parent are tired of yelling at them, you don't even have a bar of soap to buy. Then the children get sick and I see the doctors come here to help people with medications and I am very happy

because I can't tell you how much I prayed for them so that God can hold them to give them help so that they can help us.

Participant 4: For me, I come here to represent someone. But I see how she lives because we are friends. She has five children and she would like to help pay, but she is the only woman and the children are all in her hands. The father has other children and he does not help them. When the father passes by like this, he gives something but that cannot do anything for them, for the 5 children. With the 5 children she puts 2 in school and the other 3 do not go to school. She would like all of them to go to school but she is only able to make a way for the 2 children. Poor dear, she is a little helpless woman who is not doing anything. She would like to help the children, but she cannot. For me the biggest problem that there is in the dessert is a hospital issue. Because there is a hospital that I used go to every time Thursday but now I do not do that anymore. We go every 15 days when we are sick. If we don't find a way to leave and take a car to go far, we are obligated to stay here and let the sickness kill us. If it is a big illness we try to find herbs to boil so that we can drink it for sickness. It wouldn't have to be this way if we had a psychologist next to us. And for the program with the school, I am a young person and when you have children who needs to go to school...we do not have schools that give us help. For all schools you have to pay. Even if we could pay the school a little bit of money that is not too much we would still have to have some job. But since we are not doing anything, this is where we sit down every day. If we are not going out in the streets to sale or do something, we are not doing anything, we sit down all day doing nothing.

Interviewer: Is there someone else who wants to talk?

Participant 5- What would I like to say. I am a member of a family, I have five children. Five of the children I have, but I have 4 other children who are not mine. I do not have the opportunity to help them, my husband is not working. See there is not work, there is nothing for people to do. Nevertheless, I am the mother and father, not only that but I would like them to put something over here. There is no hospital, no school.

Interviewer: What type of things help your child to be good, that is good for his/her health... you must answer the questions, okay you can continue...

Participant 6: There is no hospital, no school. The only thing we would ask, we would love to find some help that would put a school, for people without the opportunity this would be really great.

Investigator: Everyone does not have to answer the question

Interviewer: Do you have to answer question number one? If you want to respond you can speak, if you don't you don't have to speak

Participant 7: I have 6 children, I have one here, right now. Actually, yesterday he had an issue and needed a hospital. We need a hospital a lot here in Canaan. We have problems when we have a sickness, we have problems for pregnancy, we have problem for water. Yesterday I had a child that was spitting blood, there is not hospital, there is no place to quickly go with him. When the child was spitting blood, I had no one to call, I had to run even though I did not have a goude with me to catch a ride to the hospital. How am supposed to go to the hospital with him when it is all the way down the road to Fre? To go to the hospital with him, I have to take the bus three times each way. When I see that he is dying in my hands, I run to the feet of the chauffeurs like a dog. I tied a bandana in my hand and towel wiping my tears for me to ask the drivers for a ride to drop me off midway on the road and for the rest of the road to walk by foot. I can also try to go to a brother to help the child who was spitting blood, because if I leave him I see that he may die. I do not have money for a transportation and there is no hospital here that I could run to provide him with primary care. The child is 15 years old, I see that I cannot leave him to die in my hands. He says that he will not go with me to the hospital anymore because I talk too much, and I ask the drivers too often for forgiveness, and he not happy when the driver ridicules me. He tells me he will no longer go to the appointment at the hospital. However, when I finally reached the hospital, they did three radiography, they did five exams on site. One on the left and right arm and one on the chest. They found a problem. They gave me medication and sent me away and I had to return quickly to the hospital with him Monday to Monday again. If I did not plead to the drivers, he would have died. Even right now I am unable to go to the appointment because I am blocked by the lack of money for transportation. But if the hospital was here, I would have just gone there. I do not have money and right now if the doctors were here, I would not have to run because if they were near we would be happy. But we thank the group, God sent you and God will allow you to do all that is necessary for the people of Canaan, may God bless you more...

Participant 8: First of all, in order for the child to grow, when you have a child, you bath the child in the morning, it's water that helps the child. Give the child food in the morning and clean the child. Then after that you have the child sit down on you, speak with the child. When you do not have anything, you do not curse the child, it makes him more difficult in your hands. When you have a child and you have nothing, put him on your feet and talk to him until it's better. And when you have food, get up and take bread and break it and put it in something to make soup and give it to him. When the child drinks the soup, it will help with the health of the child and helps the bones of the child. But when you let the child get up and walk in the savanna and do not give him anything and let him go, it's the bones of the child that will dry up which attributes to more illness in him and you will spend more money, it will be more expensive.

Investigator: Everyone will get a chance because there are other questions.

Interviewer: She said that other people will have chance because there are other questions.

Investigator: Can you just summarize what they just said?

Interviewer: Yes, they have been answering the questions on the worksheet. They have been talking about the things that they do not have here like a hospital. They say they need money and need more care.

Investigator: The second question.

Interviewer: Okay, you are going to hear the second question. People with the paper in their hands. How do your family members deal with moments of difficulty? How do your family members deal with moments of difficulty? If someone is ready to answer the question, we are waiting to hear from you. Let's start to answer the questions

Participant 1: Even when moments get difficult, even when we have a child who is sick, we ultimately must work things out. If we have a few friends who are close, we can ask them for help. If the child has a problem in our hands, we have to ultimately leave the child like that in our hands, the child has a problem. For us a family, we suffer a lot, we endure a lot of misery too because we take humiliation from people that we shouldn't take. Because you have a problem when people see you have a child who is sick. You see today that the child has a fever and we wet the child's head and he is not well, and tomorrow we wet his head and the child is still not well, we must eventually approach others if we do not have. That means, we who are family members, even those who haven't had children too, you must ask the person. When it is a family member you endure a lot of humiliation and you go through a lot of misery. You despise those you do not like. Right now, we are in the desert, we suffer, we are ultimately family members and we must watch over the children. We cannot let them go and tell them to go to someone else's house. There are people on this land, but we do not have family on this land. We cannot let the child go to someone else's house, so we must work things out. When the problems come, we must work things out the way we know to provide for the children.

Interviewer: Is there another person who would like to answer this question? Is there not another person? Okay. You can sit down and speak loudly.

Participant 2: Okay, I am a parent of children, I have 10 children, sometimes...

Interviewer: Let me repeat the question for you, how do your family members deal with moments of difficulty?

Participant 2: How can you send the child to school, do their education, what you have you give them? There are times when you wake up and you do not have anything. You would give them, but you can't give them. The school is supposed to help them. When you send them to school in the morning, you do not have anything to give them, so the children go to school like that. When the children come home, you spend a day with the children, and you cannot find anything to give them. For me I do not have a husband and I have 10 children. I have 5 of them with me here and I cannot do anything for them. There are times I wake up and I am looking at them and they are looking at me. And I do not have family close by who could help me with...or let me borrow a

10 goudes. Sometimes it is in the hands of people that I get 5 goudes or 10 goudes to buy food for my children, because I cannot do anything for them. I cannot do anything for them. Sometimes if I go ask someone for something, they will tell me I am too young and that they will not give me anything, when in fact I am 51. It is me who is helping my children. I would thank them if they would send a family member to come join us please. Welcome in the hands of the Lord.

Interviewer: Okay another person who would like to speak

Participant 3: This is how I bring up the children. We do not have a million goudes. If we have 100 goudes, we cannot eat up the 100 goudes at one time, we must have a reserve for the child to have resilience.

Interviewer: Is there anyone else who wants to respond to question 2 my goodness

Participant 4: Moments of difficulty how we deal with them? We deal with them with what we have. We do not have a large amount in Haiti but what we have we use. Just like have the mister said, for example if we have 100 goudes, if it is potatoes that we can boil for us to share with the children and our family we must do it, to share with others this is how we deal with moments of difficulty. Also, in Haiti there is not work, there is nothing, we mostly do prayer services because we have time to be more prayer than work. Do you understand? There is nothing, that's how we deal with moments of difficulty, we pray more for God to send a resource to us.

Investigator: Can you summarize?

Interviewer: Yes, they said how they face difficult moments. Some of them answer that they ask for help. Some of them say when they have money they don't spend all the money. They spend a little bit and then give to the children.

Investigator: Can we go to the 3rd question?

Interviewer: What helps your children respond to themselves after they finish going through a difficult experience? After the child experiences a moment of difficulty, what is that gives the children courage to continue to live on. Do you guys encourage the children, or do you congratulate them, or give them advice to have strength even though you do not have? Do you hope that the moment will be better? Is there someone prepared to respond to question 3?

Participant 1: You may have a child that is not living well and now the child has fallen into the streets. You cannot help him, there is no parent that can help him. But once you get a handle on him again and you take steps to recapture this child you put him to school, do his education, talk to him and tell them how life will be tomorrow. You take the child and give him hope about what tomorrow will be like, have patience, and then you speak to this child and tomorrow the child will change.

Interviewer: Okay another person who wants to respond to question 3.

Participant 2: For me, when you would like the child to respond after a tribulation that he just went through suffering. You should always talk to the child and let them know that life is a ball and he is rolling it. Also, interest the child to go to school, because when someone has a degree, he can become a great person of importance in the country. With a degree you can be an engineer, agriculturalist, economist or doctor. You talk with the child. Tell him that it can happen one day even though we are here with nothing, we will not kill ourselves, God has a dream for each person who is living. You can give him the history. For example, there is a story that I will never forget. You take this story along with the story of the child. There is a man who have a potato to eat and there was someone who had nothing. When the person reached the last potatoes that he had to eat, he climbed a tree to eat the potato and dropped the skin on the ground. He found someone running from the trash and the person took the skin of the potatoes of where he was eating. When he came down the tree, he told the man that he has a potato that he was eating and dropped the skins on the ground. He asked the man how was it that he was taking the skin of the potato to eat? Then the guy said, you were eating good but for me it is the skin that I didn't have that is why I ultimately must eat it. Give the children a good number of stories so that he can respond have strength to know that after suffering there is resilience in God. God can help him get back up to have strength and to become a great person tomorrow.

Interviewer: Is there not another person who would like to respond to questions 3?

Investigator: Does anyone want to reply to her? We can have a conversation

Interviewer: We can have a conversation if someone would like to respond to the question or would like to add something. Is there no one?

Participant 3: I have one child who fell into the streets. He does not want to go to school. When I saw that he does not want to go to school, I called him, I didn't make spectacle, and I did not hit him. I place him on my lap and I said, my child, you do not want to go to school, tomorrow you don't know if you will be an engineer lawyer. And now in society you see that even the people who carrying people to knock on a gate to open must have a paper that they must give you so that you can know how to knock on the gate to open it and go in. If you can't read, you can't write something well to bring something to someone. I said child you have to go to school. When I saw that he does not want to go to school for real with everything that I do, I said child if you do not want to go to school, I am going to go outside and have the police to get you here to arrest you so that you can go to school. I looked for people to help because with many hands a load is not heavy. Only I cannot guide a child, you cannot only direct a child. The child must have respect; there must be a person who he fears to help you. I called this person, I told the director that he does not want to go to school and I told him to help me. The director said why don't you give him to me so that I can touch him for you. Then I called my child and talked to him, I placed him before me to talk to him and they called him and talked to him. He did not want to go class, didn't want to go to school, he didn't want to learn anything. But now I see that God made him stop misbehaving. I told him, the big people that you see eating what they thought they

wouldn't be able to eat it is because they can read. I put him on my lap to sit down to talk to him and he is listening it is not because I hit him. Now if he does not want to listen to me he will have to marry in a big family because he does not have a father to send money because I am the one who is the mother and the father after God who is guiding me, there is no one else after me. So now if I let the child not go to school then I lose him all the way, I completely lose him, but God made it so that he continues to go to school. I am asking you all to help me pray that he will continue to go.

Interviewer: Is there not another person who would like to say something else? If there isn't another person, I won't force you. Do you want to move forward?

Participant 4: You see when a child goes through a moment of difficult. When a child had passed through a moment of difficult. For me I think the child may be small, and the child is in school, and you do all that you can to put the child in school. But after the child starts to gain maturity, you understand, the child is here and can live and occupy a place in society. Now you try to give the child advice and give explanations to the child. You say, see child you have reached a level right now, and there are parents who did not have to chance to even learn how to write their names. But you see now that the child can complete all his classes but this time you show the child that you love them completely because you do yet have enough money to send him to college. But you tell the child, you see the money that I have been paying for you, if I saved this money it would be enough money to buy a car. This helps the child have will power. If she child wants something and had God, he can choose what he wants to become. This is what I think, you can show the child what he can be tomorrow so that the child can become someone.

Investigator: Can you summarize what they said?

Interviewer: After a difficult experience they advise the child that the moment is difficult now but tomorrow will be better and the kid should be more educated.

Investigator: Ask the 4th question but some parents have not answered, tell them that they are being matched with their children, so they should say something.

I: Okay question 4 what is the role of religion and spirituality have in your life, people who go to church, what is the role of religion and spirituality in your life?

Investigator: Still on?

Participant 1: I go to church because I can tell you it is the church that encourages me. I went through a lot of difficulties in my life. Religion gives me a lot of courage too, I get a lot of courage because Jesus went through a lot of difficulty. When he goes through these passages with me, I get a lot of courage even though I am damaged, but I still have hope that comes because I have hope in God. When you lean on God, God will never let you go and won't leave you in the road. So, this means that it is this courage. I never miss a service and I never fail to go

to church. So, that means I need to take these reinforcements, because it is these reinforcements and worship that make my heart happy and give me joy while I am worshipping God. That is why I have joy and what I like a lot.

Participant 2: Role religion plays...When you are a Christian. For example, when you have a problem, a stress as long as you know what you are doing the stress won't take you away because when you are singing, worshipping this means that you will not have a stress. Also when you have, when you are in the Evangelism and have a child too you are more likely to support them. You speak to the child too, and you too take away stress. So, this means, this really makes something in your life for all days because every day God puts you to continue to praise His name because He will not leave you.

Interviewer: Anyone can respond to the question.

Participant 3: The role of spirituality and religion in your life is important because it makes you always have hope. Even when you did not have a goude, you don't have a vision of trying to get other people's things, to always be a serious upstanding man, to be a man of God. You understand? To be serious and think about the child, to have confidence. You may even stand here today and may die but you still have hope that you will reach tomorrow after death.

I: Is there not another person who would like to say something? Okay I would like to hear from this mister who has not said anything. You must talk mister. Okay let me repeat, what role does religion and spirituality in all the days of your life?

Participant 4: I am a member of church. I was always at ease in church, at the same time I had a thought in my head to get my Bible to read a Psalm all the problems go away. Church is a good thing, church removes all bad thoughts from your head, it does a lot for you.

Participant 5: Church is a something that is very good especially for me. When the trials and tribulations want to overcome me, when I have problems and I feel the waters in my eyes, every moment that you spend at home, the problem ravages you even more. Every moment that you sit at home you have a problem, you have humiliation upon humiliations and that's when tribulations overwhelms you. But when you enter a church, they pick you up so that you can stand to not be timid and you get up and stand up. You sing a beautiful song for God to please God and God takes pleasure in the song that sing for Him. When you feel that you have entered the church you know what you came to look for, the sorrow goes away and you are in a good adoration. For me the pastor could be preaching; when you see the pastor is preaching and sometimes he touches on your wounds and sores and you feel that he wounded your sore. You feel that the pastor reaches to your own wound and you go on your knees to ask God to pardon you to heal your wound because it was a wound. It was a wound that you had that they put medicine on it for it to heal but now you feel as if the pastor is speaking to you. There are things that the pastor preaches, and those things speak to you because you have problems in your own

backyard. It is with you that he speaks to you for real, but this does not mean that he is speaking to you. You tell God to heal your wound so that God can make you stand much better than before this is what I see church have in it.

Participant 6: The only thing that I wanted to say not only that but I am a member of church and not only that, but I always pray to God before I got to sleep I always pray to God. I wake up and I always pray to God because of what God has done for me, I can ask God to always keep me, to always follow Him until eternity.

Participant 7: Amen, amen. For me, what God has done for me? I spent 3 years of sickness. I was in the world, I worshipped zedol from my mother's side. They were making me go through problems and then I had a child during this misery. But for me as a Christian, I do not feel anything anymore, I don't feel my wounds, I feel confident, I'm in God. At noon I pray to God, at night I pray, at midnight I pray to God because of what He has done for me. God understood my life. When my child has a problem, I do not go to a vodou priest, instead I call on God because it is He I know and no one else. That is the only thing that I was going to say, I will not say anymore. God is enough because if someone is not under God, you do not know anything. When you are in zedol you will give it big pigs, big cattle, and you never say where this is putting you. But with God, if you are serving Him totally, he will put you in a palace. And that's when you will have life forever and for me, life forever is what I want, I do not need finite.

Participant 8: I am happy because I am with you all. I like to thank you all a lot because I didn't think that I would be here with you all today. Religion Catholic is what I like the most, I am not Evangelical, you understand, I would like after that to repent.

Participant 9: For me evangelical is something that I love a lot. If it wasn't for evangelical I wouldn't be here with you all. There are moments when I feel that my sorrows will take me away, when a sister come my way and say sister I have not seen you, how are the children? What are your activities? And I say sister, I am here with Jesus, if it wasn't for Jesus everything would not have been good. Now I say Lord here is my beautiful children they are in your hands please do not leave them. Church is something I like a lot no matter where I go. As long as I hear an evangelical song that is being sang, even though I may not fully know the song, I can still know it. Thank you, sisters and brothers, that was all I was going to say. May the grace of the God be with you.

Participant 10: God has done a lot of things for me. When I am hungry, I tell a sister that I am hungry, and she helps me. This means that it I won't tell everyone outside that I have a problem but when I am in my church I can say that I have a problem and because we are all brothers and sisters and we share our problems with one another. I tell someone when I have a problem and that person comforts me and tells me certain things and tells me a certain passage and then I have joy and I send everything away because I talk with them. I am a person who is handicapped. On the 12th of January, I broke my arm and leg. I need people to pick me up and help me get into a

car because I am handicap. But while I am in Christ I feel like I am fully a person because I am working to the marble that eyes haven't seen, hands have not touched. It is for Him that I am working for because the little life that I have left. I am 57 years old and the rest of time that I have left I give to God. This is the role that I see that evangelical have done a lot of things. If it wasn't for evangelical and Christ wasn't with me, my boat would have tipped over. I wouldn't still be here because my boat tipped over in Lagonave, I survived. I have been in a car accident, but I survived, and I see that it was God who had a surprise for me.

Interviewer: Okay, question 5, how does the community help you get through moments of difficulty? How does the community help you get through moments of difficulty? When we talk about community, this means we all in the area. This means that we may all live in community but there is each individual person in an area, so this means how do you go through moments of difficulty for you in this community?

Participant 1: How the community helps me through moments of difficulty? For example, when we first came here, it was the community that was helping. When someone had a problem, we all have a problem. We put our ears short and we helped people. If a child or an elderly person is injured, we will give whatever we have to them. But for this moment right now, we were in a seat and now we formed a part of a zone. So, this can happen. If there are cars outside and if someone has a problem, we hurry up and take a taxi and go where he needs to go. Do you understand? There is a committee so that when people have a conflict they go to the committee. God goes through moments of difficulty with us and now things alleviate although there is still misery but other times it was much more difficult but now is has lessen.

Interviewer: is there not another person who would like to answer this question? How does the community help you through moments of difficulty?

Participant 2: For me I do not see that there is community because now is not the way that the previous woman was saying. That was during a time when there were members but now there are no member, everyone is swimming to get out, do you understand? Even though if someone came here to do something, in 2 or 3 movements, you hear they run after them and there is nothing that works out. This means that there is nothing, we are all crabs in a bucket. There is not community to do anything to help people, there is nothing at all. The little amount of water is very expensive and for them to buy it and put it in the little tank and to sell it again for 5 goudes. We are praying if there is going to be a community but there isn't one yet. I don't know if there will be a community that they will be put in place for people to be helped but for this moment right now there isn't one and I don't see one.

Interviewer: Another person who will answer question 5?

Participant 3: Yes. The community should be the one to come and help us, but we do not find people, do not find help, so this means, we are our own helpers, everyone here and there – we

help ourselves, do you understand? You have your children, your husband, you are their helper. As along we all put our heads together then everything will get done. But there isn't a community to say that they will help us. If there was a community then that would help us, but people don't have anything for themselves.

Participant 4: Okay for me, this is what I am going to say. I see over here if you wake up and do not have anything yourself, you must do what you must do by yourself to swim to get out. When you wake up you do not have 5 goudes to go outside and get a taxi. If you are going to ask for a ride, not every driver will give you a free ride, they will say since when have you been asking for a ride. The driver will say, since you have been asking for so long, today you will find a ride. So then when this happens you unfortunately have to take your route by foot and do not ask for a ride. I am scared of humiliation and deception, okay thank you.

Participant 5: For me I do not see that there is a community in the country. We are the community of our own selves, we do not have a community. Everyone is swimming to leave. There is nothing around, so it is hard to make a serious plan. A long time ago, the community used to do something but now people are swimming to leave. If you do not have in your hand, if you do not have in your hand right now, there is misery for you. There is no more community, thank you.

Interviewer: Is there not another person who will speak?

Participant 6: When someone speaks about a community, for me this means people who are living in the local area? For community?

Interviewer: She said when you say community, is it the people who are living here?

Investigator: Yes, people who live here.

Interviewer: Yes, people who are living here. For example, like people who are living in Canaan, this is a community.

Participant 6: So, this means that community is the way we live. For me I can say that I recognize this woman. Today I can get up and I do not have anything in my home. The lady has bread and she can share it with me, that's how it is, do you understand? Almost everyone here has a neighbor, and this can happen where we recognize one another here but we are not prepared. A person helps another person, that's how it is, if it wasn't like this before then there wouldn't be this amount of people here. There would not be much in existence here if you did not bring some food to your neighbor when you boil something. When a man works he will make 100 goudes and gives me 50 goudes, with the 50 goudes he gives me, I find another person to share it with and then another person shares it with another person. This is what makes our existence in this area. This can happen today that I buy a bucket of water but there are people who cannot buy it. People who cannot buy it, they come for a gallon and I give them it and, in

the gallon, that the person finds, they can give another person a cup of water and this is how it is. We may have other problems but if it is for living, we can live. It is us who can share with others – with the less fortunate – we share. We may not have the possibility, we do not have the opportunity to give, this is how the existence of everyone you see here is possible – if we didn't know how to share with others – the existence of everyone here wouldn't not be present.

Investigator: You can now ask them the sixth question.

Interviewer: Okay. How do you manage to give your child food, to find a place to live, does someone what to answer?

Participant 1: Good, starting with me. I have 5 children who do not have a father. It is me who depends on others for money. The money sometimes gets lost in my hands for me to work at someone's house to pay them back. I do not have a goudé in my hands. I have my children, they sometimes wake up and they got to sleep like that and wake up the same way again. Even they cannot go to school. In this school right here, I have 3 children they sent all three of them back home to me. None of my children go to school anymore.

Interviewer: Do not forget the question, how do you manage to give your children food even when you do not have but how do you make a way to give your children food?

Participant 2: I do not have someone who is helping me out. I do not have any family who is helping me. But for me, I am very happy that you are all here because the questions that you pose us is very important. It is very important because starting with me, it is not only me but everyone for real that is how they are. Every time the principle of the school sends the children from school, we have nothing to give them for food, that's how we stay like this. I may pass by this sister's place and if she has, she gives us. If we stop by this sister she gives us something, for me, I may spend time where I can never give them something and there are times I am embarrassed, when they are giving me something.

Interviewer: You may speak

Participant 3: Each person here has a way that they live, there are some who do business, there are some who go and work. For me actually I can work but I do not find work, you understand, this is what I do to live.

Investigator: He wants to speak.

Participant 4: For me how I live, I was born in Nason, Reverson, Phirael. God is peace but at this moment there is no work. Everyone is complaining, people cannot stay at peace because there is no work and you cannot live. When there is work, you can live, however when there is no work you walk without finding anything. You cannot find work. You have to sit at your home and a taxi will not stop for you because you have no money

Interviewer: How do you exactly live right now?

Participant 4: Right now, how I directly live is when I wake up today, I take my bookbag and put it on my back and do a day of work to help children. There is no opportunity right now in this life at all because I make block but there is nothing, you understand.

Interviewer: Okay another person who can answer the question

Participant 5: I have 10 children and their father died. There are times when I have little money. There are times when I borrow 10 goudes from someone to buy water that is hot, I have to oblige buy hot water in the market and I go with the buckets to make a way to raise my children. Thank you.

Participant 6: Okay, finally for the question. For the people who was sitting here. The person went somewhere but that person has 5 children in her hands. Their father is around but he has another woman. The 5 children who are with this mother here. She walks and gets money from other people and when the money is done she cannot pay it back. When she sees that the season of the month of June is about to arrive and mangoes are about to ready this is the time. The mother will go after a little bit of mango to try to make a living. For the other question of how people make a way to take care of themselves to be here. This person does not have a house, the way that she is when rain falls, they stand on their feet underneath a prela. But it is ripped, they try to dry it out and sew it with threads to see if they can go to sleep to prepare for a night of rain. But if there is a hurricane, this makes me feel pain for the mother of these children...okay let me sit down.

Participant 7: I do not have a house in this place. I have been here 4 years and I do not yet have a house. What I have is a raggedy prela. The prela leaks and not only that I have 4 children and a husband. My husband is also not working. I take to the streets, I am the one who is the mother and father. I do not have anyone but God who is helping me because I do not have anyone to help me. If I do not go to the streets the children will not be able to eat. Also, it is when I have, that's when I give my children, but I have 3 of them who attend school. However, the other day they sent them back home because of money for school. They sit here because I cannot pay for them to send them to school. I am praying to God so that God can give me something to do in order to help my children because they children do not have help. I cannot help them.

Investigator: Go to the last question because it is quarter to 3 and we have to leave at 3. So, the last question. Okay quickly translate.

Interview: What do you do to help your children to take care of themselves? What do you do to help the children to take care of themselves? Who would like to respond?

Participant 1: I would like to say something...well you have to make preparation for the children any way you can. Understand, after the child starts to advance and gets to another level of

education they will make a way to live in another way. The child will not remain in the same condition that he was living. That's the only thing that I was going to say.

Participant 2: To help the child in their school so that tomorrow they can advance. You do school with them as well in the home because it is in the home. You must always help him to not be in a struggle. Help the child so that if you die the child will be able to hold on with their own children that he has tomorrow. So that the child will say this is what my mother had to go through in order for her to reach to the level that she is at. And do not say that misery will make you give up/leave the child because if misery makes you let go of the child then the parent will be dismayed. When this happens, the child can become to be lost in bad things. If the child's load is your load, this helps the child advance and know that tomorrow he will be able to help himself become something.

Participant 3: To help the child to take care of himself you make every effort because the child is a child and you can go to the streets to ask for the child so that you can take care of the child because you cannot let the child walk in any way just like that. You must comb the child's hair, make sure the child is clean, you understand? Take care of the child and the help the child also. Even though you do not have anything to make a lot of rice and chicken from, you can take two branches of leaves and take flour and get yams to fix for your child. You help the child and then afterwards, although you do not have money to put the child in school, you can pray to help the child and to take care of him. You understand, to help the child and to take care of the child.

Participant 4: For me I have children who I would like to help them but in truth I do not have. I used to do business, but I used to rely on the money, but the money passed in my hands because I owe the bank. But there are times when they cannot go to school, I cannot give them food, for since the morning they have not eaten.

Interviewer: What do you do to help the child to take care of themselves? The child, how do you help the child to take care of him/herself?

Participant 5: Well to help the child to take care of himself for real, he didn't tell me to have him, I am the one that wanted to. And now I may go the streets and go to this friend's house to ask for something, and If I get something I will give to my children. When I do not have I take the child to put on my leg and put the child across from me and talk to the child. Right now, for me right now I may tell someone that I am a need. I cannot take to the streets to help my children. I cannot go to the streets to help my children because I have a baby who is not well in my hands, but I can tell you right now my children are suffering. For me I would love to find someone that could help me with my children because their father died and left me with 5 children and to take care of them. And I have one right now I went to the hospital with him down there and they saw him, the baby who is sick in the head. I was there with him and I can tell you that I had to hold them so that they would not go to the streets and be a street person. I do not have a life with them. I would like to find someone who could help me with them.

Participant 6: When I wake up, I should prepare something for them before they go to school but I comb their hair and I always tell them I will give them what I have for food. There are times when I do not have anything, I ask a friend and there are times the friend does not have. I prefer to not ask the friend and I rather take a bucket of dirty dishes and go to buy a bucket of water to do dishes. I rather do this than go and ask someone who will look bad on me. If you all can come here and do something for us, I would say thank you with God's grace, God be with you.

Investigator: How about this lady over here on the left?

Interview: Say something...how do you help your children take care of themselves

Participant 7: Okay to help the children take care of themselves, I have 5 children. The children do not give you something to do for them, it is you who had them and you are his mother and you try your best. You try your best to make a way to help them. This is the only thing that I was going to say. But I do not think if I have a child that I need to let him go to go out because it is I who need to do for him, I cannot let go of the child.

Participant 8: When you have nothing to give to the child you call the child and sit with the child to talk with him and you explain to the child how life is and how he must manage and how to live so that he will not let himself get caught up in trouble. So that he will hold himself up.

Interviewer: Okay. She wanted to want to say something?

Participant 9: How to help a child take care of himself? For me because each parent has their own way. For me, I have one, giving food is not nothing yet, but familial education is what a child should have. Respect. Respect the smallest and respected the oldest, the child should have this quality. The way a child should present himself when he is in the streets, when he is in school, when he is in church, in his neighborhood, he must know how to present himself. There are people who tell me that I am tough with him, but I am not his father, he is in my hands, it is me who have to call after him. For example, I could leave him because he does have the right to play and there are certain games that I could let him play but, in the area, the games have turned into bad things, there are games that are played for money. Tomorrow the child will start to gamble for money, he will fall into something bad. Soon he will not only find my money to take but he will choose to take someone else money. Next, he holds a gun which makes the country dangerous today because the child becomes dangerous for people who are living. For me, when I see he is involved in certain things I have an obligation to call my own child. I beat him, and I make him sit. I show him how to make bread and eggs to sell. I show him how I make money so that he can work with his soul to make money even when he is at school. I make him make a bag of candy to find money for transportation so that he can go to school and to help himself. He sees what I do and that is how I elevate my child so that tomorrow he will not become dangerous for people who are living in this country.

Participant 10: For me who have 10 children. Yesterday the little child said “mother, if only my father was here. Look at way I am going through misery.” When you owe \$400 to school, look at each \$200, I cannot even send for one of my children. The school asked me to send a notebook with my child but look I cannot even buy him a notebook and I have nothing to do to give him. If his father was here, I would not have gone through all of this misery with them and I would have just looked and saw that I have money in my hands to help me with the children. But I say because the father is not here, if I find a family of Christian background, I say it is the grace of that Christian family that used to help me with my children. But now the family is living in the desert now and they do not have anything to give me. The children are in my hands, they are here, I do not know what to do for them. There is one that goes with his friends and when I see that he leaves with his friends he does not have a father to correct him. I go and beat him and say I am the one who can help you develop and I cannot let you go and defect from the family. It is me that must take care of you and put you in school. I give you a book, I give you a notebook, I give you a pencil this is what I give you. I do not give you friends, I do not let you go so that you can go outside. I sell charcoal and sometimes I borrow \$30 from someone and go and today the \$30 and I use it to give them food. The \$30 I get today and tomorrow I use it with others again and I take the \$30 to disperse it again. I went to a service and I have nothing to give them and when I come I break the bread and for the 5 of us to eat, I break it and give each one of them a piece of the bread. Thank you

Investigator: Can you summarize?

Interview: They are helping their kids and let them know that tomorrow will bring better things and they should be honest and make production even when they are suffering.

Investigator: I want to thank them, they were so honest and some of the women, emotionally were expressive so they are so genuine and sincerity.

Interviewer: She said that she would like to tell you that she sees a lot of you have courage and know that you are genuine as well. Especially she sees the emotions in your words

Investigator: Next summer when I come, I will bring information about the drawings and about the group because I will let them know what we find out.

Interviewer: She said that next time when she comes all of the information here, the other group will be coming and will have every person send information, she will send this committee

The Providence Orphanage

Investigator: Okay. Start with the post question

Interviewer: What type of things that helps your child make themselves feel good? What are some things that are good for his/her health?

Participant 1: The type of things that helps the child be well is when you take care of the child. You give him a bath, food, and give him something to drink. You give him what is good for his health such as give him vitamins and bring him to the hospital and you take care of him so that he can have good health. Give him clean water, don't give him anything that is dirty, take him a good bath and that is what I would say.

Interviewer: I am going to repeat the question. What type of things that help your child to make him feel good about himself and have good health.

Participant 2: For a child to feel good, you must be comfortable with him, talk with him well, give him food on time so that his health won't get bad. Don't give him food that is dry but give him fried foods. In the morning give him juice that has vitamins and give him food with bean sauce and legume and always love on the child so that he can live well just like your child to take care of him to help him.

Interviewer: What type of things that helps the child feel better about themselves and what type of things are good for his health?

Participant 3: You give him food on time, you give him something to drink, you take him a bath, you take care of him just like your own child. That are good for him, this is what I see.

Interviewer: Okay the second question is how do members of your family go through moments of difficulty? How do members of your family go through moments of difficulty?

Participant 1: After moments of difficulty, you call the child, you talk to him and you tell him about all the problems and difficulties. When you are working with a child you are a mother and you normally take care of the child normal and tell him what is going is good and what is not good. This is was I would say.

Interviewer: How do members of your family go through moments of difficulty?

Participant 2: Moments of difficulty. There are people who can have children during moments of difficulty so that means they shoo away their children from themselves. Just like dogs they are frustrated during moments of difficulty, they do not have anything to even help the child.

Moments of difficulty you put the child on you whether you have to give him something or have nothing to give him. You adore him, take him a bath, soap his body, brush his teeth, put him to bed clean. You find food to give him and if you can't find food you can take care of him in a way where you put him under your stomach (cuddle) and you talk to him and this means that this is what happened during moments of difficulty.

Participant 3: Can I speak?

Interviewer: Yes, how do members of your family go through moments of difficulty?

Participant 3: Yes, how my family go through moments of difficulty this means that for example, you may be at work working with the children and you find a lot of problems that would discourage you, but you embrace the children. You are working with the children because you have children too. You are supposed to support everything even when the children are crying and do not sleep well, and you too do not sleep well. You want to support the children, just like how you take care of your own child. So, you take care of the child, talk to the child and even during moments when he is getting in trouble, you accept him. You cannot hit him, and you must love the child. This is what I would say.

Participant 4: To take care of the child in the family with all types of difficulties, you support them. During good times and bad times with the child, you take care of him.

Interviewer: Would anyone like to add anything else? If anyone wants to add anything else, you can but if no one has anything else to add we can go to question 3. Can I go onto question 3?

Participant: Yes, you may go on.

Interviewer: What helps your children to remain mentally stable after going through a difficult experience?

Participant 1: Okay, what is supposed to help your children to regain mental stability after they went through a moment of difficulty. You are a parent and you may go through moments of difficulty that is tough for you, you do not know what you are supposed to do with the child. You may wake up in the morning, you do not have money to buy something so that he can eat and also send the child to school. When these children finish going through all of these moments of difficulty they may go to school without any food and they support the suffering, and when the child can do well in school and the child can help then himself and help his parents too.

Interviewer: Another person?

Participant 2: I do not know what to say.

Interviewer: Do you want me to repeat the question?

Participant 2: Yes, you can repeat it.

Interviewer: What helps your children to remain mentally stable after going through a difficult experience?

Participant 2: I think that once you go through a moment of difficulty that the time can become good. During the moment of difficulty, you can call the child, talk with the child. You can say, my child the moment that we just went through was very difficult. So, this means that even the food was difficult to find and there are times even to take a bath you may not find soap to take a bath and you may say look at this misery. After moments of difficulty it is a good time and you should not hit the child, but you should adore the child and say this moment that just happened this is what happened, and you have a supporter who is supporting you. You may appear in front of Madame Gertrude and tell her that you need certain things and, in the moment, she may not have it and that's when you go to the child and tell the child that I went to go ask for certain things but there wasn't any that's what Madame Gertrude said; however, in another moment she will give it. I think that it is in this manner that you can support the child during moments of difficulty. This does not mean that you are supposed to shoo the child away or throw him over there. You should take the child and caress him and put him on you as if he was your child and you talk to him this is what happened to him during the moments of difficulty while in the meantime there is now a bag of rice.

Participant 3: In the moments of difficulty this is not the time to shoo away the child or give him attitude. This is the time when you are supposed to pass your hands through his hair, caress him, and say there wasn't this particular thing but you can wait, wait a little because in this moment here it is a moment of difficulty wait and you will find this particular thing and that is how you take care of a child.

Interviewer: Is there anyone who can add to this? Okay, next questions. What role does religion and spirituality have in your life?

Participant 1: What is the role of the church?

Interviewer: Yes, what is the role of the church and yes of religion and the church?

Participant 1: Yes, such as when you attend a church, you pray, you talk to God to help you and every day when you wake up, you are supposed to ask God for grace because he has done a lot of favors so that he could help you. Because when you go to church, He helps you with your health, he helps you with your mental health. When you go to church and hear a sermon, and even though the moment was difficult for you because of the sermon, it will revitalize you and you gain strength and gain hope and if you don't find it today, you will find it tomorrow. This is what can help the children as well to go to church, you prepare the child in the church and then you help the child so that tomorrow the child will become a good person and you pray with the child. Every day that you wake up you must pray to God so that you can help this child so that tomorrow so that he will become a new person in the society and so that he can help him too.

Interviewer: What role does religion and spirituality have in your life, what role does church have in your life during moments of difficulty?

Participant 2: Church plays many important roles. When you go to church, it shows you love, it shows you suggestions, it shows you how to talk. Also, if you are bringing up a child, you shouldn't bring the child up to sit down in the house on the bed. Every day the child wakes up, you put clothes on him and leave him there to get dressed. No, you go to church, it is an assembly, it makes you...know people, it makes you not be shamed in public, it makes you able to talk no matter what in the society. Also, you do not leave the child home you should dress up the child and bring him to church so that he can hear the message of God so that he can change. If he was becoming a bad person as long as he hears the path of church, so this means that he hears the pastor's sermon and I think in that he will be good and there will be true change. Just like how I have changed. I can bring him and that's in the same reason why I should bring the child so that he can hear the sermon too and so that he will not have bad thoughts and don't go on a bad path and so that he can stay in the role of church.

Participant 3: Church is something that we should love, church changes your demeanor. When you are at church you become another person. You teach the children church, you teach them how to pray because it is in the church you find all good things, this is what I see.

Interviewer: Is there not another person who would want to add something? May I proceed to the next question? How does the community help you get through moments of difficulty? When I say community, I mean you neighbor. For example, when you are living in a neighborhood together, how do you people help each other during moments of difficulty?

Participant 1: We each support one another.

Interviewer: For a community, how do people help each other out?

Participant 2: We each help each other out if we have. When Madame Jean doesn't have then I should share my things with her, I shouldn't sit down and eat my food by myself while she stays like that. When she does not have money and she is sleeping without eating, this is not good. I must share with her until God gives me more, and as long as she does not have, and I have, then I can share with her, I cannot keep my things to myself and go into my room and hide and eat while she sleeps just like that. I think that in this way, God would not like this.

Participant 3: For us who are working together, we all the same problems. Each of us have a community but when we come here we make a family because we all work together. So, this means that we cannot hate each other, we cannot mistreat others and we are supposed to live together. If we have something, we share with each other and if I have something that I cannot do, the other person feels that he/she can help me. Then we walk together hand in hand to do work and then we become one family.

Participant 4: Yes, it is each person help each other, it is share with others, that's what I see.

Interviewer: Is there anyone who will like to share something before we move to the other question? Is there no one who will add?

Participant: No, we will not add.

Interviewer: Ok I will go on to the next question. How do you make a way to give your child food? How you do make a way to find a way to stay?

Participant 1: How do you make a way? Meaning how you make a way such as you work. It is the work that pays for school, it gives the children food. If you are in the process of building your home, it is the work that will pay for the house. It is from the work that you will pay school, take care of your children, and it is in the way that you can find a way to help yourself.

Participant 2: During moments of difficulty, right now, the moments are very difficult for us. We come here, and we come here to do thing. If we came on Tuesday, we are going Friday, so this means that we leave our children home and we leave our husband at home. There are times you would go out, but you did not even leave a goudé for them and they must go to school. They must eat, and you have your own self. You have to pay money for the car for you to come here. So, this means that during these moments here it is difficult a lot. Constructing a house is expensive. After the catastrophe, homes are expensive a lot. If you find a decent house you tie two branches you stay so this means that it is the grace of God that you found a bad but decent house. In these moments it is very difficult.

Participant 3: Well, in the moments of difficulty, in moments of difficulty, if we were good, we wouldn't find it's because the moments are difficult for us. We go out and we do 4 days outside, we go and leave our children at home and we do it because we have to. If we didn't have, we stay like this. Moments of difficulty are difficult a lot a lot. This is what I was going to say.

Participant 4: What makes the moment more difficult, when you do go out, you leave your house and you do 4 days outside of the house, and there are times you didn't even take cash with you. But what they give you don't respond to what you need for school and finish the house.

Participant 5: There are some people who say look for life and make a living. Because when you leave, you may not have left even a goudé but for you too there are times by foot you leave to come here. So that means that you are looking for life. But when you are looking for life you are obligated to take it this way, the way that it is. You must find something to do in order to live with your children.

Participant 6: Okay to look for a life, this can be difficult because we are all here and we each have a problem, because if we did not have a problem we would not be here. There are times we leave our children at home and we may go somewhere else, but we cannot find anything. We

find a little work and we come but this is not a way. If we could find a way to resolve what we need to resolve but we find it so we have to stay in it. But the children...for me this thing is difficult for me because I have children and many of them their fathers have died. There are times the owner asks for the house because you cannot find the money, and this is difficult because the work is what is suppose provide you with food, to pay the house, to pay for school, to buy clothes. This is difficult for us because there are times we come here, and we leave the children without any food. There are times while they are at home they call us on the phone, they say mama I feel like they cannot deal with their hunger anymore because I may have left the house to do the 4 days here and we sleep here. I came on Tuesday and we sleep until Friday afternoon. So we leave the children in the house in God's hands because there is no food, and they call to say mama we are hungry what are you doing and we are here and so we have to accept that we will do 4 days here, it is a moment of difficulty, for a mother who is working, these things are very grave.

Participant 7: There are times you wake up and you may not be able to come but how will you work to provide for your children. You must come because if you don't come, the room cannot stay like that by itself. Here the child has his own thing to take care of, this child over here has his own thing to take care of. So, this means you must come whether you have money for a taxi or not you must come. So, this means just like how the proverbs say block your nose drink smelly water, so this is how it is.

Interviewer: Is there anyone else who will add anything else? The 5th question is what do you do to help your child take care of him/herself? What do you do to help your child take care of him/herself, the way they dress, etc.?

Participant 1: What do you do to help them take care of themselves, there are children who are little, and they cannot brush their teeth, they cannot take a bath by themselves, they cannot make any effort, you don't understand, this means you must do everything. You must have patience with the child all the way until the child can take care of themselves in the measure that they are growing up. There are some in the measure of their development who cannot take care of themselves because they are handicapped. This means instead of growing up or staying that way the responsibility rest on you. You must take care of the child because he/she cannot take care of him/herself. Those who are not handicapped you can show them how to brush their teeth, how to take a bath as you soap them, they can then know how to brush their teeth and take a bath, rinse themselves, this is for those who can. But for those who cannot regardless of what age they are, you must do everything for them.

Participant 2: Yes, you can help the children. You must have patience and you must have love in your heart as well, because if you do not have love in your heart, you will not be able to help the child prepare themselves. If you are a mother, you do not love children because the children misbehave a lot. There are some in school. This is difficult for them because they misbehave, and they make you talk and you must have love in your heart, you must have patience with them,

have support to support the children. If you do not have love and God in you, you may get discouraged. For other children who are handicapped, you have to take them a bath, to brush them, to pick them up, put them on the toilet, when they need to pee you must pick them up and go with them bring them to pee, and you must take them a bath, to brush them, to comb their hair, to do everything because there are times the food is in front of the child but he/she cannot reach out with their hand to get the food to pick it up and place it in their mouth. You must take the food for them and put it in the children's mouth so that the child can chew it and swallow it. And there are some who's mouth cannot even open to let the food enter their mouth, it is with your patience, your love, and the suggestions you have and you have to have patience with this child because he/she is your child if you do not give him/her food, the child will not sleep but will cry all night, but when you see the child is crying and you leave the food and do not give them the food, so this means the child see the you neglect him/her and the more you know that the child is your child you have to accept the way the child is because you work with the child and if you were good you would sit at home with the child but it is because you are not good that's why you come to work but when you come to work with the children, you must love, and to help the child because there are children who do not have a mother and they come here and the woman come and put them here because they do not have a mother so this means we as mothers, we are their mothers, it is us who prepares them for school, to send them to school clean, and for those who cannot eat, we need to give them food to keep their health clean. We clean them, clean their rooms and not leave the bed dirty, so that God can give us more love so that we can help these children because they do not have other parents. We are their mothers who are their parents. If a mother were to not to come and your child suffers because by the time the other mother helps her child and when she is finished to do your child so if you do not come then your work suffers so that's the no matter what the moment of difficulty is, you have to make an arrangement to come and help the children so that they can become something tomorrow and to keep them in good health too and for those who are sick there are mothers who go to the hospital with them and they sleep there and do 2 days in the hospital with them. It is us mothers who do this type of work to go to the hospital and go through all these difficulties with the children and so that tomorrow the child can become someone. If they (the children) were to leave and arrive somewhere else, it is because of us who helped them to bring them good health.

Interviewer: What do you do to help your children...take care of themselves?

Participant 3: Just like how the proverb says without a mother there is no children. If someone does not have love and does not have suggestions you cannot work. Because you must have patience. If you do not have patience then everything the child does to you will make you frustrated. You should not hit the child; you should caress the child, if you do not have love or suggestions. You will not have a place to work here and the same way you look at your child, the way you can hit your own child, you cannot hit the children here. While you can hit your own child, you must embrace the child because this is an abandon child who does not have a mother, does not have a father and the way you work with the child, you are his/her mother and his/her

father, you should adore the child normally. Where you do not take care of your child, but this child here you must take care of this child normally, God will bless you.

Participant 4: You should take care of the child, even the little babies when they are small they cannot do anything, you have to do everything for them until they become older they can do for themselves. Since they are little they have to start until they are older, you will have to stand here and tell them what they are supposed to do. You cannot do for them every time. When the child reaches a time, the child will have to know what to do because if when the child arrives in a country, he/she won't find someone to do for them. When they are older they must start to help themselves...yes.

Interviewer: Is there anyone else who will go?

Participant 5: Yes, in order to help these children help themselves, you have to be able to help the children as well because you cannot let go of the children by themselves. For example, when the child wakes up in the morning, there are some who are already older, they do not know how to take a bath by themselves and cannot do anything for themselves, it is you who must accept to work with the children to take a bath with them. But I want to ask if for example these children who are older who are not handicapped, for example in the morning there are 12-13 years old, are these children can they take care of themselves on their own during being here in Ofelina.

Participant 6: There two little boys here, I stand, I stand in the bath with them and tell them what to do. Yes, the big little boys, after I finish taking care of the younger children, they are big and I stand in the bath, I give them a brush, soap and I indicate to them where they need to soap themselves and what to do because you have to teach the child.

Participant 7: There are some of the children such as a young lady when it is time for her to get up in the morning, she is scared of the water, you may enter the bath and tell her to take a bath and she does not want to take a bath and you tell her to soap herself but she does not want to soap herself. She may hold the brush in her hands, but she does not want to brush herself, but you cannot leave her this way

Interviewer: When they tell you this you have to question the child and not let the child do what they want; don't do things that they cannot do; also the child you are supposed to help the child so that tomorrow the child can take care of themselves. There are certain ages that a child reaches in which she/he can say that they won't take a bath. There are some the same age who will collect the water to take a bath but in the age in which the child cannot yet do this for themselves and you are still here and the child is handicapped

Participant 5: Yes, all of those who are not handicapped but those who are handicapped it is you who have to spend all your time even when they are elderly. It is you who will take care of the child because they cannot do anything for themselves until God will say a word for them.

PID Blanchard

Interviewer: Eh... Let us start now people. Like we said before we're going to start with the questions. Anyone who chooses to answer should raise his or her hand and we will give them the microphone to talk into so we can record it. Everyone, please look at your document. What can help your children feel good and what is good for their health? Anyone who wants to answer please raise your hand and talk into the recorder. Make sure you correctly place the microphone in front of your mouth and speak up. Who wants to go first? (repeats the question)

Participant 1: School and education is good for them, so that tomorrow they (the children) can become important people.

Interviewer: Anyone else? Go ahead! (repeats the question)

Participant 2: School and send them to a health clinic also, take care of them at home when they need something. Don't ever let them be dirty, by always making sure they are clean.

Participant 3: Send the kid to school, take care of them and keep them clean.

Participant 4: Send them to school to get good education, keep them clean, have them take a bath 3 times a day and have them eat good and sleep good... thank you.

Participant 5: School, keep them clean, keep them in a clean environment and get good sleep so they can feel safe and good.

Interviewer: Is everyone finished talking?

GROUP: Yes!

Interviewer: If you want to talk about that question amongst yourselves, you can do that too. Do you understand? You can talk to each other about it; you can do that if you want. How do your family members cope with difficult moments? I mean when things are tough like when there's no money, can't pay rent... what do you do...?

Participant 1: We turn to God. We go straight to a church and pray to God for help.

Participant 2: We go to a church, we look for jobs, hustle for money!

Participant 3: When times are difficult, we pray for God to help us.

Interviewer: A little louder please.

Participant 4: We turn to God, to a church, asking him to provide the money and assistance. That's all I can say on that.

Participant 5: When things are tough, we look for the guy upstairs for comfort and help. When there is no hope only God can help get you out of a difficult situation and humiliation, with all the problem we're enduring.

Interviewer: Do you want to talk about it with each other? Get more Ideas on that subject? If you want, you can advise each other.

Participant 6: In difficult moments, we pray to God for guidance.

Interviewer: What piece of advice would you give anyone here?

Participant 6: My advice? When it's difficult, you must pray because only God can help with everything. We cannot do anything on our own. If it's God's will, so be it.

Participant 7: My advice is, get up, let's go to the church and pray for more opportunities and talents. May God help us find someone to give us a good job.

Interviewer: What can help your children get back on track after a difficult experience? I mean... do you give them advice? Do you talk to them and explaining them that today may be bad but tomorrow is going to be better...? Does anybody want to talk?

Participant 1: When it's difficult, you search and pray to God...

Interviewer: Maybe you didn't get it right... (repeats the question). Let's say you can't pay for school, and they've sent your kids back home. What would you say to your kids? Would you tell them today is bad... tomorrow is going to be better? Will you give them advice so they could get back on track, by telling them things are going to be better? Do you understand?

Participant 1: I would tell him son, let's pray for God to intervene. I did all I could, I've tried everything. Let us get down on our knees, and let's see who God will put on our path to help us because I want you to have something. Even if I have nothing, I want you to have something, and be somebody, my son.

Interviewer: Someone else?

Participant 2: Sit the kid down and talk to him about life. Explain to him what's important. If you can't go to school it's not the end, it's because we can't afford to send you to school. So, we better pray to get that money.

Participant 3: Kid, today we can't afford to send you to school. We are not working, we are doing nothing, we have nothing, no shop, no small income... no one is helping us but God. he will provide. He will find a way.

Participant 4: Ok. If they send my kids back for not paying or if they don't have all the required books, some kids get mad at us parents when stuffs like that happens. I tell them sorry it's not my fault... I would really really want you to finish school, but i have nothing to offer. I will not yell at them or raise my tone... because they're already upset. We'd rather get down on our knees, praying for someone to come down here to help us with money for books or a job so I can pay for your school.

Participant 5: When you can't provide for your kids, there's no need to yell at them. Talk to them and explain the situation and they will understand. You don't want them to experience the problems you're having right now. Talk to them about life and pray to God.

Interviewer: Do you want to talk more about that? Like you could advise each other? Do you people want that? What is the part of Religion and Spirituality in your life? Like, what is God doing in your life? Let me put it this way; some people go to church every day to forget about their problems so religion takes a great part in their lives. Now, if you are religious people and religion plays a great part in your life, explain that to us.

Participant 1: What does religion do for me in my life? Whenever i feel have a problem I go to church because I feel like talking to someone gets me nowhere. I'd rather listen to a sermon. When all my kids are at home after school, the yelling and the chatting keeps me busy. But, when I am alone with all my problems facing me, I ask God for help.

Participant 2: When I have a problem, I go to church. When I am sick, God heals me. When I am Participant, God provides for me. That is why I love God.

Participant 3: I had big troubles. I couldn't afford to eat, dress... but God helped me. Somehow, I am better.

Participant 4: Whenever I have a problem, I go to a church for a full-day group prayer or fasting. I'd rather spend the day at church because I am homeless and I cry every day. I feel overwhelmed by all this. My kids are with me all day because they can't go to school.

Participant 5: God is everything to me. No one can help you. Not even your mom and dad so any type of problems you may have, only God can help you solve them.

Interviewer: Would you like to talk about your religion together? How does the community or neighborhood help you cope with difficulties? Like here, we're all part of a community. How do you help each other manage difficult times and events? Can a neighbor help you with anything or at any time?

Participant 1: Sometimes it is not a good thing to share your problems with other people. Neighbors tell other people about your problems. I'd rather talk to God without anyone knowing what I am going through.

Participant 2: Neighbors cannot help you. Only Jesus can help you. I prefer keeping my problems to myself.

Interviewer: (Repeats the question). Can someone stand with you on your difficult times?

Participant 3: To live inside of a community it's a good thing. If you're hurt or in trouble in the streets any neighbor should help out or take you in when there's an emergency but your only true friend is Jesus! You may talk to your neighbor all you want; they can't do anything serious about your situation. The Almighty God will help you without you even knowing that.

Participant 4: What can your next-door neighbor do for you with regular stuff like emergencies, advice on little things... but it's not okay to open to them. You can trust only your family even though some neighbors can be like family. They are hard to find.

Interviewer: You can talk to each other on how you can help since you all live in the same community.

Participant 5: If one person has some cash, food, milk or anything extra... he might help out and share.

Participant 6: If I have something and my neighbor doesn't, I might share some with him. We call that participation. It is not good for me to eat while my neighbor is starving.

Participant 7: To me it is not a question of whether it's your neighbor or not, it is about everyone. If you are a true servant of God you're supposed to help everyone with what you have. If you have something, you can share. If God has given something to you, you should give to someone who doesn't have any.

Participant 8: When I do have something, I share it. But it's not up to you to go directly to ask someone if he wants something. I think that is rude. People will not be open to you like that. What I mean by that, is if you want something you can come and ask me and if I can, I will share with you. My food on my table is for everybody. Especially for those who really wants it.

Interviewer: (Repeats the question) Do you help each other out in the difficult times? Can you support each other?

Participant 9: Where I live... we want to help. We want to reach out, but we don't have enough to do that. My neighbor might need this or that... but I do not have it. But I still try to help with the few things I have. Thank You.

Interviewer: How do you manage to feed your children? How do you manage to find a place to stay?

Participant 1: Me, I am a teacher. I teach and that's what puts food on the table. But to find a place to stay is so difficult. Even before the earthquake it was nearly impossible. Now it's worse. Some people are lucky to find help to build or rebuild. Some like me are struggling to find a

place. I started to build my house but i can't finish it since the earthquake. During vacation time when the kids are around, we roam from place to place.

Participant 2: What would I do to feed my children? Anything! When you have kids you're ready to do anything. I do all kinds of work. I do laundry for people. Today i found a laundry job and tomorrow I may be selling goods at the market place. I will sell anything from fruits to detergents for them to have a life.

Participant 3: I use to sell too. But now I am not too well. If I work too hard I can't get out of bed for weeks causing my children to suffer a lot. I am the one who is supposed to provide everyday... but I am sick.

Interviewer: You. Ok. Since you don't have children yet, what does your mom do to feed you?

Participant 4: She works for PID. That gets us food and sometimes small allowances whenever she gets tips from white people coming in. Other times we go to school with nothing not even enough to buy those little juice packs.

Participant 5: For me it's hard. I have no place to live. Sometimes I move around between families. Like for now, I am staying at my little brother's with my kids. I rely on him mostly for food.

Participant 6: If it wasn't for PID I wouldn't have a place to stay. I thank them for that. I use to sell on the street too but since I just had a baby I have to stay home. Only the father goes out to find something for us to eat.

Interviewer: Again, if you need to advise each other about this subject, feel free to do that. For example, some of you might be more experienced, others more skilled. Others can be more quick to hustle anything to provide food on their table than some others. You might as well discuss some tips and tricks between all of you.

Participant 7: I used to hustle my way on the streets, anyway possible. If I had like 500 or 250 gourdes I could work something out of it by the end of the day. Now because of my small children I can't go out anymore. My sister was supposed to babysit... she's not here all the time and my kid's father is not around often also. He helps the way he can. Do not rush into expenses, setting up priorities is better. It's also better when all of us are together to work something out. For example, we put money together for schools. Like that little one is ready for school and we still are wondering how we are going to manage that.

Participant 8: I want to help everybody but not with a place to stay because right now I don't have enough space and my rent is high. As for food, thank God I have a little something for me and my kids. It's not a lot of food but at least we are not starving. It would be better if everyone could have at least a piece of bread. When you don't have enough to share, this makes you sad and causes stress. I would like to see everyone have something.

Participant 9: If somebody could give me some money for lunch when I am going to school, that would be awesome! Sometimes I spent the whole day starved from the beginning of class until the end and then I walk home. Thank you. Back to question #1. To make a child feel good about themselves parents must send them to school, University or to learn something useful. After that, the child will repay all you have sacrificed and spent on him when he becomes someone important. We're doing our best to not put our struggles and the suffering that we're experiencing right now on him. Most of us haven't finished school or didn't go at all. But we are smart enough to still be alive for our children. Our parents wanted to help us but they couldn't and we want to do the same for our kids but we still can't. For them not to suffer like we did we are definitely sending them to school for a good education. Not just regular school. We need professional or tech schools for jobs. That would be dumb if they finish school and not even able to do manual work. It's always good to learn something extra. Like we say here in Haiti, "knowledge can't be found easily just anywhere". The children will learn something for themselves, feel good about it, have a job and help us retire. If not, well... we will suffer more since we all will be left with nothing concrete to earn good money. We will die miserably by hunger. Thank you.

Interviewer: Anyone else?

Participant 1: I didn't get the chance to go to school. God gave me 8 children. I want all of them to go to school so tomorrow they can be able to help themselves but things are hard right now.

Participant 2: We started school in 2007. Everything is hard for us. But with the help of God, we will survive this.

Participant 3: We have so many problems... we're sleeping in a different house every night. We have no money, no food... God help us!

Participant 4: I only got to middle school. I want my kids to go further than me.

Participant 5: Education is really important because I will be gone and I want to leave them with something good. I want my kids to learn something. School is not enough. Things are getting so hard every day and even if you're working as a maid you still need to learn how to read because when the boss is sending you to the market they give you a list and you need to know how to read that list. I pray to God every day for me to find a better job to help my children finish their education.

I: Anyone else? Any questions for us?

Participant 1: I want a sponsor from the US because I have no father. I can't get what I need sometimes.

Participant 2: My kid has no father, he left us. I am a single mom. I want to put my child up for adoption.

Participant 3: I want to find a place to stay because I am a single mom with many children and no place to stay. I don't like it when they are kicking me out every time for rent

Summary of questions.

Question1

Answer: For the kid to feel good they need to have both parents there for him with food and a good clean place to stay. They also need to give him what he wants and deserves. More importantly is to have both parents there that will help him with school and education. If it's a broken home the child will never feel good. Even if it's a single mother raising a child she has to provide stability and get the kid things that are necessary for him. Here in Haiti, broken homes are a very big issue, especially for poor people who have nothing. Every time you want to feed the child you can't because you are hungry too. This causes stress and all sorts of sickness. If you're happy he will be too. Me, I go crazy when I am looking at my kids and can't feed them. When there's money these problems are secondary. Like the other girl said earlier, sending a kid to walk to school without food kills a mother inside slowly. I don't know for a father but us mothers are dying deep inside. I know because my oldest is in the same situation as that girl. I get stressed even when I'm working. When a parent can't take care of their children they will end up in the street or begging at the neighbor's house. No one can help them; the parents give up on them and they're left on their own. This causes the whole country to collapse

Question2

Answer: This one is for me! In difficult times only God helps us. Mom and dad can't help, family can't either, only God. My home, let's face it... i admit it, my home was broken but after many prayers we're trying to get back together. Without money the struggle is bigger. Anyway, God will end what he started. For me, I not satisfied yet.

Question 3

Answer: The children will be much better and back on track after something bad happens only if both parents are there for them. Even if there is no money at home the child still requires the presence of a mother and a father to cope with any bad experiences. That will help him at school making it so that later in life he will raise a good family too. Children coming from a broken family are at the mercy of God. Only he can help them because I see a lot of them wandering the streets or I see them living with aunts or friends of family. That's a lot for them to take in and no one would seriously take care of them the same way both parents would.

Question 4

Answer: It's a great question. Take me for example. If it wasn't for God I'd probably be dead, crazy or both. I am under God's protection. The bigger the problem, the deeper you need to go under him. He will take care of the problem for you. Knowing that calms me and gives me hope and perspectives.

Appendix D

Application for IRB Approval**1. Name and mailing address of Principal Investigator:**

Your Name: Gargi Roysircar (Leader of Disaster Shakti)

Address: Same as Department Address

City, State Zip:

2. Academic Department: Clinical Psychology, Multicultural Center for Research and Practice

3. Departmental Status: Faculty

4. Phone Numbers

5. Name of research advisor: N/A

6. Name & email addresses of other researchers involved in this project:

a) Name of Researchers: Kevin O'Leary (1st yr. PsyD, Multicultural Center)

7. Title of Project: Resilience of Haitian Children: Impact of 2010 Earthquake and Poverty

8. Is this project federally funded? No **Source of funding for this project:** Primary Investigator's self-funding; possible funding by Disaster Shakti

9. Expected starting date for data collection: (Start date cannot be prior to IRB approval.)
5/20/2013

10. Anticipated completion date for data collection: 5/29/2013

11. Project Purpose(s):

The purpose of the present study on Haitian children's resilience is to build on last year's study. There are several objectives to this purpose. First, we seek to further investigate the construct validity and reliability of our Haitian House-Tree-Person (HHTP) test by re-administering it to a new sample of Haitian children. Exploratory analyses of ratings for Study 1 drawings have indicated that the HHTP's structure has three strong factors that are supported by high interrater and internal consistency reliabilities. The extent of the fit between data from Study 1 and Study 2 will provide validity information on the HHTP.

Second, we seek to further understand the meaning of the HHTP contents by studying the correlations between the HHTP subscales and valid and reliable children's measures of self-concept, self-esteem, and posttraumatic symptoms. On the basis of our understanding of the literature on mass disasters (see Bowman & Roysircar, 2011; Roysircar, Podkova, & Pignatiello, 2013) and their effects on individual and community trauma, resilience, and recovery, we interpreted the items of two subscales to suggest positive adaptation and one subscale to suggest trauma reactions. Subscale 1, hypothesized to measure positive adaptation, indicates the extent to which the drawings of the Person are realistic (e.g., sufficient details to indicate humanness, anatomically correct, person wearing clothes). Subscale 2, hypothesized to measure positive adaptation, indicates the extent to which the drawings of the House and Tree show an environment that is alive (e.g., hospitable, interactive, thriving). Subscale 3, hypothesized to measure negative adaptation, i.e., trauma, indicates the extent to which the Person and Tree drawings suggest life's risks (e.g., aggression, lifelessness, sadness). These three subscales will be correlated with the Hare Self-Esteem Scale (Hare, 1985), the Child Report of Posttraumatic Symptoms (CROPS) (Greenwald & Rubin, 1999), and the Self-Concept Scale for Children (Lipsitt, 1958).

Third, we seek to understand the relationship between parents' attitudes about adversity, family coping, religiousness, and community resources and their children's positive and negative adaptations, as indicated by the HHTP test. Our understanding of children's trauma in the aftermath of a mass disaster (Roysircar et al., 2013) has led us to conclude that we need to understand how Haitian parents help their children with their coping and safety and security needs. Focus groups with the children's parents will provide information on parents.

In summary, the study seeks answers to the following questions:

- Will Study 2 reproduce the findings of Study 1 through the re-administration of the HHTP test to a second sample of Haitian children?
- Will the HHTP subscales correlate with reliable and valid measures of self-concept, self-esteem, and posttraumatic symptoms, helping us to further understand the respective meanings of the HHTP subscales?
- How will the parents' or caregivers' reports on their attitudes towards, for example, adversity, family coping, and religiousness, relate to their children's positive and negative adaptations, as measured by the HHTP subscales?

12. Describe the proposed participants- age, number, sex, race, or other special characteristics. Describe criteria for inclusion and exclusion of participants. Please provide brief justification for these criteria.

Children

Age: 6-12 years of age

Number: 40 (Study 1 had 42 children)

Nationality: Haitian

Race: African Caribbean and/or biracial

Social Class: Poor and with little to no education

Special characteristics: Survivors of January 2010 earthquake; very poor; ability to create a drawing using crayons and paper.

Participation is open to boys and girls who were of latency age at the time of the January 2010 earthquake. Children who are not able to draw will participate in play activities with a volunteer.

Parents, Guardians, or Caretakers

Age: 20-50 years of age

Number: Four focus groups of ten parents each

Nationality: Haitian

Race: African Caribbean and/or biracial

Social Class: Poor and with little to no education

Special Characteristics: Survivors of January 2010 earthquake and living in poverty

Participation is open only to the parents, guardians, or caretakers of the present study's children.

13. Describe how the participants are to be selected and recruited.

The staff of the host site, Partners In Development (PID) of Blanchard, Haiti, whose main office is located in Ipswich MA, will identify and recruit possible participants for each of three categories of earthquake survivors: 1) no or minimal earthquake impact, 2) moderate earthquake impact, 3) significant earthquake impact. Children and their parents, who will be the participants of the study, receive primary care physician service (prenatal/postnatal care, flu treatment, eye checks, blood pressure measurement, diabetes monitoring, and stomach virus), health education, and donated supplies for children at the PID Clinic.

NOTE: If the participants are to be drawn from an institution or organization (e.g., hospital, social service agency, school, etc.) which has the responsibility for the participants, then documentation of permission from that institution must be submitted to the Board before final approval of the project. This document should be scanned and attached to this application (final section below)

See Appendix A for permission from Gale Hull, M.A., Doctor of Letters, President, Partners in Development.

14. Describe the proposed procedures, (e.g., interview surveys, questionnaires, experiments, etc.) in the project. Any proposed experimental activities that are included in evaluation, research, development, demonstration, instruction, study, treatments, debriefing, questionnaires, and similar projects must be described. USE SIMPLE LANGUAGE, AVOID JARGON, AND IDENTIFY ACRONYMS. Please do not insert a copy of your methodology section from your proposal. State briefly and concisely the procedures for the project.

An adaptation of the House-Tree-Person (H-T-P) projective assessment will be utilized, as was used in Study 1. A child is given sheets of drawing paper and is asked to draw a house, a tree, and a person. One translator will translate in Creole the direction given by one of the researchers.

For scoring the drawings we will use the method used in Study 1. Drawings from Study 1 were scored by six raters trained in using listed criteria for “positive scores” and “distress scores,” each, for the House, the Tree, and the Person. These criteria had 4 theoretical bases: **Guidelines** for HTP interpretations; **Knowledge** of Haitian culture; **Trauma** and **resilience** literature; and **Multicultural assessment**. (References are available upon request.) Examples of positive criteria included: windows in a house, presence of fruits in a tree, and a smiling mouth on a face. Examples of distress criteria included; absence of an entrance to a house, a dead tree, and person without arms.

In Study 1, the mean interrater Cohen's kappa across rater pairs was high. Then, exploratory factor analyses were performed on the total number of ratings. A three-factor solution was the most interpretable; its scree plot, factor loadings, eigenvalues, commonality, factor and total variances, and internal consistency reliabilities for the three factors all went above benchmarks for a test's psychometric properties.

The Hare Self-Esteem Scale assesses children's self-esteem. The present study will use the peer and family subscales because these particular social and relational functioning are relevant to the construct of resilience. Research has found the Hare Self-Esteem Scale to have high concurrent validity. The original norms are on a primarily White (84%) sample of fifth and eighth graders. Our data collection, however, will be done in a multiculturally sensitive manner. Two Haitian international graduate students of teacher education consulted with the primary investigator about the content appropriateness of all measurement items. This consultative discussion was in addition to her own expertise in multicultural assessment, which she applied in her selection of the study's measures. The translations of all measures are not literal translations but rather linguistically and conceptually appropriate in Creole. This test will be orally administered by Haitian translators, who will record the answers given by children.

The CROPS gathers information from children about their ability to concentrate, physiological responses, worries, sad feelings, low energy, bad dreams, loneliness, etc. Research indicates that the CROPS has good concurrent validity, test-retest reliability, and internal consistency. Its original norms are based on a diverse population of 54% African American, 23% Hispanic, 17% White, and 7% others, suggesting that the CROPS may be a culturally sensitive measure.

The Self-Concept Scale for Children (SC), a 22-item measure, uses adjectives to understand children's beliefs about themselves. We expect to see significant relevant correlations between the SC and CROPS, Self-Esteem Scale, and HHTP dimensions.

Each group of children will be assembled for two hours to participate in the research study. This time period includes a break.

The qualitative portion of the data collection will utilize focus groups of parents. The focus group interviews will be guided by open-ended questions that are based on qualitative themes

developed from a study with holocaust survivors (Greene, 2002). These survivors were parents who described the ways in which their families overcame adversity. The focus group questions are translated in Creole and will be asked by Haitian translators who will assist in running the focus groups. Four focus groups will meet for one hour each.

15. Participants in research may be exposed to the possibility of harm — physiological, psychological, and/or social—please provide the following information:

a. Identify and describe potential risks of harm to participants (physical, emotional, financial, or social harm).

It is expected that the risk of physical and social harm to participants is minimal. We acknowledge the possibility of reactivating the 2010 earthquake trauma; however, our data collection of 2012 did not result in any such traumatization. The PID clinic is a place of nurturance, care, and recreational activities for the children and their parents, who look forward to coming to the PID compound. If any participant shows signs of stress, Dr. Roysircar will be available to provide immediate counseling. Dr. Roysircar has done disaster counseling with children, adults, families, and groups since the Indian Ocean tsunami in 2004.

NOTE: for international research or vulnerable populations, please provide information about local culture that will assist the review committee in evaluating potential risks to participants, particularly when the project raises issues related to power differentials.

The PID compound is a safe and nurturing environment for both children and families. PID has become a landmark in Haiti, as they are the only remaining NGO that provides completely free assistance. Providing aid to individuals regardless of their ability to pay PID has been a hallmark of this NGO. Those that seek medical care (e.g., cardiac and diabetes) may be referred to Disaster Shakti for behavioral health assistance. PID supports families by providing medical care, shelter, and small business loans. Individuals that PID directs us to contact for research purposes are not obligated to participate in our research in order to continue to receive care. Similarly, Disaster Shakti will not give out any food or beverages, or withhold services based on the condition that the individuals participate in our research.

b. Identify and describe the anticipated benefits of this research (including direct benefits to participants and to society-at-large or others)

To date, there have been limited resiliency studies on children and fewer that address non-Western children. Our ongoing research may be able to identify natural and culture-based strategies of Haitian children as they cope with stressful environmental and societal conditions. Knowledge of coping strategies of Haitian children would be helpful to providers of psychosocial services in Haiti. Parents, teachers, and the PID staff would also benefit from such knowledge. The assessment literature may even benefit from the addition of a reliable and valid Haitian House-Tree-Person test. The results of our study may be compared cross-culturally with other H-T-P studies with children who live in stressful conditions around the world. One direct benefit to the child participants of our study would be that they will enjoy fun activities, such as drawings, receiving affirmation from the researchers and

translators, and interacting with other children. They will all have crayons and paper to take home.

The parents will benefit from structured social interactions and from sharing with other parents how they guide their children. The focus groups will provide an outlet for self-expression.

c. Explain why you believe the risks are so outweighed by the benefits described above as to warrant asking participants to accept these risks. Include a discussion of why the research method you propose is superior to alternative methods that may entail less risk.

Drawing is a simple, child-friendly, and creative activity that for many children can provide a non-threatening avenue to express feelings non-verbally. Some children may even scratch the paper with crayons, which in and of itself is an expression. The risks posed by a drawing activity are minimal and the activity is generally enjoyable to children of varied social status and educational opportunity. The children will not feel pressure to read or write because the translators will administer questionnaires orally and will note the children's ratings.

Focus groups are preferred for the parents because Haiti is an oral culture that gives preference to enthusiastic narratives and oral history. Answers will be volunteered with no pressure placed on any parent.

d. Explain fully how the rights and welfare of participants at risk will be protected (e.g., screening out particularly vulnerable participants, follow-up contact with participants, list of referrals, etc.) and what provisions will be made for the case of an adverse incident occurring during the study.

For our study, *Partners in Development* will screen participants who are well-known to the clinic and do not show mental illness or significant distress. If any participant shows signs of stress, e.g., anxiety, re-experiencing symptoms, etc., during the study, Dr. Roysircar will be available to provide psychological first aid and disaster mental health counseling that she learned from her professional work in disaster settings since 2004 and from her trainings and service with the American Red Cross. To ensure sufficient time to address issues through follow-up contacts, the data collection will occur within the first half of the trip. However, it needs to be stated that Study 1 did not require any crisis intervention. The children loved their drawing activity, the refreshment break provided by PID, and the games they played after the project was over.

16. Explain how participants' privacy is addressed by your proposed research. Specify any steps taken to safeguard the anonymity of participants and/or confidentiality of their responses. Indicate what personal identifying information will be kept, and procedures for storage and ultimate disposal of personal information. Describe how you will de-identify the data or attach the signed confidentiality agreement on the attachments tab (scan, if necessary).

Participants will be assigned an alpha-numeric identification (ID) code and pseudonym. Children's names and their parents' will never be used in our study deliberations or

presentations. Demographic information on age, sex, and information provided by PID on degree of the earthquake's impact on a child's living situation will be collected by ID number and stored electronically that will be password protected. This participant information will be used in our analyses and presentations, but with the utmost respect and care for privacy. The drawings will be digitally scanned. These and the hard copies of the drawings will be securely stored by Dr. Roysircar in one of her research filing cabinets.

The focus group discussions will be audiotaped and, then, transcribed by Haitian translators. The audiotapes and transcriptions will be securely stored in one of Dr. Roysircar's research filing cabinets.

17. Will electrical, mechanical (electroencephalogram, biofeedback, etc.) devices be applied to participants, or will audio-visual devices be used for recording participants? No

18. Type of Review Requested: Full Review

Please provide your reasons/justification for the level of review you are requesting.

An international study requires a full review; in addition, our participant sample consists of children.

Attachments:

19. Informed consent and/or assent statements, if any are used, are to be included with this application. If information other than that provided on the informed consent form is provided (e.g. a cover letter), attach a copy of such information. If a consent form is not used, or if consent is to be presented orally, state your reason for this modification below.

***Oral consent is not allowed when participants are under age 18.**

See: See Appendix C for the Parental Consent Form and its Creole translation.

See Appendix C for the Child Assent Form and its Creole translation.

See Appendix C for the Informed Consent Form for Participation in Focus Groups and its Creole translation.

20. If questionnaires, tests, or related research instruments are to be used, then you must attach a copy of the instrument at the bottom of this form (unless the instrument is copyrighted material), or submit a detailed description (with examples of items) of the research instruments, questionnaires, or tests that are to be used in the project. Copies will be retained in the permanent IRB files. If you intend to use a copyrighted instrument, please consult with your research advisor and your IRB chair. Please clearly name and identify all attached documents when you add them on the attachments tab.

Applicant: Once you are satisfied that you have completed your application and are ready to submit it for review click the Submit for Review button. Once you have submitted your application you will be unable to make any further changes to the application. Once your

application has been reviewed, any comments will be shown below, and you will be sent email which will include this information.