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Castagna Lacet
Bridgewater State University

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Fanm Vanyan: A Cultural Interpretation of Resilience in Haitian Women

By Castagna Lacet¹

Abstract

The purpose of this study was to explore the factors that promoted resilience in Haitian women earthquake survivors. The literature on mental health among Haitians is sparse. Furthermore, the concept of resilience is not easily translated across cultures. In the aftermath of the devastating 2010 Haiti earthquake, relocated victims struggled to adjust. This study looks at what factors helped women adjust to their new environment and cope with the traumas and losses suffered from the earthquake. A qualitative design was used to discover and describe resilience. Findings indicate that cultural values and strengths were key factors in the women's perseverance.

Keywords: Haitian women, resilience, relocated earthquake survivors, qualitative interviews

Introduction

The concept of resilience is one that is not easily translatable in Haitian Creole. The word resilience does not exist. Haitian social workers, psychologists, and scholars have attempted to verbalize this concept in culturally relevant terms. The concept of resilience itself has various definitions in western society. The most recent consensus in the literature defines resilience as the ability to survive a trauma psychologically intact and be able to thrive. Yet thriving may not always be apparent given circumstances of poverty and long-term trauma. This paper describes the findings of a 2011 qualitative study on trauma and resilience in Haitian women earthquake survivors living in Boston Massachusetts. The women's narratives reveal how the concept of resilience may be understood within the Haitian culture.

Background

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

Haitians have a long history of migration to the United States that has been tied to political, social, and economic strife in Haiti. There have been six waves of migration since 1957, when the Duvalier regime began. Although Haitians have consistently come to the U.S., the waves were

¹ Castagna Lacet, MSW, Ph.D. is an Assistant Professor of Social Work at Bridgewater State University. She is the president of the Haitian Mental Health Network, a member organization focused on building mental health capacity for those working with the Haitian population. She engages in mental health training and consultation related to Haitian communities both in the United States and Haiti.

periods when large quantities of Haitians entered the country. Cantave (2010) asserts that there may be more than two million Haitians living in the U.S. This number, he argues is greatly more inflated than census accounts due to both illegal entrants and those who held temporary or non-immigrant visas but failed to return to Haiti at the appointed time. The U.S. Department of State issued nearly 24,000 non-immigrant visas to Haitians in fiscal year 2010. As in past times when those holding temporary visas failed to return home, this sixth wave of post-earthquake migration creates a new concern for an increase in undocumented immigrants.

The literature on the mental health of disaster victims recognizes the psychological and social needs of earthquake survivors (Schininá, Aboul Hosn, Ataya, Dieuveut, & Salem, 2010). Earthquake survivors have been shown to exhibit symptoms of depression and posttraumatic stress. Women, in particular, have been more psychologically affected by the trauma (Norris et al., 2002; Wang et al., 2009; Najjarain, Goenijan, Pelcovitz, Mandel, & Najarian, 2001). Additionally, relocation after experiencing an earthquake has an adverse affect of psychological distress (Kilic et al., 2006). Salcioglu, Basoglu, & Livanou (2008) suggests that relocation after an earthquake can also serve as a protective factor in that victims may be alleviated of fear of further danger from earthquakes. The sparse literature on the mental health of Haitians argues that Haitians express depression and traumatic stress in ways that are culturally tied (Nicolas, Desilva, Grey & Gonzalez-Eastep, 2006; Nicolas et. al., 2007; Nicolas, Desilva, Prater, & Bronkoski, 2009; Desrosiers & Fleurose, 2002; WHO, 2010).

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

Western Definitions of Resilience

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

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

Richardson (2002) describes the development of resiliency theory in the literature as having happened in three waves. The author describes the first wave as a “quest to describe those internal and external resilient qualities that help people cope with or “bounce back” in the wake of high-risk situations or after setbacks” (Richardson, 2002, p.308). The second wave investigated the process under which these qualities could be cultivated. “Resiliency then became defined as the process of coping with adversity, change, or opportunity in a manner that results in the identification, fortification, and enrichment of resilient qualities or protective factors” (p. 308). The actualization of the concept of resiliency was the outcome of the most recent third wave of the theory’s development. Richardson describes the basic tenet of resilience as “the motivational force within everyone that drives them to pursue wisdom, self-actualization, and altruism and to be in harmony with a spiritual source of strength” (p. 309). This has served as a basic working definition for resiliency in the most recent literature.

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

According to Harvey (2007), there is a cultural context to explore how groups understand trauma and define resiliency:

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

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

Tummala-Narra (2007) describes a case study intervention using individual psychotherapy. The psychotherapeutic relationship was used to stimulate resiliency in a woman of color who was recovering from multiple traumas. The author asserts that traditional models of Freudian based psychotherapies emphasize white middle-class ways of coping. The author states that in order to be “helpful and effective, psychotherapeutic approaches need to consider the cultural, economic, and sociopolitical realities that traumatized individuals often face on an ongoing basis” (p. 207). Therapists must be attuned to both internal and external factors affecting both individual and collective trauma (p. 207). Tummala-Narra used Harvey’s (1996) ecological model of trauma recovery and resiliency as a guide in her intervention. Cultural identity and beliefs not only had an impact on help seeking behavior and service utilization, but also effected engagement, intervention strategies, and treatment outcomes.

Previous literature on earthquake survivors has focused on populations outside of the U.S. Much of the literature stems from Asia where most of the world's earthquakes have occurred. Few studies have focused on the relocation experience of the earthquake survivors. This study contributes to the literature by examining the psychological experiences of Haitian earthquake survivors and how they articulate their resilience. It also contributes to the sparse literature on the mental health of Haitians. Haitians are an understudied group, yet the number of Haitians in the U.S. continues to grow. Haitians are one of the largest Black ethnic groups in the U.S. Haiti's reconstruction has been slow. Social service providers need to anticipate working with new Haitian immigrants that survived the devastating earthquake and may have significant need for mental health and social work interventions as a result.

Methodology

Procedure

In-depth interviews were conducted with 8 Haitian women earthquake survivors who had relocated to the Greater Boston area. The study protocol was approved by the institutional review board of an accredited college in Massachusetts. Participants were recruited with the help of members of the Haitian Mental Health Network. Members were given the recruitment flyer and asked to share it with Haitian clients and their networks. Members of this network were seeing Haitian clients who either had family members or were themselves survivors of the January 2010 Haiti earthquake. Haitian adult women who experienced the earthquake and relocated as a result were eligible to participate in the study. Participants received a \$20 grocery store gift card as a thank you for their time.

Participants were interviewed in their residences for approximately 1.5 hours. All interviews were conducted in Haitian Creole by the researcher, who is a bilingual Haitian American. All interviews were tape-recorded, transcribed and coded in the language of the interview. Quotes were then translated into English. Eight women were interviewed before it was determined that data saturation was reached. Participants were assigned pseudonyms to protect their anonymity. Only age ranges were obtained to further obscure their identities.

A bilingual, bicultural research team assisted in the manual coding of the data and translation of chosen key phrases. This helped assure reliability of the codes identified and the interpretation from Haitian Creole to English.

Participant Profiles

Eight women were included in the study sample. Interviews were conducted in March of 2011 and all of the women had been living in the U.S. for at least nine months at the time of the interview. The women ranged in age from 20s to 60s. While six of the women were married, only the two oldest women had relocated with their spouses. The other four women's spouses were abroad, three still in Haiti and one living in Canada. The foremost reason for this separation was related to the lack of U.S. visas for the spouses or other minor children. Only the youngest participant was never married and had no children. Five of the women relocated with school aged children. Seven of the eight women were able to come to the U.S. because they had the legal documentation to do so, such as a travel visa. One woman, Suzette, came to the U.S. with her injured daughter with the help of a medical team. She had never visited the U.S. and did not previously hold a tourist visa or even a passport. Suzette left her husband and five other children

in Haiti. The other women came to live with friends or extended family. None of them had planned on relocating to the U.S. before the earthquake. Only one woman had ever lived for any period of time in the U.S.

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

Measures

A semi-structured interview protocol was used to explore the women's experiences of the earthquake and their relocation experiences. A narrative approach was used, asking the participants to tell the researcher the story of how they came to be living in the Greater Boston area and how they have survived any challenges since the earthquake and their relocation. There were six open-ended questions with further prompts for clarification. The interview questions were translated and back-translated by members of the research team to ensure the wording was correct. All interviews were conducted in Haitian Creole and audio-recorded.

Findings

The eight study participants experienced multiple stressors and barriers including family loss, separation, and financial and legal stressors. Three major themes emerged as factors related to resilience in this population: Spirituality; Relational Supports; and the Cultural Role and Expectation of Women. The following exemplary quotes are provided for each theme where at least five of the eight women related a similar statement.

Spirituality

Spirituality emerged as a common thread all but one of the interviews. While Yolene did attribute her survival of the earthquake as being part of God's plan, she was the only participant that did not explicitly talk about relying on spirituality as a form of support. Spirituality is an important cultural factor because it is recognized as an important part of Haitian life. Most Haitians identify with a Christian faith (Pierce & Elisme, 1997). Furthermore, according to Stepick (1998), whether or not it is widely practiced, most Haitians are familiar with concepts of Voodoo and

proponents of both Christianity and Voodoo have become part of the culture and belief system. This is evident in how Haitians view and treat physical and mental illnesses as having supernatural causes and cures (Jean-Louis et al.; Nicolas et al., 2006).

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

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

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

I'm a Christian. I'm a Christian. I believe in God very much. I have a lot of faith. And I am convinced that if it wasn't for God, I would not have survived. Even though . . . physically I'm not hurt, like I wasn't hit, I wasn't wounded, nothing fell on my head, even if my spirits are so low, if it wasn't for God, who is the hope that allows me to pull through, then I wouldn't be able to.

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

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

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

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

*This is the way I raise my spirits. I sing spiritual songs. I sing a spiritual song. Alright, I have to tell you a song that we learned in church:
[Singing] <<Gran Mèt, Gran Mèt, Gran Mèt
Ban m kouraj ou, ban m kouraj ou pou m priye. >>
<<My Lord, my Lord, my Lord.
Give me your strength, give me courage
to pray. >>
Okay. So, I always sing. And then it raises my spirits. . . And I say, alright, you're alive, you must keep living. So, you can't stop.*

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

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

Suzette also shared that she was brought into Voodoo by her parents and that she was not sure that she could get out of it. Missionaries that she met while in the U.S. had been encouraging her to break from Voodoo. She was ambivalent about whether she actually felt she needed to. It is important to recognize how stigma might lead someone to reject a spiritual belief that they find relieves their suffering.

Relational supports

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

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

I get support from my church community and from my family. That's my nuclear family and my extended family as well- aunt, uncles, and others. They talk with me. They try to keep a relationship with me, so sometimes that's a form of support that helps me.

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

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

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

I have my Uncle who lives in another city that always sends me some money. I have cousins in Florida. I also have cousins in Boston who always help too. And my husband hasn't neglected us. No matter what little bit of money he comes across, he sends it for us. He always calls us every day. You understand? Like this

morning; he already called. He knows I'm here by myself. Tonight, he'll call us again.

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

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

Suzette, who was brought to the U.S. for her daughter to receive medical treatment, did not have family support in the U.S. Suzette did make friends. She added, *"One of my friends invited me out. We went to see the Aquarium . . . We went and saw fish and things like that. Yeah, another friend invited me to go to a little party. It was a turkey party [Thanksgiving]. [Smiling]."*

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

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

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

The cultural role and expectation of women

The women in this study not only showed resilience in having survived the Haiti earthquake, but also attributed this ongoing survival to the essence of being a Haitian woman. Within Haitian society, women are considered the pillar of the family or even the pillar of the community (N'Zengou-Tayo, 1998). They are known for their sacrifices made for their families and their community. Haitian women are said to be *fanm vanyan* or strong, persevering women. This theme was evident in the spirits of all of the women.

Danielle gave voice to the Haitian cultural understanding of the role of women. She exclaimed proudly, *"Yup, the belief . . . in the Haitian culture . . . It's that Haitian women are fighters!"* This fighter spirit meant never giving up and staying strong no matter what

circumstance. She talked about having to leave Haiti and split up her family. When she spoke of her role as a mother and the need to come to the U.S. for her children to be educated she said *“Haitian women, that’s what we are!”* Within the culture there is not a need to say more. The women make sacrifices in order to protect, promote, or save the family.

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

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

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

Anne talked about the way strength that runs deep within her to persevere and make a way where none is apparent. *“. . . Haitians, what I love about home . . . that helped me to survive too . . . It’s the easy way that we adapt to a situation. You understand? For example, if there’s a problem, we already have a solution for it.”* Although there was much psychological pain, despair, and powerlessness among the women, feelings of hope for a better future were also shared by all of the women. Anne added a bold exclamation that with the assurance of a legal status, she would be unstoppable. She exclaimed emphatically, *“Right when I get my papers, with the help of God, I’ll give myself the goal, I could take over Boston already!”* Anne was able to express her determination that given the opportunities, she could achieve anything.

Marlene contributed a similar statement: *“I expect that a door will open for me to continue to do what I was supposed to do. Like . . . go to school, work. Life has already restarted, because if you didn’t die, you can’t stand still. You have to move forward. You understand? Even though that hasn’t happened yet, there’s a ray of hope.”*

For these Haitian women, their cultural determination is what allowed them to maintain hope. Lovita’s statement captures the cultural value associated with hope well. Lovita said, *“We are a people that have hope, no matter what. I can say that sometimes I do feel that there’s still hope. . . I still believe something is going to change. I have the will to keep on living.”*

Discussion

Fanm vanyan goumen ak lavi a!

Strong women fight with life! Strong women accept life’s challenges! (Haitian saying)

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

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

The sparse literature on the mental health of Haitians argues that Haitians express depression and traumatic stress in ways that are culturally tied (Nicolas et. al., 2006, 2007, 2009; Desrosiers & Fleurose, 2002; WHO, 2010). According to the literature, Haitian's views of mental illness and treatment are guided by spiritual and supernatural beliefs. The lack of available mental health services has resulted in the use of spiritual healers and the support of family and friends as ways to address mental health issues. Harvey (2007) asserted that factors in the social environment such as family, community, culture and larger social contexts affect resilience. All of the women presented with the spirit of *fanm vanyan or the strong Haitian woman*. It was evidenced by their perseverance and sacrifice. They were determined to fight against great odds to establish themselves in a new country in order to create a better life for their families.

Family and friend networks have been identified as a key factor in helping new immigrants adjust to life in the U.S. (Laguerre, 1984). Findings of this research inquiry support the assertion that factors in the social ecology such as support systems and community networks help promote resilience in relocated Haitian women earthquake survivors. Friends and family members provided buffers against some of the stressors the women experienced. They hosted the survivors, provided for their basic needs, and offered emotional support. Most of the women were also connected to local organizations serving the Haitian community. They were able to use resources such as medical and mental health services, legal advice, food pantry, resource brokering, and English language classes. These organizations helped meet some of the basic needs such as food, but also helped the survivors in their adjustment.

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

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

Implications

Social service workers should be sensitive to the needs of disaster survivors and acknowledge that their personal networks for aid may not be readily available. This is particularly

true for those who move away from their familiar support systems and networks of care. An ecological perspective to human behavior and our social environment tells us that people operate within a web of systems. Immigration to a new host country means leaving behind many familiar things. Immigrants leave family members, friends, co-workers, and neighbors. They also leave behind the familiarity of how to navigate and use systems. Social service workers can play a key role in helping new immigrants adjust to their new surroundings.

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

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

Limitations of the Study

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

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

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

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