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Trauma, Resilience, Hope, and Religious Coping in Haiti

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Trauma, Resilience, Hope, and Religious Coping in Haiti

by

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in partial fulfillment

of the requirements for the degree of

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in Clinical Psychology

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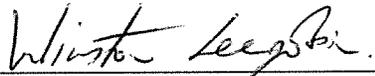
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Abstract

Trauma is an international area of research, specifically in countries that have experienced natural disasters and political unrest (Bolton, Surkan, Gray, & Desmousseaux, 2012; Derivois, Merisier, Cnat, & Castelot, 2014; Desrosiers & Fleurose, 2002; Hobfoll, 1989, 2012, 2014; Hobfoll et al., 2007; Kira, 2001, 2010; Kira et al., 2008). Haiti has endured an immense amount of trauma, including the 2010 earthquake and daily traumas resulting from poverty, economic disparity, and political unrest. This study explored the experiences of trauma, resilience, hope, and religious coping of 51 Haitian individuals through a mixed methods design. Quantitative data was gathered through the following measures: Cumulative Trauma Survey, Connor-Davidson Resilience Scale, Hope Scale, and Brief RCOPE. A series of Pearson's correlations were conducted, and results found significant correlations between resilience and agency hope ($r = .297, p < 0.05$) and total hope ($r = .326, p < 0.05$). Significant correlations were also indicated between cumulative trauma and pathway hope ($r = .364, p < 0.01$). Additionally, pathway hope was significantly correlated with agency hope ($r = .519, p < 0.01$) and total hope

($r = .849, p < 0.01$). A significant correlation was seen between agency hope and total hope ($r = .893, p < 0.01$).

Qualitative data were collected from 20 participants in order to gain a more in-depth understanding of these variables. Themes were extracted into the following clusters: negative symptomatology, positive symptomatology, mental health symptomatology, coping mechanisms, resilience, religion/spirituality, national/community identity, progression, SES, lack of resources, and types of trauma. Participants reported their exposure to specific traumatic experiences, including the 2010 earthquake. Findings suggest that participants have experienced complex, cumulative trauma, including Type III and Type IV trauma, as defined by Kira et al. (2008). Participants displayed high levels of resilience and hope, the concept of survival being a prominent theme. Findings related to religious coping suggest an experience of religious shame, perhaps due to the negative perception of Haitian vodou. This study contributes to the limited research in Haiti by examining the trauma the country has experienced, as well as the role that resilience, hope, and religious coping play in the Haitian experience.

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“Depi tèt la poko koupe nou espere mete chapo” (If your head hasn't been cut off, you have the hope of wearing a hat)- a Haitian Proverb

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Chapter 1

Introduction

Trauma

The concept of trauma is one that has been studied extensively in the existing literature (Bolton, Surkan, Gray, & Desmousseaux, 2012; Derivois, Merisier, Cenat, & Castelot, 2014; Desrosiers & Fleurose, 2002; Hobfoll, 1989, 2012, 2014; Hobfoll et al., 2007; Kira, 2001, 2010; Kira et al., 2008). In an attempt to better understand trauma and the development of PTSD, several models have been presented, ranging from single-event trauma to complex trauma and cumulative trauma. For example, Ebert and Dyck (2004) describe the concept of complex trauma and the idea of mental death. Mental death is related to losing one's identity and is most commonly linked to victims of torture and/or totalitarian control. Complex trauma leads to more severe and lasting symptoms of PTSD in comparison to single traumas. It has been associated with "guilt, and shame, distrust and alienation from others, ineffectiveness and loss of autonomy, loss of core beliefs and values, and a sense of being permanently damaged" (Ebert & Dyck, p. 630) and is said to "entail systematic and pathological changes in the victim's affect regulation, consciousness, self-perception, identity, perception of the perpetrator, relations to others, and system of meaning" (p. 620).

Kira (2001, 2010) proposes a model for conceptualizing and treating trauma. This two-way taxonomy of trauma includes two dimensions: (a) the developmental functions affected by trauma, and (b) the objective characteristics of the trauma. The developmental considerations include:

attachment (e.g., abandonment by parents of a child), individuation or identity, personal (e.g., violation of self autonomy by rape, sexual or physical abuse) collective (e.g., targeted genocide, holocaust, slavery, and discrimination), interdependence, indirect or secondary trauma (e.g., witnessing violence or media-relevant violence exposure), self-actualization (e.g., loss of life savings, failed business, get unexpectedly fired, failed or dropped out of school or college), and physical survival (e.g., life-threatening accident). (p. 64)

The objective characteristics include: “cumulative stress trauma (prolonged repeat of hassles that have cumulative effects with potential of eliciting symptoms), internal trauma (e.g., traumatic pain and other severe medical conditions), nature-made (e.g., hurricanes and earthquakes), and human-made traumas” (p. 64).

Kira et al. (2008) differentiate the different types of human-made traumas: Type I (single episode trauma), Type II (complex trauma, repeated similar traumatic events that are no longer taking place), Type III (complex trauma, repeated and ongoing trauma), and Type IV (cumulative trauma, or a sequence of traumatic events that have happened over the life span). Kira’s model of trauma incorporates the cumulative trauma (CT) model, which differs both from the complex trauma models as well as the single-trauma models. CT includes both core traumas (e.g., original traumatic event) and triggering traumas (e.g., traumas that set off responses after the original traumatic event has already taken place). Results from this study indicate that CT Type IV has stronger effects than single (Type I) or complex (Type II and III) trauma, and Type III trauma has stronger effects than Type I and Type II (Kira et al.). Results also support the

theory that different types of trauma result in different trauma profiles (e.g., syndromes and symptoms).

Kira has also done extensive research on international trauma, specifically the effects of cumulative and collective identity trauma in different cultures. He explores the effects that collective identity traumas have on culture, specifically impacting a particular culture's level of individualism or collectivism (Kira, 2010). Identity theories describe the following hierarchical levels of identity: (a) social or collective identity, (b) personal identity, (c) role identity, and (d) physical identity. According to Kira, the realignment of these levels of identity is a continuous, fluid process. Depending on a culture's experience with traumatic stressors, these levels of identity can be realigned resulting in a more collectivistic or individualistic perspective (e.g., collective, social, or intergenerational trauma might lead to a collectivistic culture).

Several traumatic events have taken place in the country of Haiti that have a direct effect on the people. Many Haitians feel shame and internalized self-hatred and/or oppression related to their country's situation of poverty and unrest, as found by Desrosiers and Fleurose (2002). This applies to Haitians living in their native country as well as Haitians who have migrated to other countries such as the United States. Due to the difficulties of migration and obtaining legal U.S. documents, many Haitians who have fled Haiti as a way to escape the issues of violence and political persecution are separated from their families for 10 or more years (Desrosiers & Fleurose). In addition to the separation of family members, it is also imperative to keep in mind the traumatic events that have been experienced by this particular group of people: "many have extensive trauma histories including rape, death, assault, death threats, and they may have witnessed homicides" (Desrosiers & Fleurose, p. 512). In Haitian culture, depression and other

mental illnesses are thought to be caused by shock or trauma. It is common for Haitians to have a strong internal locus of control when it comes to mental illness, which is evidenced by the belief that those who are mentally ill have the ability to control their illness by taking control of their worry or complaints about life. The ability to forget about past traumas is generally viewed as a strength (Desrosiers & Fleurose). These cultural beliefs and attitudes are important considerations because it incorporates the Haitian perception of trauma and other mental illnesses.

The 2010 earthquake is a recent significant trauma that left the nation of Haiti devastated. According to the United Nations Development Programme (UNDP), more than 222,000 died and over 300,000 were wounded. Smith et al. (2014) found that out of 471 Haitian participants who were living in the U.S. at the time of the earthquake, 65% reported that a loved one (close friend or family member) had died in the earthquake, and 65.6% reported that a loved one had been injured in the earthquake. Additionally, 80.7% reported that surviving loved ones did not have shelter in the aftermath of the earthquake, and 83.9% reported that their loved ones did not have adequate food or drink. This study also indicated that family support served as a significant protective factor against posttraumatic symptoms following the earthquake, which suggests that the collectivistic nature of Haitian culture was a protective factor in this particular sample. According to Derivois et al. (2014), the prevalence rate of PTSD in earthquake victims ranges from 10%-74%, depending on variables such as level of exposure, social support received, loss of friends and relatives, etc. Their findings were contrary to existing literature, as there was not a significant correlation between PTSD symptoms and level of exposure, which they assume to be

related to the impact the earthquake had on the entire country of Haiti (e.g., destruction of the country's capital, amount of deaths).

While the earthquake that took place in 2010 gained a lot of international attention on the difficult living situations in Haiti, Bolton et al. (2012) discuss other everyday difficulties that Haitians face aside from the aftermath of the earthquake. They focus more specifically on the violence in Haiti, which causes issues such as kidnapping, torture, street violence, and domestic violence. Their study gathered qualitative data on how Haitians perceive the organized violence in their country and the psychosocial effects these perceptions have on mental health in their country. The two major themes pointed out by the participants of this study were psychological problems resulting from the violence and financial problems. There was a list of seven psychological problems that were most frequently reported by participants as being prominent within their culture: “(a) fear, (b) feeling startled with resulting loss of self control, (c) sadness/ grief, (d) continuing to suffer from reliving/reexperiencing past events, (e) loss of dignity, (f) helplessness/ discouragement, and (g) problems in the head” (Bolton et al., p. 602).

Resilience

According to Hartling (2008), resilience has been defined as “the ability to achieve good outcomes in one's life after experiencing significant hardships or adversities, such as poverty, family discord, divorce, lack of access to educational opportunities, racism, etc.”, as well as “the ability to recover from traumatic experiences, such as physical or sexual abuse, assault, severe neglect, and many other forms of trauma” (p. 53). In contrast to these common definitions of resilience, which focus on the individual, Hartling suggests that the focus be on the relational aspects of resilience through the Relational-Cultural Theory (RCT). One of the core components

of RCT is the idea that resilience is not an attribute that can be found within some individuals and is lacking in others, but rather can be established through the relationships in each individual's life (Hartling, 2008).

Peres, Moreira-Almeida, Nasello, and Koenig (2007) describe the concept of sense of coherence (SOC), which is comprised of three different factors: comprehensibility, meaningfulness, and manageability. The concept of SOC has been used to explain resilience and people's ability to endure traumatic situations in the sense that if an individual has established all three of these factors, he or she will be more likely to endure difficult and stressful events. Bonanno (2004) explains that resilience can be manifested in many ways. For example hardiness is a trait that consists of "being committed to finding meaningful purpose in life, the belief that one can influence one's surroundings and the outcome of events, and the belief that one can learn and grow from both positive and negative life experiences" (p. 25). Along with hardiness, Bonanno also identifies links between resilience and the traits of self-enhancement, repressive coping, and positive emotion.

Ungar (2008) studied resilience across cultures in order to bridge the gap that exists between the definition of resilience according to a Western perspective and the experience of resilience in different cultures and communities. In conducting a study that involved 14 communities on 5 continents, he found that there are in fact a variety of differences in coping mechanisms, and therefore variety in the perception of resilience in these different communities. The belief behind this finding is explained by the idea that the unique way in which the individual and the community interact can lead to various different ways of displaying resilience. Ungar's main findings are as follows:

“1) There are both global, as well as culturally and contextually specific aspects to young people’s lives that contribute to their resilience; 2) Aspects of resilience exert differing amounts of influence on a child’s life depending on the specific culture and context in which resilience is realized; 3) Aspects of children’s lives that contribute to resilience are related to one another in patterns that reflect a child’s culture and context; and 4) Tensions between individuals and their cultures and contexts are resolved in ways that reflect specific relationships between aspects of resilience” (Ungar, 2008, p. 219).

Kira (2010) also discussed resilience from a multicultural perspective, particularly the concept of community resilience. He acknowledged the important role that community resilience plays in the prevention of and interventions for symptoms of PTSD. He described the concepts of community resilience as an overall sense of community and a belief in community competence, as well as a sense of collective self-esteem. Kira also pointed out the importance of the concepts of political and ecological resilience in the prevention of PTSD.

Hope

According to Levi, Savaya, and Leichtentritt (2011), there are three dimensions of hope that have been identified by PTSD victims: (a) It develops but also dies, (b) People hope on both a conscious level and an unconscious level, and (c). Hope grows stronger but also weakens, and it both strengthens and weakens the individual. These dimensions of hope are somewhat paradoxical, implying that those who have experienced hope in the presence of trauma do not have an established or set perception of hope. Ebert and Dyck (2004) explored the cognitive aspects of complex trauma, explaining that trauma victims can influence their experience of trauma based on how they perceive the situation. Peres et al. (2007) suggest that trauma

symptoms and the acquirement of posttraumatic stress disorder largely depend on the individual's perception of the traumatic event, and that hopelessness is a risk factor for PTSD. This belief implies that hope may act as a protective factor for individuals who experience trauma. Scioli, Ricci, Nyugen, and Scioli (2011) define hope as "a future-directed, four-channel emotion network, constructed from biological, psychological, and social resources. The four constituent channels are the mastery, attachment, survival, and spiritual systems (or subnetworks)" (p. 79). According to this theory of hope, there are also five different levels that are the foundation for the four channels: hope-related motives or biological motives (level 1), endowments and supports, such as family and culture (level 2), hope traits (level 3), the faith system (level 4), and hope behaviors (level 5).

According to Snyder (2002), hope is the experience of two different processes: "(1) the appraisal that one is capable of executing the means to attain desired goals (agency-thinking); and (2) the appraisal that one is capable of generating those means (pathway thinking)" (Tong, Fredrickson, Chang & Lim, 2010, p. 1207). Tong et al. (2010) claimed that Snyder's definition of hope is not congruent with the general population's experience of hope, which tends to suggest that there is a possibility of attaining goals without necessarily knowing how to attain said goals. According to a group of studies that looked at hope in the context of both American culture and Singaporean culture, it was found that while trait agency was positively associated with hope, trait pathway was not related to hope. This was consistent in both cultures, as well as with different variables of hope and different variables of agency and pathway. In one of the studies, state levels of hope were assessed, and it was found that people tended to be more

hopeful if they saw their goals as attainable even if they did not see themselves personally achieving the goal (Tong et al., 2010).

Chang and Banks (2007) also looked at the cross-cultural implications of hope by studying college students, focusing on the differences and similarities of hope in four racial/ethnic groups. Their hypotheses were that “agency and pathways thinking would be lower in African Americans, Latinos, and Asian Americans than in European Americans” and “the function of agency and pathways thinking would be similar across the different racial/ethnic groups” (p. 96). As hypothesized, results on levels of hope and levels of agency and pathways thinking varied among racial/ethnic groups; however, the function of hope appears to be similar across the four groups, further supporting the universality of hope as a positive expectancy variable.

Religious Coping

Tarakeshwar, Stanton, and Pargament (2003) encourage researchers to focus on religion when doing cross-cultural research for a number of reasons. After looking at previous research, they reached the following conclusions: (a) religion is important for people across cultures, (b) religion is a predictor of health and well-being across cultures, (c) religion can be predictive of cross-cultural dimensions, such as the value of motivation and tradition, and (d) culture influences religion. Due to the interrelated nature of religion and culture, it was concluded that it is essential to include religion in cross-cultural studies. In order to integrate religion into cross cultural research, a five-dimensional model was proposed. This model includes ideological, ritualistic, experiential, intellectual, and social dimensions. The overall suggested framework included the following three levels: “(a) at Level 1, one includes ‘distal’ religious measures to

avoid confounding explanations and maintain internal validity; (b) at Level 2, distal measures of religion are supplemented by an in-depth exploratory examination of religion; and (c) at Level 3, the religious dimension is studied with the utmost sophistication-theoretically derived religious indicators and a priori hypotheses” (p. 390).

Bjork and Thurman (2007) wanted to study the role of religious coping and how it relates to cumulative negative life events as opposed to a single event, as well as the patterns of both negative and positive religious coping. They found that while participants reported more positive religious coping than negative religious coping in response to general stress, there is an increase in both positive and negative religious coping patterns as the number of negative life events increases. Furthermore, there is a larger increase in negative religious coping patterns than in positive religious coping patterns when there is an increase in negative life events.

Considering the accumulation of negative events, our results suggest that when Protestants experience more normative, lower numbers of events, they rely primarily on habitual positive religious coping strategies that they have typically found to be successful (Caplan, 1964). As negative events increase in spite of positive religious coping, however, such persons might begin to reappraise their view of God in the face of continued stress without relief (Lazarus and Folkman, 1984). Such negative reappraisal, which is one form of negative religious coping itself, might prompt other novel trial-and-error coping strategies (Caplan, 1964), including greater increase in negative religious coping. (p. 164-165)

O’Grady, Rollison, Hanna, Schreiber-Pan, and Ruiz (2012) explored the role that the Haitian people’s relationship with the divine played in their overall well-being after the 2010

earthquake, specifically looking at posttraumatic growth with a focus on the relational aspect of religiosity/spirituality. They found a positive correlation between high scores in the perception of God's involvement in their life and posttraumatic growth and spiritual transformation, as well as "individual's substantive thoughts and feelings about their perceived interaction with a higher power in everyday life and their perception of God's awareness explained a significant amount of variance in posttraumatic growth above and beyond the degree of loss experienced" (O'Grady et al., 2012, p. 294). They discussed the possibility of collective trauma and recovery, such as the earthquake affecting the entire country and the communal aspects of recovering from this trauma, as a protective factor, as well as the cultural factors (e.g., religious grandiosity that has potentially developed in response to the history of threats and trauma) that contribute to posttraumatic growth and spiritual transformation in Haiti.

Several authors have explored the role that vodou has played in Haiti, particularly the connection between the Afro-Haitian religion and Haitian culture and history (Bellegard-Smith, 2011; Germain, 2011; O'Grady et al., 2012; Rey, 2010). Germain (2011) views vodou as a source of strength that has historically empowered Haitians, for example to fight for their freedom in 1804, as well as a source of comfort and religious support. He describes the extent to which Protestants have aided in the development of schools, orphanages, and access to health care in Haiti, as well as the role that Protestantism has played in labeling vodou as a satanic cult, to specifically "discredit and often vilify the indigenous belief systems, which for decades, hundreds of years, and sometimes thousands of years have been utilized by the indigenous populations to make sense of their own social, spiritual, political, and geographical ecosystem" (p. 251).

Bellegard-Smith (2011) takes a similar perspective on the spread of Protestant religions in Haiti and the increase of blame that has been placed on vodou for the many traumas the country has endured. He describes the belief that Haiti made a pact with the devil in a satanic ritual in exchange for their freedom from slavery, as well as more subtle beliefs and explanations for the traumatic history of Haiti that tend to place blame on Haitian culture and beliefs, such as vodou. This negative view of vodou, which has both cultural and religious ties to the Haitian people, has resulted in many Haitians rejecting the religious and cultural beliefs that stem from vodou in response to the blame placed on these beliefs for the various traumatic experiences their country has experienced, including the 2010 earthquake.

Present Study

This study will be investigating the conceptualization of trauma, resilience, hope, and religious coping in Haiti. Throughout history, the nation of Haiti has experienced many traumatic events. Beginning with enslavement, continuing into becoming the first independent slave nation in 1804, up until the current political unrest and poverty. The 2010 earthquake created even more distress as the nation continues to be in the process of rebuilding. As a result of the earthquake, countless numbers of Haitians have lost family members as well as their homes. Tent communities were set up all over the country for those who had nowhere else to go, and many of these communities continue to exist years later. Many children who lost their parents in the earthquake have been placed in orphanages. In the chaos after the earthquake, violence abounded in the tent communities, resulting in rapes and kidnappings. While the 2010 earthquake literally devastated the lives of the people of Haiti, there are many traumatic events that are experienced in this country on a daily basis, both before and after the earthquake. For example, most Haitians

live in poverty, earning less than \$1 US a day. They reside in shacks that are easily destroyed by natural disasters, such as floods, which happen often. Death and illness occur frequently due to a lack of basic resources, such as food, water, and housing. This overall lack of resources and the various collective traumas endured by the people of Haiti has caused many Haitians to experience much loss and suffering.

Despite their astonishing ability and will to survive, there has been very little research that has sought to gain a better understanding of the resilience, hope, and coping that the people of Haiti have maintained in the midst of the devastating trauma. The stark differences between the daily experiences of Americans and Haitians leads one to believe that there are also differences in the definitions of trauma, hope, religious coping, and resilience. Many Americans who have lived in Haiti as missionaries or disaster relief personnel have described hope as a non-option in the lives of Haitians, explaining that if they give up, they and their families will literally die from starvation. They have also stated that the people in Haiti have experienced traumatic events repeatedly, to the point that it is the cultural norm and therefore not considered traumatic. By definition, resilience is the ability to respond adaptively and maintain high quality of life even after adversity or trauma. Based on this definition of resilience, the Haitian people are indeed very resilient; however, it is also imperative to consider the Haitian perspective of trauma, and how resilience, hope, and religious coping might play a role in their collective experience.

Statement of the Problem

Although there has been a significant amount of research on the topics of trauma, resilience, hope, and religious coping, the literature is lacking in multicultural aspects of these

variables. Since the 2010 earthquake, there has been an increase in the research conducted in Haiti; however, much information on these specific variables remains to be found. An increased understanding of the Haitian perspective on and experience with these variables warrants further exploration.

Research Questions

The current study extends the research by exploring trauma, resilience, hope, and religious coping within a Haitian context, specifically with participants who, similar to the entire Haitian population, have been exposed to several traumatic events. The purpose of this study is to evaluate these variables, including the ways in which they are understood and expressed within Haitian culture. In order to gain in-depth information regarding these variables, a mixed-methods approach was employed. Qualitative data were collected from a subset of participants who were interviewed about their understanding of and experiences with trauma, resilience, hope, and religious coping. Quantitative data were collected via measures that assessed levels of trauma, resilience, hope, and religious coping. The following hypotheses were proposed:

- 1) There will be a high frequency of reported experiences of trauma.
- 2) There will be a positive correlation between resilience and total hope.
- 3) There will be a positive correlation between resilience and positive religious coping.
- 4) There will be a positive correlation between resilience and total trauma.
- 5) There will be a positive correlation between total hope and positive religious coping.

Chapter 2

Methods

Participants

Participants included 81 native Haitian adult participants living in Jacmel and Gwo Jan, a mountain community outside of Port-au-Prince. The participants came from a variety of backgrounds. This included individuals who were being trained at a trauma workshop, individuals who work for an organization that raises awareness about the history of Haiti, particularly the history of slavery, interpreters, and members of a mountain community.

Of the 81 participants, 30 participants were removed from the final analyses due to incomplete responses on the questionnaires. This resulted in a final sample size of 51 for the quantitative data analysis. Of this final number, 33 were male and 18 female. Ages ranged from 18 to 76. Education levels ranged from no formal education to university-level education, specifically: no school (2), some elementary school (2), completed elementary school (1), some high school (33), completed high school (1), university (8), seminary (1). Three of the participants did not report their education level. In terms of religious affiliation, 39 reported affiliation with Christianity (Catholic (13); Protestant (13); Pentecostal (7); Christian (4); Baptist (1); Adventist (1)), 4 of the participants reported affiliation with Haitian Vodou, 3 participants reported that they were not affiliated with a specific religion (believer (2); metaphysics (1)), and 5 participants did not respond to this question.

Of the 81 initial participants in this study, 20 individuals were asked to participate in a semi-structured interview. Of the 30 participants that were removed from the quantitative

sample, 5 of these participants remained in the qualitative sample as they had successfully completed the interview. The purpose of the semi-structured interview was to gain a better understanding of the Haitian experience with trauma and the perspective on trauma, resilience, hope, and religious coping. Of these 20 participants, 15 were male and 5 were female, ranging from age 18 to 76. In terms of religion, 15 reported affiliation with Christianity (Pentecostal (5); Catholic (5); Protestant (2); Christian (1); Baptist (1)), 3 of the participants reported affiliation with Haitian Vodou, and 2 participants reported that they were not affiliated with a specific religion (believer (1); metaphysics (1)).

Instruments

The instruments used in this study include the following: the Cumulative Trauma Survey, the Connor-Davidson Resilience Scale (CD-RISC), the Hope Scale (HS), and the Brief RCOPE. Example questions included in the semi-structured interviews are: “What do you think of when you hear the word trauma?” and “What gives you hope?”

Cumulative Trauma Survey (Rhoades, 2008). In order to determine what kinds of traumatic events the participants have experienced and their recurrence over the respondent’s lifetime (e.g., torture, war, sexual and physical abuse, sexual and physical assault, intentional or accidental killing, witness sudden death of others, natural disasters, etc.), the Cumulative Trauma Survey was used. This measure is a short form of a more elaborate measure that is based on Kira’s taxonomy of trauma (2001). The Cumulative Trauma Survey was developed by Rhoades (2008) and was used to collect data from a Haitian sample in 2010. This measure was chosen due to the accessibility of this measure that had already been translated into Haitian Creole, as well as the previous research that had already been conducted in Haiti with this particular measure.

There are 22 items and they are presented in a Yes/No format, with the final two items asking for qualitative data and not being included in the final score of the measure. Findings regarding the internal consistency of the Cumulative Trauma Survey have yielded an alpha reliability coefficient of .82 in a West Bank sample (Wade, Bufford, Rhoades, & Knows-His-Gun, 2011), .78 in a Haitian sample (Knows-His-Gun, Bufford, Wade, Merrel, & Rhoades, 2011), .78 in a mixed international sample (Knows-His-Gun, Bufford, Rhoades, Gaige, & Wade, 2012), and .80 in a second mixed international sample (Merrel, Bufford, Seegobin, Gathercoal, & Rhoades, 2013).

Connor-Davidson Resilience Scale (CD-RISC) (Connor & Davidson, 2003). The purpose of the Connor-Davidson Resilience Scale is to quantify the level of resilience displayed by the participant. The CD-RISC is composed of 25 items using a 5-point Likert scale that assess resilience rated from 0 (*not true at all*) to 4 (*true nearly all the time*) (e.g., *When things look hopeless, I don't give up, Item 12; Not easily discouraged by failure, Item 16*). Total scores can range from 0 to 100, higher scores indicate greater resilience and lower scores indicate lower resilience. Findings regarding the internal consistency of the CD-RISC have yielded Cronbach's alphas of .89 (Connor & Davison) and .91 (Knows-His-Gun et al., 2012); test-retest reliability have yielded a coefficient of .87 (Connor & Davison).

The Hope Scale (HS) (Snyder et al., 1991). In order to assess participants' experience of hope, the Hope Scale was used. The HS is a 12-item measure consisting of 4-pathway questions, 4-agency questions, and 4-filler questions. Pathway questions assess a participant's cognitive appraisals of his or her ability to overcome obstacles and accomplish goals (i.e., "I can think of many ways to get out of a jam"). Agency related questions examine a participant's sense of his

or her own ability to be successful (i.e., “I energetically pursue my goals”). An example of the four filler questions used is, “I feel tired most of the time.” The HS uses a 4-point Likert scale that ranges from *definitely false* to *definitely true*. Findings regarding the internal consistency of the HS have yielded Cronbach’s alphas ranging from .90-.95 (Snyder, 2002); test-retest reliability yielded coefficients of .76 and .82 (Snyder et al., 1991).

Brief RCOPE (Pargament, Smith, Koenig, & Perez, 1998). In order to determine the extent to which religion plays a part in coping, the Brief RCOPE ($\alpha = .90$) was used. It is a 14-item questionnaire that identifies different religious ways of coping, including positive and negative, by asking participants how they coped with a particular negative event (e.g., *Tried to see how God might be trying to strengthen me in this situation, Item 5; Asked forgiveness for my sins, Item 6*). Items are presented using a 4-point Likert scale. A high score indicates that the participant used positive religious coping and a low score indicated that the participant used negative religious coping. Positive religious coping and negative religious coping are scored separately and are only slightly related. This study’s internal reliability is $\alpha = .542$. Bufford, Sisemore, and Blackburn (in press) report alphas of .92 for positive religious coping and .87 for negative religious coping.

Procedure

Participants were selected from a convenient sample by the researcher to participate in the mixed-methods design study. Quantitative constructs were found by giving participants measures of trauma, hope, religious coping, and resilience. All participants were given measures assessing trauma, resilience, hope, and religious coping, and 20 of these participants were also given a semi-structured interview, specifically asking about their personal experiences and views

on trauma, resilience, hope, and religious coping. All participants were given a packet that included an informed consent form, a demographics questionnaire (see Appendix A), the Cumulative Trauma Survey, the Connor-Davidson Resilience Scale (CD-RISC), the Hope Scale (HS), and the Brief RCOPE (see Appendix B).

In order to have accurate translations of these measures, including the informed consent, demographic questionnaire, and questions included in the semi-structured interviews (see Appendix C). All materials were translated into Haitian Creole by two separate individuals. Both of these translations were then compared by a third individual, who chose which of the two translations was most accurate and culturally relevant for the Haitian sample of participants. All three of these individuals are fluent in both English and Haitian Creole and have lived in both Haiti and the United States, and therefore have a comprehensive understanding of cultural factors in both countries. There was an interpreter present for all semi-structured interviews, who interpreted for both the researcher and the participants for the duration of the interview.

Qualitative constructs were found through interviews with the researcher. Interviews followed a semi-structured protocol with open-ended questions designed to elicit the participant's stories of their traumatic experiences, as well as their experiences of resilience, hope, and religious coping. The interviews were all video and audio recorded. The specific questions discussed in this interview included the following: What do you think of when you hear the word trauma? How have you experienced trauma in your life? What keeps you going when you are going through a difficult time? When you have experienced trauma in the past, what has helped you cope? What gives you hope?

This research was approved by the George Fox University Human Subjects Review Committee. All participants were asked to read and sign informed consent forms, noting that their participation was voluntary and could be withdrawn at any time, as well as ensuring confidentiality of all data collected.

Chapter 3

Results

This study aimed to extend the literature on the various traumas that have been experienced by the people of Haiti, particularly how trauma is understood and conceptualized in this country, and how resilience, hope, and religious coping play a role in their lives.

Quantitative results served to rate the extent to which the participants have experienced these variables and explore their interrelationships. Qualitative results served to extract themes that help to understand how trauma, resilience, hope, and religious coping are conceptualized by Haitians. The data offers new perspectives into the experiences of trauma in Haiti and the ways in which Haitians have survived and coped.

Qualitative Data

After conducting interviews, the primary researcher transcribed all of the interviews. Analyses of the qualitative data consisted of two researchers independently reviewing the transcription of each interview for significant themes. A peer debriefing was conducted after review of each interview in order to help maintain objectivity and to develop a technical means for verification similar to inter-rater reliability. The goal of this process was to extract the themes in the data that were most prevalent and most relevant to the variables of this study and the research questions that were presented to each participant in the interviews.

Results indicate that most of the participants had an understanding of the concept of trauma (12), while others did not have knowledge of the word trauma (8). Participants displayed

beliefs in an internal locus of control (5) as well as an external locus of control (4). Many participants also quoted Haitian proverbs (7) in order to express their ability to cope/survive. As seen in Table 1, qualitative analyses found several themes in the interviews, including: negative symptomatology (e.g., fear, helplessness, sadness, loss, suffering), positive symptomatology (e.g., hope, courage, love), mental health symptomatology (e.g., symptoms of PTSD, physiological symptoms/somatization, ruminating, stress, depression), coping mechanisms (e.g., religious coping, acceptance, breathing/relaxation, hobbies, positive outlook, reflection, humor, music, talking with others), resilience (e.g., survival, resilience, dreams/determination, responsibility), religion/spirituality (e.g., God/faith, vodou, intuition), national/community identity (e.g., collective trauma, communal support, family affection/allegiance, national unity), progression (e.g., personal, generational, national), SES (e.g., social class, education), lack of resources (e.g., education, medical, economic, food, employment, poverty, reconstruction), types of trauma (e.g., economic, political, physical, educational, spiritual, cultural/moral, social, vicarious trauma). See Tables 2 and 3.

Participants reported personally experiencing various traumatic events throughout their lifetimes, including the following: earthquake, illness/injury, death of family member/friend, political instability, loss of house, death of parent, accident, personal injury, death of child, educational system, family separation, slavery, unemployment, violence, hunger, murder, and assassination attempt. Specifically regarding the 2010 earthquake, several themes were found including: sensory experience of earthquake, confusion/disorientation, lack of preparation, destruction, flight or fight response, crying out to God/Jesus, aid, and knowledge of what an earthquake is.

Table 1

Prominent Themes in Interviews

Negative Symptomatology (27)	Fear (8), Helplessness (5), Sadness (4), Suffering (3), Loss (3), Anger (1), Avoidance (1), Pain (1), Negative Outlook (1)
Positive Symptomatology (28)	Hope (19), Courage (4), Love (2), Happiness (1), Forgiveness (1), Gratefulness (1)
Mental Health Symptomatology (21)	Symptoms of PTSD (8), Physiological Symptoms/Somatization (6), Stress (3), Rumination (3), Symptoms of Depression (1)
Coping Mechanisms (37)	Religious Coping (12), Acceptance (4), Positive Thinking/Outlook (4), Breathing/Relaxation (4), Humor (3), Music (3), Reflection (3), Talking with Others (2), Crying (1), School (1)
Resilience (27)	Survival (12), Resilience (8), Dreams/Determination (5), Responsibility (2)
Religion/Spirituality (23)	God/Faith (14), Vodou (5), Intuition (2), Grace (1), Destiny (1)
National/Community Identity (30)	Collective Trauma (9), Communal Support (9), Family Affection/Allegiance (7), National Unity (5)
Progression (15)	Personal (7), Generational (5), National (3)
SES (16)	Education (11), Social Class (5)
Lack of Resources (32)	Education (8), Medical (6), Food (5), Economic (5), Poverty (2), Employment (2), Reconstruction (2), Aid (1), Politics (1)
Types of Trauma (25)	Economic (6), Political (5), Physical (3), Cultural/Moral (2), Educational (2), Social (2), Spiritual (2), Vicarious Trauma (2), Lack of Progress (1)

Table 2

Traumatic Experiences in Interviews

Traumatic Experience	Number
Earthquake	18 (90%)
Illness/Injury	10 (50%)
Death of Family Member/Friend	7 (35%)
Political Instability	6 (30%)
Loss of House	5 (25%)
Death of Parent	5 (25%)
Accident	5 (25%)
Personal Injury	3 (15%)
Death of Child	2 (10%)
Educational System	2 (10%)
Family Separation	2 (10%)
Slavery	2 (10%)
Unemployment	2 (10%)
Violence	2 (10%)
Hunger	1 (5%)
Murder	1 (5%)
Assassination Attempt	1 (5%)

Table 3

Themes of Earthquake Experiences in Interviews

Experience	Number
Death	14 (70%)
Sensory Experience of Earthquake (e.g., sound, motion)	14 (70%)
Confusion/Disorientation	14 (70%)
Lack of Preparation	13 (65%)
Destruction	12 (60%)
Flight or Fight Response	9 (45%)
Crying out to God/Jesus	5 (25%)
Aid	4 (20%)
Knowledge of what Earthquake is	1 (5%)

2010 Earthquake

There were several themes related to trauma that were consistent across the interviews with participants. While the 2010 earthquake was not initially included on the list of questions to incorporate into the interview, it became an important focus of the trauma experienced by this population. Nine out of twenty participants addressed the earthquake when asked how trauma has affected their lives, and the remaining participants were able to provide personal accounts of their experience on that day. In regards to personally knowing someone who died in the earthquake, twelve participants reported having a personal connection with at least one person

who died in the earthquake, and seven participants reported losing a close family member or friend in the earthquake. Many of the participants discussed the devastation of the houses and buildings in the country, particularly in Port-au-Prince, and five of the participants reported having lost their own home.

The theme of death was prevalent as well; when discussing the earthquake, many accounts included the shock of seeing so many people dead and injured, as well as a sense of helplessness in not being able to help those who were dying. The overall lack of knowledge and education regarding earthquakes is a factor that was mentioned in various interviews as one of the sources of death, specifically because people were disoriented and afraid and ran back into their homes, which collapsed due to poor construction. Participants described the confusion during the earthquake, and the chaos that followed. Many used the description of “the whole country was black”, and reported thinking that it was the end of the world. After the earthquake, there was no way to communicate with loved ones, and many participants recalled the fear of not knowing if their families and friends had survived. The fear that followed led many participants and their loved ones to sleep outside for weeks after the earthquake, in the rain and cold and mud, for fear of their houses falling on them while they slept. Many of the participants discussed how they continue to be affected by the earthquake, particularly if they hear a loud noise. One participant described the entire country as “always living in suspense” since 2010.

One of the most prevalent themes when participants discussed the 2010 earthquake is the collective experience for the entire nation of Haiti. Many of them described the pain they felt to see their “brothers and sisters who died”, and described the toll it has taken on their country as a

whole. One participant expressed his opinion of the need for a communal experience of healing to come from this collective trauma, stated the following:

One of the most therapeutic things we can do as a nation is to have a collective crying.

Because that pain is still inside us. Because to this day, there are people who are afraid to ask “where is so and so?” Because they don’t want to hear that he died in the earthquake.

The mark of January 12th is still on our foreheads.

Trauma

In regards to trauma in general, there were several themes that were present in many of the interviews. The overall experience with the educational system in Haiti was described as traumatic by most of the participants. The younger participants explained the difficult process of passing high school, which involves passing national exams, and being accepted into university. One participant explained that there are approximately 3,000 applicants to the state university in Port-au-Prince and about 2,000 of those applicants are competitive candidates, but only 100 will be accepted into the university each year. The participants who had children described the stress and financial responsibility to send their children to school, many of them stating that they simply cannot afford to do so. The pressure for parents to be able to afford to send their children to school and the pressure the children feel to succeed and be accepted into university appears to be a common experience in Haiti. Many of the participants reported feeling as if the educational system in Haiti is against them, which makes it more difficult for Haitians to be successful in general. One participant addressed the fact that Haitians are not educated in their mother tongue (i.e., education is in French, not Haitian Creole), and many participants discussed the role that social class plays in how accessible education is for individuals in Haiti.

One of the most commonly mentioned traumas was a personal and national lack of resources, particularly basic and essential resources such as food and housing. There were various examples of people worrying about their next meal, not knowing when or if it would come. Several of the participants discussed the economy of Haiti, including the different classes and how this impacts resources, as well as the political unrest in the country, and a sense of powerlessness and helplessness in regards to political change. Many participants discussed the need for basic healthcare, and the consequences of not having access to medical attention, such as the death of a loved one due to an illness or injury that was left untreated. To many participants, this lack of resources (e.g., food, housing, healthcare, political and social standing, etc.) was a collective experience, and was named by several as a cultural trauma, meaning that it is a trauma that has affected the entire culture of Haiti.

This idea of Haitians being collectively traumatized was a very prominent theme in the interviews, as participants described their personal experiences and connected this back to the country as a whole (e.g., the 2010 earthquake, lack of education, lack of resources, etc.). Two of the twenty participants specifically discussed the history of slavery and connected their current traumatic experiences to this initial trauma that took place in history. One participant stated,

Especially when I look at history, how they kidnapped the people who were like kings and queens in their own homes and took them to a place they didn't know at all. And the people who were living here, they killed them. That's my first trauma. Because the situation we have today it's what was done in the past.

When asked about their understanding of the word trauma, the participants generally conceptualized this term as something bad or negative that takes place and the reaction that

follows. For example, many participants described trauma as a shock and experiencing stress after the shocking event takes place. Several participants explained how thoughts contribute to trauma, such as repeatedly thinking about problems or the negative event and allowing it to “always be with you.” Similarly, the notion that trauma affects how we think, causing people to have a more negative outlook in general, was a common conceptualization. Trauma was also seen as an illness, both mental and physical, with physiological reactions that might result from experiencing trauma, and several participants described trauma as something that is inside of those who experience it and needs to be let out in some way (e.g., crying, talking with others, etc.). Another perception of trauma was the idea that people are traumatized when they no longer have hope or dreams and aspirations for their life.

Resilience

Themes of resilience largely centered on survival on both a personal and national level. In discussing how Haiti was able to survive the earthquake, one participant stated, “If we could survive slavery and continue to exist and live, we can survive anything.” The history of slavery appears to have resulted in a specific type of resilience, as seen in the cultural proverbs about maintaining hope and surviving in difficult situations. Most of the participants stated that the mere fact that they are alive today is what allows them to keep moving forward. As one participant explained, “I think life is a huge gift. Even if life is difficult, you are supposed to live it.” Similarly, the idea of personal and generational/family progression was a common source of resilience that was named by participants. One participant explained how much his family had sacrificed to put him through school, stating that his goal is to further himself and his family. He

explained that their sacrifice for him is the source of his determination to continue on even when life is difficult.

Several participants discussed the traumatic events that they have experienced as a natural part of life, explaining that some things are simply meant to happen. One example is the 2010 earthquake, which many participants viewed as an inevitable force of nature that was “destined” to happen. One participant stated, “When I have a difficult moment, I always think that you have to go through difficult moments to get to the good moments”. According to participants, this perspective of traumatic events as being inevitable and a necessary part of life helps them to cope and move forward. Another prevalent theme on resilience was the idea that Haiti is not the only country in which negative events take place. Several participants discussed a sense of normalization in knowing that other countries around the world have similar experiences and suffer from natural disasters and economic and political difficulties as well.

The participants listed several factors that contribute to their ability to continue on with their lives despite the trauma they have experienced. For example, positive thinking and a positive outlook were identified as important aspects of moving on from difficult times. Several participants also identified humor as a way of coping in Haitian culture, such as an example provided by one participant who used humor as a way to cope with being frightened by loud noises that served as a reminder of the 2010 earthquake. Many participants also quoted various Haitian proverbs/metaphors as a way to cope with difficult situations. There were also themes of collectivism in regards to resilience. The benefit of conversing with others, such as family members and friends, was a common source of strength identified by participants, as well as a

collective responsibility that all Haitians have to work toward the benefit and improvement of their country.

Hope

When asked about hope, by far the most common response was life, the fact that they were still alive. Many participants explained that there is always hope when there is life. One of the simplest responses given by a participant that very accurately portrays what several other participants also communicated when asked what gives them hope was the following: “Hope? Life. Because I live”. Another participant connected this concept to a Haitian metaphor, stating

In these moments, generally, all Haitians when they are in this moment, a difficult moment if you haven't died; there is a proverb we use: “if your head hasn't been cut off, you have the hope of wearing a hat.” The biggest hope I had that kept me standing, because I was still living, I was alive, physically I was still alive. So physically if I'm still alive, there is hope for tomorrow that things can change.

The mere fact that they have survived and continue to be alive provides hope that their lives can continue to improve.

Similarly, many participants reported feeling hope when thinking about the future and the potential changes that can take place in their own personal lives as well as the future of their country. Several discussed finding hope through education, specifically how receiving an education can create those positive changes in their futures and allow them to accomplish the goals that they have set for their lives. Education can provide a sense of personal accomplishment, as well as progress for their families who have given many sacrifices in order to provide an education for their children. This same hope in education is related to the desire to

progress and improve the country of Haiti in general, with the hope that changes can lead to better lives with less suffering and improvements in the political and economic status of Haiti.

In addition, several participants described the source of their hope as a result of positive thinking and a positive outlook on life. Many of them placed an emphasis on the importance of focusing on the positive aspects of a situation, including a difficult and/or traumatic situation, as a means for finding hope. Similar to this concept, hope was described as something that is a basic human right and can be found inside of everyone. This conceptualization of hope aligns with a strong internal locus of control, specifically choosing to access the internal ability to be hopeful about life and difficult situations. Several participants also reported experiencing a strong sense of hope in God and the power that he possesses to make positive changes in their lives and in Haiti as a nation.

Religious Coping

In regards to religious coping, a prevalent theme in the interviews involved trusting in God and knowing that he will provide a positive outcome in life. One participant discussed his hope and resilience, explaining that God is an essential component, stating, “When I go through I go a difficult time, you have hope because you live. You have hope, you have to believe in God, that you will have a better tomorrow, a better life”. Many participants discussed their belief that God has allowed them to survive, particularly a traumatic event such as the 2010 earthquake. Several participants described the grace of God when discussing how they were able to survive the earthquake. The fact that God chose that they survive rather than die allows them to know that God has control over their fate, and this leads to an overall sense of trust in God’s control over their lives and their fate.

Several themes included religious or spiritual acts that help participants to cope with difficult situations. One common example is the act of prayer. Many accounts involved praying and crying out to God during the earthquake, and several participants described how they leaned on God's support during the chaos and destruction that took place. Prayer was also reported to serve in asking God to not allow trauma or the difficulties encountered in life to have a negative effect on their lives. The communal aspect of attending church and meeting with other believers was also identified as helpful. One participant explained the importance of church groups: "from this kind of group we find some strength that allows us to not be discouraged with life". Many participants explained the comfort and understanding that they receive from reading the Bible. Participants described information found in the Bible as helpful because it provides a better understanding of certain traumas, such as the earthquake as well as why suffering takes place in the world. Some participants described spiritual experiences, particularly intuition that allows them to sense when certain things will take place. One participant attributed his survival in the earthquake to intuition that he felt leading up to the earthquake, which guided his decisions about where he was when the earthquake struck.

One of the common themes related to religious coping was the belief that God does not treat Haiti differently than any other country, and he does not love or hate Haiti any differently than he loves or hates other nations. Several participants stated that God does not hate Haiti, and they know this to be true because traumatic events take place in other countries as well. Similarly, many statements were made about the destruction of Haiti and the belief that if God were to destroy Haiti, he would destroy the rest of the world as well. The overall idea in this theme is a sense of normalization, particularly that Haiti is not singled out in its suffering.

Quantitative Data

Four quantitative measures, the Cumulative Trauma Survey, the Connor-Davidson Resilience Scale (CD-RISC), the Hope Scale (HS), and the Brief RCOPE, were used to gather quantitative data. Variables included Resilience, Pathways Hope, Agency Hope, Positive Religious Coping, Negative Religious Coping, Hope, and Trauma (see Table 4). The total sample consisted of 51 adult participants as 30 participants were removed from the final analyses due to incomplete responses on the questionnaires. Table 4 reflects the descriptive data, including trauma scores from the Cumulative Trauma Survey, resilience scores from the CD-RISC, hope scores including both pathways and agency hope from the HS, and positive and negative religious coping scores from the B-RCOPE.

Table 4

Descriptive Statistics: Resilience, Pathways Hope, Agency Hope, Positive Religious Coping, Negative Religious Coping, Hope, Cumulative Trauma

Variables	Resilience		Pathways Hope		Agency Hope		Positive Religious Coping		
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
	51	67.25	15.06	12.83	1.84	11.39	2.16	23.52	3.37
Variables	Negative Religious Coping		Hope		Trauma				
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
	51	14.87	4.58	24.22	3.49	27.01	3.0		

Note: M = Mean, SD = Standard Deviation

In order to analyze quantitative data, a series of Pearson's correlations were conducted. As illustrated in Table 5, significant correlations were found between the total score for resilience and agency hope ($r = .297, p < 0.05$) and total hope ($r = .326, p < 0.05$). Significant correlations were also indicated between the total score for trauma and pathway hope ($r = .364, p < 0.01$). In addition, pathway hope was significantly correlated with agency hope ($r = .519, p < 0.01$) and total hope ($r = .849, p < 0.01$). A significant correlation was also seen between agency hope and total hope ($r = .893, p < 0.01$).

Hypothesis 1

The initial hypothesis proposed that there would be a high frequency of reported experiences of trauma. Results supported this hypothesis as seen by the responses on the Cumulative Trauma Survey displayed in Table 6 ($M = 27.01$; $SD = 3.0$; Minimum = 20.00; Maximum = 30.00).

Hypothesis 2

The second hypothesis stated that there would be a positive correlation between the variable of resilience and the variable of hope. A significant relationship between these variables was found, specifically between resilience and total hope ($r = .326, p < 0.05$) and resilience and agency hope ($r = .297, p < 0.05$).

Hypothesis 3

The third hypothesis postulated that there would be a positive correlation between the variables of resilience and religious coping. This hypothesis was not supported by the results found in this study.

Hypothesis 4

The fourth hypothesis stated that there would be a positive correlation between the variables of resilience and cumulative trauma. This hypothesis was not supported by the results found in this study.

Hypothesis 5

The fifth hypothesis proposed that there would be a positive correlation between hope and religious coping. This hypothesis was not supported by the results found in this study.

Table 5

Correlations: Resilience, Pathways Hope, Agency Hope, Positive Religious Coping, Negative Religious Coping, Hope, Cumulative Trauma

Measures	1	2	3	4	5	6	7
1. CD-RISC total	1.00	.269	.297*	.107	-.002	.326*	.174
2. Pathways HS	—	1.00	.519**	-.028	-.036	.849**	.364**
3. Agency HS	—	—	1.00	-.51	-.029	.893**	.076
4. Positive RCOPE	—	—	—	1.00	.073	-.047	.041
5. Negative RCOPE	—	—	—	—	1.00	-.037	.099
6. HS total	—	—	—	—	—	1.00	.239
7. CTS total	—	—	—	—	—	—	1.00

Note. $N = 51$. * $p < 0.05$, 2-tailed. ** $p < 0.01$, 2-tailed.

Table 6

Total Trauma Reported on Cumulative Trauma Survey

<i>N</i>	Mean	Standard Deviation	Minimum	Maximum
51	27.01	3.0	20.00	30.00

Note. Minimum refers to minimum number of traumatic experiences reported on Cumulative Trauma Survey; maximum refers to maximum number of traumatic experiences reported on Cumulative Trauma Survey.

Chapter 4

Discussion

The present study sought to add to the existing literature on trauma in Haiti by furthering the understanding of the Haitian conceptualization of trauma, as well as gain understanding on the variables of resilience, hope, and religious coping in a Haitian context. In order to evaluate these variables, the present study examined trauma, resilience, hope, and religious coping, as evidenced by scores on the Cumulative Trauma Survey, the Connor-Davidson Resilience Scale (CD-RISC), the Hope Scale (HS), and the Brief RCOPE. Themes of these variables were also found through the use of a semi-structured interview, during which participants were asked about their personal experiences of trauma and how they view the impact of trauma on the country of Haiti in general, as well as how they are able to keep going, maintain hope, and how religious coping plays a role in their lives. The knowledge gained from this research study provides insight into the Haitian experience of trauma and how they are able to maintain resilience, hope, and religious coping in the midst of immense amounts of trauma.

Trauma in Haiti

Analyses of data indicate signs of complex trauma from a variety of sources, including nature-made traumas such as the 2010 earthquake and human-made traumas such as economic difficulties and violence. Common themes in the interviews included fear, lack of resources, and problems with the political and educational systems in the country. It is evident from both the qualitative and quantitative data that the participants in the current study have experienced

multiple and cumulative traumas throughout their lives. Findings from Kira (2001, 2010) and Kira et al. (2008) suggest that Type III collective identity trauma and Type IV cumulative trauma (CT) are more damaging than Type I and Type II traumas. This is due to the ongoing nature of these types of trauma, such as racism and oppression, which can be transmitted through generations. These findings are relevant when considering the impact of trauma in Haiti, which is a culture that has experienced multiple collective and intergenerational traumas, such as slavery, as well as cumulative traumas that have taken place over the life span, such as poverty and a lack of resources. The findings from the current study are congruent with Kira's findings, as several participants related their personal experiences of trauma to the collective and cumulative traumas that the nation of Haiti has undergone, such as the political system, poverty, and history of slavery.

Compared to previous samples collected in Haiti with the Cumulative Trauma Survey, participants from the current study reported higher levels of trauma. As seen in Table 7, a high effect size was found between the current sample (Haiti C) and a sample collected in early 2010 following the 2010 earthquake (Haiti A). There was a medium effect size between the current sample and a sample collected in late 2010 (Haiti B). This gradual increase in reported levels of trauma is potentially related to the various traumas that have been experienced by Haitians in the time since the 2010 earthquake. Several participants in the current study mentioned the effects of the earthquake that continue to affect them today, such as lack of housing and not receiving adequate support or resources following the earthquake.

Table 7

Effect Size (Cohen's *d*) of Cumulative Trauma Survey Results From Three Samples

Group	<i>M</i>	<i>SD</i>	<i>Cohen's d</i>
Haiti A 2010	24.7	1.9	.92
Haiti B 2010	25.6	1.9	.56
Haiti C 2013	27.01	3.0	—

Note: *M* = Mean, *SD* = Standard Deviation

It is important to note the number of participants who did not know what the word trauma meant, including when the interpreter used synonyms in Haitian Creole. Eight of the 20 participants who participated in interviews reported that they were not familiar with this term; however, after being provided with a brief description they were able to respond to the question of how they have experienced trauma in their own lives. The reason for the lack of understanding of this term can only be speculated as the research questions did not examine this particular issue. One might consider the educational component, particularly being aware of the overall low education level in Haiti. This is due to financial difficulties and inherent problems in the educational system in Haiti, as many participants discussed as related to the trauma that has affected their personal lives as well as the country of Haiti as a whole. Another potential explanation for the lack of knowledge of the word trauma is the mere fact that Haitians experience acute levels of trauma on a daily basis, and therefore the use of a word trauma is not used to describe a normative experience in Haiti. This finding of several participants not knowing what the term trauma meant was observed in the qualitative data; however, it was not examined in the quantitative sample and therefore it is uncertain how many participants in the

overall analysis might have been responding to items on the Cumulative Trauma Survey without an adequate understanding of trauma.

Religious Shame in Haiti

One of the important factors to include when considering the role that religion or spirituality plays in Haiti is vodou. Haitian vodou has a complex history in the country of Haiti, and is generally seen in a negative light by the various organizations in the country, including churches and nonprofits, that tend to be affiliated with Protestant or Catholic beliefs. This can create tension, as many vodou beliefs are intertwined with Haitian culture. There has been a more recent tendency for Haitians to try to disassociate themselves with anything related to vodou beliefs, while still maintaining certain traditional beliefs in a less overt manner. There has been research that specifically examines the potential shame that has been experienced by Haitians, particularly regarding vodou and cultural aspects that are rooted in traditional African beliefs, and how these tend to be viewed in a negative light by many organizations that provide aid in the country.

Germain (2011) and Bellegard-Smith (2011) are two authors who discuss the blame that has been placed on Haiti, particularly Haitian culture and beliefs, for the trauma and political unrest that has occurred over the years. One example is a story from the Haitian revolution, which has been described as a “demonic pact” that the Haitian slaves made to free themselves as a nation. When the 2010 earthquake happened, this story was referenced in articles and news stories that were released in the U.S. as a way in which to try to understand why Haiti has experienced so much devastation, in both nature and human-made traumas. Germain (2011) and

Bellegard-Smith (2011) discuss how this is placing blame on Haiti and Haitian beliefs and practices, which inevitably leads to shame and self-hatred.

In the interviews, several participants discussed the concept of how God views and treats Haiti in comparison to other countries. Many expressed the belief that God would only destroy Haiti if he destroyed the rest of the world. Several participants reported a sense of comfort in knowing that God does not hate Haiti, which they interpreted from the knowledge that negative events, such as earthquakes and other natural disasters, take place in other places as well. These issues that Germain (2011) and Bellegard-Smith (2011) discuss with the blame that is being placed on Haiti for its own problems, whether it be subtle or overt, appeared to have an effect on the conceptualizations that participants expressed regarding God and religious coping.

Theory of Social Support

Research has been done regarding the theory of social support in times of trauma, and many social support theories exist in the social support literature (Beisher, Ruzek, Bongar, Cordova, 2012; Kaniasty 2012). Beisher et al. (2012) provide evidence for the benefit of a social-cognitive processing model. Findings from their research suggested that social constraints, which can be defined as any situation in which a trauma survivor feels unsupported when they are seeking support as a result of the trauma they have experienced, are positively associated with poorer posttrauma adjustment and the development of PTSD. When individuals who have experienced trauma receive or perceive negative social reactions, it furthers the possibility for negative cognitions that are congruent with PTSD symptomatology (e.g., viewing the world as a dangerous place, feeling unsafe, etc.).

Kaniasty (2012) discusses the political implications of social support in times of crisis, highlighting the advantages and disadvantages that SES, age, and social standing might bring to certain groups of individuals in need of resources and support. For example, with aid and social support that is provided in times of trauma, there is the potential for the societal and economical differences between particular groups of people that already exist to be further exposed.

Kaniasty's findings with flood victims suggest that those who perceived the aid that was received to be unjust or insufficient were more likely to express distrust in benevolence in others or the benefit of mutual helping behaviors, as well as having negative perceptions of their own community. Norris and Kaniasty (1996) propose a model that suggests that the trauma victims' perception of the social support that they are receiving has more of a direct impact than the actual received social support. As Kaniasty (2012) points out, "Thus it follows that the postdisaster sense of social psychological wellbeing is a critical protective resource for mental health of trauma victims, a claim strongly supported by posttraumatic stress literature" (p. 24).

The existing literature has supported the benefit of talking and processing trauma and receiving support from others, as well as the important role that the trauma victim's perception of social support plays in the posttraumatic reactions. These findings are relevant to the current study due to the amount of trauma that Haiti has experienced as a country. The most recent example of Haiti receiving extensive amounts of social support is the 2010 earthquake. There was an international response to this devastating natural disaster, as many countries collected funds to support survivors and several agencies and communities sent aid to help the country in this time of crisis. Some of the participants of this study described their own experience with

receiving aid after the earthquake, such as one participant who shared about learning breathing and relaxation techniques from an American therapist.

While there was social support that was provided to the country in this time of need, there were also negative social responses that were received and perceived by the Haitians who survived the earthquake. One of these includes the point that is made by Kaniasty (2012) describing how certain groups of people benefit more than others from aid and support, which is directly related to the societal and economic disparities in Haiti. A couple of the participants also discussed the concern that some Haitians felt after the earthquake, specifically wondering if the earthquake had been the result of bombing or weapons used by other countries that were intentionally attempting to destroy Haiti. This finding is congruent with existing literature, which describes the process of rumors and horror stories spreading about a disaster when the information is unclear or lacking (Hobfoll et al., 2007). Although these participants reported knowing that the earthquake was a force of nature, not a human-made trauma, it can be supposed that this thought that resulted after the earthquakes came from the fear and general mistrust that some Haitians might have towards other countries. It is possible that this fear is a result of the blame that has been placed on Haitian culture, beliefs, and historical actions for the trauma that the country has experienced. This aligns with the perspective of the social-cognitive processing theories, specifically that this reaction of feeling unsupported and receiving negative reactions rather than positive reactions would lead to a general feeling that the world is not a safe place, and can also lead to higher levels of PTSD in Haitians.

Theory of Conservation of Resources

The conservation of resources (COR) theory is an important perspective to consider in trauma research. The theory was introduced by Hobfoll (1989, 2012, 2014) as a way in which to interpret trauma responses related to loss of resources. This can include personal, social, or material resources that are important aspects of the individual's life and attachments. Resource caravans is a term that is used to describe packs of resources that travel together rather than in isolation, and caravan passageways are the environmental conditions that can support or inhibit these resources (Hobfoll 2014). The importance of these resources, particularly related to experiences of trauma, can be described in the following manner: "Because resource caravans are created and sustained within the environmental and social context of resource caravan passageways, environmental context is fundamental to trauma response" (p. 21).

Hobfoll (2014) discusses the impact of trauma on resources within the COR theory. For example, there is a high likelihood of the development of PTSD when individuals experience the loss of a sense of safety, as well as continuous life-threatening events. Symptoms of PTSD are even more likely to manifest if it is a chronic lack of safety or a situation in which feelings of hopelessness about change are based on reality. Hobfoll also emphasized the cultural aspects of trauma and resource loss, and suggested that the interventions be mindful of these cultural nuances (e.g., resource caravans are culturally determined, therefore intervention should focus on the specific caravans that are most salient in that particular culture). Hobfoll et al. (2007) found five intervention principles that are effective in response to trauma: (a) promote a sense of safety, (b) promote calming, (c) promote sense of self-efficacy and collective efficacy, (d) promote connectedness, and (e) promote hope. These interventions are intended to stop the cycle of

resource loss and to promote resource gain, which according to the COR theory will prevent and/or diminish symptoms of PTSD following a traumatic event.

The theory of conservation of resources is relevant to the current study, particularly because of the lack of resources in Haiti and the amount of trauma that the country has experienced. One of the aspects that separates COR theory from other theories or models of trauma is that it accounts for resilience, specifically that individuals exhibit more resilience and recover from trauma more quickly if the resource caravans remain intact. Another distinction in the COR model is that it describes the role that social justice plays in trauma, acknowledging that access or lack of access to resources is largely based on factors such as SES, gender, and positions of power to name a few. Both of these distinctions in the COR model are related to the ways in which trauma occurs in Haiti, particularly because resources are lacking, there is a realistic loss of a sense of safety, and economic disparities are enormous in Haiti.

One of the risk factors for the development of PTSD is loss of resources, such as social connectedness. Several participants in the current study discussed their experience of being separated from their families during the 2010 earthquake, explaining that communication was impossible at that time. One participant stated that he spent two weeks not knowing if his family was alive because he could not contact them. According to the existing literature, being disconnected from family during a time of crisis or trauma and a delay in being able to connect with them is one of the risk factors for developing PTSD (Hobfoll et al., 2007). It is likely that the collectivism that is a very significant aspect of Haitian culture normally works as a protective factor, as several of the participants discussed the collective, communal experience of trauma in Haiti. Although they were reporting significant trauma, the collective experience remained intact.

This suggests that although several resources have been lost in the various types of trauma Haiti has experienced, there are also many resources, such as this social connectedness through a collectivistic culture, that continue to feed into the resilience and coping that was seen in the participants in the current study. These findings are congruent with the existing literature on the COR theory.

Survival in Haiti

One of the most consistent themes that can be seen throughout the history of the nation of Haiti is the theme of survival. Haitians have encountered various traumas, including Type 3 and 4 traumas (Kira, 2001, 2010; Kira et al., 2008) which are ongoing and transmitted intergenerationally. Despite being a highly traumatized country, Haitians continue to survive and find ways to cope with these traumas. In regards to hope and resilience, the participants in the current study consistently reported that the mere fact that they continue to be alive is reason to keep going and to have hope for a better future. Many expressed a sense of meaning in the fact that they have survived certain traumas, particularly the recent earthquake in 2010, which killed more than 222,000 people and literally destroyed the nation's capital city.

In the present study, participants reported several traumatic events; however, they also reported high levels of hope and resilience and coping mechanisms. There were prevalent themes of survival, resilience, and Haitian proverbs that refer to hope and coping. The present findings are congruent with the literature that has identified metaphors to be a way in which to engage Haitian immigrants living in the United States in therapy for the treatment of PTSD (Rahill, Jean-Gilles, Thomlison, & Pinto-Lopez, 2011). There were also themes that referred to the strength of the Haitian people, both presently and historically. For example, the history of

slavery appears to have resulted in a specific type of resilience, as seen in the cultural proverbs about maintaining hope and surviving in difficult situations.

Limitations

The primary limitation of the current study is that the sample of participants was small and convenient. There is a possibility that the findings from this study may not be an accurate representation of the general Haitian population. It is important to note that a portion of the participants had received training specific to trauma and how it has impacted Haiti in the past and how it continues to affect Haitians in the present. This type of training is generally not very accessible to most Haitians, and as such it should be noted that some of the accounts and results in this study are skewed as a result of the prior training that had been received by some of the participants. In addition, although the participants in this study were recruited from various communities and cities within the country of Haiti, all of the data was collected at one point in time.

In regards to the qualitative sample, there was no particular protocol for deciding which of the participants would be interviewed. This was largely contingent on the availability of the interpreter, although most of the participants interviewed were also chosen based on the assumption that they would be able to provide the most detailed information on the specific topics addressed in the interview. Future research might consider a more structured approach, such as quota sampling, as this targets specific types of participants. Additionally, some of the quantitative measures used in the present study have not yet been normed on a Haitian sample. Although the findings from these measures are beneficial and contribute to an understanding of Haitian experiences with these variables, it is possible that the present results may be skewed.

For the quantitative measures, the participants appeared to have a difficult time with the written format of the questionnaires. This was observed as well as verbally reported to be a cultural factor by individuals who are familiar with Haitian culture. Although an interpreter was present to assist, particularly for the participants who had received limited formal education, it appears to be a cultural preference to not respond to questions in written format. This speaks to the limited familiarity that the researcher had with Haitian culture. Future research should involve deeper immersion and familiarity with the culture. For example, considering the possibility of an interpreter reading the questions on the measures aloud in a more conversational format. This was done in the current study on a number of occasions, and participants appeared to feel more comfortable and engaged in comparison to written format.

Future Directions

There is a need for more research on the variables of trauma, resilience, hope, and religious coping. Although there are several theories of trauma, it is only in the more recent literature that cultural factors are being taken into consideration. This is true of the constructs of resilience and hope as well, and the vast majority of research conducted on religious coping is from a Westernized, Christian perspective. Continued multicultural research on all of these variables would undoubtedly uncover rich information that would be beneficial in understanding and intervening from a culturally competent lens.

Current literature that centers on trauma in Haiti has been largely related to the 2010 earthquake, as this has been the most recent natural disaster in Haiti and it devastated the country's capital, Port-au-Prince. While this research is essential in understanding the Haitian experience of trauma, there is also a need for research to focus on the traumatic experiences that

occur in daily life. Poverty, exposure to violence, economic disparities, lack of education, lack of basic resources such as food and housing are a few of the daily struggles in Haiti. Many participants in the current study discussed the earthquake when asked about trauma they have experienced in their own lives. It is clear that the country continues to feel the effects of the earthquake and many participants described symptoms of PTSD following the earthquake that continue to affect them presently. However, all of the participants named traumas that they have experienced aside from the earthquake that affect them to some degree. This speaks to Kira's model of traumatology, particularly the concept of Type III (complex, ongoing trauma) and Type IV (cumulative trauma) (Kira, 2008). Although there has been some research that focuses on the daily encounters with trauma in Haiti (Bolton et al., 2012; Desrosiers & Fleurose, 2002), there is a need for more research in order to truly understand the Haitian perspective on trauma.

Based on the present findings, the concepts of resilience and hope are very intertwined and are related to the concept of survival. When asked about resilience, participants spoke about hope as an important aspect of their resilience and vice versa. Both hope and resilience were consistently tied back to survival, particularly that if they are still alive they have hope and will continue displaying resilience. There has been very little research done on either of these concepts that is specific to the population of Haiti. Although there has been some research with a focus on the multicultural aspects of resilience (Ungar, 2008) and hope (Chang & Banks, 2007), there was no literature that was found for the present study that was specific to hope and resilience in Haiti. An overall gain in understanding of Haitian culture and daily life would be the result of future research in these two concepts, as this is an area in which the literature is greatly lacking.

Religious coping appears to be a significant factor in the resilience of Haitians who have experienced immense amounts of trauma. In recent years, there has been significantly more research on religious coping in Haiti (Bellegard-Smith, 2011; Germain, 2011; O'Grady et al., 2012; Rey, 2010;). However, there is a tension that can be seen in Haiti regarding the role that Haitian vodou plays in the culture and how it is negatively viewed by persons in other countries, as well as by Christian religious groups in Haiti. It would be beneficial to gain knowledge on the effects of this shame and blame and the effect that it might have on religious coping in Haiti. Future research might also consider a focus on Haitian vodou, as a means to educate those who continue to have negative associations with certain aspects of it. It would also be beneficial to learn more about the Haitian perspective on Haitian vodou and the distinction between the spiritual versus cultural aspects.

The results found in this study suggest that although the people of Haiti have experienced multiple traumas, including collective types of trauma, there is an inherent presence of strength and resilience. There is a clear need for more resources to be made available to the Haitian population and there is also a need for further research on trauma in Haiti in order to be able to provide adequate resources and mental health support.

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Appendix A

Informed Consent and Demographic Questionnaire

(English)

Informed Consent Form

I, _____ (*please write your name*), agree to participate in the dissertation study under the direction of Deborah Galindo and under the supervision of Dr. Winston Seegobin. The purpose of the study is to better understand trauma in Haiti. I will be asked to do an interview with the researcher and to fill out questionnaires about trauma. The interview will be video recorded. I understand that I may feel some discomfort. Some of the questions I am asked may negatively affect my mood. I understand that I do not have to answer every question that the researcher asks me. I understand that I can choose to not participate in this study. I understand that my information will remain confidential. The information gathered in this study will be stored securely. No information identifying me will ever be published in connection with this study. I am 18 years of age or older and can provide my consent. I consent to participate in the research described above.

Participant Signature

Date

Investigator

Date

Demographic Questionnaire

Age: _____

Gender: _____

Years of Education: _____

Occupation: _____

Income: _____

Religion: _____

Informed Consent and Demographic Questionnaire (Haitian Creole)**Fòmilè Konsantman Enfòmè**

Mwen, _____ (*ekri non w, silvouple*), dakò patisipe nan rechèch memwa k ap fèt sou dirèksyon Deborah Galindo epi sou sipèvizyon Dr. Winston Seegobin. Objèktif etid la se pou vin konprann twomatizasyon an Ayiti pi byen. Y ap mande m fè yon entèvyou avèk chèchè a epi ranpli kesyonè sou twomatizasyon. Y ap enrejistre entèvyou a sou videyo. Mwen konprann ke m ka santi m pa alèz. Gen nan kesyon yo ki ka twouble espri m. Mwen konprann ke m pa oblije reponn tout kesyon chèchè a mande m. Mwen konprann ke m ka chwazi pa patisipe nan etid sa. Mwen konprann ke tout enfòmasyon sou pral rete konfidansyèl. Y ap kenbe tout enfòmasyon yo ramase nan etid sa an sekirite. Yo p ap janm pibliye okenn enfòmasyon sou ou ki asosye ak etid sa. Mwen gen 18 an ou plis epi m gen dwa bay konsantman m. Mwen dakò patisipe nan rechèch ki defini la.

Siyati Patisipan_____
Dat_____
Envestigatè_____
Dat**Kesyonè Demografik**

Laj: _____

Sèks: _____

Ane lekòl: _____

Okipasyon: _____

Antre: _____

Relijyon: _____

Appendix B

Test Instruments

Cumulative Trauma Survey (English)

Cumulative Trauma Survey
(George F. Rhoades, Jr., Ph.D. (2008))

Instructions: The following is a list of stressful life events that can occur during a natural (i.e., earthquake, tsunami) or manmade (i.e., terrorism, war) disaster. Please read each item, and then indicate if you have experienced this even by circling the yes or no next to the item

- | | | |
|--|-----|----|
| 1. I lived in a country that was at war with another country. | Yes | No |
| 2. I lived in a country that was in a civil war. | Yes | No |
| 3. I witnessed another person being physically assaulted. | Yes | No |
| 4. I was physically assaulted by another person. | Yes | No |
| 5. I witnessed another person being sexually assaulted. | Yes | No |
| 6. I was sexually assaulted. | Yes | No |
| 7. I lived in a country that experienced terrorism. | Yes | No |
| 8. I personally survived a terrorist attack. | Yes | No |
| 9. I witnessed or experienced a natural disaster. | Yes | No |
| 10. I witnessed another person being tortured. | Yes | No |
| 11. I was tortured by another person. | Yes | No |
| 12. I experienced the sudden death of a loved one or close friend. | Yes | No |
| 13. I have seen dead bodies, other than at a funeral. | Yes | No |
| 14. I have experienced a life-threatening medical illness. | Yes | No |
| 15. I was forced into servitude or slavery. | Yes | No |
| 16. I was kidnapped. | Yes | No |
| 17. I was involved in combat. | Yes | No |
| 18. I experienced a life threatening accident. | Yes | No |
| 19. I witnessed/experienced the intentional killing of another person. | Yes | No |
| 20. I witnessed/experienced the accidental killing of another person. | Yes | No |
| 21. [please write in another traumatic event not listed, but that you also witnessed or experienced] | Yes | No |

22. Please list your age____; male or female____; years of education____
Name _____ (Names will not be published or listed in research)

Cumulative Trauma Survey (Haitian Creole)

Kesyonè sou sitiyasyon estrès
(George F. Rhoades, Jr., Ph.D. (2008))

Sijè: Kesyonè sa a se yon lis tout kalte sitiyasyon estrès ki ka rive nan lavi yon moun pandan yon dezast natirèl (tankou yon tranbleman tè, yon tsunami), ou byen dezast lezom fè (lagè, zak teworis). Nou mande w tanpri pou w byen li chak kesyon, epi di si ou te viv youn nan sitiyasyon sa yo pandan wap sèkle wi oswa non dapre repons ki plis konresponn ak ka pa w la.

- | | | |
|---|----|-----|
| 1. Mwen tap viv nan yon peyi ki te nan lagè ak yon lòt peyi. | Wi | Non |
| 2. Mwen tap viv nan yon peyi ki te gen gè sivil. | Wi | Non |
| 3. Mwen te wè yon moun yo tap agrese fizikman. | Wi | Non |
| 4. Mwen sibi vyolans fizik yon lè. | Wi | Non |
| 5. Mwen te wè yon lè yo tap vyole yon moun. | Wi | Non |
| 6. Mwen te sibi vyolans seksyèl. | Wi | Non |
| 7. Mwen tap viv nan yon peyi ki ti sibi zak teworis. | Wi | Non |
| 8. Mwen chape apre yon atanta teworis. | Wi | Non |
| 9. Mwen te viv yon dezast natirèl. | Wi | Non |
| 10. Mwen te wè yon le yo tap totire yon lòt moun. | Wi | Non |
| 11. Mwen te sibi tòti yon lòt moun te fè m. | Wi | Non |
| 12. Mwen te gen yon moun ki chè avè m oswa yon bon zanmi ki mouri. | Wi | Non |
| 13. Mwen te wè kadav san se pat nan antèman m te ye. | Wi | Non |
| 14. Mwen te fè yon maladi grav ki menase lavi m. | Wi | Non |
| 15. Yo te fòse m fè sèvitid osinon esklavaj. | Wi | Non |
| 16. Mwen te patisipe nan konba lagè. | Wi | Non |
| 17. Yo te kidnape m. | Wi | Non |
| 18. Mwen te fè yon aksidan ki te menase lavi m. | Wi | Non |
| 19. Mwen te viv eksperyans kote yon lòt moun te vle touye m. | Wi | Non |
| 20. Mwen te wè yon moun mouri nan aksidan. | Wi | Non |
| 21. [Tanpri ekri tout lòt sitiyasyon estrès (ou viv) ki pa la a oswa ou te wè | Wi | Non |

Souple ekri laj ou....., ankadre gason oswa fi, nivo etid ou....., non ou..... (yo pap pibliye non w, ni li pap parèt nan rechèch yo)

Connor-Davidson Resilience Scale (English)

Resilience scale CD-RISC

For each statement give the response that best describes your experience: **not true at all** (0), **rarely true** (1), **sometimes true** (2), **often true** (3), **true nearly all of the time** (4)

	Not true			True	
1 Able to adapt to change	0	1	2	3	4
2 Close and secure relationships	0	1	2	3	4
3 Sometimes fate or God can help	0	1	2	3	4
4 Can deal with whatever comes	0	1	2	3	4
5 Past success gives confidence for new challenge	0	1	2	3	4
6 See the humorous side of things	0	1	2	3	4
7 Coping with stress strengthens	0	1	2	3	4
8 Tend to bounce back after illness or hardship	0	1	2	3	4
9 Things happen for a reason	0	1	2	3	4
10 Best effort no matter what	0	1	2	3	4
11 You can achieve your goals	0	1	2	3	4
12 When things look hopeless, I don't give up	0	1	2	3	4
13 Know where to turn for help	0	1	2	3	4
14 Under pressure, focus and think clearly	0	1	2	3	4
15 Prefer to take the lead in problem solving	0	1	2	3	4
16 Not easily discouraged by failure	0	1	2	3	4
17 Think of self as strong person	0	1	2	3	4
18 Make unpopular or difficult decisions	0	1	2	3	4
19 Can handle unpleasant feelings	0	1	2	3	4
20 Have to act on a hunch	0	1	2	3	4
21 Strong sense of purpose	0	1	2	3	4
22 In control of your life	0	1	2	3	4
23 I like challenges	0	1	2	3	4
24 You work to attain your goals	0	1	2	3	4
25 Pride in your achievements	0	1	2	3	4

Connor-Davidson Resilience Scale (Haitian Creole)**Echèl resò CD-RISC**

Pou chak fraz bay repons ki pi koresponn ak eksperyans pa w: **se pa janm vre**

(0), **se preske pa janm vre** (1), **pa fwa se vre** (2), **souvan se vre** (3), **se vre preske tout tan** (4)

	Pa vre				Vre
1 Kapab adapte a chanjman	0	1	2	3	4
2 Bon relasyon solid ak moun	0	1	2	3	4
3 Pa fwa se desten oubyen Bondye k ap ede	0	1	2	3	4
4 Kapab jere nenpòt sa ki vini	0	1	2	3	4
5 Siksè pase bay konfyans nan nouvo defi	0	1	2	3	4
6 Wè yon aspè komik nan tout sityasyon	0	1	2	3	4
7 Jere strès fè w vin pi fò	0	1	2	3	4
8 Byen rekouvri apre yon maladi oswa gwo pwoblèm	0	1	2	3	4
9 Bagay yo fèt pou yon rezon	0	1	2	3	4
10 Toujou fè l ak tout kapasite w	0	1	2	3	4
11 Ou kapab reyalize objèktif ou	0	1	2	3	4
12 Lè sanble pa gen espwa, mwen pa bay legen	0	1	2	3	4
13 Konnen kote pou jwenn asistans	0	1	2	3	4
14 Kenbe konsantrasyon ak tèt klè sou presyon	0	1	2	3	4
15 Prefere mennen nan rezoud pwoblèm	0	1	2	3	4
16 Echèk pa dekouraje fasil	0	1	2	3	4
17 Mwen panse m se yon moun fò	0	1	2	3	4
18 Fè desizyon difisil ke moun pa toujou renmen	0	1	2	3	4
19 Kapab jere santiman negatif	0	1	2	3	4
20 Bezwen aji sou entiyisyon	0	1	2	3	4
21 Byen santi ou la pou yon rezon	0	1	2	3	4
22 Ou sou kontwòl lavi w	0	1	2	3	4
23 Mwen renmen defi	0	1	2	3	4
24 Ou travay pou atenn objèktif ou	0	1	2	3	4
25 Fyè nan sa ou gen tan reyalize	0	1	2	3	4

The Hope Scale (English)**HOPE SCALES
(Lopez, Ciarlelli, Coffman, Stone, & Wyatt, 2000)****Adult Dispositional Hope Scale**

Directions: Read each item carefully. Using the scale shown below, please select the number that best describes YOU and put that number in the blank provided.

1 = Definitely False 2 = Mostly False 3 = Mostly True 4 = Definitely True

- 1. I can think of many ways to get out of a jam.
- 2. I energetically pursue my goals.
- 3. I feel tired most of the time.
- 4. There are lots of ways around any problem.
- 5. I am easily downed in an argument.
- 6. I can think of many ways to get the things in life that are most important to me.
- 7. I worry about my health.
- 8. Even when others get discouraged, I know I can find a way to solve the problem.
- 9. My past experiences have prepared me well for my future.
- 10. I've been pretty successful in life.
- 11. I usually find myself worrying about something.
- 12. I meet the goals that I set for myself.

The Hope Scale (Haitian Creole)**ECHÈL ESPWA****(Lopez, Ciarlelli, Coffman, Stone, & Wyatt, 2000)****Echèl Tandans Espwa nan Granmoun**

Enstriksyon: Byen li chak fraz yo. Nan echèl anba a, chwazi chif ki pi koresponn ak jan ou santi OUMENM epi mete chif sa nan espas bò fraz la.

1 = Pa vre ditou 2 = Pa tèlman 3 = Nòmalmman 4 = Tout bon vre

- _ 1. Mwen ka wè plizyè fason pou m soti nan pwoblèm.
- _ 2. Mwen travay anpil pou atenn objèktif mwen.
- _ 3. Mwen santi m fatige preske tout tan.
- _ 4. Genyen plizyè fason pou rezoud yon pwoblèm.
- _ 5. Yo toujou bat mwen nan diskisyon.
- _ 6. Mwen ka wè plizyè fason pou m jwenn sa ki pi enpòtan nan lavi m.
- _ 7. Mwen enkyete pou sante m.
- _ 8. Men lè lòt moun vin dekouraje, mwen konnen m kapab jwenn yon solisyon pou pwoblèm nan.
- _ 9. Eksperyans mwen gentan byen prepare m pou lavni m.
- _ 10. Mwen jwenn bon siksè nan lavi m.
- _ 11. Nòmalmman gen yon bagay nan tèt mwen k ap twouble m.
- _ 12. Mwen toujou reyisi nan objèktif m bay tèt mwen yo.

Brief RCOPE (English)

Brief RCOPE

The following items deal with ways you coped with the negative event in your life. There are many ways to try to deal with problems. These items ask what you did to cope with this negative event. Obviously different people deal with things in different ways, but we are interested in how you tried to deal with it. Each item says something about a particular way of coping. We want to know to what extent you did what the item says. *How much or how frequently.* Don't answer on the basis of what worked or not – just whether or not you did it. Use these response choices. Try to rate each item separately in your mind from the others. Make your answers as true FOR YOU as you can. Circle the answer that best applies to you.

- 1 – not at all
- 2 – somewhat
- 3 – quite a bit
- 4 – a great deal

1. Looked for a stronger connection with God.		1	2	3	4
2. Sought God's love and care.		1	2	3	4
3. Sought help from God in letting go of my anger.	1	2	3	4	
4. Tried to put my plans into action together with God.		1	2	3	4
5. Tried to see how God might be trying to strengthen me in this situation.		1	2	3	4
6. Asked forgiveness for my sins.		1	2	3	4
7. Focused on religion to stop worrying about my problems.		1	2	3	4
8. Wondered whether God had abandoned me.		1	2	3	4
9. Felt punished by God for my lack of devotion.		1	2	3	4
10. Wondered what I did for God to punish me.		1	2	3	4
11. Questioned God's love for me.		1	2	3	4
12. Wondered whether my church had abandoned me.		1	2	3	4
13. Decided the devil made this happen.		1	2	3	4
14. Questioned the power of God.		1	2	3	4

Brief RCOPE (Haitian Creole)**Brèf RCOPE**

Fraz ki ekri anba yo pale sou kijan w te reponn yon evènman negatif nan lavi w. Gen plizyè fason moun eseye jere pwoblèm yo. Fraz sa yo mande kisa w te fè pou jere evenman negatif sa a. Byenke diferan moun jere bagay yo nan fason diferan, nou vle konnen kouman ou te eseye jere l. Chak fraz di yon bagay sou yon fason moun konn jere. Nou vle konnen si w te fè sa fraz la di epi jis nan ki nivo w te rive fè l. *Konbyen oubyen konbyen fwa*. Pa reponn sou si sa te mache ou pa t mache – jis di si w te fè l ou pa. Itilize respons ki prezante la yo. Eseye evalye chak fraz apa ak lòt yo nan tèt ou. Bay repons ki pi vre POU OU. Mete yon sèk sou repons ki aplike pou oumenm.

- 1 – pa ditou
- 2 – ti kras
- 3 – anpil
- 4 – anpil anpil

1. Chache yon konèksyon pi fò ak Bondye.	1	2	3	4
2. Chache lamou ak swen Bondye.	1	2	3	4
3. Mande Bondye ede m lage fache m.	1	2	3	4
4. Eseye mete plan mwen an aksyon avèk Bondye.	1	2	3	4
5. Eseye konprann si Bondye ap eseye fè m vin pi fò nan sityasyon sa.	1	2	3	4
6. Mande padon pou peche m yo.	1	2	3	4
7. Konsantre sou relijyon pou pwoblèm yo pa twouble m.	1	2	3	4
8. Mande si Bondye te lage m.	1	2	3	4
9. Santi Bondye ap pini m paske m manke devosyon.	1	2	3	4
10. Mande sa m fè ki fè Bondye ap pini m konsa.	1	2	3	4
11. Kesyon si Bondye renmen m vre.	1	2	3	4
12. Mande si legliz mwen te lage m.	1	2	3	4
13. Deside se Satan ki fè sa rive.	1	2	3	4
14. Kesyon pwisans Bondye a.	1	2	3	4

Appendix C

Interview Questions

(English)

1. **What do you think of when you hear the word trauma?**
2. **How have you experienced trauma in your life?**
3. **What keeps you going when you are going through a difficult time?**
4. **When you have experienced trauma in the past, what has helped you cope?**
5. **What gives you hope?**

(Haitian Creole)

1. **Kisa ou panse lè w tande mo twomatize a?**
2. **Kouman ou te twomatize nan lavi pa w?**
3. **Kisa k ap ede w kenbe lè w ap pase yon moman difisil?**
4. **Lè w te twomatize nan pase a, kisa ki te ede w kenbe?**
5. **Kisa ki ba w espwa?**

Appendix D**Curriculum Vitae****DEBORAH L. GALINDO**

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Last Updated: 03/08/16

Education

- 2013 - present **Doctoral Candidate in Clinical Psychology**
George Fox University, Newberg, OR
APA Approved Psy.D. Program
Anticipated completion: 2016
- 2012 - 2013 **Masters of Arts in Psychology**
George Fox University, Newberg, OR
- 2007 - 2011 **Bachelor of Arts in Psychology**
Bachelor of Arts in French
Pepperdine University, Malibu, CA

Supervised Clinical Experience

- 2015 - present **Doctoral Psychology Intern**
Rutgers University Behavioral HealthCare, Piscataway, NJ
Training Director: Edward Barrett, Ph.D.
Supervisor: Deborah Riviere, Ed.D.
Supervisor: James Walker, Ed.D.
- Major rotation at New Brunswick Outpatient clinic
 - Minor rotation at Employee Assistance Program
 - Provided therapy in English and Spanish.
 - Provided long and short-term individual, couples, and group therapy in an outpatient setting.
 - Administered integrated cognitive, personality, projective, and neuropsychological assessments in English and Spanish.
 - Received weekly didactics and trainings.
 - Received weekly supervision: individual and group.
- 2014 - 2015 **Practicum III Therapist**
George Fox Behavioral Health Clinic, Newberg, OR
Supervisor: Joel Gregor, Psy.D.

- Management position.
- Provided therapy in English and Spanish.
- Provided long and short-term individual, couples, and group therapy in a community mental health setting.
- Administered integrated cognitive, personality, projective, and neuropsychological assessments.
- Created rotation schedules for clinic staff, ordered supplies for clinic, and created orientation and training material for clinic.
- Received weekly didactics and trainings.
- Received weekly supervision: individual and group.

2013 - 2014

Practicum II Therapist

Willamette Family Medical Center, Salem, OR

Supervisor: Joel Gregor, Psy.D.

- Provided therapy in Spanish and English.
- Provided short-term therapy for low-income, underinsured patients from diverse backgrounds.
- Provided therapy and psycho-education to clients.
- Provided integrated health care, including reception of “warm-hand-offs” from primary care providers.
- Administered integrated cognitive and personality assessments for clinic patients.
- Provided consultation seminar for clinic employees and providers regarding assessment and a diversity training on cultural competence when treating Latino patients.
- Received trainings on psychopharmacology from FNP.
- Received weekly supervision: individual and group.

2012 - 2013

Practicum I Therapist

Warner Pacific College Career and Counseling Center, Portland, OR

Supervisor: Denise Lopez Haugen, Psy.D.

- Provided weekly therapy for undergraduate students from diverse backgrounds.
- Provided weekly academic mentoring for undergraduate students.
- Provided interpretation of results of College Student Inventory for undergraduate students.
- Provided comprehensive assessments for students seeking school-based accommodations for diagnoses of specific learning disabilities and/or Attention Deficit Hyperactivity Disorder.
- Received weekly supervision: individual and group.
- Participated in weekly clinical oversight team meetings.

2011-2012

Pre-practicum Therapist

George Fox University Graduate Department of Clinical Psychology,
Newberg, OR

Supervisors: Mary Peterson, Ph.D., Kim Kunze, M.A.

- Provided weekly therapy for three undergraduate students.
- Conducted intake interviews, developed treatment plans, wrote formal intake reports and completed termination summaries.
- Reviewed recorded therapy sessions in individual and group supervision settings.
- Received weekly supervision: individual and group.
- Participated in weekly clinical oversight team meetings.

Research Experience

Dissertation: “Trauma, Resilience, Hope, and Religious Coping in Haiti”

Status: Preliminary Proposal Passed Spring, 2013; Data Collection Completed Summer 2013; Final Defense Scheduled for Spring 2015

Chair: Winston Seegobin, Psy.D.

Description: The purpose of this study is to investigate the conceptualization of trauma, resilience, hope, and religious coping in Haiti. Participants living in Port-au-Prince, Haiti and Jacmel, Haiti were interviewed about their experiences of trauma in order to gather qualitative data. Quantitative data was also collected via measures that assess levels of trauma, resilience, hope, and religious coping.

2013 - 2014

Research Assistant

Oregon Psychological Association Ethics Committee

Consultation Research Project, Newberg, OR

Supervisor: Marie-Christine Rutter Goodworth, Ph.D.

Categorized and analyzed data gathered by Oregon Psychological Association Ethics Committee, including a presentation of findings to committee upon completion.

2013 - 2014

Research Assistant

Providence Community Grants Council, Newberg, OR

Supervisor: Carlos Taloyo, Ph.D.

- Reviewed literature and development of additional training materials on evidenced-based-treatment for diverse populations, specifically Latino patients.
- Developed specific training for doctoral students in the culturally sensitive treatment for culturally diverse and economically vulnerable patients.
- Assessed the knowledge and skills of mental health providers and primary care providers regarding the treatment of patients from diverse cultures.

- 2009 - 2011 **Undergraduate Researcher**
Trauma and Religiosity Project
 Pepperdine University, Malibu, CA
 Supervisor: Lisa Bauer, Ph.D.
 • Responsible for collection, management, and analysis of data.

Presentations

- 2014 *Trauma, Resilience, Hope, and Religious Coping from a Haitian Perspective*
Galindo, D., & Brewer, A.
 Poster Presentation
 American Psychological Association, Washington, D.C. (August, 2014)
- 2014 *Review of Local Psychologists' Ethical Concerns as Reported to the Oregon Psychological Association's Ethics Committee*
 Schloemer, J., Sieg, C., Van Meter, A., **Galindo, D.**, & Flores, M.
 Poster Presentation
 In conjunction with OPA Ethics Committee Research
 Oregon Psychological Association, Portland, OR (May, 2014)
- 2013 *Trauma and Hope in Haiti: the Experiences of Children and Adults*
Galindo, D., & Holt, J.
 Poster Presentation
 American Psychological Association, Honolulu, Hawaii (July, 2013)
- 2013 *Diverse Perspectives on Children and Adolescent's Trauma, Resilience, and Hope*
 Seegobin, W., Lee, J., McGurl, C., **Galindo, D.**, & Luna, L.
 Poster Presentation
 CAPS Annual Conference, Portland, OR (April, 2013)
- 2011 ***Trauma, Family Illness, and Religiosity***
Galindo, D., Hinzdel, J. , Simon, C.
 Paper Presentation
 Drescher Graduate Undergraduate Research Banquet
 Pepperdine University, Malibu, CA
- 2010 ***Trauma, Family Illness, and Religiosity***
Galindo, D., Hinzdel, J., Simon, C.
 Paper Presentation
 Southern California Conferences for Undergraduate Research (SCCUR)
 Pepperdine University, Seaver College, Malibu, CA

Teaching Experience

2014 **Multi-disciplinary Trainer in Multiple Settings**
Providing Culturally Competent Treatment to Latino Patients
 Willamette Family Medical Center, Salem, OR
 Providence Newberg Medical Center, Behavioral Health Crisis
 Consultation Team, Newberg, OR
 Willamette Valley Medical Center, Newberg, OR
 George Fox University Behavioral Health Clinic, Newberg, OR

- Conducted multi-session training in multiple settings.
- Focus of training was culturally competent approaches to therapy and treatment with Latino patients.
- Discussed barriers to health care and mental health care, assimilation and acculturation, mental health needs and treatment, and various other topics regarding cultural competence in a primary care setting and a community mental health setting.

2013 **Guest Lecturer**
Choosing the Right Statistic
 Supervisor: Kathleen Gathercoal, Ph.D.
 Undergraduate Statistics Course
 George Fox University, Newberg, OR

2013 **Teaching Assistant**
George Fox University, Newberg, OR
Undergraduate Statistics Course
 Supervisor: Kathleen Gathercoal, Ph.D.

- Tutored students and participated in student evaluations and grading.

Clinical Supervision Experience

2014 - 2015 **Clinical Assistant**
Clinical Foundations, George Fox University, Newberg, OR
 Supervisor: Glenna Andrews, Ph.D., MSCP

- Provided weekly supervision for a group of first year students.
- Met with students individually and in a group setting weekly.
- Led role-plays and taught therapeutic techniques of client-centered therapy.
- Reviewed weekly tapes of student's therapy sessions.
- Graded student's assignments and reports.
- Audited student's charting of sessions.

2014 - 2015 **Clinical Supervisor**

Clinical Team, George Fox University, Newberg, OR

Supervisors: Brian Goff, Ph.D., & Rodger Bufford, Ph.D.

- Provided supplemental weekly individual supervision to a practicum therapist working in a University Counseling Center.

Relevant Work Experience

2009 - 2010

Randall InternCare and Support Ministry Office, Calvary Community Church,
Pepperdine University, Malibu, CA

Supervisor: Steve Day, D.D.

2009 - 2010

Resident Advisor, Spiritual Life Advisor**Housing & Residence Life**, Pepperdine University

Malibu, CA

- Resident advisor to fifty female freshmen.
- Led small groups for freshmen to assist in personal, community, and spiritual growth within the dorm, specifically focusing on conflict resolution from a mentoring and peer counseling perspective.

Relevant Volunteer Experience

2014

Parenting Skills Volunteer**Mission Trip**, Ensenada, Mexico

- Volunteer teacher, Spanish translator, instructor of parenting techniques.

2012 - 2014

Special Olympics Volunteer**Special Olympics Oregon, Youth Games**, Beaverton, OR

- Volunteer
- Provided oversight at swim, golf, and track stations.

2010 - 2011

Organization Vice-president and Co-Founder**Social Action and Justice in Haiti**

Pepperdine University, Malibu, CA

- Raised awareness about cultural and political issues in Haiti.
- Co-planned and co-led mission trip to Port Salut, Haiti for spring break.
- Provided school supplies for all-girl Catholic school and co-led summer program for students.
- Conducted interviews and translated for documentary to raise awareness.

2010 - 2011

Volunteer Teacher and Mentor**Divorce Care 4 Kids**, Westlake Village, CA

- Program working with children whose parents were in the process of getting a divorce.

- 2010 - 2010 **Volunteer Leader**
Grief Share, Westlake Village, CA
 • Program working with people who had recently lost a loved one.

Awards

- 2012 - present **Richter Scholar**
 George Fox University, Newberg, OR
 • Awarded funding for dissertation research
- 2011 - present **Multicultural Diversity Scholarship**
 George Fox University, Newberg, OR
 • Awarded participation in multicultural events
- 2009 - 2010 **Randall Internship Award**
 Pepperdine University, Malibu, CA
 • Awarded participation in internship related to psychology

Relevant Colloquia And Conferences Attended

- 2015 **Rutgers University Behavioral HealthCare, Piscataway, NJ**
 Weekly didactics and trainings on a variety of topics
 Presenter: Various presenters
- 2014 **George Fox Behavioral Health Clinic, Newberg, OR**
 Weekly didactics at practicum placement on a variety of topics
 Presenter: Joel Gregor, Psy.D.
- 2014 **George Fox Graduate Department of Clinical Psychology Clinical Colloquium, Newberg, OR**
ADHD: Evidenced-Based Practice for Children and Adolescents
 Presenter: Erika Doty, Psy.D., Tabitha Becker, Psy.D.
DSM-V, Essential Changes in Form and Function
 Presenter: Jeri Turgesen, Psy.D., Mary Peterson, Ph.D.
- 2013 **George Fox Graduate Department of Clinical Psychology Clinical Colloquia, Newberg, OR**
Integrated Primary Care
 Presenter: Juliette Cutts, Psy.D., Brian Sandoval, Psy.D.
The Person of the Therapist: How Spiritual Practice Weaves the Therapeutic Encounter
 Presenter: Brooke Kuhnhausen, Ph.D.
African American History, Culture, and Addictions & Mental Health Tx

Presenter: Danette C. Haynes, LCSW and Marcus Sharpe, Psy.D.

2013 **Northwest Psychological Assessment Conference, Portland, OR**

Using Tests of Effort in a Psychological Assessment

Presenter: Paul Green, Ph.D.

Assessing Mild Cognitive Impairments and Dementia

Presenter: Mark Bondi, Ph.D., ABPP

2013

Moving Towards A New View of Intergenerational Trauma

Portland, OR

Presenter: Eduardo Duran, Ph.D.

2012

George Fox Graduate Department of Clinical Psychology Clinical Colloquia, Newberg, OR

Sexual Identity

Presenter: Erica Tan, Psy.D.

Treating Gender Variant Clients: Christian Integration

Presenter: Erica Tan, Psy.D.

2012

Northwest Psychological Assessment Conference, Portland, OR

Assessment and Treatment of Anger, Aggression, & Bullying in Children and Adults

Presenter: Ray DiGiuseppe, Ph.D.

The Mini-Mental State Examination- 2nd Edition

Presenter: Joel Gregor, Psy.D.

Graduate Coursework

2011- present

George Fox University, Newberg, OR

Biological Basis of Behavior

Child and Adolescent Therapy & Assessment

Christian History and Theology

Clinical Foundations of Psychotherapy I & II

Cognitive Assessment

Cognitive Behavioral Psychotherapy

Comprehensive Psychological Assessment

Consultation, Education, and Program Evaluation

Ethics for Psychologists

Fundamentals of Shame Theory

Group Psychotherapy

History and Systems of Psychology

Human Development

Integrative Approaches to Psychotherapy

Introduction to Projective Techniques

Introduction to Feminist Therapy
Learning and Cognition
Marriage and Family Therapy
Multicultural Therapy
Neuropsychological Assessment
Personality Assessment
Practicum training (18 credit hours). Includes weekly didactic trainings, clinical colloquiums, grand rounds, and clinical team meetings.
Professional Issues
Psychodynamic Theory and Practice
Psychometrics
Psychopathology
Psychopharmacology
Research Methods
Spiritual Formation I - V
Spiritual and Religious Diversity
Spiritual and Religious Issues in Psychology
Social Psychology
Statistics
Supervision and Management I & II
Survey of the Bible for Psychologists
Theories of Personality/Psychotherapy

Professional Affiliations

2011 - present **Student Affiliate**
American Psychological Association

Language Proficiencies

Spanish

Verbal and written fluency.

French

Verbal and written.

References

Joel Gregor, Psy.D.,
 Director, George Fox Behavioral Health Clinic
 Practicum Supervisor
 George Fox University, Newberg, OR
 jogregor@georgefox.edu

Carlos Taloyo, Ph.D.
Clinical Team Leader
George Fox University, Newberg, OR
ctaloyo@georgefox.edu

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