

Trauma Coping of Mothers and Children Among Poor People in Haiti: Mixed Methods Study of Community-Level Research

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A qualitative interview is sensitive to social complexities and personal subjectivities, whereas quantitative assessment relies on preexisting frameworks to place responses in hierarchical frequencies and counts individual experiences as an additive aggregate. Using both enquiries, a mixed methods sequential exploratory design studied mothers' focus groups and their children's trauma assessment in 3 poor communities in the outskirts of Port-au-Prince, Haiti. The authors partnered with a free primary care clinic where they serve as U.S. behavioral health psychologists. The study enquired how Haitian children are socialized by their mothers'/caregivers' religious and nonreligious coping in the context of continuous trauma. Focus group questions for mothers ($n = 27$), the House-Tree-Person (HTP) drawing test for their children ($n = 42$), and their directions were translated, back-translated, and administered in Haitian Créole by trained Haitian staff members. Religious, African humanism, and shame stigma themes emerged from the focus groups. Correlations and multiple regressions examined relationships of the frequencies of the mothers' coping themes and with their children's scores on 2 factorial dimensions, Resilience-Vulnerability Integrated and Person Feeling Unloved. These conceptual factors were derived from culturally adapted ratings of children's HTP drawings in previous studies in the same communities (Roysircar, Colvin, Afolayan, Thompson, & Robertson, 2017; Roysircar, Geisinger, & Thompson, 2019). Significant negative relationships of religious and African humanism coping with shame stigma coping and their respective significant negative and positive relationships with children's trauma adjustment scores are integrated in a mixed methods design, related to the African diaspora literature, and approached with transnational feminist theory.


Public Significance Statement

On the basis of the present transnational study in a primary care setting in Haiti, it is understood that mothers' religiousness and African cultural values can help to alleviate their children's despair and provide hope in traumatic circumstances of poverty compounded by disasters. Children of mothers who spoke more about the ways that religion and cultural values helped their children during adversity expressed less vulnerability than children of mothers who spoke less about the benefits of religion and cultural values. The findings were nuanced with children's expression of ineffectiveness.

Keywords: Haiti, mothers' focus groups on coping, children's HTP trauma adjustment assessment, community-level research, mixed methods exploratory sequential design

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In January of 2010, an earthquake hit Port-au-Prince, Haiti, introducing an acute adversity into southern Haiti, already afflicted with deep poverty. When a crisis occurs in the midst of persistent societal dysfunctions, trauma increases in children and families. Structural failures in southern Haiti during and after the earthquake produced low resources of employment, education, infrastructure, law enforcement, judicial processes, family intactness, and health care. Fortunately, the history of Haiti contains both elements of resilience and vulnerability, the necessary conditions for Haitians to rebuild. Complementing Haitians' resilience and vulnerability, Vodou culture emphasizes trials and triumphs, a pivotal worldview of African humanism (Roysircar, 2013; Roysircar et al., 2019). Researching mothers' coping through their narratives of parenting has provided Gargi Roysircar (Ginter, Roysircar, & Gerstein, 2018; Roysircar, 2018) a transnational feminist platform for trauma prevention counseling, psychoeducation, and research.

Given the intersectionality of a diaspora culture of slavery, French colonialism, Catholicism, Protestantism, Vodouism, evangelicalism, American militarism, and governmental neglect, the study of focus groups on Haitian mothers' coping and their children's trauma adjustment assessment occurred in their natural settings. Results are the voices of mothers developing patterns of thoughts and feelings; symbols of children on their needs and insecurities; and the reflexivity of racially diverse U.S. psychologists serving Haitians. These intersectional components have resulted in complex, rich descriptions and interpretations.

Resilience

Resilience is one aspect of the child trauma response that refers to the "process, capacity or outcome of successful adaptation despite challenges or threatening circumstances . . . good outcomes despite high risk status, sustained competence under threat" (Masten, Best, & Garmezy, 1990, p. 426). Children's resilience results from caring adults, and children's cognitive and self-regulation skills, positive views of self, and motivation to be effective in the environment (Roysircar et al., 2017, 2019). These external (community) and internal (intrapersonal) systems ensure that appropriate development continues through traumatic events. However, when either system is negatively affected, developmental problems can arise (Masten & Narayan, 2012). Orton and O'Grady (2016) described resilience as a community system in Haiti. They referred to a grandmother who had lost all her children and grandchildren to the earthquake. She wondered what her identity was post-earthquake. Because mothers in her tent community were overwhelmed by their children's needs, the grandmother took a therapist's advice to braid little girls' hair. The grandmother took back her place in her community and the

girls found a resource in her. Derivois, Mérisier, Cenat, and Castelot (2014) found that support for children within Haitian community services had a negative relationship with posttraumatic stress disorder (PTSD).

Vulnerability

Child vulnerability results from continuous trauma, which is the experience of living in contexts of realistic, current, ongoing, and anticipated insecurities and danger (Eagle & Kaminer, 2013). The vulnerability of children in Haiti depends on several risk factors: a 30% chance of dying before the age of 15; a high fertility rate for girls aged 15 to 19 years; 50% of primary school-age children not being enrolled in school; one third of girls over the age of 6 never attending school; only one in three children living with both parents in urban areas; and 20% having neither a mother nor father in the household, with 340,000 children living as orphans in 2013 (World Bank, 2014). Edmond, Randolph, and Richard (2007) found that lack of access to clean water sources, vaccination, electricity, and schools led to a decreased sense of parenting competence and anxiety for Haitian mothers.

Religion

Dollahite and Thatcher (2008) defined religion as a covenant and faith community that has teachings and narratives that enhance the search for the sacred and encourage morality. Religions are found in authoritative traditions that transcend the person. Followers of the Roman Catholic Church make up the largest denomination in Haiti, followed by those who are Protestants. Catholics and Protestants share basic tenets: the doctrine of the Trinity, the inspiration of the Bible, the deity of Christ, His virgin birth, atoning death, and the resurrection. When comparing religiousness in Americans and Haitians, 76.6% of Americans identified as believing in organized religion compared with 99% of Haitians (World Atlas, 2017a, 2017b). O'Grady, Rollison, Hanna, Schreiber-Pan, and Ruiz (2012) studied the impact of Haitians' religiousness on their posttraumatic growth. Since the earthquake, 80% of respondents agreed or strongly agreed that their faith in God grew, 71% reported practicing religion more regularly, 52% indicated that their faith community helped them cope with the earthquake, and 82% agreed or strongly agreed that they felt God's inspiration during or following the earthquake. On the other hand, a strong minority reported negative religious reactions: 23% agreed or strongly agreed that they felt more distant from God, and 20% indicated that they were less religious. Galindo (2016) studied the expression of hope in Haitian adults living in Jacmel and Gwo Jan, a mountain community outside of Port-au-Prince and the epicenter of the earthquake. Galindo postulated that hope in tomorrow reflected

an overall trust in God's control over participants' lives and fate.

Ano and Vasconcelles (2005) conducted a meta-analysis of 49 studies on the relationship between religious coping and stress. Benevolent religious reappraisals, collaborative religious coping, and seeking congregational support were found to be related to reduced stress, spiritual-related growth, positive affect, and self-esteem. In addition, positive religious copers were more protected against depression, anxiety, and distress than those who did not use religious coping strategies. Parental communications are the most important ways that children learn about and internalize religion (Bebiroglu, Roskam, & van der Straten Waillet, 2015). The more religious behaviors that parents displayed (i.e., church attendance—external religiosity) and the more positive their attitudes were toward religion (i.e., how important they believed religion to be—internal religiosity), the greater was the transmission of religiousness to their children. In another study, compared with children raised by religiously inconsistent parents, children raised by religiously consistent parents reported more attributions to the importance to religion, frequency of prayer, and sacredness of doctrine (Bader & Desmond, 2006).

African Humanism

Asante (2007) stipulated that a defense of African culture involves detailing the ways that Africans approach adversity. He added that U.S. scholars' commitment to correct misinformation on the history of African traumas leads to creating new narratives. In the case of Haitians, natural disasters of hurricanes and floods are more challenging because these are located in the history of human-made disasters of slavery, colonialism, and governmental mishandlings (Nobles, 2013). To this combination of natural and human-made disaster, Haitians have responded with community solidarity and resistance. For instance, an African cultural value is *communalism* or connection to one's community, which means doing things together rather than alone (Nobles, 1991). Having a concern for the greater good rather than for personal capacity and potential is the social orientation of *collectivism* (Nobles, 1991). A network of extended and adoptive family, fictive kin, and informal mentors influence child development (Nobles, 1991). Thus, communalism, collectivism, and broad family kinship fit people of African descent more aptly than practices derived from Eurocentric cultures.

Nobles (2007) compiled a list of values of African humanism. These are as follows: (a) autogeny or the spirit foundation of humans; (b) the primacy of the person in the community or the driving principle to be a person among other persons; (c) consubstantiality or sharing the same being with a supreme being and a common humanity with all; (d) perpetual evolution or the process of inquiry into

humans' own being, knowledge, and truth; (e) living forever or making no distinction between the dead, living, and yet to be born; and (f) emotions are equivalent to thoughts, with their expression given precedence when necessary.

Vodouism has underpinnings of African humanism, believing that the living, dead, and unborn play equally significant roles, and that the past, present, future, and afterlife form an unbroken chain of eternal life (Bellegarde-Smith & Michel, 2013). Haitian Vodou is a neo-African philosophy that comes from Dahomey and Yorubaland in western Nigeria and the Bakongo peoples in Central Africa. Vodou is the larger idea of belonging to the family of spirits referred to as *lwa*, *anj*, and *mystè* that represent natural forces rendered into ethical principles or societal values and are anthropomorphized. The development of Vodou in Haiti may have been an effort to unify Africans from different parts of Africa coming to Haiti before and after its independence (Bellegarde-Smith & Michel, 2013).

Gunnestad and Thwala (2011) reported that South African participants expected an eternal life, which gave them the ability to accept death. In Krause, Pargament, Hill, and Ironson's (2018) cosmology framework, the relationship between chronic poverty and health was less pronounced for participants who had a pantheistic view of God. In Orton and O'Grady's (2016) Haitian case studies, cosmology is a spiritual-cultural-sociohistorical-macrolevel humanistic perspective that frames large-scale catastrophes.

Assessment with Africans encourages the expression of an authentic African human personhood (Nobles, 2013). For instance, though considered to be the poorest nation in the Western hemisphere, Haiti has a rich culture of music, dance, art, and craftsmanship deeply imbedded in how life is lived, emotions are expressed, stories are told, and community is formed around the beat of the drum (Macfarland, 2018).

Transnational Feminist Approach

Almost daily, there are news and images about national and global disasters, and yet, rarely, issues specific to women living with children in disasters are considered. Transnational feminist psychologists convert this invisibility to insights on women who have been marginalized globally, and recognize the wide range of cultural, social, historical, economic, and political contexts in which women engage intersectionally (Grabe & Else-Quest, 2012). Research in American Psychological Association journals includes 5% to 7% of the world's population (Arnett, 2008), which transnational feminist psychologists call the Global Minority, and, therefore, different research is needed for the other 93% to 95%, the Global Majority (Collins, Machizawa, & Rice, 2019). The impact of globalization, changing realities like contextual trauma, and intersectional identities makes this new knowledge essential

for 21st-century psychologists (Clauss-Ehlers, Chiriboga, Hunter, Roysircar, & Tummala-Narra, 2019). Transnational feminists use collaborative, grassroots, and community-level approaches to partner with local communities in an egalitarian manner. They require respect for a community's questions and needs, incorporating local/indigenous knowledge and qualitative research. Ultimately, by understanding outcomes, practical interactions, and impacts of local through global influences, changes are made at the individual, community, and global levels that improve the situation for women and their families, while responding to their and their communities' needs and goals.

The purpose of the study was to explore how Haitian mothers' religious and nonreligious coping were related to their children's trauma adjustment and asked the following research questions:

1. What are the religious themes that may emerge from mothers in Haiti about how they help their children cope with adversity?
2. What are the nonreligious themes that may arise from the mothers about how they help their children cope with adversity?
3. Are the religious and nonreligious themes related to the children's scores on two factors—(a) Resilience-Vulnerability Integrated, and (b) Person Feeling Unsafe—which were culturally adapted ratings given to the children's house, tree, and person drawings?

Mixed Methods

The study used the sequential exploratory mixed methods design (Levitt et al., 2018). The goal of the qualitative phase was to develop a conceptual model of Haitian mothers' ways of coping and beliefs; the goal of the quantitative phase was to test children's trauma adjustment scores based upon the qualitative conceptual model (Levitt et al., 2018). The goal of the mixed methods was to use both types of evidence: the qualitative to develop a model and to identify some hypotheses based on the model, and the quantitative to test that model (Levitt et al., 2018). The ultimate goal, per transnational feminism, was less for the authors' benefit on the scholar side of the equation than for the mothers and their children, who were viewed at the other end of the equation under a global-local telescope.

Qualitative research often investigates people within their natural setting, attempting to make sense of the meaning that an individual or group ascribes to phenomena in their lives. This strategy was an appropriate methodology to understand coping with continuous trauma from the perspective of Haitian mothers, especially when the mothers were of a different cultural group than the investigators. The

quantitative phase used a correlational design that measured the directionality and strength of the relationships among the frequency of mothers' focus group themes and their children's scores on trauma adjustment. Correlation of themes was made possible by the integrative mixed methods (IMM) approach (Castro & Coe, 2007), or what is often known as a data transformation that allows for data conversion of qualitative *thematic categories* into numeric *thematic variables*. The ensuing statistics enhanced a rich interpretation of the qualitative results.

Focus Groups

Focus groups are useful for exploring participants' understanding of their lived experiences. Interactions among participants encourage dialogue that might not otherwise emerge in a series of single interviews. Focus groups also allow other members to act as checks to what participants say. Focus groups were considered appropriate because of Haitian values of communalism and collectivism. The authors followed Morgan's (1996) recommendations for optimal number of focus groups, participants, diverse participants, and range of topics to achieve data saturation.

Participants

Mothers/caregivers. Mothers/caregivers ($n = 27$) were Haitian nationals, 20 to 50 years of age, who could be described as very poor. In southern Haiti, 59% of the people live under their national poverty line of \$2.44 per day; 24% under the extreme poverty line of \$1.24 per day; and 2.5 million do not make enough to buy food (World Bank, 2014). The mothers/caregivers had little education, with the average education being 3.3 years, with some never having attended school and some having completed 6.8 years of education. They were from Blanchard-Damien ($n = 10$), a town that was not significantly damaged by the 2010 Haitian earthquake; Canaan ($n = 9$), a relocation camp on a barren hillside several miles outside of Port-au-Prince without access to clean water, food, or jobs; and the Providence Orphanage ($n = 8$), an orphanage that is owned by a former Catholic Haitian nun. The Providence caregivers live with the children, bathing, feeding, monitoring, playing with them, and taking them to school. They are like extended kin or foster mothers.

Children. The children ($n = 42$) were 27 girls and 15 boys, 6 years of age to 14 years, with an average age of 8.83 years. Like their mothers/caregivers, they were from Blanchard-Damien ($n = 23$), Canaan ($n = 11$), and the Providence Orphanage ($n = 8$). [Supplementary Appendix A](#) of the online supplemental materials provides a description of the setting of data collection.

Measures

Focus group questions. Open-ended questions were based on qualitative themes of a study with Holocaust survivors (Greene, 2002). The survivors had experienced trauma before, during, and after the Holocaust. Furthermore, the Holocaust survivors were older adults who had faced adversity over a lifetime. Similarly, the Haitian mothers/caregivers were challenged by transgenerational trauma passed down for 250 years. The focus group questions were as follows:

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

Question 4 was suggested by the Board of Trustees of Partners in Development (PID) at their summer meeting in Ipswich, Massachusetts, when Gargi Roysircar presented her proposed study. The trustees were interested in the religion and spiritual ways of Haitians. The questions were approved by the director of the clinic in consultation with the medical staff. The questions were translated into Créole by a Haitian bilingual staff member of the clinic and back-translated into English by an American married to a Haitian who lives both in Haiti and the United States. Back translation was used to reasonably ensure that the Créole questions approximated the language and meaning of the original English questions.

House-Tree-Person (HTP) test (Buck, 1981). Drawing assessments have been used internationally in disaster settings (e.g., Dewaraja, Sato, & Ogawa, 2006; Huss, Nuttman-Shwartz, & Altman, 2012; Wang, Xu, & Wang, 2010). Similarly, Roysircar et al. (2017) used HTP drawings by children in Haiti to assess for resilience and vulnerability across time—Years 2012, 2013, and 2014—and locations—Blanchard, Damien, Canaan, and the Providence Orphanage. First, a pilot study using Jungian interpretive analysis and grounded theory coded interpretive impressions of 13 7- to 9-year-old children's drawings and identified two predominant themes: resilience and vulnerability (Afolayan,

2015). The pilot emergent themes informed the rating system for the HTP drawings (Roysircar et al., 2017). Focal points or areas that drew the most attention were scored for adjustment or maladjustment, with the presence of a feature scored as "1" and its absence as "0". If an item was present more than once (e.g., two persons, two trees), a score of 1 was given. The scores were added to calculate a sum of scores for each house, tree, and person drawing. For the two phases (Afolayan, 2015; Roysircar et al., 2017), the authors were guided by Tharinger and Stark's (1990) qualitative approach to develop criteria for scoring drawings for the assessment of children's internalizing disorders.

One child's house indicated adjustment because the child drew a house with decorations and a pathway to the house. Another child's house indicated maladjustment because two thirds of the house was flat without a roof, or walls, or a pathway. Adjustment was indicated in a tree with fruit and many leaves, whereas another tree indicated maladjustment because its top was cut off and the tree was floating without roots. Adjustment was indicated by a drawing of a person with an open mouth, smiling. Maladjustment was indicated by a person with no nose or who was naked. Focal points became resilience and vulnerability criteria for the rating items of the HTP (Afolayan, 2015). **Supplementary Appendix B** of the online supplemental materials provides the scoring of an 8-year-old girl's house, tree, and person drawings for Resilience (RES) and Vulnerability (VUL).

The 2017 study indicated that the correlation between the ratings of 129 drawings from the 2012 sample by two novice raters and four expert raters was 0.78, with a shared variance (R^2) of 61%. The mean Cohen's κ for interrater reliability for three pairs of raters were .91 for RES and .80 for VUL. Raters were different each year, and so interrater reliability of RES and VUL for all 3 years (2012, 2013, and 2014) was assessed using the intraclass correlation (Hallgren, 2012). RES had 88% of the items over all 3 years above the cutoff of 0.4. VUL had 92% of the items over all the years above 0.4. Intraclass scores for both indexes were all fair or better (see Cicchetti, 1994). Interrater reliability estimates using the average intra class coefficients is analogous to a coefficient alpha across raters and times. Average intra class correlation coefficient of items for 2012 to 2014 was 0.63 for RES and 0.67 for VUL.

Scores of the 2012 sample were subjected to principal axis factoring with promax rotation to assess the internal structure of RES and VUL. A two-factor rotation, accounting for 37.77% of the variance, was judged to yield the most interpretable results, as the two factors conceptually supported Haitian children's resilience and vulnerability. The two-factor solution showed the most distinct grouping of HTP items compared with the alternative three and four-factor solutions. The HTP scoring key consisted of 31 items after all items that fell below the .34 threshold or loaded heavily on more than one factor ($>.31$) were dropped. All

RES items had factor loadings between .37 and .75, their h^2 ranged from .18 to .66, and the internal consistency reliability of RES was an alpha of .87. VUL items' factor loadings were from .34 to .73, their h^2 ranged from .15 to .62, and the internal consistency reliability of VUL was an alpha of .77. The eigenvalues for the two factors were 6.82 and 4.90, and the percent of variance explained was 22.47% and 15.30%, respectively. There was a significant negative interscale correlation ($r = -.66$) between RES and VUL. RES had a significant negative Pearson correlation and VUL a significant positive Pearson correlation with child trauma symptoms.

In the 2017 study, 70 of the 131 (53%) children had RES and VUL scores that were different from each other beyond what would be expected by measurement error, in which 37 of the 70 (53%) had higher RES than VUL scores. Of those 70 children, only five (7%) had RES and VUL scores that were "abnormally" far from each other and not likely related to chance. All five of these extreme scores were the VUL score that was significantly higher than the RES score. A multivariate regression analysis with appropriate post hoc tests examining patterns in RES and VUL scores showed significant variance contributions by age, sex, and interactions of time and location, $F(2, 118) = 5.17, p = .007$. The R^2 values, 42.4% and 28.2% for RES and VUL, respectively, indicated that the model explained a moderate amount of the variance.

To further examine the validity of the culturally adapted HTP test, the authors (Roysircar et al., 2019) assessed 88 Haitian children. Participant interviews with child self-report measures of self-esteem, as perceived by self, peers, and family; posttraumatic symptoms; and self-concept enabled the examination of convergent/divergent and discriminant validity. All measures and their directions were translated, back-translated, and administered in Haitian Créole as in previous studies. Multivariate generalizability analysis compared variance related to expert raters ($n = 4$) and a group of novice raters ($n = 6$) across time. No differences in children's scores were because of expert or novice raters or across children's demographic groups. Most of the variance explained was because of the HTP scores.

In the 2019 study, to identify latent constructs responsible for variance of the HTP, items were subjected to a principal axis common factor analysis. Correlations between items and the scales to which they belong exceeded $\pm .30$, as recommended for exploratory factor analysis (EFA) by Gorsuch (1983, 2003) and others, with the Bartlett's Test of Sphericity, $\chi^2(325) = 1,275.59, p < .001$, and a Kaiser-Meyer-Olkin measure of sampling adequacy of .768, all desirable statistics for EFA. A varimax, orthogonal rotation with Kaiser normalization seeking simple structure indicated that the first factor was by far the largest, with an eigenvalue of 7.762. The second and third factors had eigenvalues of 2.675 and 2.430, respectively. The three-

factor cumulative variance was 49.50. The items loading over an absolute value of .30 defined the nature of the factors, and there was a total of 22 items for the three factors. The estimates of communality (h^2), separating the total variance into the variance that is common to the measured items, assessed the adequacy of the items and EFA results. The first factor, HTP Resilience-Vulnerability Integrated (10 items; $\alpha = .82$), was defined as a balanced expression of resilience and vulnerability. A high score suggests endurance of opposite experiences, which can be a challenge to well-being, despite resilience responses. The second factor, House Feeling Safe (five items; $\alpha = .86$), was defined as the home and family feeling secure, and a high score is good adjustment. The third factor, Person Feeling Unloved (seven items; $\alpha = .79$), was defined as the person feeling self-alienated and ineffective, and a high score indicates maladjustment. The authors' studies on vulnerability and resilience of children living in chronic or relentless contextual trauma in Haiti made them ask, how do Haitian mothers help their children with trauma coping? To answer this question, only two factors were studied, Resilience-Vulnerability Integrated and Person Feeling Unloved, as a parallel to the constructs of resilience and vulnerability of previous studies (Afolayan, 2015; Roysircar et al., 2017). In addition, because of small samples sizes (mothers/caregivers and their children), the design and number of analyses were kept simple.

Procedure

The study received the approval of Gargi Roysircar's university institutional review board, undergoing a full review because it was an international study and involved child participants. The study also received the approval of PID, the primary care clinic that was the setting of the data collection and where Gargi Roysircar and Ashland Thompson provide mental health service. Two recruitment letters, two informed-consent forms, and one child assent form were developed in consultation with the clinic's director and translated into Créole by the clinic's staff. One recruitment letter for mothers/caregivers informed that the researchers were counselors at the clinic and invited Haitian children between the ages of 6 and 14 to do drawings for a research project that would help the counselors serving Haitian children. The clinic's office disseminated the recruitment letter to mothers/caregivers who received PID services, and interested mothers/caregivers were asked to contact the director. The second recruitment letter was for mothers/caregivers of the children who did the HTP drawings, inviting them to mothers' groups that would discuss how they parented their children to cope with adversity.

A child assent form told children that their counselors were interested in learning about "how children feel and think about themselves and life after the earthquake." They

were told that their drawings and answers would not be shown to their parents or friends and that they could also decline to participate. A parental consent form said that the researchers were counselors at the clinic and were “interested in finding out how children think and feel about life after the earthquake.” It also stated that refusing to participate would not jeopardize the services that they received from the clinic. Those who wanted their children to participate were given the assent and consent forms by the staff. Each child presented to the researchers signed (or with thumb print) assent and consent forms. Data collection occurred in the Blanchard clinic (which also included children from Damien), the Canaan community center, and the Providence orphanage.

Supplementary Appendix C of the online supplemental materials provides information on the training of translators who administered the HTP test to the children and conducted the mothers'/caregivers' focus groups.

Mothers/caregivers. Recruitment letters for mothers/caregivers were sent through the children who had been administered the HTP. The PID staff also informed the children's mothers/caregivers about the study. This was a practical method to reach a target population in a low-resourced international setting that does not typically engage in research. The mothers/caregivers who came to the three focus groups in Blanchard-Damien, Canaan, and Providence signed or gave their thumb print on the Mothers'/Caregivers' Informed Consent Form. They were promised anonymity in all reports, and were informed that their services from PID would not be terminated because of what they said in the focus groups, because the conversations would be kept confidential from PID's management. The researchers told the mothers/caregivers that the study would connect what they said in the group with their children's drawings. Only information on their age, education level, location of residence, and ID number was noted.

A trained translator led the focus groups in the presence of Gargi Roysircar. The translator asked one question at a time and only asked the next question after all respondents had an opportunity to answer. Each group's meeting approximated 1 hr 30 min. Answers were audiotaped and the translator took notes in Créole. The audiotapes were transcribed in Créole and translated into English by a Haitian American doctoral student of counseling psychology in a Southern U.S. university. The translation was verified by an American married to an Haitian who lives both in Haiti and the United States.

Children of the mothers/caregivers. Small-group (four to six children) administrations of the HTP were conducted in covered outdoor areas with tables, benches, and chairs. A trained Haitian translator read the drawing directions to each group. The children were given a piece of paper for each drawing and colored crayons. The translators told the children in Créole “Draw a house. [Draw a tree. Draw

a person.] There is no right or wrong house [tree, person]. We want to look at the picture of any house [tree, person].” The counseling team kept the children on task with little or no influence from other children at their table.

The children were allotted 15 min to do each drawing. Each completed house, tree, and person drawing was collected in the order of administration. Each drawing ($n = 126$ drawings) was coded with an ID number that matched the participant's sex, age, township, and mother's ID in a roster. Children were invited to take crayons and extra blank papers home.

Data Analyses

The IMM format (Castro & Coe, 2007) was used to analyze the focus group data. IMM has six phases. The first four phases represent a qualitative component of the study, and the final two phases are part of the quantitative component. In Phase 1, coders read the dialogues several times to become familiar with the way Haitian mothers/caregivers described their life and experiences. Phase 2 involved generating initial codes, which were core ideas/phrases that Haitian women communicated about their religious and nonreligious coping. Phase 3 involved organizing and combining the identified codes or core ideas/phrases into potential overarching/candidate themes. Similar codes that could not be judged as stand-alone themes were retained as subthemes, justifying overarching themes. Subthemes were trends in common thoughts supporting core ideas across cases.

In Phase 4, data for each theme were organized into narratives, definitional descriptions, excerpts from quotations, and tables to explain the themes. The stories for each theme were described in terms of how they related to the study's Research Questions 1 and 2 and the overall qualitative big picture.

In Phase 5, scale coding was used to add dimension of frequency of responses to a theme and subtheme. Frequency scale coding involved counting the number of mentions of a given theme and subtheme across the three focus group locations. In Phase 6, Pearson r correlational analyses and multiple regressions examined the relationships among the scale coding of focus groups' themes and with children's scores on two factors measured by ratings of HTP drawings.

When the results of all six phases are considered together, the study becomes a true mixed methods study (Levitt et al., 2018). Although the two components are combined (or mixed), making the study a mixed methods study, each component can be independently considered.

Qualitative Analysis

Coders. One coder was a fourth-year African American male clinical psychology doctoral student in his 30s,

who is Ashland Thompson. A second coder was an African American deacon in his 70s who lives in the Southeastern United States. Both coders are devout Baptist church goers. During data analysis, the coders had discussions regarding their expectations of findings with an auditor so that the findings could be located within their backgrounds. The auditor, also Gargi Roysircar, is an immigrant in the United States who conducts research on disaster outreach in international settings, immigrant mental health in the United States, and multicultural counseling competencies. The auditor practices Hinduism. [Supplementary Appendix D](#) of the online supplemental materials provides information on demographics—including cultural characteristics, credentials, and experiences—of the coders.

Validity checks of dependability and transferability.

To increase the dependability of analyses, transcripts of the focus groups were checked for consistency and thoroughness of coding. The coders continually tested their interpretations against the actual data. They kept audit trails of the ways in which the analysis emerged. They gave corrective feedback to each other that aided in redirecting or refining the analysis and interpretations. The coders wrote notes on their attitudinal and identity characteristics, discussing how the coding was located in their contexts. Finally, they created a shared body of procedures and concepts that could be presented professionally. The author-coder and author-auditor held a video conference with consultants and made a PowerPoint presentation on the focus group themes. They submitted a report on their IMM method and focus group results for the consultants' review. One consultant is a European immigrant male clinical psychology academic researcher, known for international work, and was the founder and editor of a cross-cultural psychology journal. The other consultant, a female counseling psychologist and the vice president for student development at a university, is an African American ordained Baptist minister; she is an expert on mixed racial dyadic counseling processes. The consultants' discussions and feedback confirmed the dependability and transferability of the coding.

Results

Religious Themes

As descendants of West African people, Haitians have a cultural history that values faith over other forms of knowledge. Unsurprisingly, religious themes emerged organically from the three focus groups. [Table 1](#) shows the religious themes, their subthemes, and frequencies.¹

Theme 1: Communications with God to help you (frequency = 33). The theme “communications with God to help you” reflected that through daily prayer routines, peo-

ple can talk with God to help them solve problems. The mothers said that when there was no benefit from talking with others, God gave them assistance. In addition, they sought a higher authority, such as church elders. This theme had four subthemes.

Subtheme 1: Prayers to God for help (frequency = 20).

Mothers prayed when facing different adversities. A mother in Canaan said, “You tell God to heal your physical wound so that God can make you stand up much better and not be bent with pain.” A mother in Blanchard said, “I turn to God, to the church, asking for money and food.”

Subtheme 2: I only turn to God because no one can help or be trusted (frequency = 6). A few mothers expressed that their problems could only be solved by God. A mother in Canaan said, “God is the only one who helps us. Mom and Dad can't help, family can't either, only God.” Another mother in Canaan said, “I do not have anyone. I only have God who is helping me because I do not have anyone to help me.” A mother in Blanchard said, “Sometimes it is not a good thing to share your problems with other people. Neighbors tell other people about your problems. I do not have anyone. I only have God to confide in . . . to confess to.”

Subtheme 3: Emissaries to God (frequency = 4).

Mothers detailed how God answered their prayers through the actions of a pastor or congregation. One mother in Blanchard said, “You feel that the pastor reaches your wound.”

The mothers were also willing to believe that the researchers were sent by God as answers to their prayers, as conveyed by a mother in Canaan: “God sent you [the researchers] and will allow you to do all that is necessary for the people of Canaan. May God bless you more.” After another mother in Canaan spoke about the difficulties she has with feeding and providing for her children, she said, “If you all can come here and do something for us, I would say ‘thank you’ and with God's grace, ‘God be with you.’”

Subtheme 4: I wake up and always pray (frequency = 3). Some mothers prayed throughout the day. A mother in Blanchard said, “Every day when you wake up, you are supposed to ask God for grace because He has done a lot of favors.” One mother in Canaan said, “At noon I pray to God, at night I pray, and at midnight I pray to God because of what He has done for me” (see [Quotation 1 in Supplementary Appendix E](#) of the online supplemental materials for the richness of the remaining quotation).

Theme 2: Congregational sharing (frequency = 19). The theme “congregational sharing” reflected the belief that the church helps the congregation to deal with their prob-

¹ When the Haitian mothers/caregivers spoke about children-in-general, they used the term “son” and the pronouns “he,” “him,” and “his.”

Table 1
Thematic Frequency Count for Mother and Caregiver Responses on Trauma Coping in Three Focus Groups in Community Healthcare Settings in Haiti

Themes No.	Thematic constructs					
	Religious	Freq.	African humanism	Freq.	Shame stigma	Freq.
Theme 1	Communications with God	33	Family-parenting	61	Internal-external	11
	Subtheme 1: Prayer to God	20	Subtheme 1: Hold the child in your arms	18	Subtheme 1-Parental shame	5
	Subtheme 2: Talk to God because no one can help or be trusted	6	Subtheme 2: Educate the child at home and school	16	Subtheme 2-Community shame	6
	Subtheme 3: Emissaries to God	4	Subtheme 3: Talk with child	11	Total	11
	Subtheme 4: Wake up and pray	3	Subtheme 4: Hustle for money	9		
Theme 2	Congregational sharing	19	Subtheme 5: Lack of social support for child	7		
	Subtheme 1: Church attendance is beneficial	12	Community support	43		
	Subtheme 2: Church makes you reach out with confidence	5	Subtheme 1: Sharing with community	27		
	Subtheme 3: Nowhere else to go	2	Subtheme 2: Limitations of community	16		
	God's omnipresence	16	Total	104		
Theme 3	Subtheme 1: Under God's protection when in crisis	8				
	Subtheme 2: God will never let you go and this gives you courage	7				
	Subtheme 3: Feeling distant from God	1				
	Socializing children in religion	15				
Theme 4	Subtheme 1: Explain the situation with Bible stories	6				
	Subtheme 2: Let's pray together as mother and child	4				
	Subtheme 3: Same religious path of mother and child	3				
	Subtheme 4: Leave the child in God's hands	2				
Theme 5	Hope for tomorrow	10				
	Subtheme 1: Becoming a new person tomorrow	6				
	Subtheme 2: Tomorrow brings better things	4				
Total		93				

Note. Frequency counts associated with 208 statements made by 27 mothers and caregivers of 42 children in Haiti. Statements were classified into one of three conceptual themes—religious themes, African humanism themes, and shame stigma theme—and further coded into subthemes. Freq. = frequency.

lems and that church attendance can influence interactions outside of church. This theme had three subthemes.

Subtheme 1: Church attendance is beneficial (frequency = 12). This idea reflected that the church can provide the congregation with benefits. One mother in Canaan said, “At church God can make you and me stand united and stronger than before.” Another mother in Canaan echoed: “I am always at ease at church. . . . I get my Bible, go to Church, read a psalm with others, and . . . Church removes all negative thoughts from my head. Sermons give you strength and hope.” One mother in Blanchard said,

I will not tell everyone outside that I have a problem, but in my church, I can say I have a problem. In Church, we are brothers and sisters and we share with one another. When I confide at Church, a person comforts me and recalls passages from the Bible.

Subtheme 2: Church makes you reach out to everyone with confidence (frequency = 5). The church can empower the churchgoer’s ability to engage in relationships outside of church. One caregiver at the Providence Orphanage said,

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

Another Providence caregiver said,

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

Subtheme 3: Nowhere else to go (frequency = 2). Some mothers went to church because they had nowhere else to go. For example, a caregiver in the Providence Orphanage said, “Whenever I have a problem, I go to church because I feel like talking to someone gets me nowhere. I would rather listen to a sermon.” A mother in Canaan said, “I go to church for a full-day of group prayer or fasting. I’d rather spend the day at church because I’m homeless and I cry every day. I feel overwhelmed by all the difficulties.”

Theme 3: God’s omnipresence (frequency = 16). The theme “God’s omnipresence” is the belief that people can persist through adversity because God is present with them. When people are not helpful, God is present and gives His assistance. However, this expectation, despite the mothers’/caregivers’ faith, may conflict with the reality that life has not improved. This theme had four subthemes.

Subtheme 1: Under God’s protection when in crisis (frequency = 8). The idea was that the greater the problem, the more the mothers needed God’s protection. A

mother in Blanchard said, “If it wasn’t for God, I’d probably be dead, crazy, or both.” A mother in Canaan said,

If Christ was not with me, my boat would have tipped over . . . in Lagonave [an island in Haiti]. I survived. I have been in a car accident. I survived. I see that it was God who had a surprise for me.

God’s protection also keeps followers grounded when they react emotionally. A mother in Blanchard said,

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

Subtheme 2: God will never let you go and this gives you courage (frequency = 7). Mothers expressed the sentiment that God is ever-present. One mother in Canaan said,

Religion gives me a lot of courage, too. I get courage because Jesus went through many difficulties. When He goes through the biblical passages on His pain with me, I get courage even though I am damaged. When you lean on God, God will never let you go and will not leave you in the road. So, this means that it is courage from God no matter the problem. (See [Quotation 2 in Supplementary Appendix E](#) of the online supplemental materials for the richness of the remaining quotation.)

One mother in Blanchard repeated this thought: “When you lean on God, God will never let you go and won’t leave you on the road. God will walk with you making you brave.”

Subtheme 3: Feeling distant from God (frequency = 1). This was a nonrepresentative expression about spiritual distancing from God. One mother in Canaan said, “God is peace and is present but at this moment there is no work; everyone is complaining; people cannot be at peace because there is no work and you cannot live hungry.”

Theme 4: Socializing children in religion (frequency = 15). The theme “socializing children in religion” reflected that mothers raised their children by modeling religious behaviors. They provided a religious context for their families’ problems by telling their children morality stories and talking with them. Included was the belief that raising children can bring parents closer to God. This theme had four subthemes.

Subtheme 1: Explain the situation with Bible stories (frequency = 6). Mothers used biblical stories and lessons to provide their children with a religious context for their experiences. One mother in Blanchard said, “Give the children a good number of stories from the Bible, so that they can have strength to know that after suffering there is resilience in God.” A mother in Canaan said, “When you cannot provide for your kids, there is no need to yell at them. Talk to them and explain the morals behind the

situation and they will understand. Talk to them about life.” A mother in Blanchard told her child,

Kid, today we cannot afford to send you to school. We are not working; we are doing nothing; we have nothing, no shop, no small income. No one is helping us but God. He will provide. He will find a way for us. That is in the Bible.

Subtheme 2: Let’s pray together as mother and child (frequency = 4). Modeling religious behavior was a way to teach children. One mother in Blanchard said, “You teach the children at church. You teach them how to pray because within the church you can find good things.” Another mother in Blanchard told her child,

I tell him, son, let’s pray together for God’s intervention. I did all I could. I have tried everything. Let us get down on our knees, and let’s see who God will put in our path to help us because I want you to have something. Even if I have nothing, I want you to have something and be somebody.

Subtheme 3: Taking the same religious path as mother and child (frequency = 3). Mothers thought they can bring out their best qualities when they socialize their children to believe in God. One mother in Canaan explained, “When you are in the evangelism and have a child too, you are more likely to abide by God.” Another mother in Canaan talked about how child rearing changed her after she dedicated herself to God: “Just like how I changed by bringing my child along the same religious path that I found. My child can hear the sermon too. . . . My child can stay within the church with me.” The process of mothering helped mothers maintain their relationship with God. A father (a few men also joined the focus groups even though they were not invited) in Canaan said, “Even when you do not have a *goude* [a Haitian dollar], being a Christian stops you from having thoughts of robbing other people. Think about the child. We have morals because of the child. You understand?”

Subtheme 4: Leave the child in God’s hands (frequency = 2). A few mothers spoke about how they needed God to help their children. One mother in Canaan said,

We leave the children at home in God’s hands because there is no food. The children call “Momma we are hungry. What are you doing?” It is a moment of difficulty for a mother who is working. These things are very grave, so we leave it to God, in His hands.

Theme 5: Hope for tomorrow (frequency = 10). The theme “hope for tomorrow” was coded because many mothers, no matter their current problems, felt God can change their prospects for tomorrow. The mothers expressed the transformational nature of “tomorrow” when they commented on how God can transform them, their children, and

their life situation at any moment. This theme had two subthemes.

Subtheme 1: Becoming a new person tomorrow (frequency = 6). Mothers reflected on how tomorrow can change a person for the better. One mother in Blanchard stated, “Tomorrow my child will become a new person in society and help himself.” When asked what parents should do after a child goes through a difficult experience, one mother in Canaan said, “You . . . give him hope about what tomorrow will be like. Have patience, then speak to the child, and tomorrow the child will change.”

Subtheme 2: Tomorrow brings better things (frequency = 4). Some mothers communicated how God can change situations for the better with time. One mother in Canaan said, “When you are having difficulty . . . if you do not find hope and strength today, then you will find it tomorrow” (see [Quotation 3 in Supplementary Appendix E](#) of the online supplemental materials for the richness of the remaining quotation). A translator summarized the response of several mothers in Canaan: “They are helping their kids by letting them know that tomorrow will bring better things and they should be honest and productive even when they are suffering today.” Tomorrow was an aspirational state of being that did not necessarily follow the calendar day or even life on earth. One caregiver in the Providence Orphanage said, “You may even stand and die here today but you still have hope that you will reach a beautiful tomorrow.”

African Humanism Themes

Nonreligious coping emerged in mothers’ and caregivers’ discussions, which were identified and labeled as African humanism themes. These themes did not revolve around religion, God, the church, or its congregation, but suggested that mothers guided their children to cope with adversity with help of cultural values. Haiti has a higher percentage of people who follow Christianity than many other countries in the world, making the separation of cultural values from religious beliefs a difficult task. Therefore, several identified cultural thoughts might intersect with the religious themes, but the cultural thoughts indicated that the parents tried to help their children overcome adversity through pathways independent of religiosity.

Although there were fewer African humanism themes ($n = 2$) than religious themes ($n = 5$), their frequencies ($n = 104$ responses) were higher than those of religious themes ($n = 93$ responses). [Table 1](#) shows the frequencies of the African humanism themes and their subthemes.

African humanism Theme 1: Family-parenting (frequency = 66). The mothers/caregivers described how they talked to, educated, and physically held their children. Even when they did not have much for themselves, the mothers attempted to provide something for their children. This theme had five subthemes.

Subtheme 1: Hold the child (frequency = 18). This subtheme represented the way that mothers' physical touch can help children deal with difficult times. A caregiver in the Providence Orphanage said, "Just like the proverb says, without a mother there are no children. If you do not have a mother's patience, then everything the child does will make you feel frustrated. You have to hug the child." Another caregiver in the Providence Orphanage said,

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

Subtheme 2: Educate the child (frequency = 16). This subtheme refers to the need to teach children formally and informally. A mother in Canaan talked about education through family socialization:

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

A mother in Blanchard reasoned, "Because I will be gone one day, I want to leave my children with education that will be useful for them" (see [Quotation 4 in Supplementary Appendix E](#) of the online supplemental materials for the richness of the remaining quotation). Another mother in Blanchard said, "To make a child feel good about themselves, parents must send them to school, a university, or to learn something useful." Also, in Blanchard a third mother said, "School and education are good for children, so that tomorrow they can become important people."

Subtheme 3: Talk with the child (frequency = 11). Mothers stressed the importance of talking with their children. A mother in Canaan said, "When you do not have any possessions, you do not curse at your children because that only makes them more upset. You put them on their feet and talk with them until they are better." A mother in Blanchard said,

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

Subtheme 4: Hustle for money (frequency = 9). Mothers spoke about their various methods to earn money for their children. A mother in Blanchard said,

What would I do to feed my children? Anything! . . . I do all kinds of work. . . . Today I found a laundry job, and tomorrow I may be selling goods at the marketplace. I will sell anything from fruits to detergents for my children to have a life.

One mother in Canaan taught her child how to earn money, so that he would not resort to stealing. She explained,

I show him how to make money by how I make money so that he can work to make money even when he is at school. I make him bags of candy that he can sell to pay for the tap-tap bus to go to school. That way he can . . . help himself.

Subtheme 5: Lack of material support for the child (frequency = 7). Some mothers talked how they failed to provide sustained support for their children. One mother in Blanchard said, "My kid has no father; he left us. I am a single mom, so I want to put my child up for adoption." A mother in Canaan said, "I do not have money. . . . Sometimes my children wake up, and go to sleep, and wake up the same way again without anything. They can't even go to school." Many of the mothers who failed to provide for their children also had trouble providing for themselves. A mother in Canaan said, "The truth is I have nothing. There are times when my children cannot go to school. I cannot give them food; since morning I have not yet eaten."

African humanism Theme 2: Community support (frequency = 43). Mothers and caregivers depended on community support to get through adversity. The availability of community support varied by respondent, but each spoke about community responses, to their benefit or detriment. This theme had two subthemes.

Subtheme 1: Sharing is communalism (frequency = 27). Mothers spoke about how community members share with one another. Limited governmental and private resources in Haiti highlight the need for community help. A mother in Canaan said, "We may have problems, but we still live. We share with people who are less fortunate than us. If we didn't know how to share with others, everyone's existence here would not be possible." A caregiver in the Providence Orphanage said, "If madame does not have, I should share my things with her. I shouldn't sit down and eat by myself while she stays hungry and . . . she is sleeping without eating. That is not good."

Subtheme 2: Community support is limited (frequency = 16). Some mothers did not feel that the community was available to them. This sentiment was expressed when mothers spoke about nonchurch members. A mother in Blanchard said, "A long time ago the community used to help but now people are swimming away. There is no more a community" (see [Quotation 5 in Supplementary Appendix E](#) of the online supplemental materials for the richness of the remaining quotation). A mother in Canaan said, "Many of us do not have family in this community or nearby; so, we cannot tell our child to go and stay at a relative's house."

Other mothers acknowledged that community members could help with some problems, but this help was not suitable for more serious issues. A mother in Blanchard said,

Your next-door neighbor can help with regular stuff like emergencies, advice on little things, but it's not okay to open

up to them. You can trust only your family. . . . Even though some neighbors can be like family, they are hard to find.

Shame Stigma Theme: Internal–External (Frequency = 11)

Somewhat separately, a third theme emerged, “shame stigma theme,” which was like an outcome when religious and African humanism themes were less strong. [Table 1](#) provides the shame stigma theme, subthemes, and their frequencies. Mothers’ efforts to provide for their children resulted, at times, in feelings of shame. Shame was felt when mothers failed to provide food, schooling, medical care, and other necessities. This was an internal self-shaming in the context of parenting. Shame also arose when mothers had to ask neighbors, friends, or relatives multiple times for the same favor, with little means to reciprocate. This was an external social embarrassment. This theme had two subthemes.

Subtheme 1: Parental shame (frequency = 5). Mothers expressed shame in the context of parenting. A mother in Canaan said, “I have a child who is 10 years old who does not go to school. If you ask him to sign his name, he cannot write it. This is so shameful for me.” Shame arose from the inability to provide medical care for children. Another mother in Canaan said, “We endure a lot of misery because we feel humiliated when people see we have sick children” (see [Quotation 6 in Supplementary Appendix E](#) of the online supplemental materials for the richness of the remaining quotation).

Subtheme 2: Community shame (frequency = 6). Mothers indicated that they felt ashamed because they depended on others for transportation or the activities of daily life. One mother in Canaan commented that her son would no longer travel with her:

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

Another mother in Canaan reflected, similarly,

If you are going to ask for a ride, not every driver will give you a free ride. He will say, “How long have you been asking me for a ride? Since you have been asking me for so long, today you will find another ride.” So then when this happens, you unfortunately must go on foot for many miles and not ask for a ride. I feel such humiliation.

There is a societal context to shame resulting from interpersonal, community, and class-based judgments. Several mothers and caregivers spoke about how prayers delivered them from shame. One mother in Blanchard said, “Only God can help you get out of an embarrassing social situation and its humiliation.” Another mother in Canaan said, “You have humiliation upon humiliation. That’s when tribulations

overwhelm you. But when you enter a church, the congregation picks you up so that you can stand up without shame.”

Summary of Qualitative Findings

In response to focus group questions on how they and their children overcame adversity, Haitian mothers/caregivers referred to three coping processes. Religious themes and African humanism themes showed an external-oriented process, and the shame stigma theme, although community-based, included an internalized process. Belief in God was transformative, giving mothers a religious hope that tomorrow can transform circumstances and people for the better. Mothers raised their children to have a relationship with God by modeling prayers and narrating parables. Some mothers, however, depended on God by default because they lacked community support or questioned the power of God’s presence because their lives had not improved. Religious themes were more specific than African humanism themes, which were more global. However, frequency counts showed that African humanism themes exceeded Religious themes. African humanism themes included mothers’/caregivers’ cultural value of education at home and in schools that would improve their children’s vocational development and class status. The mothers worked at various jobs to be responsible parents, but when they had nothing to give, they comforted their children physically. Communalism or sharing or doing things with others was an important value, but in reality, community support varied for the mothers. Each spoke about the community’s impact to their benefit or detriment. Shame stigma was experienced when some mothers asked for help without the ability to reciprocate. Or they depended on others to provide for their children, which was either unavailable or denied. The mothers internalized this marginalization. However, it is important to note that the shame stigma theme had a much lower frequency ($n = 11$), and so its significance in trauma coping of Haitian mothers/caregivers may not be overemphasized.

Correlational Findings

This section examines how mothers’/caregivers’ religious, African humanism, and shame stigma themes were related to each other and to their children’s scores on two HTP factors: Resilience-Vulnerability Integrated and Person Feeling Unsafe. [Table 2](#) provides the correlation matrix.

Similar to findings of the 2019 study, the descriptive statistics and Cronbach’s alphas of the two factors, rated on a scale of 1 and 0, were as follows: Resilience-Vulnerability Integrated (10 items), $M = .406$, range = .09 to .99, $SD = .158$, and internal consistency, $\alpha = .82$; Person Feeling Unloved (seven items), $M = .311$, range = .00 to .92, $SD = .193$, and internal consistency, $\alpha = .77$.

Table 2
Correlations for Religious Themes, African Humanism Themes, Shame Stigma Theme, and HTP Resilience-Vulnerability Integrated and Person Feeling Unsafe

Variables	1	2	3	4	5
1. Religious		.033	-.673**	-.391**	-.048
2. African humanism			-.761**	-.298*	.341*
3. Shame stigma				.435**	-.183
4. HTP Res-Vul					-.351*
5. HTP person unloved					

Note. $n = 42$ Haitian children. HTP Res-Vul = House-Tree-Person factor resilience-vulnerability integrated; HTP Person Unloved = House-Tree-Person factor person feeling unloved.

* $p < .05$. ** $p < .01$.

Religious themes and African humanism themes were not correlated ($r = .033$, $p = .418$), indicating different ways of coping. The correlations were $r = -.761$, $p = .001$ between African humanism themes and $r = -.673$, $p = .001$ between religious themes with shame stigma, indicating that as African humanism and religious themes increased in frequency, the shame stigma theme decreased, and vice versa.

There was a significant negative moderate correlation ($r = -.391$, $p = .005$) between religious themes and a significant negative modest correlation ($r = -.298$, $p = .028$) between African humanism themes and the HTP factor Resilience-Vulnerability Integrated. That is, when both types of coping themes increased, Resilience-Vulnerability Integrated scores decreased moderately/modestly, and vice versa. On the other hand, there was a significant moderate positive correlation between the shame stigma theme and HTP Resilience-Vulnerability Integrated ($r = .435$, $p = .005$), indicating that as the shame stigma theme increased, Resilience-Vulnerability Integrated increased moderately, and vice versa.

Religious themes had a near-zero correlation ($r = -.048$, $p = .382$) with children's HTP Person Feeling Unloved scores, suggesting that religious coping and self-alienation or feelings of ineffectiveness are different responses to adversity. African humanism themes had a significant moderate positive correlation ($r = .311$, $p = .022$) with Person Feeling Unloved, indicating that as African humanism themes increased, children's scores on Person Feeling Unloved increased moderately. Also, as previously evidenced (Roysircar et al., 2019), the two HTP factors, Resilience-Vulnerability Integrated and Person Feeling Unloved, had a significant negative moderate correlation ($r = -.351$, $p = .011$), pointing to divergent trends for the two scales.

A simple linear multiple regression analysis, with the frequencies of mothers'/caregivers' religious and African humanism as predictor variables, indicated that religious and African humanism themes predicted significantly HTP

Resilience-Vulnerability Integrated scores of children, $R^2 = .18$, $F(2, 39) = 4.411$, $p = .019$, showing an overall small effect size. Religious themes significantly predicted Resilience-Vulnerability Integrated in the negative direction ($\beta = -.313$, $t = -2.162$, $p = .037$). African humanism themes' prediction missed significance narrowly ($\beta = -.284$, $t = -1.964$, $p = .057$). Another simple linear multiple regression analysis indicated that religious themes and African humanism themes predicted significantly Person Feeling Unloved, $R^2 = .13$, $F(2, 39) = 2.933$, $p = .050$, showing an overall small effect size. Religious themes did not contribute significant variance ($\beta = -.120$, $t = -.804$, $p > .05$), whereas African humanism themes did ($\beta = .345$, $t = 2.310$, $p = .026$). The shame stigma theme's low frequencies were not considered for the multiple regression analyses. Figure 1 provides the integration of results from qualitative and quantitative methods.

Summary of Quantitative Findings

Children's HTP Resilience-Vulnerability Integrated scores decreased significantly as their mothers'/caregivers expressed more frequently religious themes of coping. Their scores on Person Feeling Unloved increased as mothers'/caregivers' cultural humanism themes of coping increased.

Discussion

Mixed methods studies involve two different sets of methodology and results; thus, their publications tend to be longer than either qualitative or quantitative studies alone (Levitt et al., 2018). To be a truly mixed methods study, the results of both components must be integrated, or mixed (Creswell & Plano Clark, 2018; Levitt et al., 2018). The authors attempted to integrate qualitative and quantitative findings to achieve greater mining of the data and enhanced insights (Levitt et al., 2018). A community-level research with two samples, mothers'/caregivers ($n = 27$) and their children ($n = 42$), examined how mothers in Haiti socialize their children to cope with continuous or relentless contextual trauma. To the stated aim, the authors presented qualitatively religious, African humanism, and shame stigma themes that emerged from focus groups of mothers'/caregivers in three poor localities in the outskirts of Port-au-Prince, Haiti. Then, quantitative relationships were shown among the mothers'/caregivers' coping themes and their relationships with their children's scores on two assessed factors, Resilience-Vulnerability Integrated and Person Feeling Unsafe, developed from culturally adapted ratings of HTP drawings (Roysircar et al., 2017, 2019). The overall implication is that mothers' processes to support their children are important for children's development, helping them move through adversity. Continuous child-

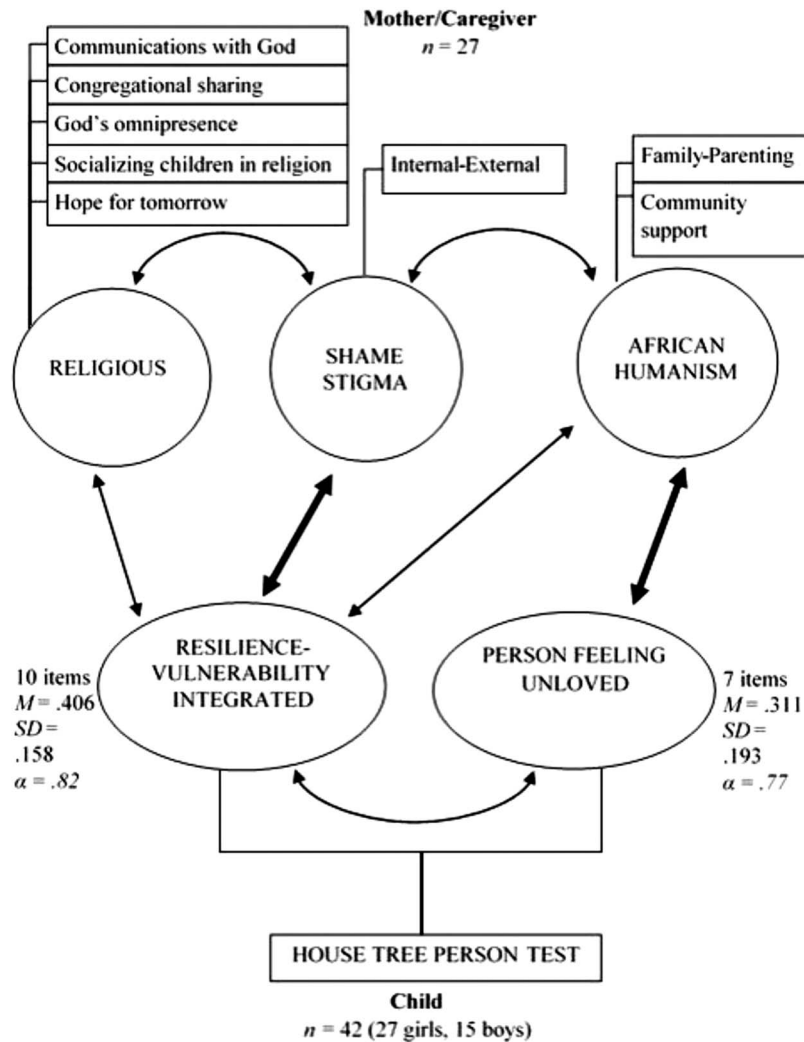


Figure 1. Relationships of conceptual themes in Haitian mothers'/caregivers' coping and with children's trauma adjustment assessed with the House-Tree-Person drawing test culturally adapted for Haiti: Resilience-Vulnerability Factor subscale and Person Feeling Unloved Factor subscale (Roysircar et al., 2019). Statistically significant relationships among and between coping themes are illuminated from statements being made by mothers and caregivers and between two conceptual themes identified for children from the House-Tree-Person assessment. Significant correlations are represented by lines with double arrows, with arrows in bold indicating positive correlations and arrows not in bold indicating negative correlations.

hood trauma related to adjustment may be mediated by mothers' coping processes and their socialization of children.

Mothers'/Caregivers' Religious Coping Process

The mothers/caregivers reframed traumatic experience as situations in which God defends them. Believing that God is always present attenuated their suffering. The children's socialization consisted of messages about God, prayer, church attendance, and stories of God's deliverance. God is presented as resilient. The mothers/caregivers said that their church congregation prayed with and for them. Krause

(2003) found that the effects of chronic poverty on mental health were significantly reduced for individuals who believed others often prayed for them. The effect remained after controlling for support from family and friends. It may be important for people of African descent/diaspora to have others pray for them and for them to pray for others, given their value of communalism.

Findings located in the literature. The mothers' description of church as a place in which people can talk about problems was a prevalent theme. Grace, forgiveness, and the human fallibility preached at church provided a pathway for people to feel free to talk about their problems without fearing judgment or shame. A qualitative study with African

Americans (Chaney, 2008) quoted a pastor, “You come here and get loved and embraced . . . feelings are not judged. That allows you to be transparent now and open and talk about your problem” (p. 5). Some mothers explained how sharing in church encouraged them to share outside of church and talk with people without shame. Research supports that church participation helps the congregation to develop prosocial behaviors (i.e., donating money, volunteering time, and helping a stranger), particularly in very poor countries (Guo, Liu, & Tian, 2018). The religious subtheme of expecting a better tomorrow is consistent with a Haitian proverb, “If your head hasn’t been cut off, you have the hope of wearing a hat.”

Only 3% of the subthemes expressed distancing from God, whereas O’Grady et al. (2012) found, following the 2010 earthquake, that one quarter of Haitians agreed or strongly agreed that they felt more distant from God. Interviewed 5 years following the earthquake, the mothers/caregivers may have responded more to chronic adversity than to the acute stressor of an earthquake. The repeated core idea “I only have God” was coded because some mothers thought no one else could help them. Harper and Pargament (2015) referred to religious people becoming distant from or turning to God as a default option as negative religious coping (cf. Pargament, Smith, Koenig, & Perez, 1998).

Correlations of religious themes. It would be expected that a more frequently endorsed religious orientation would be related to decreasing self-shaming because the mothers learned at church to practice self-compassion and self-forgiveness and compassion and forgiveness of others. In the construct of HTP factor Resilience-Vulnerability Integrated, resilience and vulnerability coexist in balanced relationships within children’s self-meanings, homes/family, and environment. For Haitians, balance has a Vodou significance: The essence of life is a struggle between opposites that may cause distress but may lead eventually to healing when opposites come together properly in balance (Roisircar et al., 2019). In Vodouism, spirits are anthropomorphic with good and evil powers (Roisircar, 2013). This belief is incongruent with Christianity. Thus, the strong Christian faith of mothers could be expected to be inversely related to the local construct of Resilience-Vulnerability Integrated.

Mothers’/Caregivers’ African Humanism Coping Process

Even when mothers did not have much, they did not give up. They aspired to send their children to school and grieved they could not pay for transportation or tuition.

Findings located in the literature. Boothby et al.’s (2017) qualitative analysis of parenting in Uganda found that investing in children’s future vocation was the most important attribute of positive parenting. Ugandan parents

connected both formal and informal education with their child’s development. One participant in Boothby et al.’s study stated, “When a child is educated and has knowledge, the parent would have provided everything for that child—their future will be bright” (p. 162).

The Haitian mothers/caregivers emphasized holding a child physically. For people of African descent/diaspora, holding and carrying a child reflect interrelatedness in the mother–child relationship and parenting competence (Keller, Völker, & Yovsi, 2005). Keller et al. (2005) studied the parent–child interactions of Cameroonians (Nso; Haitians’ original heritage people). The Nso conception of good care of infants rested on primary care, breastfeeding, body contact, and body stimulation and massage. A mother from Keller et al.’s study said, “The mother and the child are supposed to feel each other’s skin in order to be happy” and “the mother is supposed to bring the baby close to her chest and ‘ló’ti’ (give comfort)” (p. 174).

Helping oneself by helping the community was repeated by the mothers. However, some mothers detailed how their community was not helpful with the care, transportation, and education of their children or could not be trusted. Rahill et al.’s (2016) qualitative analysis of Haiti interviews detailed how a mother could not depend on neighbors to comfort her in the loss of her child because her neighbors had lost four or five family members themselves; this mother said, “It’s not that one would not want to help a neighbor, but now, everybody’s head is spinning, because everybody has problems” (p. 597).

Correlations of African humanism themes. An increase in African humanism coping themes referred to the centrality of children in an African diaspora/descent society, emotions being equated with thoughts or even privileged over thought, expectation of gainful prospects, communal interdependence, and accessibility to community resources. This openness to human development through learning, lived experiences, and a transformative pivot in trauma coping could be expected to accompany a decrease in the experience of shame. African humanistic vision could also be expected to be inversely related to the acceptance that some things are always apart or inverse, as assessed by the Resilience-Vulnerability Integrated factor. In addition, the mothers’/caregivers’ increasing out-and-about strategies to deal with the world would be expected to be positively related to children’s increasing inner subjectivity about their person feeling unloved. That is, the children intrapersonally may have felt more self-alienated and ineffective as the mothers foraged outwardly to fend for themselves and their children.

Shame Stigma Theme: Internal-External

Edmond et al. (2007) suggested that Haitians are vulnerable to shame because their culture is “other” focused.

Mothers without the resources to reciprocate care for other children in their Lakou (village or small compound) were labeled as incompetent or selfish mothers; and their inability to support their children materially made them feel shame and intra-/interpersonal tensions (Edmond et al., 2007). Hagaman et al. (2013) found the most common cause of suicide in Haiti was the failure to meet social expectations and public shame. With regard to a correlational relationship, the increased frequency of self-shaming and perceived shaming by others might have increased awareness of vulnerabilities and the need for resilience. Therefore, shame stigma's positive relationship with the factor Resilience-Vulnerability Integrated makes sense.

One limitation of the study was the small sample size of a live outreach research in a health care setting. A future study might extend the research to a setting in which a natural disaster has occurred in a relatively prosperous setting, such as Japan, and in a more individualistic society, such as flooding in the Netherlands. Another study could assess whether child religiousness moderates the relationship of mother's religiousness and child trauma adjustment.

Conclusion

A sequential exploratory mixed methods study, conducted by a culturally diverse practitioner team, helped them understand how mothers' religious and nonreligious coping with adversity in Haiti was related to their children's resilience and vulnerability. Significant positive and negative relationships of mothers' focus group themes and their relationships with the resilience and vulnerability factor scores of the children were interpreted. Religion remained a crucial practice that influenced Haitian mothers' experience in all spheres of their life. As a conclusion, we pose a critical question from a transnational feminist perspective. To whom are we accountable? Our answer is that our commitment is to the women, children, and their diaspora communities we serve and with whom and for whom we practice. Our research design, its data, and results belong to poor urban Haitians, their global-local contexts, and an African Caribbean culture. Per Levitt et al.'s (2018) reporting standards for mixed methods, the authors' "prior understandings [included], but [were] not limited to, descriptions of researchers' demographic-cultural characteristics, credentials, experience with phenomenon, training, values, and decisions in selecting . . . material to analyze" (p. 38).

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